

Speaking the Client's Language and Putting out the Fire by Adding More Wood: a Case of Supposed Psychosis in an Inpatient Psychiatric Unit of a New York City Hospital.

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Abstract

The three objectives of this paper are examined through the presentation of the clinical case of a patient diagnosed with a psychosis and who is in denial of his longstanding genetic disease. First, this paper will illustrate the use of metaphors, stories and communication techniques that are peculiar to the Brief Strategic Therapy model developed in Arezzo by Prof. Giorgio Nardone. Second, this paper will highlight the importance of a therapist staying tuned to the here and now and using strategically what the patient and the context bring to the therapy, while speaking the patient's language. The final objective is to show that the Brief Strategic approach is a precise and flexible tool that can be used and adapted to whatever context, problem, or patient.

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From September 2003 to May 2004, I worked as a clinical social worker in an Acute Care Psychiatric Unit referred to as “8-West”. Patients admitted to 8-West could have a drug addiction problem, a psychiatric disorder, or a combination of both.

Bill was brought to Metropolitan Hospital at the beginning of November 2003 and we worked together until the end of April 2004. Bill was found by the NYPD, lying on a bench in Central Park. During his admission process, Bill was very irritable while trying to answer the Attending Psychiatrist’s questions- making large, uncoordinated and uncontrollable movements of his arms and legs with a lot of jerking and shakiness of his extremities. Bill was skinny, disheveled, unkempt, smelly, with dirty hands and ears covered with tar. He was also grimacing bizarrely. He looked like a modern Robinson Crusoe after years alone on his island. During a phone interview with Bill’s ex-wife, the team learned that he had been living on the streets of NYC for the past two years. Bill’s ex-wife also told us that Bill has been diagnosed with Huntington’s disease six years ago. She explained that because of the disease, Bill had lost his company 6 years ago and his apartment 2 years ago. Despite this information, Bill continued to maintain that he had a computer company on Wall Street and an apartment on 42 street. Regarding his disease, he explained that his father, his sister, and two of his nieces died from Huntington’s disease but that he was cleared five times through genetic tests, maintaining “I have beaten Huntington, I’m clear now”. Bill was admitted to the unit with a diagnosis of Psychosis NOS, due to medical condition.

Huntington’s disease is a hereditary disorder of the central nervous system caused by a faulty gene on chromosome 4. The faulty gene leads to damage of the nerve cells of the brain and the cerebral cortex (Snowden, 1997). The disease generally develops when people are between 30 and 50 years old. Unfortunately, there is no cure for this disease and the result is early death.

For the 6 years following his diagnosis with Huntington’s disease, Bill’s ex-wife, his cousins, his friends, the director of the Huntington’s clinic who treated all his inflicted family members, and now the psychiatrist on 8-West, all regularly tried to convince him to enter the specialized Huntington Clinic in New York. This apparently rational and logical attitude was the attempted solution that was maintaining Bill’s denial through a circular causality (Watzlawick, 1984). In fact, the more people tried to convince Bill that he was ill and must be placed in a clinic, the more Bill was upset with them and denied his problem. It is a classical example of a vicious circle, which fuels itself (Nardone, 1996).

This 6-year attempted solution to convince Bill led him to progressive isolation from his relatives, friends and society. In defense, Bill developed a huge paranoia regarding family members, friends, and medical staff, who from his perspective, always wanted something from him or had a hidden dirty agenda for wanting him in custody. After years of Bill's denial and paying his rent, family and friends withdrew, and Bill became homeless 2 years ago. During his 6 month stay at 8-West, Bill had huge outbursts of anger, fits of throwing everything and yelling, cursing and running away each time someone would mention the words "Huntington's" or "New York Huntington's Clinic".

The objective of 8-West was first to have Bill regain weight and strength, shower and shave, and resume a human-like appearance. Then we wanted to help him to overcome his denial and finally discharge him to the New York Huntington's Clinic. Regarding his weight and strength, Bill received 1800 calories at each meal and a multivitamin treatment. The psychiatrist tried to treat his denial with Haldol and Zyprexa.

Because of the particular structure of the Inpatient Unit, I was only able to meet once with Bill's family and it was not possible to break the circular pattern of family attempted solution. The only possibility I had was to work directly with Bill. When I took the case, my supervisor told me to build a strong and complete alliance with him whatever it took. It was the best decision and advice as Bill was unable to collaborate and opposed others and the world (Nardone & Portelli, 2005). For that reasons, it became very important to use very calibrated interventions that would subtly model Bill's non ordinary-logic and view of the world and others. The strategy would be to use Bill's denial and resistance strength to bring them to their self destruction (Nardone & Portelli, 2005). During 6 months, I did not try to convince him, I sided with his perspectives, amplified his paranoia and statements, added more wood to his internal fire, and indirectly tried to redirect his perceptions of the surrounding world. In order to do so, I avoided any meetings between Bill and the unit's psychiatrist who would continue to try to convince him in a rational and direct manner.

Bill's hygiene objective was achieved in two weeks. Fortunately, during my only meeting with Bill and his family, I remarked afterwards that Bill seemed very close and proud of his daughter. She was the only person that Bill never criticized or doubted during our sessions. During our first two weeks, I heavily insisted on how much he must be proud of having such a pretty, well dressed, neat, and nice daughter. I emphasized with him how much his daughter must be proud to have such a clever father, able to have his

own apartment, able to manage his own large company on Wall Street, and able to fight against the entire world. One morning I arrived in the unit and found him shaved with a nice haircut. The previous evening, he requested the shave and haircut.

Since his stay at 8-west, he had been placed under 1 to 1 surveillance, which means that when Bill walked, he was constantly followed by a nurse to prevent an eventual fall. Bill was upset, irritable and cursed the nurses who followed him. I reframed the situation from his perspective, telling him that it was impossible to control others' nasty and malevolent behaviors and that the best way to address it was to voluntarily annoy and play with the nurses - when they would be bored, they might stop following him.

"Bill what you can do is, stand up as if you are going in one direction and then sit down. Like that the nurses will stand up for nothing. Or you can go in one direction and suddenly change direction. I think, it will be fun for you".

I was not worried about what Bill would do as he had too much difficulty to move, but my advice empowered him. He was no longer the victim of the nurses, but in this new game he was the master of the dance. Progressively, he stopped complaining about the nurses while never enacting my advice, and 3 months later the 1:1 surveillance was removed.

When asked about his abnormal movements, he always answered that it was because he was stressed, as his company was waiting for him and he had nothing to do in the unit. Most of the time, Bill would sit on his hands or would make an incredible mental effort to control and hide the amplitude of his arm and leg side movements. These behaviors were Bill's attempted solution to control voluntarily his side movements. One day, when he made a particular effort to control his movements, I told him Giorgio Nardone's story of the centipede (Nardone, 1996). Bill looked at me strangely and inquisitively. Until his last day in the psychiatric unit, we would never talk again of the story, but I saw that he was less tense and less focused on trying to control something impossible to control. This simple story released his attention and had a paradoxical effect as Bill was in denial of what he was trying so hard to control.

The most difficult objective was to make him acknowledge his disease and discharge him to the New York Huntington's Clinic. My work on this would continue for six months. I positively reframed every little change that occurred and created a strong alliance with him, adding more and more wood to all his paranoia regarding the world and others (Nardone, 2003). This activity of adding more wood to his fire was a subtle, light, and long painstaking job as it was not possible to meet with him every day because of his health and Bill

was also unable to do any kind of activity (writing, reading, etc..). My only possibility was to stay tuned into him, and use every little detail or event that Bill shared with me strategically. After 6 months, Bill was still in denial. Two weeks before the end of my work on 8-West, I was really in trouble and concerned by the fact that I had to terminate my relationship with him and had not yet told him. One morning, I decided to use my own departure strategically and putting on my sad face, I went to him and said:

“Bill, I’m very concerned for you because I will leave the unit in two weeks! I’m afraid to leave you alone with all these nasty people on the unit! I don’t know what will happen to you and I’m afraid that they may mistreat you... you know as they usually do...”

Bill looked at me surprised and in a quiet and calm manner said:

“Christian, I have Huntington’s disease, can you help me to go to the Huntington’s Clinic?”

“Bill, I’m not sure it’s the right decision. You have been cleared of Huntington’s disease many times, and they may not let you go now!” I answered.

Bill insisted and I told him that I would try even if I was sure that it was a very bad idea. I used the stratagem of “lying by telling the truth”, as I was really concerned for him but not for the reasons I mentioned (Nardone, 2003).

The following day, Bill reaffirmed his statement acknowledging his disease and signed all the discharge papers in front of the director of the Huntington’s Clinic and 8-West medical staff. Two days later Bill was discharged. During those last two days, we were able to pass several hours together, searching for new clothes and discussing his future. During our last discussion, Bill told me that he was afraid of dying and we had a long conversation on death and life. During that conversation, Bill told me out of the blue that during the last 5 months he thought almost daily about the story of the centipede, and that he did not know why but he loved this story and that it always helped him feel calmer. In fact, Bill was trapped in a double paradoxical situation regarding the symptoms of his disease. First, he was constantly trying to deliberately control his spontaneous leg and arm side movements. Second, he was attempting this control over something that he was in denial of. The centipede story worked on Bill’s perspective-reactive system like a burrowing woodworm, with the effect of lessening his attempted solution and relaxing him.

Regarding his denial, Bill was like a modern Sisyphus. Bill’s denial was a huge rock that he was rolling alone up to the top of the mountain. Day after day, he had to struggle against the entire world, rolling again and again his

denial and struggle from the bottom to the top. By adding more wood to the fire, I increased the size and weight of the rock that he had to carry. Simultaneously, by joining him and sustaining his view of the world and others, I helped him to carry the rock and sided with him in his daily Sisyphus-like ordeal and therefore lessened his suffering and isolation. When faced with my departure and possibility that he would have to resume this ordeal alone again, the task became unbearable to him. There was no other solution than to abandon his denial. For Bill, the problem was no longer what was hidden by the denial but the denial itself.

In retrospect, this experience with Bill became the confirmation that it was possible to use a strategic approach, no matter what the context, the patient, or the problem was. I experienced intensively the fundamental importance of remaining tuned to the here and now while speaking the client's language. Being a strategic therapist can be like being Robinson Crusoe- you have to build a new reality with what you find on the beach and with what the tide brings you.

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