



CLINICAL STUDY DAYS 2 CLINICAL CASE

Why is the Devil chasing me?

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Abstract: In the author's practice in institution, Johnny is her only patient that addressed a demand of treatment. In this paper she tries to answer some crucial questions about that treatment such as: "what is in play?" and "after 10 months of treatments and putting in place the setting, how to orient the direction of the cure where Johnny will possibly be able to constitute his symptom?"

Key words: psychosis; demand; suffering; the gaze.

Resumen: En la practica institucional de la autora de este artículo, Johnny es el único paciente que le dirige una demanda de tratamiento. En éste texto ella trata de responder algunas preguntas cruciales como "Qué es lo que hay en juego?". Después de 10 meses de tratamiento, cómo orientar la dirección de la cura para que Johnny pueda constituir su síntoma?.

Palabras clave: Psicosis; demanda; sufrimiento; mirada.

Johnny is my only patient that has addressed a demand for treatment. He's a 37 yo American man who present himself well groomed. His diagnosis is Schizophrenia, Paranoid Type and has had 7 hospitalizations. At 12 yo, he was referred to a psychiatrist for depression, at 15 was diagnosed with schizophrenia and his first hospitalization was at age 18. Johnny was referred to us in July 2004. In our Continuing Day Treatment Program, Johnny is quiet and very observant of others. He attends some groups and 2 that I run: creating a character and dreams.

Working individually with Johnny brought up a few questions such as:

- Why Johnny's demand for treatment?

- How to receive the horror he is experimenting?
- How not to become that Other that will be a threat to him?

Why Johnny's demand for treatment?

We meet Tuesdays at 1pm. Very quickly Johnny informed me that he is suffering from racing and negative thoughts. It is extremely painful for him to have these uncontrollable thoughts because they are not a reflection of the image he gives to people: he can be playful, carrying and concerned about his peers.

Johnny has difficult contact with others: he will not look at you straight forward but puts his head down. He usually wears a baseball cap that allows him to see others without being noticed. It feels he is scrutinizing his surroundings and as if it is needed to keep the Other under the radar. His paranoia puts him in a very defensive position and seems to be triggered by the gaze. Being aware of that factor, the question of eye contact needed to be addressed: it was painful seeing Johnny struggle in making eye contact. It was one of the goals in his treatment plan. My suggestion was to make eye contact when he would feel ready. Even with this said, the one-on-one setting was still difficult. In supervision, I was advised to change the direction of the chairs: instead of facing me, Johnny could face another direction. It worked: his head stood up, his eyes were circulating the room and he could look at me before bending his head again. Sometimes, Johnny makes noise with his right hand by tapping on his leg. I interpreted it as if: *"Now it is time for me to talk."* He smiled; went back to silence and started the tapping. I talked, he answered briefly back than stopped. He repeated the tapping 2-3 times before ending it.

Shortly after our 1st session, Johnny offered to give me 3 paintings he would do to help decorate my office. They looked like Rorschach images that he dated, titled and signed:

1. Watchful eye over the sun: bright colors
2. Battle of the Fire-Flies: dense and compact colors.

One day, while Johnny was glancing at it, I interpreted that the *Battle of the Fire-Flies* could be a reflection of the battle in his mind because of the compact and dark colors. Johnny then added *"like my thoughts"*.

3. Butterfly Kisses: dense, compact and bright colors.

The 3rd one is linked to Carlisle Bob and his song Butterflies Kisses written about his daughter growing up: from the time she is born up to her wedding. Johnny brought in the CD, and we listened to: he got very emotional and almost had tears.

At the beginning of our sessions, Johnny stayed silent and slowly spoke about his illness, his hospitalization and his family. Sometimes he became very emotional.

Johnny stresses one event he considers starting the disturbing thoughts: his admission to a medical unit due to a bleeding ulcer. He believes he wasn't "*well treated and his head deteriorate itself.*" At that time, Johnny's step-mother died in the hospital. The father told him the news: Johnny became delusional and started having thoughts. In the hospital, Johnny got suicidal: he went to the top roof, threw bags of rocks and wanted to jump. Security stopped him and transferred him to the psychiatric ward. It is now 10 years that Johnny is suffering with his thoughts. At the time, his father had remarried and Johnny "*accepted his step-mom right away*" and said being "*closer to her than to his own mother.*" Johnny stayed almost a year in the hospital and the family spread out. His father went to another State to a retirement home where Johnny's sister lives. Johnny never got any news from his 3 step-sisters and 2 step-brothers. At his Rehabilitation Center, Johnny felt like the minority: "*I had no freedom*" because patients had to own privileges such as going outside for a smoke. It's now his 2nd admission at our Program. Now Johnny lives in a Foster Care Home.

Johnny refers to his depression as a 12 yo kid by his grades going down and not being able to handle it: he dropped out of school in 10th grade. Also, getting mugged in front of the school sealed his decision not to continue. About social science, Johnny thought it was an irrelevant class, and history had too many dates to retain and his memory is not good. Johnny was a good volleyball player and his team became Champions of the 9th grade. He also took photography classes where he learned how to develop films and pictures and helped for the year book. But Johnny says girls did not like him and described himself as being a loner and abused by other children or gang members: the gang had mutilation initiation rituals of genital parts such as being pulled and hit against a tree with open legs and arms. Johnny's visual hallucinations were of 'people being attacked' that were very skinny such that he could even see their bones: these people were watching him.

During his childhood his sister, who's 12 years older "*practically took care of him.*" His mother was bed resting: she had breast cancer, bone marrow cancer, polio and arthritis. Johnny handled her her pill bottles and played cards with her. He was 8

yo when she died. His sister gave him the news of their mother's death after a birthday party. Johnny remembers screaming and yelling: he had not imagined his "birth-mother" could die. His father use to work a lot and come home late. It's only when his step-mother got sick that they became closer.

It can happen that Johnny clearly does not want to talk about anything because his thoughts are constantly present. One day, I started our session about an activity I saw him doing during lunch time: ping-pong. We were able to shift away from the unbearable of the thoughts. I also brought a map in because Johnny is very interested in the American States: right away he jumped out of his chair and sat on the floor cross-legged. He showed me the places he visited.

How to receive the horror Johnny is experimenting?

Usually Johnny will say he is doing "so-so" or bad because of the thoughts he has towards every day people, people he cares for or even himself. Johnny has all kind of thoughts: racial, sexual thoughts like molesting children, hurting himself. When they are so intense, Johnny shuts down and isolates himself. Also time seems significant for Johnny. He looks at his watch very often. He will remind the staff what time it is. During a session Johnny will take a look at his watch about 2-3 times: around 2:20, 2:35 and then it's time. When he looks at it very often, I ask if we still have time: Johnny responds positively and then seems less agitated. Johnny always asks if we can end: yes because maybe more time would be needed to continue. Therefore, in groups or individually, it seems important to acknowledge the question of the time: *Do we have time to talk?* I decided to have Johnny in charge of letting us know when it is time to end the groups I run. He had a smile when I asked and agreed.

When Johnny first started expressing having thoughts, it was at the time when he wanted the psychiatrist to change his medication. It lasted for about 3 months. Since Johnny was telling his surrounding about them, his Foster care worker got frighten and his girlfriend's godfather faxed us a letter Johnny wrote:

"I have dozens of thoughts like being a suicide bomber, a rapist or other bad sexual thoughts, being an arsonist, a child molester, homicidal, suicidal, racial, about peoples height, weight, disabilities, giving counterfeit money to cashiers, having a gun not being afraid to use it, having candy to offer to kids to molest them, thinking that Koby Bryant the basketball star lives in my house so I can attract kids to my house so I can molest them and childlike thoughts and other thoughts."

For Johnny, only the medication could relieve him and get rid of the thoughts, they are so evil that Johnny identifies himself with the Devil. Johnny seems to have a conflict with God and church: when Johnny used to go to church with his provider, he would leave the church during the benediction. He believes God punished him because he curses at him. Johnny relates his identification with the devil back from his Hospitalization in Elmhurst in 1995, where a patient told him that

"13MZ was written in the Bloodshot lines of my eyes, I think he said 13 was for the 13th Deciple, M, was for Man & Z was for zero! & I see the 13 MZ in the Bloodshot lines of my eyes, I think he tried to say I was the Devil!"

Slowly, Johnny started expressing anger such as: *"Die, you damn BASTARD you DEViL leave me alone & bother someone else with these thoughts!"*

Like I pointed out earlier, Johnny dates and signs his work but when the anger comes out, he does not. This was in Creating a character where his character is a mixture between: the Devil, Madusa, Mr. Patoto Head and Poindexter.

Other times, Johnny wishes his life was like a VCR: he could erase all the thoughts and bad experiences.

In both groups over the Summer, Johnny stressed out his resignation:

"WANTED. I've seem to have lost my sanity, and my self! He's about 5'10" Tall Brown hair, brown eyes is very generous, kind, was fearless and pretty much had it all together! If found and returned, a reward of great appreciation, will be awarded CALL-1_800-my-sanity."

Once during our session, Johnny brought up his work from Dreams: What did I think about:

"Every day same old shit Every time I get a thought. I don't want, I think to my self, who ever is going to take my soul. God or devil. take it now! Or say to myself--any Body want to kill this white man cause this white man wants to die! Or kill me any way you want to, hang me, strangle me stab me, shoot me, beat the shit out of me, run me down, or make it violent death or a slow tortoures death or kill me any way you want! This goes on all day!" (10-16-06)

I acknowledged the horror and the pain and also how scary it must be. From there, Johnny moved on to another subject: the new maps on New York State the Director brought in. Johnny saw his home town and said *"It's the Bermuda triangle"*

between CDT, his Foster Home and his Home town. To end our session, we went to the Day room where Johnny showed me the places on the map.

How not to become that Other that will be a threat to Johnny?

The first hint Johnny gave me where he felt persecuted was with his provider's son. There is an ongoing situation at his home: his provider's room was broken into and valuable objects stolen. The son accuses Johnny, who is afraid the boy will get back at him if he mentions anything to his provider. When this occurred, Johnny was asking about SRO (Single Room Occupancy) thinking he could use a room. Was this demand related to the house situation and the provider's son? Johnny *"doesn't think it is fair for him to be accused of an act he didn't commit."*

Johnny's foster parent is African-American and he does not feel safe in his Latino neighborhood: he knows his uncle, who is racist, would disapprove. It's only with this situation that Johnny expressed his wish to live with his sister and father.

Johnny also believes that the boy is stealing and smoking his cigarettes and that he also listens to his phone conversations. Johnny feels threaten and limits himself in the house: short phone conversation and he stays in his room. There are no words exchanged between him and the boy.

After that episode, Johnny thought staff members were talking about him. Once Johnny explained to me that during a hospitalization, the staff tape recorded him for research. He still has this sensation there might be cameras or microphones above our office door. According to Johnny, we can hear his thoughts and talk negatively about him. Johnny also explained to me that his former therapist used to do reality checks: he had to ask and have it confirmed whether or not the staff was talking about him.

At the beginning of the summer, Johnny was passing in the day room which is unusual for him. One time I stopped him because he appeared extremely agitated: he thought I was talking about him. Of course the *"no I'm not"* did not stop him from asking me over and over. So I asked him what I would be saying if that was the case? There was no response. Johnny left. Later on that day he came to my office wondering if I was going to give him an answer. I asked the question back. He looked puzzled and after a few seconds left.

When this persecution happens, it seems again to be triggered by the gaze. If I cross his gaze in the day room and at the same time I'm talking to a colleague, Johnny can start passing or addressing his doubts to me.

On the other hand, Johnny seems to be able to find safety in my office. He always puts himself aside of a big group and does not participate to our community building. Big groups or crowds seem to trigger his thoughts.

Once a month a performer from an Animation Center comes and the first time this event took place, Johnny came directly to my office. He showed me his refills, sat down and seemed to have no intention of leaving. I accepted that he stayed but addressed to him that I would be working on paper work. Johnny remained quiet but paying attention to the music. From time to time, I would ask him if he knew who the singer was: he knew almost all the songs.

This situation repeated itself the following month but this time, Johnny asked me if I could look up on the internet flight tickets to visit his sister and father. I printed out the information so that he could keep them. Johnny was thankful.

It seems that my position as a therapist/ Case manager and running groups is difficult in the case of Johnny where his paranoia is easily triggered by the gaze. With time, Johnny is using my groups to talk about everyday situations and especially about his painful thoughts. In our sessions, after figuring out the setting, Johnny seems able to open up and talk "a little more freely" and find safety but the crossing line where my different positions in the institution may feel threatening to Johnny may oscillate at any moment. Work with Johnny is a learning process.