

Changing Prophecies: Indirect Therapy with a Presumed Psychotic Child

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Abstract

Our positive or negative expectancies strongly influence perception, interaction, communication and behavior, determining the well known phenomena of the self-fulfilling prophecy. Ancient Chinese strategists would call it “create something out of nothing”. We used Brief Strategic Therapy with the case of a 7 years old child who held a diagnosis of autism and psychotic traits. The child (Ovidio) presented an unintelligible communication in association with social avoidance of school-mates, aggressive and provocative behavior towards adults and strangers, soliloquies with an imaginary friend and behavioral stereotypes. Autism was presumably diagnosed because of the sustained silence of the child during individual psychotherapeutic sessions. To avoid further collusions in “eliciting autism”, we indirectly treated the child by seeing only the parents. The root of the treatment was the reframing of the diagnosis. We created in the parents the new prophecy of an obsessive-compulsive disorder: from a no way out labyrinth, to a new labyrinth with an Arianna’s thread. The therapy advanced on the usual protocol set up to treat opposing-provocative behavior in children: we prescribed parents to deliberately request from their son programmed “exhibitions”. This is a symptom prescription based on paradoxical logic: adding wood to quench the flames. Paralelly, following the same logic, we gave direct indications to teachers on how to treat O. Ovidio is now a child who has stopped compulsive “exhibitions”; recovered an intelligible communication; started interacting and playing with companions and practicing social sport; he is no more assisted by special teacher and, most important, he is no more considered a psychotic child. He still shows deficits in content knowledge compared to other children of his own age-group, but this is a pedagogical and not a psychopathological problem.

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Introduction

Labelling and the Pygmalion Effect: create something out of nothing.

The expression *Pygmalion effect* was first used by Rosenthal (Rosenthal and Jacobson, 1968; Rosenthal, 2002) to account for the effects of expectancies on behavior.

He based this expression on the well known myth of the greek sculptor Pygmalion. This greek man sculptured a female statue, so beautiful, so perfect, so ideal, that he fell in love with and asked Venus to transform it into a real woman (Ovidio, 1965). This is equivalent to the systemic concept of the “self fulfilling prophecy” and pathological labelling: using a taoist metaphor we could call this process “to create something out of nothing”(Anonymous, 1947).

Rosenthal created intelligent scholars out of nothing by filling the teachers with the prophecy that they were particularly promising students, whereas actually they were only randomly selected among others. In the same way he was able to turn adolescents into good swimmers and rodents into very good explorers. In all these cases he demonstrated how positive expectancies effect behavior .

However, not only who retains positive expectancies but also who retains negative expectancies can “create something out of nothing”. For example, one could observe in a young child “bizarre language and behavior” and “muteness and avoidance of social interaction” and could ascribe these observations as signs of psychotic delirium and autistic traits. Once this expectancy has arisen, it works as a confirmatory process that creates a feedback perception, creating what it expects (Watzlawick et al., 1967, 1974; Watzlawick, 1983).

The prophecy: The Presumed Psychotic and Autistic Child

This is exactly the case of a 7 years old child (who we’ll call *Ovidio* not by chance) whose parents arrived to us with a diagnosis of psychotic and autistic traits.

The problem definition (Table 1). The child presented unintelligible communication consisting of singsongs, repetition of verbal formulae, talking alone and aloud as if with an imaginary friend and behavioral rituals. Furthermore, there was no interaction with school-mates, and he showed provocative behavior toward strangers and adults. The *attempted* solutions (Nardone and Watzlawick, 1993) (Table 2) of the family were focused on: punitive and corrective interventions toward Ovidio, in attempt to stop his abnormal behavior; delegation to teachers and doctors for the problem solution and child management; the father was a quite absent figure whereas the mother was mostly interacting with his son; Ovidio was individually supported in class by an assistant teacher/facilitator and was undergoing individual therapy with a psychologist of the National Health System (incidentally, it is worth to note that during the all duration of the 1st session the child was hyper-active in the waiting room, screaming and annoying other patients!); parents were extensively talking about the problem within and outside the family.

As we can see, the situation encompasses all sociological agents of Pygmalion effect (Rosenthal and Jacobson, 1968): parents, school, Health System.

Table 1. The problem definition

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| <ul style="list-style-type: none"> ❖ Diagnosis of autism and psychotic trait. ❖ Unintelligible communication: singsongs; compulsive repetition of verbal formula with particular fixation on numbers; soliloquies with imaginary friends; verbal and behavioral stereotypes. ❖ Avoidance of social interactions with school-mates; aggressive and provocative behavior toward strangers and adults. |
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Table 2. The attempted solutions

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| <ul style="list-style-type: none"> ❖ Punitive and corrective intervention in the hope of stopping abnormal behavior. ❖ Delegation to institutional roles (teachers, assistant teachers/facilitator, infancy neuropsychiatrists, psychologists) for problem solution and child management. ❖ Supported in class by assistant teacher/facilitator. ❖ Individual psychotherapy. ❖ Extensive talking about the problem within and outside the family. |
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The therapeutic intervention

Changing the Prophecy

The therapeutic intervention (Table 3) was indirect, (to avoid further collusions in eliciting autistic behavior!) and the principal step was the *reframing* of the diagnosis.

By telling them that “Ovidio is affected by an obsessive-compulsive disorder” we used the *As if* technique on the prophecy (Nardone and Watzlawick, 1993, 2003; Watzlawick et al., 1974; Watzlawick, 1983). We provided them with an Arianna’ thread to escape from the labyrinth by substituting the prophecies of psychosis and autism, two no way out diagnosis, with a new prophecy equipped of an exit. This reframing was presented as an operational hypothesis and it was proposed *as a game*:: a divergent game with emergency doors in contrast with the previous convergent game, a “no winners” game.

Furthermore, not just to create therapeutic compliance, we used the provoking reframing of presenting Ovidio as a *wicked* provocative child that *blackmails* the parents by his behavior.

We then applied a common prescription used in indirect therapies of opposing-provocative behavior in children (Nardone and Fiorenza, 1995): based on the logic of paradox (Watzlawick et al., 1967, 1974; Anonymous, 1947) (*symptom prescription* or *adding wood to quench the flames*), we asked the parents to deliberately request their son to carry out his exhibition, every 1 h for 5 minutes (a direct request to “play the comedy”).

Finally, we instilled the fear of talking by prescribing the *conspiracy of silence* prescription (Nardone and Watzlawick, 1993, 2003).

The prophecy change

The effects of our intervention were soon observable in the 2nd session (Table 4). Parents reported that O. presented a recovery of intelligible communication; indeed, when asked to “play the comedy”, at the first Ovidio was happy of doing it, but after few times he started to strongly refuse (it was no longer so pleasant now that it lacked its spontaneity!); furthermore, when obtaining no response after provoking, O. returned to comprehensible speech, and he was reported to be more calm and tender toward the mother.

Even more important, we observed a positive re-orientation of expectancies: the mother now experienced that she was capable of managing her son’s symptomatology. The improvements were also noticed by teachers at school. The “funny” thing is that the mother started to talk about O. as being a child as intelligent as the others (and trying to convince us about this!).

Table 3. Changing the prophecy

❖	Reframing of the prophecy using the As If technique: the new prophecy is “obsessive compulsive disorder”, a divergent game.
❖	Symptom prescription of programmed, every 1 h for 5 min) exhibitions.
❖	Conspiracy of silence about problem and avoiding corrective attempts on child’s symptoms.

Table 4. The prophecy change

❖	Recovery of intelligible communication.
❖	Decreased provoking-behavior.
❖	Positive re-orientation of parents’ expectances.

Modeling the New Prophecy

After sculpturing this new reality, we kept on the therapy by modeling the new prophecy (Table 5). As for the prescriptions, the exhibition request was shifted every 1, 2, 3, 4, 5 hrs and it was then prescribed to incite O. every time he started to provoke, together with the prescription of avoiding punitive and corrective intervention. In the same light, the compilation of a *rituals diary* was prescribed to the parents, to observe O.’s behavior (actually to change their perspective of observation).

With the aim of attributing more responsibilities to O., we prescribed to the parents, as a daily task, to ask O. for small favors, with a pleasant attribute. Finally, we gave direct indications to teachers on how to treat O., in consistence with the same logic.

As regarding the reframing, we also focused on reorienting the misinterpretations of O.’s behavior, and reframed the imaginary character’s game of O. as a usual and normal behavior at that age, not to be confounded with symptoms of depersonalization or rituals.

We further stressed the interpretation of O.’s behavior as a compulsive-provoking problem, not a psychotic trait.

Table 5. Modeling the new prophecy

Prescriptions

- ❖ Decreased Exhibition request every 1, 2, 3, 4, 5 hrs.
- ❖ Incitement every when O. spontaneously starts to provoke
- ❖ Avoiding punitive and corrective intervention
- ❖ Rituals diary
- ❖ Responsibility attribution
- ❖ Direct indication to teachers on how to treat O.

Reframings

- ❖ O.'s behavior as a compulsive-provoking disorder, not psychotic trait.
- ❖ Character game as an usual infancy game rather than symptoms of depersonalization or rituals.

Effects

- ❖ Elimination of the pathological labeling
- ❖ Changing of the diagnosis.

To definitively eliminate the pathological labeling we needed to create a different context surrounding O. by presenting people a new image of O. This was achieved by prescribing to the parents to present him as a child that *had* problems, but who is now solving them.

The final goal was the institutional changing of diagnosis. This was reached indirectly and paradoxically, by certifying O. as a healthy child who has solved his past problems but who is still in need of an assistant teacher/facilitator at school; of course the Health System did not allow for assistant teacher/facilitator and consequently changed the diagnosis.

To summarize, Ovidio is now a child who has stopped compulsive “exhibitions”; recovered an intelligible communication; started interacting and playing with companions and practicing sport; he is no longer assisted by a special teacher and, most important, is no more considered as psychotic. He still shows deficits in content knowledge compared to other kids of his same age-group, but this is a pedagogical, not a psychopathological problem.

On the anti-therapeutic diagnosis

Few months ago, one of the authors was at an important neuroscience congress. A group of psychiatrists presented their work on the epidemiology of mental illness. The intent of this research was to scan a territory near Florence in order to compare the incidence of mental illness in two sample groups: patients already under the care of Mental Health System and subjects with “untreated” (and thus not diagnosed) mental disorders. They assessed both samples a first time and after six months. Interestingly, they found the same incidence of mental illness (for a variety of mental disorders) in both sample groups, institutionally treated and untreated. More interestingly was the discovery that there was a difference in the prognosis: untreated people had a better prognosis!

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