intima a journal of narrative medicine

FIELD NOTES | SPRING 2014

One Thousand and One Diagnoses

By Anna Rita Amboziak

It was around the middle of last summer when I first met Mrs. Black. She was a newly admitted patient to a neurological rehabilitation center where I was conducting my research. At that time her diagnosis was "stroke in the right cerebral hemisphere and contra-lateral hemiparesis," making her eligible for participation in the study.

I knocked on Mrs. Black's door but no response followed. Then an elderly woman opened the door looking at me suspiciously. "What do you want from me?" she asked. I answered with a phrase I used to tell all potential participants: "I would like to tell you about my study and ask whether you would like to take part in it. May I?" I could tell she was not pleased, but nonetheless she let me in. She pointed to the chair and sat down on her bed in front of me. After hearing my explanation she said she did not feel like participating. Respecting her decision I mentioned that if she changed her mind she could always come to me. She said she was tired and I left.

For the next few days I did not see Mrs. Black. She was barely leaving her single room and did not have any visitors. I heard physicians say that no one enjoyed working with her. After all, the lady was quite harsh in contact. Her doctor stated that she was experiencing memory disturbance and depression. The medical file of Mrs. Black was slowly getting thicker.

Then I saw Mrs. Black in the hallway. Pleased to see her out of her room I asked her how she was. She looked surprised, answered she was fine, and took off quickly. The same story happened for a couple of days. During that time she resisted engaging in any therapeutic activity saying that she "didn't need it" or "didn't like it." Physical exercises, in turn, "tired her too much". Still, she was going for long walks in a nearby forest. Her attending neuropsychologist came to a conclusion that she was not aware of her own deficits.

One time I saw Mrs. Black walking down the hallway with a man, her son. He came to me since his mother told him about our daily chats, which were getting more extensive little by little each time. He seemed lost in his situation. He felt bad about leaving her in the hospital against her will, but he could not take care of her properly at home.

Another afternoon Mrs. Black's doctor asked for my opinion of her. I said I believed we were starting to have a better connection, and that I enjoyed talking to her. He explained that her current therapy was not bringing satisfying results and asked whether I would give it a try. I could not refuse.

The next time I saw Mrs. Black, she was back from the stroll outside. We talked about what she was doing that day. When we reached her room I mentioned I would like it very much if she came to talk to me the next day. Then I heard her appreciation and the following words: "You know you are welcome in my house too. After all we are neighbors for years now." She disappeared in her room leaving me outside shocked by what had just happened. I went to her primary physician, but he had already left.

The next day, before I managed to tell the doctor about the case, I learned Mrs.Black had been taken home by her son. I felt helpless and disappointed, but also happy for her. Our contact had been under construction, yet we had been on the best course to allow it to evolve into a therapeutic dialogue. Mrs. Black had opened herself to me. Initially she had said a few words, but later on was telling me a story of her whole day as well as her daily ups and downs. This clearly observable change was truly inspiring.

Several months passed, and I continued to think about our meeting in the hallway. Knowing her son was a caring person, I felt certain he would make an effort to give Mrs. Black adequate help. Yet I kept asking myself questions such as "Did she ever know she was in the hospital or did she think she was at home during her whole hospital stay?" and "Was she taking me for her neighbor from the moment we first met or only after she got used to seeing me almost every day?"

Mrs. Black brought a very important experience to my clinical practice. She showed me how precious natural human contact is in grounding a patient's openness and creating a relationship between patient and professional. Our contact was strengthened by me treating her as a worthy and full person, along with listening to her, looking out for her needs and acting accordingly to the clues she provided.

The clue is the patient's story. Mrs. Black showed me that narrative discourse is a powerful tool. This kind of discourse doesn't have to be long or elaborate, but it has to be real. Discourse enables a diagnostician to see a patient's situation through his or her eyes and to understand the state of mind and adjust rehabilitation to individual needs. It is also informative and sensitive to any changes that aren't apparent in standardized testing. The gap between what the diagnosticians understood of Mrs. Black's case and what this patient was experiencing seems compelling. Mrs. Black received several diagnoses that evolved through time and methods used by the professionals. All of her diagnoses were certainly valuable and correct. Thanks to the tests, the direction for rehabilitation was established. Yet when I learned a valuable piece of information about her—that she thought she was at home and I was her neighbor—it seemed that neither the diagnosis nor the rehabilitation could be holistic without this narrative element.

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