WHEN MENTAL HEALTH SOCIAL WORK ENCOUNTERS POSITIVE AND TRANSCULTURAL PSYCHOTHERAPY: CASES OF SOCIAL WORK SERVICE FOR PATIENTS WITH BIPOLAR DISORDERS

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Abstract

This article shows the application of positive and transcultural psychotherapy as a theoretical guide to intervene in the social work case service case of a bipolar disorder rehabilitation patient with a 15-year medical history. Our service and our confusion before the application of positive and transcultural psychotherapy, and the surprises and results after its application are presented. The paper shows the real conflict in the four areas in the life of the client and his conflict response model, based on the analysis of the services provided by combining social work methods and positive and transcultural psychotherapy, and the results and the change in our service obtained by the client.

Keywords: mental illness, bipolar disorder, positive psychotherapy, transcultural psychotherapy, social work

Introduction

Mr. T. is a mental rehabilitation patient suffering from bipolar disorder, who wants to end the pain by ending his life.

"Mr. T." registered as a member of the Mental Health Service Center that I work for, receiving social work services for mental rehabilitation. In this center, there is a professional service team composed of 6 social workers, 1 psychological consultant and 1 auxiliary staff. In 2011, according to the service team, "Mr. T." had a good recovery, based on the understanding of the service team according to their years of service experience and their professional training. He was able to utilize many of his special skills. He is a man of many talents. His knowledge and skills cover many fields, such as calligraphy, philosophy, and Buddhism. He is also a member of the Shenzhen Calligrapher's Association. His calligraphy works have
been shared in international exchanges and presented to partners as gifts many times. Every Spring Festival, he would write "Spring Festival couplets" for other members of the Center and their families. become the center members greatly respected this big brother, his calligraphy works were given to our partners many times as gifts and were exhibited at the international exchange meeting. However, his illness always recurred under certain conditions and circumstances, and whenever his condition became serious, he had the idea of "suicide". In the past decade, our team has saved him repeatedly from the line of life and death.

In order to find the root cause of "Mr. T."’s condition so as to effectively control or reduce the frequency of his episodes of mental illness, in November 2020, when "Mr. T." fell sick again, we decided to review and analyze the case with positive and transcultural psychotherapy to find more effective working methods. This is a new challenge and a topic for us. Encouragingly, this attempt was a great surprise.

**Methodology**

Positive transcultural psychotherapy teaches that: “The situation of the ill - and not only of the mentally ill - is in many ways like that of a person who for a long time has been standing on only one leg. After some time the muscles become cramped and the burdened leg begins to hurt. He is hardly able to retain his balance. Not only the leg hurts: the whole musculature, unaccustomed to this posture, begins to cramp up. The pain becomes unbearable, and the person cries for help.”

In this situation, various helpers approach him.

People have four kinds of media of cognitive ability, they are the standard and yardstick of forming judgment, they can give full play to the possibility of people’s experience. They diverge during development and dictate the way a person perceives himself and the world around him.

They are:
1. The senses
2. Reason
3. Tradition
4. Intuition

The functioning of all four modes is more or less codetermined by the "unconscious." (Peseschkian P. 1)

"Man is, at his birth, no tabula rasa, but rather, to stick with this image, an as yet illegible or unread paper. His capacities - the foundation of human development - require maturation and the beneficial help of the environment.”

“At any moment, when the appropriate conditions have been created. Every person possesses such capacities. Whether or not they take shape in the course of development depends on the conducive or inhibitive conditions of the body, of the environment, and of the times. In relation to the drives, capacities are more plastic and more strongly subjected to the resonance of the environment.”

**Actual Capacities**

Contents-wise, these psychologically real norms may be divided into two basic categories, which we call secondary and primary capacities.

The secondary capacities are an expression of the capacity to know, and rest upon the transmission of knowledge. In them are mirrored the achievement norms of the individual’s social group. They include punctuality, cleanliness, orderliness, obedience, courtesy, honesty, faithfulness, justice, diligence/achievement, thrift, reliability, precision, and conscientiousness.

The primary capacities concern the capacity to love. They have to do with the predominantly emotional domain, and develop, just as the secondary capacities, mainly in interpersonal relationships, in which the relation to reference persons, especially the mother and father, plays an important role. The primary capacities encompass categories like love (emotionality), modeling, patience, time, contact, sexuality, trust, confidence, hope, faith, doubt, certitude, and unity.” (Peseschkian, PP. 54-55.)

When we see visitors as a treasure, not the labeled "troubled person", When we accompany the client to find hispractical abilities, and "actively interpret" these abilities. To discover, balance and develop more practical abilities while using them appropriately, you can often have more resources and achieve the service effect that 1 + 1 is more than 2.
Discussion

3.1. Case background

Mr. T., in his 40s, is a middle-aged man with glasses, with extensive knowledge and elegant manners.

In 2008, he was diagnosed as a patient with bipolar disorder by a psychiatric hospital. It is characterized by the coexistence or alternation of mania and/or major depression. The symptoms of mania are mainly inattention, hyperactivity and impulsivity. Major depression, on the other hand, is characterized by episodes of depressed mood or decreased interest or pleasure lasting at least 2 weeks, with typical associated symptoms (e.g., changes in sleep, appetite, or activity levels, fatigue, difficulty concentrating, feelings of worthlessness or excessive self-blame, suicidal thoughts or behaviors).

Mr. T. likes philosophy, Buddhism, reading well and writes soft calligraphy. Books on Buddhism, Christianity, philosophy, history, politics, medicine, psychology... are displayed on neat shelves. When chatting with social workers and other partners, he is like an elegant knight, always maintaining a gentleman and polite attitude.

In the fall of 2020, Mr. T. was falling ill again. Persistent insomnia, eating difficulties, uncontrollable smoking, and suicidal thoughts occurred. At the same time, because just after the heart bypass surgery, the physical and mental suffering, reached the point that he should be hospitalized. At 15:00 pm on November 3, 2020, my partner and I returned to Mr. T’s residence and helped Mr. T. reas with the ideas and methods of positive psychotherapy.

3.2. The combing of realistic conflict

We use the balance model to work with Mr. T. to comb and present his realistic conflicts. See Figure 1:

Body/feelings:
- Can’t eat (2 small buns a day), sleep well (insomnia all night), extreme physical exhaustion, memory loss; uncontrollable anger, depression, anxiety, guilt, loneliness, disappointment, wanting to be alone, to die.

Future/fantasy:
- A sense of hopelessness; already envisioned 3 near-complete suicide plans, but feared that killing would lead to hell (Buddhism)

Relationships/tradition:
- Socialization – home alone, offline socialization is almost interrupted.
- Neighbors – frequent conflicts and unavoidable troubles.

Father – on the one hand, he emphasizes that his father is useless and cannot help him. But on the other hand, he longs for his father to do something for him. I don’t want to bother social workers

Achievement/Rationality:
- Lost previous job – financial stress due to interruption of affiliation; memory loss but can rely on Buddhism to restrain impulsive emotions.
3.3. Discussion of the conflict reactions

Through the display of Figure 1, it can be found that Mr. T. is in the state that he should be hospitalized. However, Mr. T. has always been extremely resistant to hospitalization. Because in his previous experience, after each hospitalization, "slow response, memory loss" will occur for a long period of time, he will forget a lot of knowledge and abilities learned and mastered in the past.

In Mr. T’s words: "For a long time I felt like a walking corpse, like a dead man. I would rather die, never want to become a waste person, I cannot face that kind of myself. "He demanded that he must always maintain a gentlemanly and learned figure; in life, as a man who can manage himself well and deserves to be respected, trusted, and reliable.

For a long time before, we all thought that "ability and achievement" was the most important thing for him. So did a lot of things to let him have the opportunity to show his ability, and give timely affirmation and encouragement. However, this does not seem to be an effective way, we find that there are always some more complex factors which often make him unable to avoid the depression.

After this review, we found that in fact, for Mr. T., "Relationship" is what he values more, [for him it is] even more important than life. Because only through continuous learning, knowledge and taste can he be recognized by others, especially those who recognize and care for him, but the influence of disease breaks the guarantee of his learning and display, and he fears the loss of attention and care, resulting in strong internal conflict. See Figure 2:
Forty years ago, his father was sent to primary school when Mr. T. was four or five years old, in order to make his child a better person than himself. In order to give better conditions to his children and his family, his father, as an engineer, works outside all the year round. Although achieved very high achievements, but also therefore have few opportunities to go home. Mr. T., on the other hand, had reading difficulties and was unable to keep up with elementary school. Not only could he not get the recognition of classmates and teachers, but also was abandoned by his mother after the birth of his brother.

His father always encouraged tolerance and inspired Mr. T., who had lost the opportunity to study, to learn through self-study and efforts to develop himself and become a member of the calligrapher and painter association. His work gained him much recognition and he made many equally accomplished friends.

However, after he was hospitalized again and again for illness, he began to lose excellent friends and his aura, even became unable to work normally, losing a stable income. More with the growth of age, the father's old age, leading to becoming powerless in many things. Mr. T. always felt that his father was so disappointed with him that he stopped wanting to take care of himself.

In Mr. T's subconscious, loss of achievement and taste means failure to get care and recognition from his father. And the symptoms of the disease allowed him to continuously lose his past abilities, achievements and taste. The pain of internal conflict reacts through symptoms in the "future / fantasy" field. For example: "nightmares, insomnia, suicide / killing thoughts, etc."

So, for Mr. T., the focus of conflict resolution is his need for a "relationship". "Achievement is higher than life" because in his subconscious "achievement means to get his father's love".

3.4. Service development process

Based on the above analysis, we worked through the state of Mr. T. through the basic conflict, real conflict, internal conflict, and conflict response model, and found the focus of service provision. So, what we need to do is to develop the ability to relatively forget, ignore, or fail to achieve and not be satisfied, while retaining his original capabilities.

So, we began to adjust Mr. T's service plan to maintain the experience of his achievements. At the same time, start more from the perspective of the relationship. We used case counseling, group activities, rehabilitation training and other working methods combined with positive psychotherapy theory and technical help. It enables Mr. T. to discover and experience the harvest and feeling of the relationship, to help him repair his imbalance and achieve the effect of change.

Adherence to the rehabilitation training to maintain...
and develop the experience in the field of achievement

We invited Mr. T. to act as the administrator of the "Love Library" of the service center and discuss with him about the operation and management mode of the library. In the next two months, Mr. T. led other survivors in the center to sort out and number the 170 books just donated, to establish a loan and management system for the love library, and Mr. T. organized the survivors to manage this.

They came to the "love library" together and borrowed books twice a week. Mr. T. gradually returned to the center for rehabilitation training from being on duty twice a week. The confident, elegant Mr. T. has returned to everyone's view.

Participation in group activities and strengthening in support networks in relationships

Mr. T. was encouraged and signed up for the center's Reading Group. During the activity, they read and share their favorite books with other survivors, telling their own understanding of the content of the books and the stories belonging to everyone. Each group member shares with, listens to, embraces, and encourages each other. Under the guidance of the social worker, Mr. T. found that when he was not good enough in the sharing, other team members did not complain or become disappointed, but gave timely responses and feedback; When team members expressed expectations honestly to each other, it was the process of clarifying misunderstanding and consolidating the relationship.

Interview and counseling, helped him see his attachment and expectation toward his father, and face up to his father's love and recognition

In the daily tutoring and interview, we paid more attention to Mr. T's relevant expression about his father, and gave a retelling, positive interpretation and confirmation. This was to Make him sure of his father's love and recognition, and to help him realize that he is afraid of "losing achievement" because he "worries" that he will one day lose his father's recognition and care, thus denying his father's efforts (not only the father, but also other friends and members of the center, social workers, other community workers, etc.). In the daily tutoring and interview, we paid more attention to Mr. T's expression relating to his father, and gave a repetition, positive interpretation, and confirmation. This was to assure him of his father's love and recognition, and to help him realize that he is afraid of "losing achievement" because he "worries" that he will one day lose his father's recognition and care, thus denying his father's efforts (not only the father, but also other friends and members of the center, social workers, other community workers, etc.).

Capture the challenges and opportunities in the event and bring the turning point of service.

3.6. Case turning point

Nearly 2 months of rehabilitation training, we assessed Mr. T's status and found that it was much better than before. He would now be able to come to the center to participate in rehabilitation training, no longer staying at home 24 hours alone. The frequency between suicidal thoughts was extended with the busy schedule, and he was now able to take the initiative to contact friends other than the center members. On the evening of January 3, 2021, I received another call from Mr. T. telling me that there was a place for mental patients.
Mr. T. said: "In this place, mental patients put in there can’t/don’t come out, old die inside, they will not harm society, like me, no contribution to society, living outside is to increase the burden to you, one thousand one days, I can’t control the hurt, my father is bad, and will affect me, I think I will stay there for the rest of my life.”

From Mr. T's expression, we may see "self-abandonment". We will worry that the recipient of our services will retreat and suffer anxiety and frustration "the previous service effect will be knocked back to the original shape". If intra-coil and anti-empathy occur, there can be painful emotional experiences.

However, from a positive point of view, in this expression, we can also find that Mr. T., who was so afraid of hospitalization, losing acquired knowledge, development, achievements and taste, would take the initiative to have the idea of "locking himself up!" That was regarded by him as something more important than life!

The origin of this idea is still related to the "important relationship", fathers, neighbors, staff and even social stability. There is resistance because of the relationship, and giving up because of this relationship. In our view, these relationships give the opportunity to change.

Results

Three hours after this conversation, I received a message from Mr. T. He told me that he was admitted to Corning Hospital through the green channel with the assistance of the community police and was looking forward to returning to the center after being discharged.

Results

Half a month later, Mr. T. asked the attending doctor for a chance to use the phone. He called me on the phone. He said it was strange, and this time the doctor did not prescribe him any medicine, and he himself was surprisingly calm. I Eat three meals a day normally, have a regular schedule, and sleep well at night, I will not think about suicide things, also, I do not think about those annoying things. Both my physical and mental conditions are much better, which has not happened in the past few decades."

A month later, Mr. T. handled the discharge procedures with the assistance of the community.

Over the course of 2021, Mr. T. has returned to his relatively regular attendance and training days. He often talks with other survivors, manages the love library, and participates in other activities carried out by the center wherever he can. A year passed and the autumn arrived in Shenzhen. Mr. T's stable state has lasted for a whole year.

This change was based on the resolution of Mr. T's internal conflicts in the area of relationships. This occurred after his needs in the field of relationships were identified and met. When the areas of achievement are maintained and the areas of relationship develops, the imbalance gradually will tend to balance. He will finally live a normal life again.

Conclusion

Although social work and psychological counseling belong to two professional fields, they each have their own professional theories, working methods, working rules and values. However, it does not affect the cooperation between the two fields. When social workers learn the techniques of positive and transcultural psychotherapy, they can combine them with the ideas, theories, working methods and skills of professional social work. This can help social workers to obtain more resources, so as to better understand and help the clients and achieve good results.

Of course, it should be noted that, while quoting cross-field knowledge and technology, we should not bring about confusion about our own professional role, not to turn social workers into psychological counselors, or to turn psychological counselors into social workers. Here, we discuss the mutual support and collaboration between the two specialties.
In this case, the practical results of positive and transcultural psychotherapy were implemented, which well confirms the above view.

In my social work services, since 2010, I have contacted colleagues to learn and try to apply positive transcultural psychotherapy in the social work service. In 2018, institutions began to take the initiative to cultivate the "application of positive and transcultural psychotherapy technology" to carry out social work by the professional teams four years ago, 12 employees obtained the "positive and transcultural psychotherapy consultant" certificate. In the process of learning and practice, it provides us with a very effective help. We are also committed to the practical exploration and promotion of positive and transcultural psychotherapy combined with local social work.

References


Research limitations

In our practice process, individual cases have individual differences, so there are personalized applications, and we only use this therapy to harvest a surprising effect in the process of service. But we do not have a large number of cases for research.

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