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Assignment 3.1: *The Soloist*

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In the movie *The Soloist* (Foster, Krasnoff, & Wright, 2009), Nathaniel Ayers is a middle aged, African-American male who is homeless and displaying characteristics of schizophrenia. In my opinion, Nathaniel meets Criteria A of the *Diagnostic and Statistical Manual* (American Psychiatric Association [APA], 2013) for a diagnosis of schizophrenia (F20.9). Criteria A include delusions, hallucinations, disorganized speech, grossly disorganized behavior, and negative symptoms (APA, 2013).

Nathaniel suffers from auditory hallucinations portrayed in the film as several episodes in which he hears a woman's voice telling him that others can hear his thoughts. Additionally, the film seems to imply that Nathaniel can also hear an orchestra playing along with him as he plays on his own, both as a youth and later as an adult. Nathaniel's delusions are paranoid and persecutory in nature as he believes it is dangerous to sleep indoors because that is where "they" will come and kill him (Foster, Krasnoff, & Wright, 2009). The first time we meet Nathaniel is during the Steve's first conversation with him in which Nathaniel demonstrates disorganized speech in his tangential and non-linear train of thought. Finally, Nathaniel demonstrates several negative symptoms associated with schizophrenia including affective flattening, failure to maintain eye contact, strange vocal tone and facial expressions, and avolition (Foster, Krasnoff, & Wright, 2009).

Nathaniel's level of functioning since onset of symptoms in his early twenties has been significantly impacted and below his prior level of achievement, meeting criteria B of the DSM5 (APA, 2013). After dropping out of Julliard and going home, his delusions continued to worsen until he was unable to stay in the home, choosing instead to live on the streets. His symptoms have also prevented him from working and maintaining relationships with family or friends, as

evidenced by the fact that his sister did not know if he lived or not until Steve contacted her (Foster, Krasnoff, & Wright, 2009). He also meets criteria C in that the film leads us to believe that Nathaniel's symptoms have been continuously active since onset. As he is nearing his forties in the film, it can be said that the symptoms have had a duration of longer than six months.

Regarding Criteria D-F of the DSM5 (APA, 2013), the film does not provide any evidence that Nathaniel suffered from any other mental disorders such as depression or bipolar, or autism spectrum disorder and there is no evidence of substance use. While Nathaniel seemed more withdrawn and somewhat isolated as a youth, preferring the quiet basement alone with his instruments, there is no evidence to suggest another cause for his symptoms.

Steve enters the relationship with Nathaniel unprepared for what he has taken on, and for his own selfish purposes. As it becomes apparent that Nathaniel is mentally ill, Steve is advised that the best thing he can do for Nathaniel is to be his friend (Foster, Krasnoff, & Wright, 2009). At first Steve is unsure what that means and how to be a friend to someone he clearly sees as needing his, or someone's, help. As Steve tries to engage with Nathaniel, it is clear to the viewer that Steve is trying to help, and his intentions are good, however, some of the ways Steve interacts with Nathaniel are not helpful, and in some cases, even unhealthy.

Most of Steve's failings seem to stem from his lack of education and understanding of the scope schizophrenia. While it is commendable that Steve attempts to treat Nathaniel the same as he would any other friend, had Steve understood schizophrenia better, he may have realized that Nathaniel isn't just any other friend. Failing to be completely honest and transparent, as well as thinking he knows what is best for Nathaniel led Steve to try to coerce Nathaniel into various situations, such as moving into the apartment or signing the contract, however, these actions only

furthered Nathaniel's paranoid delusions. This lack of understanding is strongly associated with a lack of empathy for Nathaniel's feelings and beliefs, delusional as they may be.

The relationship was healthy and helpful in some ways though, particularly because it was consistent. Steve is there for Nathaniel on a regular basis and sticks through some of their more trying encounters, such as when Nathaniel attacks him. Over time, there is a trust that is developed, although there are a few missteps in the beginning. Steve continues to be an authentic version of himself with Nathaniel, eventually coming to appreciate Nathaniel for who he is rather than who Steve thinks he *could* be.

Steve and David both want to help Nathaniel, however, Steve has far less experience working with the mentally ill, and less of an understanding of the intricacies of schizophrenia. Where Steve is uneducated, it is possible that David could become jaded or burnt out from seeing so many repeated cases of clients failing to improve, but that does not seem to be the case. In the film, David's past experiences inform his interactions with the people he serves as the director of the homeless shelter.

David understands that schizophrenia is notoriously difficult to treat, especially in someone who has gone without treatment and social support for so long. In Nathaniel's case, we learn that he underwent treatment a long time ago (electroconvulsive treatment [ECT]) that was ultimately not helpful and ended up feeding Nathaniel's paranoia (Foster, Krasnoff, & Wright, 2009).

While Steve has good intentions, his plan to commit Nathaniel for a short-term stay in which Nathaniel could be medicated, is likely to fail in the end because unless Nathaniel continues to take his medication after his discharge, his symptoms will return. Schizophrenia needs a long-term plan of action, and hospitalization for the sole purpose of going on medication

is short-term, and short-sighted (Reichenberg & Seligman, 2016). Nathaniel is unlikely to continue taking his medication because of his history of non-compliance with such treatment, but also in keeping in line with what David knows about the difficulties in treating schizophrenia. Individuals diagnosed with schizophrenia do not often believe they are sick, meaning they do not want to continue to take their medication (Reichenberg & Seligman, 2016). If they do not have somewhere to stay (due to homelessness), lack of insurance and medical care can be an obstacle, they may not have support systems (professional or otherwise).

In my opinion, David was more accurate than Steve, if a bit more pessimistic about Nathaniel's prognosis. While Steve's optimism is respectable, his ideas of how much Nathaniel could improve are simply out of line with reality. It is possible that with the perfect amount of support that Nathaniel could improve more than David believes, but leaving things as they are, I feel that David's predictions are likely to be correct. That being said, a relapse occurs in over two-thirds of cases (Reichenberg & Seligman, 2016), and recovery is not as likely for those who have had multiple episodes as Nathaniel has. As Nathaniel has not been on medication to control the progression of the disease, it is also likely his brain has been permanently affected and a full recovery would not be possible.

I do not know that the movie has necessarily influenced or changed the way that I feel about the "diagnosis controversy" in counseling. If anything, it has served to reinforce my opinion that diagnosis has its place in counseling and can be a useful tool, but only if used in a meaningful way that places the client first. A diagnosis alone is not going to solve my clients' problems, and in some cases may even be harmful for the client as it can be very stigmatizing to receive certain diagnoses such as schizophrenia, but the process of diagnosis can and does inform how we, the counselor and client, approach solutions to the issues.

My primary goal in working with Nathaniel would be to help him maintain a safe and supportive environment. Secondary to that, reducing Nathaniel's most prominent and distressing symptoms (hallucinations and delusions) will help in reaching a third goal of improving his awareness of reality. One way to do that will be to teach him coping skills aimed at reducing his stress and anxiety, which are often precursors to periods of time in which Nathaniel's symptoms are more severe.

While medication would certainly help Nathaniel, is unlikely to happen or be maintained, and hospitalization, which would certainly stabilize him, is not called for at this time because he is not a danger to himself or to others. Treatments I would consider for Nathaniel would include cognitive behavioral therapy (CBT) to help him learn to cope with some of his delusions and hallucinations. I especially like the use of mindfulness in conjunction with this training as this could help to reduce the distress and anxiety caused by these types of symptoms (Reichenberg & Seligman, 2016). Additionally, learning these skills could help him learn to reduce the effects of stress, which often predate more periods of more severe symptomology.

Long term, I would like to see Nathaniel begin and then continue therapy, both individually and in group, so he can continue to work on social skills and begin to build a support network. Connecting Nathaniel to services to help with long-term housing, and even supported employment may be helpful as well. Additionally, involving Nathaniel's sister, if possible, with psychoeducation to improve communication with coping-oriented approaches would be preferable, as these approaches are known to be effective in the management of schizophrenia (Reichenberg & Seligman, 2016).

References

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