

# A TEAM APPROACH TO TREATING PSYCHOSIS IN THE COMMUNITY: CREATING A HEALTHY ENVIRONMENT

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## INTRODUCTION

One approach to working with highly disturbed individuals in need of long-term treatment has been to place them in group settings such as out-patient day programs, hospitals or group homes. Promoting health within these settings has always been difficult. Attempts are made to “normalize” such environments with televisions, stereos, and comfortable furniture. Nonetheless, when confused clients are grouped together there is a tendency for them to sink further into apathy, heightened anxiety, questionable realities, and substance abuse. The staff who work in these environments often find the task of trying to create a healthy atmosphere nearly impossible. Burnout and staff turnover are high, and it becomes easy to slip into personal survivalism as a way of functioning.

Our culture also has a tradition of treating psychosis and other illnesses within healthy, family-like environments. When functioning properly, the environments bring out the best in everyone involved. Social networking systems (Rappaport, 1985), certain foster care programs in Canada and the United States, the work of Maitri Psychological Services (Podvoll, 1983; Fortuna, 1987), and a brief clinical study reported in this journal and organized around home treatment (Goodman, 1981) are some examples of this.

The client described in this paper required over forty psychiatric admissions to 24-hour care facilities between 1977

and 1982<sup>1</sup>. The precipitating event for these admissions was usually violent self-destructive behavior stemming from florid psychotic thinking. During this period of time he was treated in group homes, hospitals, and out-patient day programs. These kinds of environments seemed to be ineffective and actually appeared to provoke further psychotic thinking and behavior.

I began working with Tom as his mental health center therapist in 1982. Fortunately, a treatment alliance developed. After a year of working together, Tom began to express disappointment in the lifestyles of the mentally ill. "They have given up!" he told me one day. His interest in exploring healthier lifestyles triggered the beginning of a team. I introduced Tom to a volunteer trained at The Naropa Institute and at Maitri Psychological Services, and they began meeting weekly. Over the next four years, at roughly one-year intervals, similarly trained volunteers joined the team, gradually increasing the weekly one-to-one contact with Tom to six to seven hours per week. The three to four-member team also met every two weeks without Tom for the purpose of maintaining clarity and continuity in its treatment approach.

A further development in the program occurred in 1986, when Tom moved into an apartment with a graduate student. The roommate, who received a small stipend, was chosen by Tom and the team because of his ability to enjoy and appreciate the details of domestic life. Tom was interested in giving this new living situation a try. Approximately once a month, the team, including Tom and his roommate, gathered for some kind of social event, usually at one of our households. A quality of extended family or clan developed, and as a result, shared activities arose. For instance, Tom helped one team member plant and maintain a garden in her back yard, and they shared the produce. On numerous occasions Tom helped team members move. He also participated in social functions with a team member's immediate family.

This paper will describe that program. In general, by being involved in individual relationships with team members, including going to their homes, the client became immersed in ordinary, uncomplicated, and healthy life situations. We found that this kind of networking allowed him to experience increased curiosity about himself and his world, and the nature of cause and effect. He began to rediscover some of the gentleness and self-respect which he had denied himself for so many years. The client's quality of life improved, he required less medication, and his need for 24-hour care was greatly reduced during this period.

#### INITIAL DESCRIPTION OF THE CLIENT AND HIS SITUATION

Tom is a single, white male in his thirties who has lived in the same small city most of his life. He is tall and lean, with curly black hair, sharp brown eyes, and a narrow angular face. In the past, he dressed typically in a flannel shirt and jeans, but has become more experimental with his dress over the years, often wearing a tailored shirt and sport coat. Overall, he has a grizzled yet ruggedly handsome look about him.

Tom is bright and well-read, and has a sophisticated knowledge about world history and politics. He is known for his sense of fairness and social justice. His humor is quick and he loves to play with words. Tom grew up as the eldest of four children. A good student and talented athlete, he was also extremely self-critical. By the end of his junior year in high school, he had lettered in three different sports. Then, two significant events occurred. The summer before his senior year he and his girlfriend broke up and he became depressed and lonely all summer. That fall, to cheer himself up, he ran for class officer and was elected. A month later he severely fractured his leg skiing. His whole life changed. He could no

longer play sports that year. He felt that he had lost his status at school, and the friendships he had cultivated through sports waned quickly. He spent his senior year alone and brooding.

After high school he became involved in counter-culture politics but still felt alienated from those around him. Dissatisfied and frustrated, he began entering extreme states of mind, full of power, magic, and meaning. By the time he was nineteen, he had developed a full-blown psychosis, marked by delusions of reference, grandeur, and persecution.

For the next five years he wandered around the United States, working odd jobs, spending various amounts of time in mental hospitals. He resettled in his hometown when he was twenty-five years old. Within the next four and a half years he was hospitalized twenty-one times (some stays lasting as long as four to five months) and was admitted to a 24-hour residential facility on nineteen occasions. Particularly alarming was the violent self-destructive behavior surrounding his hospitalizations. During these times, he would justify such self-destructive actions as divine tests of his ability to act fearlessly. He also believed that such actions could propel both himself and the rest of the world into a new state of liberation. He was not compliant with treatment recommendations, nor was he manageable in semi-independent, group-living programs. In fact, attempts to intercede in his life seemed to provoke further escalation of psychotic thinking and behavior.

## TREATMENT APPROACH

Our work with Tom could be divided into three categories: 1) grounding; 2) developing confidence; 3) understanding cause and effect.

## *Grounding*

Tom's mind was habitually wild and speedy. Like a tumbleweed, he could easily be blown around by his own projections. One image became useful as the background of our work in this area: Tom admired Adrian Dantley, a professional basketball player for the Detroit Pistons. In the fourth quarter of a particularly close game, Dantley stood at the free-throw line with the opportunity to bring his team to within one point of a tie. Exposed to the crowd's catcalls, Dantley remained cool and composed, sinking both free-throws. This particular image impressed Tom and became a reminder for him of how he could be grounded even in the midst of the "catcalls" in his mind. His working at a rehabilitation center, playing basketball and chess, reading, taking medications, and even keeping structured appointments, took on a new meaning. The purpose of maintaining such activity was not merely to "normalize" his behavior, nor to provide distraction from a distressed state of mind. Instead, with the support of team members, he could use these activities to strengthen his ability to come back to the present moment.

## *Developing Confidence*

Tom, like many who suffer from psychosis, had developed a strong belief in what he would describe as a sense of evil or sin within himself. This belief seemed to come from his extreme difficulty with simple human qualities such as tenderness, fallibility, and fearfulness. He hid from these qualities by creating extraordinary delusional worlds where he was sometimes saint and sometimes sinner.

Through the example and encouragement of the team members, Tom began to question his confused and sometimes grandiose theories on fearlessness and self-destruction. Rather

than terrorizing himself when he was afraid, he became able at times to soften in the face of fear. During the time he spent with team members, he practiced extending his tenderness to others, and also allowing others to extend to him. The team members discuss the development of Tom's confidence further in their accounts following this section.

### *Understanding Cause and Effect*

The third aspect of our work involved educating Tom in the nature of cause and effect. For example, Tom found speeding states of mind and body to be exciting and intoxicating, especially in the initial stages. At some point, this speed turned against him and his own self-doubts reappeared (disguised) in the form of hallucinated commands to make self-sacrifices. It was at these times that Tom, caught in a whirlwind of escalating delusion, held a hot cup of tea until it burnt his hand, or committed a further dangerous, self-destructive act. By discussing this cycle with team members he could see the cause and effect relationship between speeding states of mind and their unwanted result. As Tom began to enjoy his life more, he was not as interested in being involved in this cycle. We discussed mundane, yet important, ways to interrupt his speeding mind. For example, he could sit at a table to eat dinner rather than eating while standing over the kitchen sink, or he could slow down his walking pace to include his companion rather than habitually rushing two steps ahead. Again, ordinary life situations with individual team members became the practice ground for Tom to pay attention to these details.

The following two accounts by team members Michael Herrick and Bob Levitt describe this work further.

*Michael Herrick:*

I first met Tom in May of 1981 when I was a mental health worker at a local psychiatric hospital. I assisted in securing him in four point restraints and monitored him throughout the night as he thrashed violently against his restraint cuffs. He was also deliberately attempting to bite himself, and was spitting blood all over the room, and on me as well. His agitation finally subsided. We were able to establish a fair rapport, and he was eventually released.

In June of 1984 Paul Cashman invited me to join a small team that was working with Tom through the mental health center. I accepted, and was curious to discover how effective the principles of contemplative psychotherapy would be with a severely and chronically disturbed young man such as Tom.

I entered the team by playing basketball with Tom, Paul, and Joe (another volunteer) once a week. Although Tom would wear boots, blue jeans, a heavy jacket, and a hat when he played, I quickly became aware of his athletic prowess and good sportsmanship. After several weeks I gave him an old pair of sneakers, which I think literally helped to keep his feet securely on the ground. During this early phase our relationship was awkward, and intimacy developed slowly. We simply played basketball and parted. Our conversations remained at a mundane level, and it was scarcely acknowledged that I had anything to do with therapy.

The next phase was to meet with him individually at his apartment once a week for two hours. Most commonly we met over a chessboard. He showed himself to be an excellent competitor, with well thought-out strategies for both offense and defense. During Tom's times of extreme agitation or depression, the game provided a reference point or discipline for bringing his mind back to the present moment, and honing his attention. Arranging a comfortable place to play also brought the further challenge of creating order out of a chaotic domes-

tic environment. His broken down furniture was arranged at irregular angles, dirt and grime covered the floors and walls, and smelly food remnants overflowed the garbage. By now we had established enough trust to have a good argument about the value of order and cleanliness. At one point we spent several hours scouring the place with cleanser. Tom began to take some pleasure in hosting me by offering me the most comfortable chair and preparing tea or coffee.

Slowly our activities and “disciplines” expanded. I would bring my guitars to his apartment and we played and sang together. Sometimes we would go for short hikes or scenic drives in the mountains. Once we went to a health spa and exercised together. Gradually we began relating more directly to one another, rather than exclusively through some activity, although basketball, chess, and music continued to be important reference points for us. Our conversations have ranged from sharing deeply personal feelings to discussing politics, philosophy, and religion.

We have often expressed conflicting points of view. He has tended to speak of the righteousness and freedom of the anti-materialist-social revolutionary who finds pleasure in chaos and solidarity among the downtrodden people on the street. I have tended to speak of the possibility for satisfying integration with society through care and attention to one’s personal and domestic situation, and the contribution of personal resources for the benefit of the local and global community. More and more this dialogue has been characterized by curiosity about each other’s lives, rather than debate. Although the verbal exchange has been stimulating for both of us, the heart of our relationship has been in having actual contact with each other’s worlds and lifestyles.

After several months of weekly meetings, when I felt sufficient trust, I began inviting Tom into my home. Now it was my turn to be a host, and Tom’s turn to be a guest. Initially he appeared timid and awkward, moving about and engaging



in activities only after my initiation. I also found him very reticent to receive generosity. It was easy to convince him to accept a cup of tea, but he most often refused any offer of food. As time went by he seemed more relaxed and confident that he was not being treated like a "charity case." He would ask to use the stereo, select some music, and suggest that we play chess or just sit and talk. One evening the team held a birthday party for Tom at my home, at which time food and refreshments were served. We had pitched in to buy Tom a framed print of a wilderness landscape for his apartment, which he graciously accepted. The following year Tom initiated plans for his own birthday celebration, which included hosting a small gathering of friends at his apartment.

Meeting at my home provided opportunities for other unique interactions. Once, for fun, he tried on several articles of my clothing and viewed himself in a full-length mirror. He scrutinized himself in different dress shirts, sports coats, and suits. Then he put his tattered and dirty denim jacket back on and scrutinized himself again, remarking dejectedly on how displeased he was with his appearance. A week later, at his request, his father bought him some new clothes, including a nice corduroy jacket.

A description of the course of our relationship would be inaccurate without mention of the more difficult times. Periodically Tom became very agitated, exhibiting paranoid delusions, command hallucinations, and suicidal ideation. Once while we played checkers, Tom was continuously receiving "messages" from the environment. He believed "the people" were telling him to commit suicide. When I said "let's finish it," meaning let's finish our game of checkers, he quickly retorted that I was telling him to kill himself. He would fixate on small details with pressured and tangential speech. He could not take a sip of tea without agonizing about whether oppressed Chinese people had been forced to package and sell

the tea. The color of the truck the furnace repairman drove to his parent's house took on grave, cosmic significance.

During these times my own discipline was to continually bring my attention to my immediate sense perceptions. Often I would stubbornly insist that we continue our activity. This would engage Tom more with immediate sensory experience, and sometimes delusions would temporarily abate. Once he repeatedly insisted that the FBI, the CIA, or the Mafia had bugged my room. I then insisted that we conduct a thorough search of the room and began turning over everything in sight. He was quickly willing to admit that "maybe I'm being paranoid."

It has now been over three years since our first basketball game, and I believe we have both benefited from our relationship. Tom learned much about respecting and caring for himself and his environment, and how to engage socially. I learned more about these things as well. I have also been challenged to examine at ever deeper levels what it means and what is required to be helpful to another human being.

### *Bob Levitt:*

Tom and I met in the spring of 1985. We were introduced by Tom's therapist, Paul Cashman, at a gathering of the team. Four of us had an energetic game of basketball that served as an appropriate, albeit breathless, entrance for me into Tom's world. The next several meetings were at Tom's apartment, with Paul present to facilitate this seedling phase of our relationship. Tom was very quiet at those times; Paul and I would chat and unobtrusively invite Tom to join the conversation now and then.

After about a month of meeting together the ground was laid for Tom and me to begin meeting by ourselves. Most of our time together was spent playing chess. Tom was the more

skillful player and usually won. A tinny sounding clock radio would be tuned to a country music station while we played. The verbal silence was occasionally broken by snippets of conversation relating to a song on the radio or a news item. The atmosphere between us was shy but friendly, and despite a somewhat painful awkwardness, I enjoyed these visits.

Our meetings continued in this manner throughout the summer. On warm sunny days particularly, I felt a strong urge to get out into the sunshine and fresh air, but Tom resisted my initial invitations to do so. The cramped space, stale air, and overall uncleanliness of his one-room efficiency apartment was extremely claustrophobic at times. Much of the challenge for me was to touch in with and let go of the feelings of intense imprisonment and poverty evoked by that environment.

Connecting with Tom was often a hit-or-miss affair. He didn't have a phone and had difficulty remembering appointments. Many times, finding him not at home, I would communicate with him by leaving a note on his door. At one point, Tom invited a man living on the streets to live with him. This fellow immediately began to take over the apartment. Taking advantage of Tom's guilt and generosity, he would spend much of the food budget on booze. Sometimes when I arrived for an appointment, I would be met by this fellow who greeted me with threats, uninhibited hostility, and paranoia. Notes or messages that I left for Tom invariably failed to reach their destination. A few months went by in the fall when I lost touch with Tom and thought maybe he'd moved.

When the new year arrived, the therapeutic team regathered and decided to meet with Tom on a more disciplined schedule. This plan was made much easier because Tom was now working half days at a work rehabilitation center and could be contacted there by phone. Also, Tom's friend had moved out, taking some degree of chaos with him.

Along with these changes in Tom's lifestyle came a shift in our relationship. It opened up considerably. We began taking long drives in the mountains, sometimes for several hours. On these drives, stretches of conversation about our lives and thoughts were interspersed with long periods of silent appreciation of the scenery and fresh air. Occasionally Tom would ask to extend these visits beyond our scheduled time. Tom began accepting my invitations to come over to my house which, he noted to me, contrasted favorably with his own living quarters which were half the size, almost twice the cost, and not nearly as pleasant. These moments of awareness were landmarks, for they caused him to question the solidity of his street person's lifestyle and, in turn, question the solidity of his psychotic states of mind. One afternoon, Tom helped prepare a delicious spaghetti dinner and afterwards volunteered to wash the dishes. We spent another delightful afternoon together at my house passing the guitar back and forth, trading off our favorite songs.

Other times were not so pleasant. I remember walking to Tom's apartment one snowy evening and finding him half asleep in his clothes on a grubby mattress on the floor with a ratty blanket sprawled across his ankles. I asked him if he'd rather not have a visitor but he invited me in. I found a chair in his tiny, cluttered room lit dimly by a single bulb over the kitchen sink. For the first time he allowed me to see him in abject misery and vulnerability. There wasn't much to say, so we sat together for nearly an hour in the silence and darkness of a snowy winter evening.

Sometimes during these difficult times, I questioned what my role was. I wondered whether I was his therapist, his friend, or both. I came to acknowledge that our path together could accommodate a wide range of experiences that didn't require anything on my part beyond relating with kindness, openness, and equanimity. That, in a nutshell, was my discipline as a team member.

I left town for the summer and reconnected with Tom early that fall. About a month later, he went into a manic phase which continued relentlessly for several months. During this time, our relationship became more personal. For example, one day amidst a verbal barrage from Tom, I asked him to try to slow down and have some give-and-take in our interaction. He stopped and there was a gap in the speed and absorption of his mind. Softly and with a trace of sadness he said, "I've never been able to do that." I said that I knew it was difficult for him, but that we had communicated well many times. I found it helpful to point out to Tom a sense of path and the continuous presence of his sanity, however reluctantly he may perceive or acknowledge it. Without this larger vision, such moments of sad awareness could easily fuel his tendency to be self-critical and lead to further vicious cycles of guilt, discouragement, and loss of heart. I tried to keep such comments simple and brief, followed by a return to the cup of tea or game of checkers. My discipline was to return again and again to the simplicity of everyday activities, the ordinariness of the human connection, and an appreciation for this mutual path.

On one occasion, for example, Tom spent an entire afternoon helping me move, for which I was extremely grateful. Shortly after that, I invited him to go for a drive in the mountains. He said he couldn't accept, due to what he believed was his cosmic indebtedness and unworthiness. He said he owed me too much already and couldn't pay for gas. I reminded him of his generosity to me that afternoon and how his labor was certainly worth several tanks of gas.

Tom and I began thinking of how he could express his longing for compassionate action in a way that would be useful to others. He had had previous work experience as a dishwasher and had also felt an affinity for elderly people. The Senior Center needed volunteers in their kitchen to relieve their overburdened staff, so Tom and I began to participate in community service there.

Still, the old patterns stubbornly arose. I called Tom and suggested a game of chess. He informed me that he was beginning a forty-day fast and retreat in his room and wouldn't be seeing anyone "What about the Senior Center?" I asked. That was out too. I asked why the sudden turnabout. He said it was a religious matter. I told him it sounded suicidal to me and that I didn't like it. I insisted that he see me to talk about it before he began his "retreat." He balked. Exasperated, I said, "Come on, Tom, give me a break, will you?"

"So come on over then," he said.

On the drive over I felt my anger mount. Tom greeted me with a smile and a handshake. Abandoning my usual calm and collected manner, I practically shouted, "Do you know what night tonight is?"

"Yeah, it's Monday night."

"What else?"

"It's the first night of Passover."

"Right," I said, "and do you know what religious Jews do on Passover?"

"They fast."

"Wrong! They get together with other people, family and friends, and they retell the story of the journey out of slavery into the Promised Land and they eat!! That's what religious people do! They eat with other people!!"

With both of us grinning now, Tom got out the chess set, made some Ramen chicken soup, and in minutes had my queen. Before I left he assured me that he would not be fasting, and we made plans for the following Monday to have lunch and then go over to the Senior Center to wash some dishes.

"Tom:"

*The following is a statement by the pseudonymous client referred to in the above discussions.*

I have enjoyed the social contact with Paul, Michael, and Bob over the last couple of years because I respect them all as individuals. Interactions seem natural and not forced, as well as supportive. As I am on foot and they have vehicles, the increased mobility is also appreciated.

Also, the interaction between Paul, Michael, and Bob is an interaction with a whole different group than I usually associate with. This group is more intellectual and objective in its conversations. It is also more formal. I think the reason for this is less drug use. The subculture I usually associate with talks about personal experiences and the goings-on and whereabouts of people within the group. They are not as curious about the world outside.

I sometimes wonder if all the attention (three people, many hours, disability payments, etc.) devoted to one client is not resented by parts of the community at large and, therefore, causes problems for those involved.

To abandon the relationships with people who have supported me all the while (despite having inclinations at times to be independent of it all) seems disloyal. I have been a "community problem," and with those who have helped me thus far, I wish to contribute to the welfare and liberation of the community at large.

## CONCLUSION

The combination of healthy, non-institutional life settings and relationships with team members within such settings was of benefit to the client. His quality of life improved considerably during the time he was involved in the program and his need to be hospitalized decreased dramatically. In addition, the program reduced costs to the taxpayer by over 75 percent, despite the fact that the client received much more individual-

ized care. Finally, the team members found this work to be challenging and invigorating. Although we now are involved in different projects, we believe that the essence of this program is transferable to many other therapeutic situations.<sup>2</sup>

## NOTES

1. The name, physical appearance, and details of this client's history have been altered to protect the client's privacy.
2. This program of working with disturbed persons in homelike environments has recently been expanded into a residential therapeutic community involving at present 5 clients and 2 staff persons. The project is called "Friendship House" and is a joint effort of the Boulder County Mental Health Center and The Naropa Institute. The program will be discussed further in future issues of the *Journal of Contemplative Psychotherapy*.

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