

Forward House Community Society

Holistic Approaches to Psychosocial Rehabilitation in Community-based Services

by Carol Richardson, ED

Described in our brochure of programs and services are those aspects of our being that have been called both complementary and alternative. I believe strenuously in offering these services to our partners because they broaden the scope for healing and maintaining wellness, in keeping with the truth that 'one size can't fit all', or words to that effect. But it is not the provision of these opportunities that makes our approach holistic. In fact, the very words used to describe them contradict what I understand 'holistic' to mean. "Whole-istic" signifies that a person is indeed whole, not the sum of divisible parts but a living, breathing collective.

If one has a disease, we might say there is an organizational imbalance. Should one part of the entire being be ill, the rest of the whole is concurrently shifted from balance; therefore, treating not only the sickness but also the entire being is desirable. We are not physical, or emotional, or mental or spiritual in nature, but all of these things, all at once. We know that a physical crisis affects us in other ways as well, so to treat one condition or another will be ultimately ineffective. There are countless examples of this. If we have a protracted virus we may also feel depressed; our fear may manifest as ulcers or cancer; unrelenting pain could well give rise to a crisis of spirit, the great struggle for reason to go on.

Ayurvedic principles suggest that our spiritual health indeed determines our mental health, that our mental wellness colours our emotional well being, and that our emotional well-being is apparent in our physical condition. I have greatly simplified, but this approach speaks to the integrated systems of the whole being and recognizes that the whole requires attention of any one exigency is to be addressed.

Western medicine turns this around, focusing first on physical complaint and then acknowledging the possibility of its effects on other health aspects. Rarely in my experience have I known a doctor to wonder (aloud, in his/her office) about spirit. Historically, reflexology or healing touch, for example, have been regarded as 'alternative' only to traditional western medicine and 'complementary' in the sense of being also-rans in the strict medical model.

They were heeded here under some suffering while entirely embraced and in common practice in other, older, parts of the world. Increasingly, however, in the past five to ten years, I have known medical practitioners to suggest treatments not strictly medical in form. Some hospitals are training nurses in massage and healing touch and are increasingly tolerant of outside practitioners of such healing arts working with their patients. Modern medical practices arise from empirical data, tend to treat symptoms, and require tangible results to sustain them.

One might infer that I do not support the methods of our local physicians, but that would be untrue. If one has a gaping wound, one surely needs it cleaned and stitched. If one has an invisible condition such as a mental illness, medicines can be extremely effective in controlling it. In our own holistic approach, we simply recognize that there exist various ways to deal with a problem, and it is the right of the individual to consider more than, rather than instead of, the tried and true medical way, provided the treatments are not paradoxical in nature. In all cases, expert advice is critical.

I further suggest that treatments work, when they work, largely because of our belief that they will. What we believe tends to become true, supported and reinforced by our experience. This is hardly an original thought. The positive placebo effect is well documented. Good helpers of any discipline can inspire this effect. The requirement is for some measure of trust in the competence and integrity of the one doing the treating. Holistically, the principle 'treater' is the patient himself. Helpers - medical or otherwise - may be guides, the issuer of pills, or your basic cheering section, but the patients who heal do so themselves because they believe they can.

Certainly, there are recorded cases where by all accounts one where should never have recovered but did, and of others where one should have got better and simply did not. The power of the individual attitude toward healing is irrefutable. Neither ought the helper's position be underscored, nor their influence dismissed. Helpers can retard or prevent recovery by presuming to know better than the patient how she is feeling or responding to a treatment. Healing can be hindered by using words like 'always' or 'never' to describe outcomes.

A mental health patient who is told her bi-polar disorder will never go away is less likely to find relief than the one for whom the possibility of improvement is left open. Shutting the door on any possibility can furthermore invite rebellion. No helper can help who is shut out. I would argue that it is healthy to question 'always' and 'never' pronouncements. I am, of course, in favour of fostering rather than suppressing one's will to heal, provided false hope is not the carrot dangled. Lies of omission and commission are unacceptable. How, then, does the helper inspire and keep the confidence of the patient? Knowing one's science is a good start and an approachable demeanor is a decided asset.

I believe that helping others to see themselves in a more positive light is the best help available. Given the medicines and band aids and the healing touch, what will ensure their effectiveness is belief in them, as nurtured by the trusted practitioner. But one trusts others who first has some measure of trust in self. Consequently, the most important role for helpers is to promote self esteem in individuals, as will be discussed further below.

To address the physical aspects of our partners' being, we liaise closely with their doctors (by permission), more so with some than others, depending entirely upon the openness of the physician to share observations. We have a working knowledge of the various psychotropic medications and, in special circumstances, we will supervise client compliance.

We are also knowledgeable about other medications and physical conditions including diabetes, asthma, hepatitis, cancer, deafness, cardiac illness, allergies, seizure disorders, fibromyalgia and blood dyscrasias, because all of these and more exist for many of our partners most of the time.

Emergency protocols are discussed, rehearsed and posted in writing in various visible points in the house. All of our staff members retain current tickets in first aid and CPR. Special nutritional requirements are met in our meals programs. Community professionals offer workshops for our clients in medication management, nutrition, and vitamins and other nutritional supplements.

Our local pharmacy staff team is especially active in its partnership with us. We observe safety, public health and WCB standards. We will literally walk an individual through steps in personal hygiene when appropriate. Showers and laundry facilities are provided and, thanks to the generosity of our community partners, we are in a position to see that everyone has soap, shampoo, toothpaste and a toothbrush.

Through our own barter store we can meet every individual's basic needs for food and clothing. Given the prevalence of substance use among those with mental health concerns, treatment of addiction is concurrent. Mental health and addiction programs are systemically, contractually aligned. Since no person who is hungry or in pain or without proper medical attention can hope to be really well, we recognize the primary importance of addressing physical needs... ..coincidentally with the others. Emotional traumas are defused in counseling.

Our accessibility means we are frequently first in line to assist. Proactive measures always being preferable to bandaging crises, our same availability means we are with many of our partners every day. We talk together, discuss personal and global issues; we observe for signs of distress and work as a community to mitigate them. Very often, small 'fires' can be doused before burgeoning. We are simply people being with people, and our being together minimizes the isolation that exacerbates any distress.

We are acutely aware of the impact of self esteem to one's entire health. Barring accident, people who generally feel good about themselves are less susceptible to physical, emotional, mental, or spiritual crisis and less likely to inflict it on others. They can socialize with others because they believe in their worth and ability to contribute to self and others. We are conscientious in our efforts to promote self esteem. Sometimes we provide classes, and a wealth of resource material is available on our bookshelves and through our on-line files.

The single most effective thing we can do, however, possible in any given moment, is to help each other to shift a self-effacing attitude through non-structured being. We will re-frame self-damning words, explore possibilities when none are apparent, offer a shoulder to lean on or a nudge, in turn, as best fits the occasion. We make opportunities to foster "Yes. I can!" and "I am a person of value" attitudes for even the seemingly insignificant event.

We defy systemic labeling that is de-humanizing and regard individuals as the whole people they indeed are. We help each other learn to cook, sew on a button, plant a garden, budget, shot, improve literacy, laugh, sing out loud. We provide certificate courses in assertiveness, conflict resolution, relationships, Food Safe, assumptions, personal responsibility, trust, and responsibility to community. As we master the basic skills in life, so we gain mastery over our immediate environment and ourselves.

At Forward House, we have come to recognize through experience that such mastery is facilitated less by structuring our routine than through genuine caring and mutually respectful being in ordinary circumstances as well as the extraordinary, whereby the teacher and the learner, the helper and the 'patient', exchange roles with some ease. We believe, like others, that ultimately there is no 'us' and 'them,' there is only 'us.' This position is not wholly endorsed systemically.

There are still those who advocate for formality of routine. I cannot agree with them. This practice too closely imitates institutional care, where the line between 'us' and 'them' is, perhaps necessarily, kept very clear. But here in community it is our goal to normalize daily living, rather than create artifice. Our approach requires that our staff helpers are comfortable enough within themselves, it should go without saying, to maintain this equal footing. We must possess the courage to be vulnerable, such that we can function away from the desk, the prescribed role, the mask. "No guest feels welcome," I quote someone I cannot cite, "whose host is not at home in his own house." That said, we must also be ready to be effective facilitators when called upon, if those who ask for help are to have confidence in our ability to deliver.

We must resist the arrogance to exceed our limitations, and we must liaise with those others who in a given situation know better than we. This other may be another health professional (continuity of mental health care is achieved through collaboration with our mental health centre staff team) and, often, it may be another Forward House partner. We're in it together. It's that simple.

Mental dis-ease is addressed here first by knowing what it's supposed to look like and second by knowing it often manifests differently than in our textbook scenarios. This is precisely because people are individual and, as individuals, are whole, integrated systems unto themselves. We need to know how schizophrenia works, or borderline personality disorder, for example, and anticipate possible behaviours and signs of increasing acuity of illness.

We must then open our hearts and minds to expect the unexpected. This is especially true in the context of the group, where the complex, integrated, unexpected, whole persons are interacting in intimate ways in a small house on a daily basis. Relationships of all descriptions are formed, and change. Romantic liaisons will ever impact on 'everyone else' in the house; friendships, alliances and, sometimes, divisions, emerge.

We are mindful that this is true everywhere. We are also mindful that in our undersized house the consequences of exactly every behaviour are amplified. Therefore, our one strict requirement is that we treat each other with respect. Disagree, we may, and opine, discuss, stretch, grow, discover more about ourselves and about ourselves in relation to others, love and be loved, set ourselves apart, shine, defer, get mad, make up, work together, play together, stay in the background, participate, or not, but we may not raise a hand or voice against another.

We may not attempt to exert power over others; hegemony is inappropriate. This holds true for all of us. No exceptions. Because none of us is yet perfect, everyone 'blows' it sometimes. What then? There are provisions in our mandate and by-laws and guidelines to expel the 'blower' from our community, in favour of the security of all, and in rare instances this has been necessary. Far better, we believe, to promote personal responsibility for behaviours.

The exclusion of those whose words or deeds are socially unacceptable (but something short of felonious) may serve to secure our community at large, but it also severely limits the individual's opportunity to learn a different way of being. It galvanizes one's sense of being bad, and foments low self esteem. A negative self-concept is more likely to generate and re-generate undesirable behaviours than not. Banishment will not effect change in the offending person.

Change cannot be demanded. Change occurs when responsibility for self is internalized. If one can begin to understand why the offending behaviour is unacceptable, then one has understood the capacity of others, like one's self, for the powerful emotions like hurt and rage. She comes to know that we do not live in a vacuum, and everything we do and say affects everyone around us, positively or otherwise. She comes to grasp our connection as human beings and perhaps learns compassion for self and fellows. That accomplished, owning the behaviour does much to assuage the offended person(s), and it empowers the offender.

Since we cannot eradicate what has been done, based on a poor choice of action, we can make a subsequent decision to minimize the damage. We can apologize, and mean it. We can do something to make amends. We can heal the rift created and heal the hurt within. This simplified version of restorative justice is alive and well at Forward House. Mistakes are made, some grave and some minor.

If there is genuine ownership of the misconduct and an attempt made at probity, then anything I might do by the book is not only meaningless but also counterproductive to personal responsibility and individual growth. We have often witnessed this, which is to say we have witnessed improved evaluation of self and commitment to the community. Similarly, members of the community learn that what one has the capacity for so have we all, that darkness and light exists within every being, that good people sometimes do wrong things, that forgiveness of self and others is possible, that change is possible, that wounds can heal.

We witness win-win circumstances. Nurturing such awareness of self and others is consistent with holistic measures. I appreciate the opportunity to be in this particular group. Receiving clients in a counseling office is admirable, and it limits the prospects of hearing or seeing much that is positive and of seeing people in the larger social context. I feel fortunate to have innumerable occasions to celebrate with our partners. How do we address spirit in with our people?

Indeed, who are we to do so? Loosely defined as a belief in some universal power, spirituality may be experienced as faith in God and practiced as part of an organized religion, or not. I distinguish between spirituality and religion, although they are not mutually exclusive. At Forward House, we neither encourage nor discourage religious observation.

It is the inherent right of the individual to practice what he or she believes to be true. We merely accept that spirituality comprises part of one's whole being, whether one is aware of it or not. If the ayurvedic principles are correct, then those with mental illnesses are manifesting spiritual crisis. It is not our place to proselytize our personal beliefs. We will, however, suggest that there are possibilities beyond those which can be seen or heard or touched, that may or may not be explored, as one wishes.

We do explore to a limited extent, precisely to avoid offending personal sensitivities, practices loosely based on aboriginal traditions. Healing circles invite sharing of loving, compassionate energy, especially in times of loss. They invite listening and speaking, in turn, and they also invite silence. Our talking circles are much the same. We offer meditation groups, with experienced caution, to those who wish to participate.

Books, CDs, and tapes related to spirituality and meditation are freely available to everyone. Embracing body, mind and spirit, then, is what makes an approach to health care 'holistic.' Paramount to our holistic approach is partnership. If we recognize the partnership shared by the various aspects of our being, then we can hardly dismiss partnership among beings. This opinion is not common to every mental health program. Impetus for 'consumer-driven' models is apparent.

The distinction is that clients are intended to meet their own needs without unwelcome intervention. There is concern among our partners about this model, which I share for these reasons: The language applied to 'consumers' was foisted upon them and is, to us, offensive. As discussed earlier in this paper, the word 'consumer' denotes inferiority of position.

One is not shopping for a car or a chocolate bar; a mental health consumer is said to be consuming mental health services. I find this an impossible paradox to the reality of partnership. Lines are drawn. One may need assistance for a period of time because of a mental health concern. Who doesn't? Why separate humanness from humanness?

Those advocating for consumer-run models mean, I think, that they wish to regain and retain their autonomy, to exercise their ability in achieving wellness. I agree that the very people most impacted by health care decisions must have a strongly and clear voice, and it is the responsibility of everyone to promote and protect that voice. But a position is taken that the input of a service provider necessarily precludes that voice, and the prevailing attitude is frankly adversarial.

However, by making any other being or set of beings the enemy, we give them undue power, and defeat the goal of self-empowerment. Working with others, rather than against, not only delivers what we need but honours the worth and ability of all, to promote community rather than exacerbate isolation.

Collaboration heals rather than agitates historic divisions. If anyone here on planet earth could all things, solo, at all times, then no doubt one would. But we are social beings instead. We do need one another. This is not a defeat and not a put-down of the ones in need of an occasional helping hand.

Accepting assistance, like embracing our connection as humans, requires courage and not weakness, appreciation of self rather than separation from the peripatetes. Stigma-driven programs, it seems, although well intended, forge a wider gulf between 'us' and 'them' than is healthy, which in turn perpetuates the stigma of being different (and therefore inferior) that we want to overcome. It keeps the mental health client as someone who is less than a full partner in society.

Forward House isn't perfect, but I do think we're on the right track at least. If we are not holistic in our approaches, as described, then we fail our partners and we fail ourselves. With this mantra, I conclude: There is no 'us' and 'them.' There is only us. I am ever grateful this is true.

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