

Psychosis and Effects on the Mind: with clinical rationale**Presented by****Colin Ryan, MA**

Adlerian theory posits that an individual's behavior needs to be viewed using a Gestalt approach, which means to view an individual's behavior as only one part of a whole. Before I agreed to work with client X, I wanted to conduct a mini-literature review on the possible etiology of her psychosis, using the Adlerian approach. Through my training, I discovered the best sources came mostly from class literature and lectures on Psychotic and Depressive disorders taught by one of the leading researchers on schizophrenia, Dr. Jerry Westermeyer.

His publications include research on successful aging, course and outcome of mental illness, schizophrenia, mood disorders, suicide, work and social adjustment, prognosis, diagnosis, systems theory, ego mechanisms of defense, Erikson's life cycle model, and positive mental health. Dr. Westermeyer taught me to think outside-the-blocks when dealing with a psychotic client. He stressed the importance for all clinicians to not fear working with a psychotic client. Instead he emphasized a collaborative effort while keeping the client engaged throughout the session. Dr. Turk taught me to understand the connection that the psychotic client has with their delusions or hallucination. In once class, Dr. Westermeyer's main theme in dealing with psychotics was engagement. The author of a video shown in class repeated the mantra, "How every interesting, tell me more" as a way of maintaining rapport with the psychotic client.

After collaborating with Dr. Turk, Dr. Boho, and Chloe, the other member of the team who also worked with client X, there was collegiality with the decision to take the

least traveled path. We began to formulate treatment goals for client X. As a result, we developed a four month treatment regime that would take place outside the walls of her psychotherapy and medical treatment. This may be termed Psychosocial Rehabilitation, which included the following stages: **1)** produce a tranquil mindset for client X while we were together, **2)** get her involved in a vocational rehabilitation program, **3)** gradually integrate teenage activities for her after the psychotic break (mall, shopping, eateries, etc.). Transition from stage-to-stage involved the client reaching different goals.

Stage 1: Produce Tranquil Mindset for client

Traditional Chinese philosophy teaches that “mind and breathing are interdependent, and regular respiration produces a serene mind, and in turn, regulated breathing brings on concentration of the mind naturally” (Yue Yanggui, cited by Xiangcai, 2000, p. 7). How was this going to work with client X? At the start of each socialized session, client X and I would practice, only for a few brief moments, a technique of breathing referred to as mindfulness breathing. She was reluctant to participate in the beginning, but after a few weeks she began initiating the technique on her own. When this technique failed to be affective I allowed client X to smoke a cigarette to reduce some of her anxiety. This may seem unorthodox, but the goal was to maintain clarity of the mind while empowering her to regain a sense of mental autonomy. Once she appeared to be calm we resumed the mindfulness breathing technique. After we meditated client X would discuss a variety of topics. For instance, once client X brought up a relationship issue asking for advice about a boy whom she had been sexually involved with before hospitalization. In a collaborative effort, Chloe would also talk to her about female based topics including: birth control questions, female hygienic

questions, relationship questions, etc. These two techniques proved fruitful for managing her anxiety and clarity on a variety of occasions. Also, the combination of a man (me) and woman (Chloe) may have modeled and assisted the client to develop an alternative perspective to the mother and father archetype.

Stage 2: Vocational Rehabilitation

Another stage of this Psychosocial Rehabilitation strategy was to find client X a job. The team located a job at a local Starbucks where client X would work off peak hours. According to an article in the *Journal of Clinical Psychiatry* (1996), experts suggest incorporating vocational rehabilitation when working with a psychotic person. If they resume gainful employment this may foster social communication and avoid feelings of hopelessness within the community (*Journal of Clinical Psychiatry*, 1996). My role was to sit with client X during the first few weeks at her new job. This worked out well. I sat and monitored her state of awareness during the first few weeks, avoiding an overbearing or intrusive position at Starbucks. Throughout the first weeks, I observed her mental capacity being limited. She occasionally drifted back into her mind. I focused on her kinetics and eyes as cues to keep me aware of her thought process. When it was needed I invoked a jocular attitude that immediately made her smile; consequently, reducing her anxiety. Other times, I would ask her if she needed a break and would sit outside, encouraging her to return to the aforementioned tranquil mind set through mindfulness breathing.

Stage 3: Teenage Activities

The final stage was to normalize client X back into everyday life. Since she was gainfully employed we began focusing the attention of our socializing sessions on things

that she wanted to do. The aim was empowerment through choices. After our breathing, I gave her the option of setting the agenda. The theory and thought behind this strategy came from the diathesis-stress model, which calls attention to genetic assets and liabilities as well as to environmental assets and liabilities (Gottesman, 1991). We wanted to create an environment where client X felt safe and stable returning back into society. The client would often choose to shop or grab a coffee and just talk. During these times the client would talk about average teenage issues and obstacles.

Summary:

After four months of working, communicating, and empowering client X I began to limit the socialized sessions. This was done in order to produce independence and reduce co-dependency on the team. Periodically, I confer and consult with both Dr. Turk and Dr. Boho on client X's condition. Currently, client X maintains her position at Starbucks and has even enrolled herself at a community college. She is also off medication and appears to be stabilized. Alfred Adler was once quoted in 1912 as saying, "This idea of inheriting insanity is artificial." I believe Adler was talking about self fulfilling prophecy and alignment. If a family has a history of psychosis it may not be passed down to younger generations. It is imperative that as a community we continue to educate our clients, their families and support systems about the reality of the disorder. All decisions were based on collegial support, hence the title community care.

References

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