

Creating an Empathic Environment at the San Joaquin Psychotherapy Center

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For over a decade, San Joaquin Psychotherapy Center has offered a genuine alternative to the biopsychiatric or disease model of treatment for people suffering from emotional or psychological distress. This alternative model is called an "Integrative Milieu." "Integrative" because it seeks to value and integrate all aspects of the individual including the often disturbing but meaningful expressions of distress called "symptoms." "Milieu" because the primary focus of "treatment" is to create an environment that facilitates this integration. These elements promote the inherent growth and healing functions of the human psyche. In contrast to the disease model of treatment the Integrated Milieu strives to expand the depth and breadth of a person's humanity to overcome distress and dysfunction rather than restriction of humanity through an attempt to control symptoms.

Located in the unlikely area of Fresno in California clients find this modest clinic from as far away as Venezuela and New Zealand. The center has been highly successful in treating clients without harmful psychiatric drugs and helping clients get off the dangerous psychiatric drugs they have been forced or coerced to take. In almost 10 years of treating patients some of whom have been labeled with the most severe psychiatric diagnoses and declared to be "untreatable" without from six to ten psychotropic drugs. There have been no suicides, no incidents of significant violence and although there have been times when other parties have intervened or interfered we have never returned a patient to a psychiatric hospital.

According to the prevailing propaganda of biopsychiatry this can't be done.

Not How—Why:

A Different Way of Thinking Yields Different Results

I am often asked: "How do you treat patients?" or "What do you do differently?" This is a difficult question to answer. Not because I don't know what it is that we do differently. But in a materialistic, technique oriented culture it is so difficult to convey that what we do is derived not from a different method but from a different paradigm. We do not so much "treat" or even "heal" patients. We create an environment in which they may heal. Please note the deliberate use of the word "may." One of the pillars on which this paradigm is based is that free will and personal responsibility are essential. I would go as far as to say that the devaluation of individual freedom and personal responsibility is one of the primary sources of iatrogenic problems in therapy.

Patients or family members will ask how long will they have to be in treatment. My response is simply—"As long as you want to be." To ask how much treatment is needed is like asking how much education one needs. Some people are satisfied with a bachelor's degree; some want half a dozen PhDs and a Cosmetology License. This is not a model where people are sick and ask the doctor to fix them. This is a place where one overcomes problems by growing as a human being not by stifling one's humanity. When you are satisfied with your work here then I assume you will leave.

I am also frequently asked questions that raise spurious issues such as . . . "but what would you do if . . ." then some extreme stereotypical behavior or perceived threat or dangerousness is postulated in order to justify dehumanizing interventions. Often these behaviors can be traced to the reaction human beings have to being betrayed by those who purport to help them—if only they will surrender their humanity to serve as scapegoats for the collective pervasive, if unspoken, belief of our profession that those identified as "mentally ill" have something wrong or inferior about them that we are safe from as long as we can identify its existence in someone else. Or as Thomas Szasz once put the problem (comparing it to the biological principle of "kill or be killed") in the mental health community it is "label or be labeled."

Often, much of what we do in the first stages of treatment for people who have been in the psychiatric system for prolonged periods is to in essence "deprogram" them to stop acting like "mental patients." Even those who have never been formally treated in the prevailing mental health sys-

tem; even some who are well aware of the inhumanity of this system need both intellectual and emotional clarification of the distinctions between what is fact, fiction, politics and propaganda. In fact, it is true that even patients who come to us well-informed, angry, and opposed to biopsychiatry's way of thinking still require some degree of attention to the subtle and often superstitious pressures of this oppressive model. Indeed, I often find myself intimidated by the propaganda both for imagined and actual reasons.

TWELVE PRINCIPLES TO CREATE AN EMPATHIC MILIEU

This list of principles is neither exhaustive nor exclusive. Some of the ideas obviously overlap as they should in an integrated system. The list is articulated to specifically aid in the creation of an integrated treatment program. While these principles are meant to be applied to designing a treatment system it will be easy to see how they may be applied as well to the internal "milieu" of the therapist. Because of limited space there is little elaboration within the list but the underlying rationale for each is easily gleaned from this chapter in its entirety.

1. Personal responsibility for life, well-being, and behavior belongs unequivocally to the patient.
2. The physical environment of the facility must reflect these principles. (It would be impossible to expect someone to speak freely, no matter how sincerely encouraged, in a room displaying a Nazi party swastika.)
3. Philosophy is more important than technique.
4. The most important job of the therapist is to create an empathic, healing environment.
5. The therapist must eschew the arrogance that she or he "fixes" the patient and recognize that the capacity for healing is inherent in the psychological and spiritual makeup of the patient.
6. Symptoms of psychological distress must be regarded as meaningful expressions rather than as parasites to be eliminated.
7. The therapist's passion for the work and meaning of psychotherapy must dominate the fears and insecurities of the work.
8. It must be recognized that the primary means of healing employed by the human psyche is through expression in the context of an empathic relationship or community.

9. The milieu must stress security not safety; constancy not immediate gratification and the development of personal autonomy not infantile dependency.
10. Human suffering must be regarded as both inevitable and purposeful. The avoidance of suffering is one of, if not the primary causes, of psychological or spiritual crisis. The problem is how to make suffering a constructive experience that increases empathy and enriches our humanity rather than a destructive force that drives us away from our humanity.
11. Remember the caveat of C.S. Lewis: "There is no tyranny so great as that which is practiced for the sincere benefit of its victims."
12. . . . and especially for students—C.G. Jung's dictum: "Learn your theories well but be prepared to abandon them when faced with the miracle of the living soul."

A Day in the Life of SJPC

The activities of each day at SJPC are organized around five different group hours. Patients also meet with their individual therapist one or several times per week. Each group in the day program has its unique purpose and role. Overall the structure of the day is designed to wax and then wane in regard to depth and formality of structure while providing a variety of means by which the patients' psyches can express their needs.

The program is generally designed to approximate a work environment. There are no degrading level systems. Patients are not "sorted" out according to diagnosis.

We all suffer from fears, confusions and griefs. Some of us are more overwhelmed than others by our struggles with these experiences and manifest meaningful expressions of these struggles that are called "symptoms" but we are all trying to cope with the same basic elements of being human. Recognition of what we share as human beings brings us together in our humanity. Emphasizing our distinctions in labeling separates us.

Attendance is not mandatory. There are few official policies or posted rules. Instead there is an unwavering expectation of respectful behavior. There is a job to do. Each person involved in the program, whether staff or patient, plays a part in the work. The work is dedicated to the growth of each human being participating in the program both individually and collectively. The "work" is to help human beings grow. It is not to identify symptoms to be eliminated.

Beginning at nine in the morning the patients gather with staff members for a community meeting. This meeting serves as something of a "warm-

up.” A member of the patient community is selected by his or her peers to conduct this meeting. It is intended to function as something of a business meeting and has an informal agenda.

Everyone is greeted and given an opportunity to comment on how they are feeling that day. News and announcements are made. Community Issues are discussed and individual and group goals are set. However, all the tasks of this agenda are secondary to and in fact in service to the needs of the participants.

After a short break the group reconvenes at 10:00 for an expressive arts group. In this group members have an opportunity to express their humanity through various media that are less dependent upon the cognitive/verbal skills that we have best developed yet can often be co-opted by our fears to avoid intimacy and growth.

At 11:00 a traditional group therapy session is scheduled. This is the heart of the Integrated Milieu. Patients explore their fears, their wishes, their wounds.

At noon there is a lunch break. In keeping with the notion of approximating a work environment there is no specified nor mandatory means by which any patient or staff member pass the lunch hour. Some bring a sack lunch. Some will cook something alone or for the group. Some will run errands or go out to lunch. Some will take a nap, etc.

At one o'clock another group begins. This time it is a discussion group. A topic is chosen by the group. Ideas are shared. Thoughts discussed. The world figured out—at least until tomorrow.

At two the day ends with a recreation hour. The purpose and necessity of play is often underappreciated in our culture. It is a time to bond, to relax, to re-create.

At the end of the recreation group the program day ends. Patients are then on their own until nine the next morning.

The structure of the milieu program is designed to maximize the ability for the therapists to facilitate the healing. Structure, regularity, and constancy tempered by flexibility, empathy and nurturance are essential to a healing environment. But there is no magic formula. As emphasized previously, it is the philosophy of the integrated milieu that determines the form. Not the other way around. The exact same form as used at SJPC may be duplicated by any facility. Indeed the program model is a classic template used in many psychiatric facilities. But without absolute commitment to the humanity of the individual it is a lifeless, soulless shell.

The use of a strictly day treatment milieu is also deliberate. While it is important to provide an environment or program of intensive and multidimensional therapeutic activities there must be a beginning and an end. An

over structured 24 hour environment can easily infantilize patients. Ending the "work" day preserves the patients ability to comfort, care for, and entertain themselves increasing not only their basic sense of autonomy but also reinforcing the confidence and trust that they can in fact, "make it through the night" and do not need to structure their lives and the lives of everyone in their environment to be geared to the demands of immediate gratification. It is much more psychologically secure to know that there is a tomorrow than to try to create and sustain an illusion that we will never have to feel alone or afraid.

Finally, the therapeutic milieu must be a stable beacon, not a search and rescue operation. Certainly, there are times when people need immediate and direct intervention in their lives. This is important to our lives as a community. But this is not psychotherapy. Psychotherapy's power is dependent upon constancy and reasonableness. Psychotherapy has no potency in areas where panic and hysteria reign. That is the domain of pathology and dysfunction. A milieu geared to react to panic will soon be in service of it. In other words, if someone is given the mixed message that she or he is responsible for his or her own life and well-being unless they present with a crisis at which time the constancy of the milieu will be discarded. People who dread taking responsibility for themselves (as we all do) will be behaviorally trained by the milieu to be in crisis. In this way they can avoid the terror of personal responsibility or gain control over the situation or simply gain immediate but ultimately, ungratifying attention.

What About Drugs?

Although many people seek out SJPC because of our unique service of helping people discontinue psychiatric drugs it is not the primary mission of the clinic. The primary mission is to provide in depth psychotherapy uncompromised by dehumanizing attitudes, technologies or techniques. Psychiatric drugging is simply one of the more obvious and currently the most pervasive means of dehumanizing patients.

Patients wishing to decrease or eliminate their use of psychotropic drugs follow a customized titration protocol that addresses both the physical and psychological issues of withdrawal from these drugs. However, it is strongly emphasized that neither the method nor the goal is focused on merely discontinuing psychotropic drugs. The purpose of the program is to substitute immersion in a high quality, intense, in-depth sophisticated and empathically based treatment program for drugs and other technologies in order to enrich the person's humanity and thus alter their struggles with suffering from a destructive dehumanizing form to a constructive uplifting form.

Empathy 101: Student Trainees Confront Biopsychiatric Attitudes

Among the most rewarding results about the creation of an empathic environment is that the potency of a healthy integrative milieu can enhance the positive assets of a reasonably good staff while also mitigating their limitations. Most of the day-to-day treatment at San Joaquin Psychotherapy Center (SJPC) is not provided by extremely sophisticated and vastly experienced therapists. It is done by relatively raw, inexperienced trainees, interns and students. Yet these "novices" manage to consistently achieve results the biopsychiatric industries insist can't happen. Of course, unlike biopsychiatric-oriented systems the goal of a truly empathic milieu is to develop patients' humanity not control their symptoms.

By no means is my intent to suggest that the men and women who have trained at SJPC are not special, remarkable people. They have consistently been intelligent, dedicated, caring, and courageous souls. They have been willing to work "without a net" and focus on the needs of the patients rather than embrace the dehumanizing paradigm and practices currently characteristic of the mental health profession.

Many, if not most of these student therapists have been indoctrinated in almost cult like fashion. They have been led to believe that the dominating medical model of "treatment" with its inherent lack of, if not outright opposition to empathic treatment is not only valid but is the exclusive means of legitimate psychotherapy.

Mostly by word of mouth they hear about a training opportunity available that resonates with what they all have in common and what led them to this field in the first place. They all share a fundamental conviction that psychotherapy is an empathic, human and ultimately spiritual endeavor. Even though their initial training experiences often attempt to extinguish these beliefs they find their way to this milieu. In this environment they first learn to not indulge the personal and professional arrogance of believing that they can "fix" deviant people. Instead, by empathically engaging with the healing function of each patient they allow the milieu to use them to help many troubled individuals grow as human beings.

They Themselves Also Grow

I asked current or former students, interns, post doctoral fellows, etc. at SJPC to describe their experiences of training at SJPC in regard to issues of empathy, especially as contrasted to other training experiences in their academic careers.

Marij Bouwmans, MFT, offers the unusual perspective of a therapist

raised in the Netherlands. She notes that the word “empathy” translates to the Dutch “Invoelen.” Literally translated, “Invoelen” means: “To feel into.”

Ms. Bouwmans relates a story about “feeling into the heart of one of her young patients using his own voice:

One day my therapist and I were outside. We had planted flower seeds in a pot inside weeks ago. And now it was time to plant them outside. We took the planting tools and I dug holes in the little garden in front of her office. When my therapist took the plants out of the pot you could see all the little roots of the different seedlings. They were all entangled and really thin. She said that these plants all belonged in one family in that pot and that we were now separating them. She let me separate the roots, some broke, some came apart.

She said that this looked a little like my life. That at one time I lived with my mom and dad and brother in a house and then we were all separated. Every time I move to another foster home my roots are being dug up and replanted from family to family. It is hard for roots to become strong when they are being taken out all the time. She said that was like me. that maybe sometimes I don't feel strong and good about myself because my roots have not had the chance to grow strong yet. I think that she is right. That felt really sad . . . but also good that she told me. Now I understand.

Ms. Bouwmans concludes by commenting that as this young man let her “feel into” his pain she “simultaneously reached into my own feelings of uprootedness—loss of culture, loss of language, loss of friends and family ties.

Dr. Damon Elgie discusses how much he learned about empathy from the empathic sensibilities of the patients themselves while in his role as a group therapist:

The healing of the clients seemed to come from the ability of therapist and clients to sit within the deepest pain of their psyches and have empathy for each other as the process occurs. We were all working together toward the same goal: to allow them to experience their pain in a secure environment without the hindrance of psychotropics. This allowed all parties to feel empathy towards one another in the experience.

Benjamin Franklin once said “Those who love security over liberty will soon have neither.” Doctor Emily Piper discusses how she came to see that the nature of biopsychiatric-based treatment environments sacrifice both empathy and humanity in favor of control and security. She describes how likewise, she came to realize that she also had to make the choice and sacrifice some of her own sense of security in order to free her own ability to grow as a therapist:

I began working at (a local private psychiatric) hospital with the intention of receiving financial support while in graduate school. I vowed to maintain employment regardless of what I would witness . . . I was clearly not prepared for what I saw. I observed a horrific display of inhumane treatment promoted by a world of lethal medication, engulfed within an unforgiving society . . . SJPC provided me with the education to recognize and distinguish the purest from the most deceptive healing practices . . . I ended my workday at SJPC with an understanding about the humane process of treatment. After leaving the hospital, I felt inhumane . . . I terminated my employment at the hospital . . . I could no longer justify or rationalize why I was there.

Like Dr. Piper, Dr. Denise Eytchison relates how she learned that it is often necessary to sacrifice security for both liberty and integrity. She offers a disturbing insight and firsthand account of the consequences of an environment that has sacrificed empathy.

At a County Mental Health Clinic . . . I watched a psychiatrist give a 16-year-old boy four forced injections, then recount the incident smugly bragging how effective she was at showing him “who was boss.” I watched a 5-year-old girl be sentenced to informal probation through the juvenile court system for acting out at school. I saw colleagues coerce parents to follow their treatment recommendations at the risk of losing their children because the therapist threatened to pursue charges of “medical neglect.” “If that woman can’t keep her children safe, I will place them with a mother who can.” I heard such statements on multiple occasions, and was instructed to make the same threats.

Dr. Eytchison continues describing the consequences of resisting the culture of a professional environment that has sacrificed any sense of empathy and must ensure that there are no dissonant voices:

Personal attacks (escalated from calling me offensive to arrogant to incompetent, negligent, then finally, “sick.” It was not enough that I did not think in the same hypercontrolling, sometimes fascist manner, or that I refused to actively participate in destroying my patients in body and spirit. I was there . . . any hope I had that horrors such as these were reserved for novels and wars, have been irreparably destroyed. I cannot overstate the danger of any organization masquerading as “therapeutic” that is willing to threaten, hurt, and destroy anyone who interferes with its own ideas of “appropriate” behavior. My patients were all casualties of this. So was I.

Dr. Troy Hayes offers an impassioned description and insight into his sense of the spiritual nature of psychotherapy and the necessity to rely on

empathy not technology. He advises us to treat each person as an individual, not as a diagnosis and recognize that "Psychotherapy," as he so movingly states, ". . . is not a journey of simple behavior change, but one of soul."

With bended knee, we pray to the gods of drugs, ECT, and other inhumane activities to take away our clients' "inappropriate behaviors." With this symptom reduction comes escape and avoidance of a feeling of impotence when one recognizes the inability to "fix" others. There is no room for genuine empathy in this kind of model.

Finally, Cheryl Seufert notes that although she had wished to become a psychologist even as a high school student she found herself doubting that choice after her first years of training as a graduate student. She warns how easy it is to become desensitized to the nature of human suffering in an environment emphasizing control, technology, and compliance and, as her peers have written above how absolutely essential is empathy both for her patients and for herself as a human being.

Forcing compliance, via prescriptions of drugs or behavior modification techniques seems to negate the human element that is essential to healing the soul. Perhaps many professionals lose sight of this fact once they engage in the rat race of treating as many clients as possible in an attempt to make a decent living. What I have learned at SJPC has been invaluable not only in my practice but in my life as well. The concept of respect. Respect for the individual, respect for their pain and respect for their healing process is what makes psychotherapy profound and humanistic. In order to be helpful in the healing process it is imperative that the therapist attempt to understand the client's material as the client understands his/her material. This cannot be done if empathy is absent. I believe it is impossible to be empathetic if the focus of therapy is to gain compliance. It is with an empathetic ear and a willingness to understand the client that a therapist can genuinely tap into what the client is likely feeling and thus formulate interventions based on this understanding. I think the greatest disservice psychologists can do to their clients is to trivialize their pain by placing a one word label on the client's entire life experience. I have a great respect for the healing process and each client's experience of pain as a result of particular life events. I have come to realize an effective therapist must first be comfortable enough to journey to the depths of pain with their client and in doing so foster an environment that is supportive and safe to share without fear of judgment.

These are difficult times for the profession, indeed for the soul of psychotherapy. But it is encouraging to know that there are students in the field who see through the Faustian promises of biopsychiatry.

These students and many more like them have been like blades of grass. Almost miraculously they push themselves up through the oppressive concrete of biopsychiatric indoctrination. They reach out to the light of empathy and humanity to nurture and guide them in their formative years as psychotherapists. I offer them my deepest appreciation, affection and admiration for their sacrifices, their courage and their humanity.

As for new students and seasoned professionals alike hoping to rediscover the empathy, sensitivity and humanity that once called them to this profession, the best advice I can offer is to quote Carl Jung. He once boldly asserted "Learn your theories well. But be prepared to abandon them when faced with the miracle of the living soul."

AN INTEGRATIVE CONCLUSION

I held my first job in this field at age sixteen. I was a "Play Therapy Aide" at Boston's Children's Hospital. I worked on a ward that was designated for children who were terminally ill. In a paper written years later as an undergraduate for a Medical Sociology course I noted that I found myself most impressed that the children there, although undeniably dying, were most busy being children. They were living.

At that time there were many children at the hospital who suffered from various cancers. Many had limbs removed to stop the disease. It was the best they could do at the time. But no one in the field ever said that it was good enough treatment to rid the cancer from these unfortunate children by compromising their wholeness.

The entire field of medicine has always advanced when it has concentrated not so much on stopping the disease as preserving and advancing the integrity of the person. This must be our goal for those who suffer psychological distress as well. The necessary evil argument that controlling symptoms at the expense of human dignity and integrity can not be good enough for an empathic, spiritually-oriented psychotherapy.

Human beings are designed to heal from their suffering; even to grow from it. But the source of healing is not found in drugs and electric shock or surgery or the other trappings of biopsychiatry. These things dehumanize us. Instead of techniques and technologies that further impair our humanity the sources of healing must be sought in the things that make us human. These things include literature, art, music, laughter, play, community and of course, basic human empathy. We must seek always to struggle productively with our suffering; expanding, deepening, expressing and sharing our humanity.

As John Steinbeck proclaimed so eloquently in his introduction to "East of Eden," his quintessential novel of human nature:

And this I believe: that the free exploring mind of the individual human is the most valuable thing in the world. And this I would fight for: the freedom of the mind to take any direction it wishes, undirected. And this I must fight against: any idea, religion or government which limits or destroys the individual. This is what I am and what I am about. I can understand why a system built on a pattern must try to destroy the free mind, for that is the one thing which can by inspection destroy such a system. Surely I can understand this, and I hate it and I will fight against it to preserve the only thing that separates us from the uncreative beasts.

If the glory can be killed, we are lost!

Dimensions of Empathic Therapy

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Springer Publishing Company

2002