

# edward podvoll a doctor who heals

**Dr. Ed Podvoll, once the darling of traditional psychiatry, is suggesting a humanized approach to psychosis**

that is causing quite an uproar in the hallowed halls. Podvoll is a practicing Buddhist and has directed the masters program in Buddhist psychology at Naropa Institute in Boulder, Colorado. He has set up the Windhorse Project in Boulder as well—a series of therapeutic households, alternative minihospitals, if you will, for psychotic persons. In his book, *The Seduction of Madness*, to be published next month by HarperCollins, he not only gives an extraordinarily intricate description of the psychotic mind, but a disturbingly intimate one as well. He includes a handbook to help families and friends of psychotics set up therapeutic households of their own. Buddhist healing principles underpin his approach.

**ED PODVOLL:** This is going to be regarded as a dangerous book. To say, as I do, that psychosis can happen to anybody at any time, to bring psychosis that near to each of us and everyday experience—not a whole lot of people are going to like that. People have accused me of romanticizing psychosis. Yet many of those same people have no tolerance whatsoever for “crazy behavior.” Every year care for psychotic persons further deteriorates. I have no choice but to bear witness to what “crazy” people have told me about the dynamics of psychotic experience, about what facilitates recovery and what does not. This book is a confirmation that authentic recovery is possible, although it rarely happens within the existing medical structures of hospitals and medications with which we usually approach psychosis. People from the medical and pharmaceutical establishments aren’t going to like this book. There isn’t a page that won’t cause some trouble for somebody. I wasn’t trying to do that. Ronny Laing [another pioneer in the study of psychosis] used to talk to me about how intensely political the whole issue of psychosis is. I understand what he meant.

**INTERVIEW:** You’ve been working with psychosis for thirty years. Why did you begin?

**EP:** I had no choice. Psychotic people were there, and I seemed to understand them more than most people did. They were being mistreated, not by anybody’s malice but by misunderstanding. Somehow or other I get along easily with psychotic people. Within twenty minutes there’ll be some relaxation between us. I’m not talking about homicidal maniacs. I wouldn’t go near them—but anybody else. I’m not afraid of their minds. Increasingly I’m not afraid of my own mind.

**I:** You’re a psychiatrist. You’ve helped direct some of what are traditionally considered among the finest psychiatric hospitals in the United States. You describe yourself as fascinated by brain research. Yet haven’t you abandoned these approaches in your work with therapeutic households in Boulder?

**EP:** Well, I didn’t exactly abandon anything. I’m still fascinated by brain research. I can become obsessed with it in about two seconds. But I believe that medications are being used without any real understanding of the mind. These are powerful mind-altering agents that creep into the neurotransmitter system—a system so complex that psychotic people are often able to transform antipsychotic drugs into further stimulants for their mania. And isn’t it peculiar that psychotic people so often hate their medications? Is this just rebellion? Shouldn’t we be listening a little more to what the actual patient has to say? I’ve taken many of the people I work with off medications. It

chology or psychiatry per se, but rather human intimacy—a personal caring so deep it could get into their bones. I use the term “psychotherapy” as a code word for that. It’s very difficult to recover from psychosis without that human catalyst. The issue, of course, is how to train oneself to deal with an intimacy so extreme therapists often feel they themselves are going crazy, or that they must cure their patients or kill them.

**I:** What about your training?

**EP:** I grew up professionally in the neo-Freudian tradition of Frieda Fromm-Reichmann and Harry Stack Sullivan. And although I treasure those insights, we need to go further. For the past twenty years I’ve studied Vajrayana [Tantric] Buddhism. I’ve found material that I think any psychologist would dream about.

Buddhism begins with watching one’s own mind. In meditation one sees movement of mind: the subtle cause and effect of states of mind. If we look deeply enough at how our own minds work, anyone can see where psychosis comes from, and recovery, too. And after we appreciate that potentiality, there’s no state of mind too bizarre or grotesque or too frightening or too brilliant for us to relate to.

Within the Buddhist tradition there’s a formal practice called “exchanging oneself for other,” which cuts through the self-centered security of “You are crazy. I am not. You are ill. I am not.” It erodes the reflex that erects a barrier between doctor and patient.

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has to be done slowly—that’s crucial. But it needs to be done. Medications as they are administered now can interfere with the natural recovery process.

**I:** Can you describe the recovery process?

**EP:** It’s hard to overestimate the tenacity of a psychotic mind. Yet right alongside that are continual flashes of intelligence—flashes of doubt about psychotic imagery and its power. Such moments are occurring all the time. Ever so gradually, with real heroic effort on the part of the patient and his or her therapist, those flashes begin to accumulate and cut through psychotic experience. Those microseconds of insight seem to be part of the human condition—our birthright, if you will. Medications can cloud those moments.

**I:** Isn’t psychotherapy with psychotic patients currently considered less than useful?

**EP:** The psychiatric community may think so, but again and again patients have said to me that one of the most terrible things they faced was having no one to talk to. They weren’t talking particularly about professional psy-

chology or psychiatry terrified of breaking down that barrier?

**EP:** Well, sages from the beginning of time have advocated it. Anyone looking at human intimacy with any degree of profundity has to come to similar conclusions. In this sense psychologists and psychiatrists are latecomers to the scene.

**I:** How have you used these ideas in your therapeutic households in Boulder?

**EP:** We work with six or eight people on a team. There are usually two roommates, one team leader, several team therapists. You need that many people because it’s hard to contain a psychotic person without undue restraint—it’s labor-intensive work. Since the fundamental fault line in psychotic experience or any extreme state of mind is a rift between the experience of body and the experience of mind, any valid therapy focuses on putting those back together. A therapist needs to understand the tremendous variety of means to facilitate that: gardening, taking a walk, et cetera. Anyone who has ever been camping

knows about relating with earthy details. That kind of experience is essential for a psychotic patient. Alongside such body-mind synchronicity, along with the breakdown of the "I am well, you are crazy" syndrome, all the team members are trained to give up, however much they can, the idea that anything they do can "save" a patient. All those concepts eventually become an aggression against the patient that gets in the way of the essential therapeutic action of "basic attendance," an action derived from Buddhist teaching. We in the West don't even have the language to describe the kind of human-to-human hanging out that "basic attendance" implies—hanging out with precision and, optimally, a kind of unconditional warmth.

Besides all this, we see the team as a microcommunity or a family. Attention is not exclusively focused on the patient, but rather on everybody's well-being. That attitude of group

welfare is extremely important for the patient. One can then begin to be much less absorbed in one's pain.

I: Don't you in effect also see psychosis as a spiritual crisis?

EP: Psychosis certainly involves a desperate need to transform oneself. It's the urge for transformation gone amok. At its basis there's a fundamental aggression to get out of here—and get there. But there is never any real way out of here. Somehow, with the "teardown" of conventional mental processes during psychotic crisis, the psyche is broken into. The deepest, most subtle levels of our mental systems become exposed. It's on this level that mind-body imagery intertwines. Moments become available that can only be expressed in esoteric language. It's as though if the sacred didn't exist people in psychosis would need to invent it, for only within it could they find an apt description of their experience.

Part of what is so terrible about psychosis is that we seem to be wired in stereo. It seems that at a certain level of mind everything calls up its opposite. So alongside each psychotic angel are devils of horrendous variety. Yet even with all of them, even with all the imperious, often hideous demands these voices can make, psychotic people have described a jewel in the psychotic debris—some kind of spiritual perception which they desperately didn't want to lose.

I: Can one recover and retain that spiritual perception?

EP: That's the essential question. I don't think you can recover without it. Of course, that isn't what the medical establishment says. In general they regard this "spiritual experience" as dangerous, as something which must be left behind.

I: Couldn't you be read as suggesting that psychosis is good for the soul?

EP: On the contrary, psychosis is never good for anybody as far as I can see. The preciousness of ordinary human experience, its precision, is lost in the turbo-action of those states. And it is that gloriously ordinary human magic that is the hallmark of what people call "spirit" or "spiritual" in a great many traditions.

I: You stepped back from nearly all of your Boulder projects to be able to complete your book. What's next?

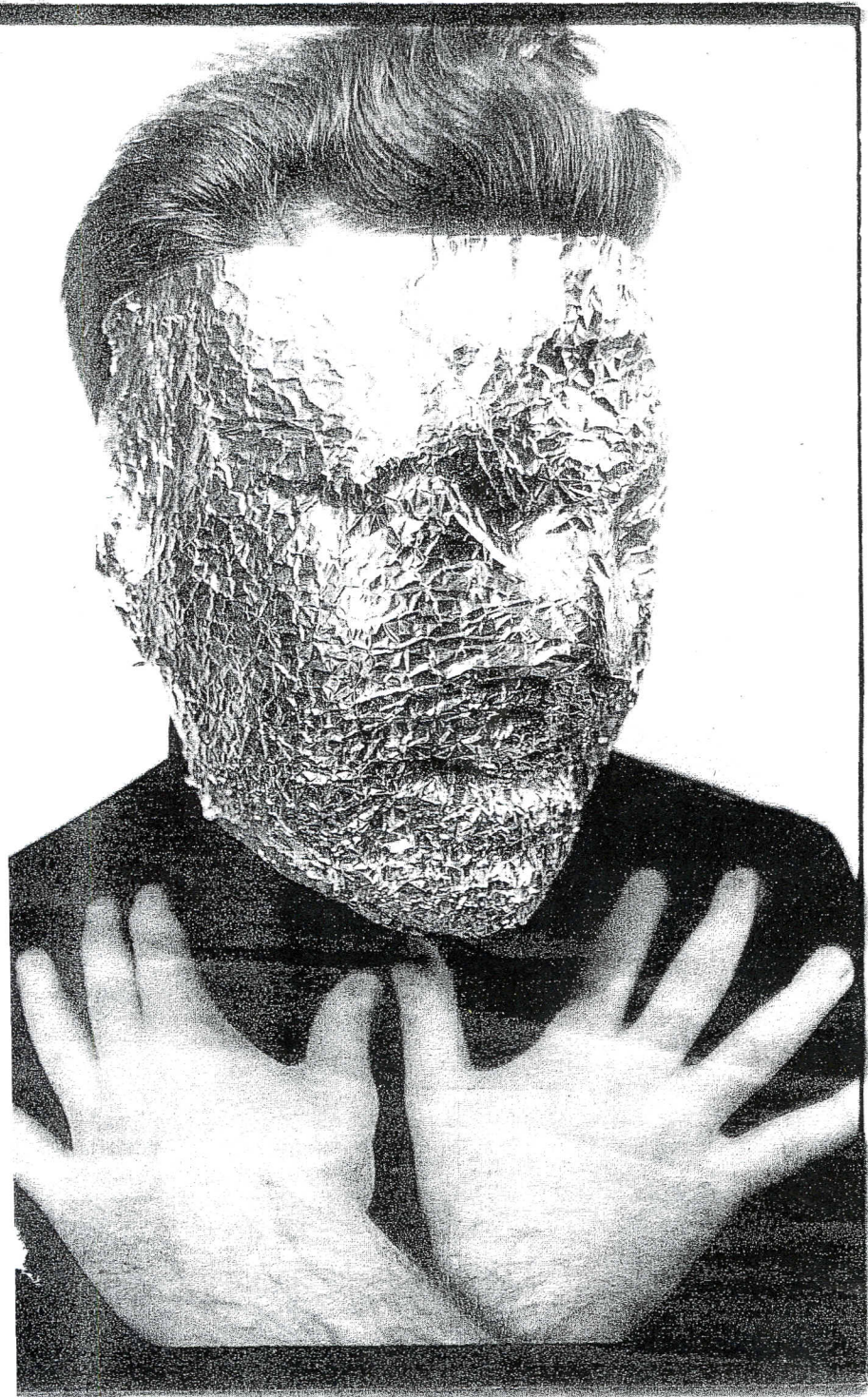
EP: I feel that the single most important issue in the field of mental health is the creation of a new class of professionals in answer to the enormous social problems facing us today. I'm talking about team leaders: persons who can organize and supervise a therapeutic household. These team leaders would be schooled in a different, more comprehensive knowledge than current mental-health professionals. Hospitals are fast becoming prohibitively expensive. These team leaders could work on a grass-roots level using the resources of universities, church groups, et cetera. The next step in my work is to develop some sort of team-leader training center or program.

I: What is the recovery rate for those who have been involved with your program?

EP: Well, treatment of psychosis isn't a subject for those who love statistics. When you're talking about persons who have been incarcerated for fifteen years, how do you measure what it means for them to walk down a street with some degree of ease?

Out of the fourteen households that I supervised, many former patients are leading rather stunningly rich lives. Several seemed to be doing splendidly, then got caught up in psychosis again. But the episodes were always shorter. This is a long-term proposition, not unlike some people's struggle with alcoholism or even smoking. The fight, the continuing allegiance to sanity, takes continuing vigor.

The humane principles I'm describing are those everybody knows in their hearts. The bottom line is: what would you want if you, or your child, were crazy? Would you want any other kind of treatment? ELIZABETH HANLY



From the series *Mug Shot* (above) and *We have nothing to say* (left), included in the collection "Self Portrait/Myth of Mental Illness," produced by Anita Morse and Community Access, Inc., a non-profit agency providing housing and advocacy for the mentally disabled