



Magic Mushrooms to a Midas Moments William's Journey

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A Case Study from A Confidential Drop-In Centre For Under Twenty Fives

"Can you see a young man now?" The receptionist queried.

"Yes send him up please," I replied.

I waited to hear his foot - steps coming up the stairs. I was always aware of the desperation behind taking such a big step for young people: to come to a drop-in centre alone. Especially if they were in danger of being followed by drug pushers, or if they had broken the law. They were vigilant, anxious and streetwise.

He hesitated outside my small consulting room before bursting in.

His appearance suggested his circumstances - he looked menacing, tussled ginger hair, a florid unshaven face, dilated pupils, unkempt, and defensive maybe?

I stood up to welcome him and offered to shake his hand.

"I want to get off drugs," he said coming straight to the point.

"Well come and sit down" I offered

"Would you like a cup of tea?"

He blinked somewhat surprised and said "yes".

I came back with the tea and as he sipped it he looked at me, apparently assessing me - obviously needing some assurance that he had come to the right place. However, more important - that I could withstand and deliver what he wanted.

"I've fractured a man's skull" he volunteered "And broken another's arm."

"Are you perhaps testing me out?" I ventured.

"Seeing whether I can withstand you and help you?"

He was pleased with my reply. We both smiled knowingly.

He was in poor shape; lice were on his clothing and he looked unhealthy. He appeared to be nineteen or twenty and of moderate height.

In such cases, I followed my well-trodden formulae: I would lay out what I could do, what he would need to do, and for him to go away and consider if he was willing to commit himself and give hundred percent. If he were, I'd match it.

I would then assess how compromised the patients were health wise. Questioning if they were eating anything in the way of nutrition and if not I would instruct them to buy a packet of muesli and a pint of milk. If they had no money, I'd give them enough to purchase it. It was pointless to begin a therapeutic relationship if the patient was mentally and physically compromised and undernourished.

I'd then explain the contract: - It would be the most difficult undertaking that they would ever have to take in their lives. However, also the most incredible journey of discovery. [Later I would come to regret not having a photograph of this initial meeting. And to compare it with their discharge months ahead. Such an action would be prohibitive in the circumstances]. I would assure them that the sessions would

be confidential and that I would never contact anyone unless I had their agreement. I never wrote notes or took calls during our sessions together in deference to them.

On this first meeting, I would explain a little about what the journey would entail: dealing with the present the past and the future. Depending on the age and circumstances I might explain a bit about projection: that they would project their feeling onto me but this I expected and would tolerate. I'd also explain that I could also exert sanctions if and when necessary. But that we would navigate their past, present, and future lives, together. Until they were secure enough to continue their journey alone proud of what they had achieved.

I'll call this young man William to ensure anonymity.

William sat assessing "the deal - the agreement" - I gave him an appointment two days later telling him it was entirely up to him to decide whether to continue. He left with a great deal to think about, worlds away from the life he had been living.

He returned noticeably different - "I'll give it a hundred percent!"

The Present

William explained that he paid for his drugs and alcohol by working as a roofer: This was hard peace work which meant he was only paid for the work he did. He took amphetamines to enable him to do the job during the day, heroin and alcohol after work, and at the end of the day he took sleeping tablets to get him to sleep. He slept wherever he could find a bed - he had no fixed abode. He paid scant attention to food, or clothes, numbed by the drugs and alcohol he did not feel the need.

During my sessions with the patients, I always wove the past the present and future into each session ending with homework - something for them to achieve and discuss the results with me in the next session. This homework might be going to the library and making a list of what interested them, or taking their clothes to a laundrette, some such achievement that would progress them. These patients of whom William was just one were not used to behaving appropriately; they needed to learn new codes of conduct and responsibility. Failure to return with the homework done to my satisfaction would result in sanctions and reprimands. Failure to attend an appointment would also lead to confrontation.

The Past

William's parents divorced when he was five, he lived with his father who then remarried. The stepmother did not want to look after William

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Received November 23, 2015; Accepted December 04, 2015; Published December 11, 2015

Citation: Thomson W (2015) Magic Mushrooms to a Midas Moments William's Journey. J Psychol Psychother 5: 225. doi:10.4172/2161-0487.1000225

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and she neglected him. He started school but because he was always late he was punished and made to stand outside the classroom. As a family therapist, I was appalled by the apparent lack of understanding on the part of the teachers. Children living in such turmoil would look ill, unhealthy, uncared for and unloved. They would often be hyperactive or the class clown, covering the substitute depressive illness. The teachers seldom appreciated these children as victims. William described how he felt after the divorce. When his mother left, he did not understand and remembered feeling guilty. He became labelled a 'naughty child' both at school and at home.

Children experiencing the same persecution would find a natural affinity for each other. They found magic mushrooms made them feel better and would progress up the ladder to any form of mood altering substance: sniffing glue, or drinking alcohol. Feeling outcasts they started missing school. Their only aim was to feel better whatever the cost. Some would steal to fuel the increasing addictive habit. They would as they became more desperate, pick out children at school who looked unhappy and vulnerable and offer them drugs. They knew that these children were potential drug addicts like themselves who would in turn finance their increasing needs for drugs.

I ask him about his birth mother? William felt she must have blamed him for the divorce and that she did not love him. He had not seen her since she left the home when he was five. His education was non-existent his only support and sense of belonging came from his substitute family - the other children in similar circumstances. He told me that apart from working harder and harder to fuel his increasing addiction that he did like drawing.

The Present

William was bright and well-motivated but he needed to understand that his childhood was skewed. Moreover, that in no way could he be blamed for his parents' divorce. His childhood did not prepare him for a life free from drugs. Everything revolved around and was influenced by drugs: his work that he needed to finance the habit, the friends he had, the lack of security. He had not developed mentally and returning to live in a society that had ostracised him was a far cry from life in the skewed society where he felt he belonged.

I had no resources to use to help him and the others like him. I had no hospital bed where he could be safely weaned off the drugs. For these patients, it was cold turkey unless they wanted to be referred, which they seldom did. I had no prescription pad. I did have people I knew from whom I could tap for certain types of help but it was limited. Together we only had our joint will to succeed. I never concentrated on drug withdrawal although we discussed how this could be achieved. We concentrated on the excitement of discovering who he was and his own potential. As strange as it may seem this aspect of giving up addiction was the most frightening. Some would own that they might be monsters.

Over the weeks we began to unravel what had led to his present predicament and what lay ahead if he was able to become drug and alcohol-free. No doubt sometimes he must have felt the demands on him were too much and that it would be easier to revert to his old ways. This was a very lonely and vulnerable period.

These patients were wary of the drug pushers who had been supplying their habit to various extents. Some had pushed drugs themselves so they knew the score. The penalty for anyone breaking ranks was a bullet in the knee joint. Even attending the drop - in centre was precarious. However, William was not scared he had had

a terrible life and was used to fighting and looking after himself - he even appeared to enjoy the challenge. What Rutter [1] called steeling or resilience came into play.

The Future

The main challenge was to prepare William in a developmental sense to make the future better - some new horizon that was both achievable and exciting. As a therapist, I was always assessing what I had to work with, - like a sculptor. Although William had had no education, I could see how bright he was - one day he brought in a beautiful drawing of a tiger not copied but designed by him. With all my patients, I would ask them what their pipe dream was and I was not surprised to learn William's dream was to be a designer or an artist. I could see that his dream was a realistic goal. By attending night school, he could develop along with others with similar aims and enjoy and tolerate the new experience. I say tolerate because his / their world was so much tougher than society, in general. I needed to ensure that they would look and behave appropriately and not blot their copy books. They needed to be acceptable.

After about four months during one session, by which time William had changed beyond recognition, he was off drugs and doing very well - I decided to broach the subject of his mother. Previously I had sensed it was too sensitive an issue for him to discuss. However, now with William sitting in front of me clean, and proud of what he'd achieved I felt I could ask him how he felt towards her?

"She couldn't love me could she?" he asked. We talked about what his mother might feel - the possibility that she might feel guilty for leaving him? Something he had never considered. The conversation turned to where she was - he thought he knew where she worked. I seized the opportunity and offered to telephone her there and then. He was very uneasy and obviously perturbed. However, after giving it some thought he said, "Give it a go". I rang the number and as it happened his mother took the call. I introduced myself and then told her that I had William with me.

'Where are you' she said. 'I'm at work but I'm coming right now.'

We waited nervously while she travelled from a nearby town.

They met not with laughter but with tears, sobbing in each other's arms. That is what he needed. The question of love came up and she told him that not a day had passed when she had not thought about him. She explained that she had not wanted to unsettle him by contacting him and that she thought he wanted to be with his father!

If she had known what he had endured to reach this point she would have been rightly perturbed but now she could be proud of her son.

Postscript

William was on his way to fulfilling his pipe dream and I discharged him. He presented me with a beautiful painting.

However, that was not the end - later when I worked in a psychiatric hospital he tracked me down - I was thrilled to see him. I appreciated the effort involved and asked him if he would like a cup of tea and chat. While we were catching up and sipping tea he placed £250 on the table. "This if for you to help someone like me." I looked at him nobody would ever realise the path he had trod and the journey we had taken together. I was so proud and privileged to have been part of that journey of discovery.

Reference

- Rutter M (1985) Resilience in Face of Adversity Protective Factors and Resilience to Psychiatric Disorder. Br J Psychiatry 147: 598-611.