

SPRING LAKE RANCH—THE PIONEER HALFWAY HOUSE

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Over the last 150 years there were many attempts to treat mental illness by total push therapy or in therapeutic communities. By the beginning of this century they had all vanished and the locked asylum was the standard treatment resource for the mentally ill. Less formal institutions and family type care were nonexistent in this country in 1932, when two people with pioneer spirit and a lot of faith started what was to become a rural community for the mentally ill. They had no preconceived ideas about methods, very little money and minimal experience in dealing with mental illness.

Spring Lake Ranch, Cuttingsville, Vermont, was opened in 1932 by Wayne and Elizabeth Sarcka at the suggestion of a psychiatrist friend of theirs. During the height of the depression, they began on a hilltop farm in Vermont, relying on manual labor and family living. Today the Ranch has a dozen small cottages scattered over the hillside. The main building has a dining room, living room, and offices. Thirty guests can be accommodated. All these buildings are the result of the joint labors of the staff and guests. The Ranch is built upon this type of joint effort and a visitor may often find it difficult to tell whether a person is a member of the staff or one of the guests. For 28 years the Ranch was a private facility owned by the Sarckas. In 1960 they converted it into a nonprofit corporation and left it to their successors in 1961.

The Ranch was built on the belief that there were patients who did not warrant being in a hospital, yet were not well enough to be in the community on their own. Secondly, that these patients would do better in a setting which was as closely related to real life as possible. It was hoped that a rural and agricultural setting would help in bringing the guests into obvious contact with the changing of the seasons, the growing of crops, and the care of animal life: an experience which keeps before them change, growth and death through time, which teaches patience, sustained effort and hope and increases pleasure in the varied and changing garbs of nature. Here the "Therapeutic Community" was put into operation long before it became a popular term. If the mentally ill are to learn to cope with life they should do their learning in a setting more closely approximating the realities of life than the usual psychiatric institution.

The Ranch is isolated a mile up a mountain road from Cuttingsville, small country village. There are few spectator diversions available, and those living at the Ranch have to rely largely on their own resources and the out-of-doors for entertainment and work. Spring Lake Ranch can use almost any skill, and opportunities are provided for leadership to emerge in line with one's capacities. Closeness to nature and to one another are essential ingredients. Rural isolation does limit interaction with the wider community. We have often wished that we were located nearer to more varied employment and social opportunities. On the other hand, this might make for too easy a diffusion of relationships. Ten miles away is a town of 15,000. It is well over 100 miles to any real city.

Work projects are basic to the philosophy of the Ranch and are directed to the essential needs and development of a working community which is building itself. They are not designed merely for vocational training, but are mostly necessary jobs used to develop good work habits, give the satisfaction of carrying on a vital task and promote the ability to work with others.

Neither guests nor staff are allowed to work solely at jobs which they like, but the reality of life is kept before them by having everyone participate in essential work when it occurs. Necessary work

comes ahead of personal considerations.

Since work is perhaps our major therapy, projects are carefully planned, work leader and guest assignments individually chosen, and the importance of the job is made clear. Jobs are also used to help guests become more realistic about their capabilities and limitations. We have a great variety of projects, both short and long-term, like ice cutting and haying, building houses and raising pigs. We have projects involving one guest or 30, like sanding our steep road in the wintertime or cutting wood. We have skillful work and plain laboring work like overhauling an engine or picking apples, preparing the vegetables for meals or devising a scheme for redecorating a complete building. Guests with special interests are encouraged to take full responsibility for developing these in the work program. In the past, they have set up chicken farms, have raised turkeys and beef, have built individual houses, cut cordwood on a contract basis, refurbished furniture or redecorated houses, and developed programs in the arts for the other guests. Any owner can sell his project to the Ranch when he leaves. Often the turning point in all illness is marked by the accomplishment of a job for which the guest has been solely responsible. Recent examples of this have been the laying of a slate walk and the repairing of a truck.

There is danger in becoming too efficient. In the work program efficient modern machinery would often eliminate the opportunity for the cooperative effort so necessary to make it meaningful. The esprit de corps of a group of guests working hard to bring in a load of hay before a rain storm would be eliminated by the modern baler. A chain saw would eliminate the cooperation of two men at each end of a crosscut saw.

A work program is one of the best means for establishing meaningful relationships between individuals. The shared struggle of digging a ditch will often allow a guest to let himself get more closely involved with another individual. Common suffering, sorrowing or celebrating create the basis for genuine speech between individuals. Successful psychotherapy relies on the therapist having in some related ways suffered through pains similar to those of the patient. Instruction of many kinds is also available and can be substituted for work if taken seriously. In the right instance, a one-to-one tutorial relationship has time same potential as shared work.

During leisure time, every guest is free to do as he wishes. Entertainment and leisure activities are the responsibility of the guest council; group of six elected from the entire Ranch group, including staff. Some activity goes on year round, but more is seasonal, occasional and spontaneous, depending on the interest and the special capabilities of guests or staff at the Ranch at that particular time. Noncompetitive sports are emphasized and we encourage programs which will call upon creative abilities such as art, music and drama. Some time ago, we had a very gifted graduate student in music who was able to arouse enough enthusiasm to involve almost every member of the Ranch community in some kind of musical activity. He was a guest. A former Broadway actress was on our staff and had great success with weekly play readings. Guests found themselves participating who had not participated in anything else before.

Guests are referred by psychiatrists and others familiar with our open setting and absence of restraint. We accept adults of almost all types of diagnoses if they are ready or nearly ready to cooperate on their own behalf. They come for a 30 day period, and then stay or are more suitably placed if indicated. Active alcoholics are not accepted, and delinquents are accepted only under unusual circumstances. Over the years, a close working relationship has been established with the Department of Psychiatry at the University of Vermont College of Medicine and with the Brattleboro Retreat, a private psychiatric hospital. Special diagnostic procedures, intensive types of therapy or more structured care are readily available and patients move back and forth between these facilities as indicated. We try not to have too many new guests arrive at once, so that each may

receive full attention and adequate help with his integration into the Ranch community. The balance between severe illness and hopeful recovery is important, but often not under our control. Therapy structured apart from daily living is almost nonexistent. The whole pattern of life at the Ranch is meant to be helpful to the guests. Guests support each other with understanding and tolerance.

Dependency, sex, and hostility present the same kinds of problems at the Ranch as they do anywhere. They are worked out matter-of-factly within the community. Guests often duplicate their sick family relationships at the Ranch and we do not stop these, but feel they can only be resolved by being faced and allowed to run their course. Other guests often play a crucial role in this process. Our closeness is helpful in that no one can escape their faulty relationships, but must face them again and again until more mature solutions are found in answer to the challenge of living with others. This challenge of close living is often more difficult for the staff who have to be available during all hours and live so intimately with guests that their personal problems and family relationships are reflected quite obviously in their work. There is little privacy and for a married staff member this may present great strains.

Guests range in ages from 16 years upward, but are mostly under 40. Usually there are two or three times as many men as women, perhaps due to our rugged rural setting. Our present size of 30 guests is about as large as we can become without losing the feeling of family life, intimacy and flexibility of program. We attempt to maintain a staff sufficient to keep things functioning smoothly, but not so that things would run along well without initiative, imagination, and leadership from some of the guests. The Ranch depends upon the help of the guests and counts on them to function adequately. We find ourselves trying to steer a course away from great efficiency on one side and total chaos on the other. Total efficiency would deny opportunities of growth to the guests. Total chaos would become unmanageable. This is not a straight course. Economic forces tend to push one towards efficiency. Over individualization tends toward chaos. Periodic self-examination is required to stay on middle ground.

We use the term "guest" because it carries with it the expectation that the person can be healthy. Many of our guests have been comfortably settled in the patient role for years. They resist giving up this role, they fear the implied responsibilities of being well. Kai Erikson, Professor of Sociology, Emory University, once described the Ranch as a two-way bridge, meaning that the place allowed for becoming completely well within the setting of the Ranch. Some of our guests do become staff members and they are aware of this possibility. Everybody is on a first name basis. Our guests are encouraged to state their objections to any staff activities. A guest may markedly mature when he suddenly comes to the realization that a staff member, rather than having been nasty to him, has had a serious problem of his own. Psychological jargon and attempts at interpretation in depth are not used. By the very nature of our guest population, most of them are failures of other methods of therapy. Many have had lengthy psychoanalytic experiences from which they bring a glib intellectual familiarity with the terminology. For this reason, interpretative discussions of the past and intellectualizations around psychoanalytic formulations are consistently discouraged and we try not to let ourselves be trapped into participating in them.

The occasional guest who comes to us early in his illness is capable of much more rapid progress. His quickly visible improvement is a great tonic for the other guests. The Ranch has had little opportunity to demonstrate what it can do for the college student in an "identity crisis" or the older person who feels a lack of purpose. We have seen these people improve remarkably in our setting and more guests of this type would improve our effectiveness with the chronic guests, while simultaneously offering greater rewards and stimulation to the staff. In 1965, we began a cooperative relationship with Vocational Rehabilitation. The type of guest we will receive from

this source remains to be seen.

Our lack of rules and very limited means for enforcing specific limits leaves us in a vulnerable position. The tendency in any institutionalized setting is to limit the vulnerability of the staff through the use of rules and clear role distinctions between patients and staff. The temptation to do this at the Ranch is always present. We believe the vulnerability of the staff in our setting is essential for achieving our goals. It helps our guests to move out of their stereotyped patient roles and to relate to staff members in a way that approximates ordinary relationships. It allows for opportunities for guests to assume a helping role with the staff members and increases the ways in which they can rise to realistic crisis situations.

Crises are invaluable for mobilizing personal resources. Man rises to great heights in facing emergencies such as fighting a fire, doing chores for a distressed family, helping an acutely ill guest hold on to his hope and courage. The extensive role a guest may play in the rehabilitation of another guest is of particular surprise to newcomers to the Ranch. Crises, in order to have this beneficial effect, must be real. This means one cannot artificially create them, but with imagination must utilize all crises occurring within a reasonable distance.

We have learned that an exacerbation of symptoms does not always mean a worsening of a guest's condition. In line with Dabrowski's positive disintegration and the formulation of Tyhurst, we find that our guests seldom progress without going through a period of increased symptomatology. Symptoms of emotional disturbance cannot automatically be interpreted as evidence of mental pathology. Often they are the indicators of positive change and must be handled accordingly: the guest must be supported through the experience, not removed or protected from it. Sometimes guests will stop their medicine or take too much when they become frightened by increasing responsibilities facing them as they make progress.

The staff of the Ranch is composed entirely of laymen. They are men and women with compassionate sensitivity to others, imaginative, resourceful, and concerned with developing these qualities in others. They are people with humor, enthusiasm, and well-developed skills and interests. And they have their fair share of shortcomings. They see the Ranch not just as a job, but as a life where home and family, work and play tie closely together. Their pioneering spirit and faith which is strong enough to always try again is the life blood of the Ranch.

Professional training has repeatedly turned out to be a handicap in our work. It seems to result in an inability to give up stereotyped ways of working. Professional routines do not seem to mix with the flexibility and lack of structure of the Ranch. We feel that a year at Spring Lake Ranch would be an excellent preparation for professional training in any one of the mental health professions. Professionalism limits both a person's vulnerability and subjectivity, and for this reason makes impossible the kinds of relationships we strive for at the Ranch. Riessman speaks of the contribution of subjectivity which the poor can make to any helping program. We feel this contribution can be made by laymen, rich and poor.

Since the Ranch requires such total involvement on the part of its staff, there are obviously few people capable of giving this kind of service throughout their lifetime. We have come to feel that halfway houses should be, in part, staffed by young people who are willing to give between six months to two years of service, who for this period of time could devote themselves fully since they are not yet tied by career and family. This would be a new and meaningful translation of James "Moral Equivalent for War," a domestic adaptation of the Peace Corps. We usually have at least two college students on this basis.

The college students who come for a term have made very excellent contributions, but on the

basis of our experience we would say that three months is too short a period of time and that a minimum of six months should be considered for any such program. For some of our young staff, the Ranch experience has played a prominent role in determining their future careers. Three former staff members have gone on to start small halfway houses of their own.

Our college students are often overwhelmed by the demands made on them and the inevitable confrontations about themselves which occur. They need a great deal of support during the first weeks. They may show marked signs of anxiety, depression or have somatic symptoms. These symptoms are not handled as signs of mental disorder but as indicators of stresses of change toward maturity. It is exciting to watch them grow and mature. As staff members develop their skills in dealing with disturbed people, they undergo great maturation. Some of our staff come to the Ranch to find themselves, to find direction for their own lives. The Finnish psychiatrist Siirala has postulated that society needs the mentally ill to learn about its own shortcomings and that this cannot happen when the sick are shuttered away in institutions which are isolated from society. We feel that in our community guests and staff alike are forced to face up to the things that mental illness teaches us about the shortcomings of our society and of ourselves. The Ranch may be as therapeutic for staff as it is for the guests.

We look for variety of personality and background among our staff members. The down to earth, the intellectual, the gentle and the authoritarian, the religious and the atheist person each has a place. Among them guests find some to hate, to resent, to admire, and even perhaps to love. We do not try in any way to predetermine which staff member a particular guest could form a relationship with. Rather, we try to increase the number of settings in which a guest may find it possible to allow himself to relate to some other person. We do not manage relationships as is attempted in many institutional settings. Difficult relationships are faced squarely, but allowed to run their course. If interfered with, the hope for learning does not take place.

The future is always viewed as completely open and unpredictable. We try to nurture every personal resource we find, help develop any tentative skills, always in the knowledge that the direction a guest will finally take may be quite different, that at any time he must be free to respond to some outside event or influence which was not predictable. Otherwise a good plan can become a choking restriction. There is always the temptation to develop a method, but if method takes over in human relationships they become sterile. Even in the use of medication we try to remain flexible, to try long shots. We help our guests make plans which we know may fail and accept real failures in real life situations as essential ingredients of progress.

Each staff member relates personally to various guests, takes time to listen and help the individual gain a sense of importance. Problems are dealt with as they arise—not by appointment. A visiting psychiatrist (the author) spends a day a week at the Ranch and supervises all medication. He is always available by phone. Over half of our guests are on some kind of medication. The psychiatrist meets with the staff, supporting them in their work, discussing individual patients, helping to set both short-term and long-term goals for individual guests on the basis of their past histories and their performance at the Ranch and providing some confirming in-service training. These latter functions are the most important contributions the psychiatrist makes to the Ranch. He is a consultant and except for strictly medical decisions, his suggestions carry no more weight than those of the resident staff.

Among our most successful staff, we have had a marble cutter, a farmer, a minister, an actress, an electrician, and a chemical buyer. Lay status minimizes the staff-guest barrier and we hope increases our ability to relate to guests without self-consciousness and without problems of rank reference. For some staff members, the hardest lesson to learn is that their staff position does

not place them into a hierarchy of value above the guests. People who are status conscious find the Ranch very difficult. The staff enjoys no special protection from the guests and many find it difficult to accept that a very sick guest may reveal greater insight in a situation than they. Staff of necessity are in charge of many things, but their authority does not extend beyond these specific areas. Leadership must be earned. Status and authority are constant temptations to members of the staff. When a staff member is having difficulty coping with these temptations, it will immediately be reflected among the guests, who then start seeking status in many little ways in an attempt to counteract the staff member.

Staff meetings tend to become a status symbol and we have found it worthwhile to vary our meetings. The group of those invited to our meetings is frequently changed and often cuts across staff-guest lines. Sometimes they are open to anyone who shows genuine interest in the welfare of other guests. The frequency of staff meetings and the types of meetings are continually adjusted to meet the needs of the moment.

Still there are guests who resent being discussed in meetings from which they are excluded. Sometimes this results in a demand to be allowed to read our file about them. At times we have let them do this. Mostly they have been disappointed at the paucity of meaningful information they found.

In an attempt to compensate for our geographic isolation, neighbors and city visitors are constantly encouraged to become involved in the work and the social occasions of the Ranch. Relationships with surrounding communities have been most important and determine the degree to which the natural fear of people in the area about mental illness can be broken down. The Ranch has frequently engaged in community projects specifically designed to help overcome this fear, and to educate the public to sympathetic acceptance of our guests. For example, the Ranch made carpenter help available toward the building of a new addition to the local school; help in the refinishing of the floors in the local town hall; guests have become members of the local volunteer fire department; and the Ranch aids in supplying Christmas baskets to the local needy. Through our community contacts, we are able to locate foster homes for some of our guests, or paying job placements for those who are ready to attempt them. Returning from the Ranch to an urban community can be too big a leap and we have learned to provide many intermediate steps.

We cannot present you with statistical follow-up studies proving the value of our services. For one thing, the type of patient that has come to the Ranch over the years has changed. In the past, the schizophrenic would come only when he was well on the road to recovery. Now we have severely ill chronic schizophrenics as guests who require a much longer perspective, where it may take 12 months to learn to do an honest day's work. Many of our referrals come through former guests. Most of our guests come to us after everything else has been tried for many years. We are the family's last resort. These factors make a scientific statistical evaluation of our treatment results impossible.

Our goals vary for each individual guest. For some, we want to achieve the capacity to live at home with their family; for others, the capacity to live in a simple foster home. For some to work nearby using the Ranch as a social base and for others still, our goal is to have them return to the community as self-supporting, independent individuals.

The halfway house today operates in a climate of growing acceptance. The efforts of Wayne Sarcka, while a member of the Vermont State Legislature, resulted in the establishment of three halfway houses in the State of Vermont affiliated with the State Hospital. The work of these projects has been outstandingly successful and documented. The role of the layman in the mental health movement is recognized. What of the future? Mental hospital populations are diminishing.

The new drugs have largely eliminated the need for strict confinement and more drastic forms of treatment. Where then will the person go who needs no restraint, but only the chance to work out their problems in a near normal setting where he can find understanding and challenging activity until he becomes ready for a return to society? An informally conducted establishment where there is little distinction between director, employee, and patient, operated by dedicated laymen, seems the obvious setting of the future for such people. America needs thousands of halfway houses and committed laymen to direct them if the needs of our national mental health problem are to be adequately met. A first hand work experience in a halfway house is the best preparation for those who will staff these many new facilities of the future.