

Łukasz Cichocki^{1,2}, Iga Plencler³, Bogusław Cegiel

**FROM ISOLATION TO INTEGRATION. REFLECTIONS REGARDING
THE RECOVERY PROCESS OF A PATIENT WITH SCHIZOPHRENIA TREATED
IN THE COMMUNITY PSYCHIATRY SYSTEM**

¹ Psychiatry Clinic, Andrzej Frycz Modrzewski Cracow Academy

² Center for Education, Research and Development, Babinski Clinical Hospital

³ Association for Development Community Psychiatry and Care

**recovery
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Summary

The paper is a description of the recovery process of a patient with severe psychotic disorder. It has been written from three perspectives — the patient's, his individual therapist's and his psychiatrist's perspective. The patient's perspective is an autobiographic description of crucial factors — leading to the disorder and helping in recovery. The perspective of the therapist and the physician is focused rather on the therapeutic relationship and course of the therapy. It also contains descriptions of the severity and chronicity of psychotic symptoms. It encompasses the reflection about healing factors — crucial moments, decisions that have influenced the beginning and continuation of the recovery process. This process is shown in the context of the community treatment system with special attention paid to community self-care homes. Changes in the patient's social functioning are described — undertaking of work, improvement of relationships. Due to sportive activities, an improvement in somatic health was also possible. Regarding theoretical issues, the paper is based on the conception of recovery. The paper presents benefits for the patient and their environment that are connected with the activation of the patient's resources, discovering growth perspectives, and entering into a therapeutic relationship based on trust.

Introduction

During the last years, the so-called “recovery approach” is getting more and more important in psychotic disorders treatment [1–3]. Its aim is to include everything different, isolated, often connected with suffering and loneliness, into the world of common experience. It emphasises the patient's resources, points out the possibility of development, even when some symptoms of his/her disease are present. It includes both the professionals' perspective [4, 5] and the perspective of the patient who is suffering from psychosis [6,7].

From the patient's perspective, the creativity of this approach is its great merit – it gives the patient the possibility to influence his/her own life, which brings hope. This paper attempts to

integrate both these points of view. It contains reflections of both professionals (psychologist and psychiatrist) and a patient with a long history of chronic psychotic disorder. The aim is to understand the recovery process and its crucial moments, so that the chances of starting this process with other patients would be easier possible. Thanks to combining in one paper the patient's and the professional's perspective, those two ways to see the reality can be brought closer. In addition, making rules of the recovery approach more popular may influence the change of health programmes changing them into more effective and participant-friendly.

The course of Mr Bogusław's therapy has already been partially described [8]. The previous paper emphasised mostly the therapy with the use of masks with little information about the patient's further life. In this article, we want not only to describe the further process of therapy, but let the patient speak for himself.

The Patient's perspective¹

My road to recovery!

My disease started early, when I was 15 years old. I spent a lot of time at home, isolated myself, slept a lot and had many problems in middle school. I had lived in Krzeszowice since I was a child, and at the end of 3rd class, I moved to Cracow. I felt awkward in the new class – misunderstood and lonely.

In the same year, I started meetings with a psychologist at Dobrego Pasterza Street. I remember feeling very tense during those meetings and not talking a lot about my health issues. Mostly my mother or sister(s) talked because I was very withdrawn. The diagnosis was – major depression. After a few meetings, I got my first antidepressants prescribed. They hardly helped at all and I still isolated myself.

In the next year, I returned to the middle school in Krzeszowice because I wasn't liked in the middle school in Cracow and I didn't cope psychologically.

It was a time when I was accepted by my peer group. I met good, warm people, but also such, who interfered with my learning. Although I felt much better, I suffered from headaches (migraines) and had tantrums.

After I finished middle school, in the years 2003-2007, I was a student at an administration economy college in Cracow. During this time, I was often introvert while talking, but I also had some moments when I felt content. There, as well as in primary and middle school, many classmates bullied me, some even beat me.

In 2007, when I was finishing college, I had my first psychotic episode with a suicide attempt. Voices, which I heard in my head for the first time, told me to go to kill myself by jumping from the

¹ The original record of the patient's statement has been preserved, only the punctuation has been changed.

balcony. I went as they told me and put my leg outside the balcony, but my sister called me, so I came back.

Then, everything happened so quickly – my oldest sister made an appointment for me with a psychologist in Kopernika Street. Later I went to L. Rydygier Specialistic Hospital in Cracow.

My first feeling was fright and confusion. I remember being really scared, but my sisters and mum visited me often, so I didn't feel so lonely and frightened.

There were days which I spent mostly lying down. I got up only when my sisters and mum were coming.

Later, I became more lively and watched TV or played cards with other patients. My biggest motivation during this time was my older brother, his self-possession and our walks outside the hospital together.

After more than half a year, I left the hospital with the approval from the head of the department, who referred me to the Day Care Unit in Sikorski Square.

I wasn't very active there, worked only in the kitchen a little and met with the therapist individually.

It was a difficult time because my symptoms hardly resolved at all despite the big doses of medicines.

After finishing my three months stay there, I was referred to the Day Care Unit in Miodowa Street.

I attended a carpenter's workshop and different classes, among others: group therapy, painting, sculpture. I remember interpersonal contacts with individuals as more valuable than group ones. After another three months, I finished this stage of treatment.

In 2008-2010, I lived with my brother. We played together, relaxed and got to know each other better.

On some days I was deeply catatonic. While I was sitting, my legs contracted involuntarily or I fell and lied down. Later I changed my physician to Łukasz C. and met Ilona (my later girlfriend).

This was one of my best times of growing up with Ilona and the good, sensitive doctor.

After some time, I got more indolent and my sleeping came back. I was falling into severe depression: I couldn't eat, didn't care about myself and my anxiety aggravated.

On some days, riding a bike to work and working instead of my brother at the front desk for 1.5-2 hours, watching movies with my sister Natalia or writing with Ilona made me feel better.

Next, I moved with my brother quickly to Dolne Młyny Street. There, I experienced some difficult time, so we decided together to start therapy in the Day Care Unit in Miodowa Street, but it wasn't helping. After some time I wasn't even able to get there.

Then I was admitted to the Psychiatric Department "C" in Kopernika Street.

There I started to function differently. My life gradually got faster. A lot of people liked me and I liked them. I talked with my doctor, Mr Łukasz, and students.

After a half year treatment in Department C, my health got better: I didn't freeze a lot and became more sociable. I worked with my sister in the canteen every day. After 2 months my health deteriorated, so my brother and doctor Cichocki soon decided that I should be admitted to J. Babiński Hospital in Cracow.

This time in the hospital was very difficult for me, I was scared for my life: there were many people shouting and getting annoyed with nurses.

The next was stay in 7b – Rehabilitation Ward. I was working in the kitchen a lot, going shopping with my mates, had much to do. After a year I was discharged and lived with my parents.

Time of improvement – recovery!

In June 2013, I worked in my sister's canteen. It was a day when we had a lot of pots, plates, and cutlery to wash, because we were supposed to have a group in 2.5 hours. I didn't feel very well – I had a lot of auditory hallucinations (negative – very insulting) and different anxiety attacks as standing in place in catatonia or just low self-esteem and a very negative approach to life. In addition, I had just left J. Babiński Hospital.

I was fighting tiredness and bad mood. After a few months of tedious and repetitive stay at home, I was offered to make a mask in the Day Care Unit in Miodowa Street in Cracov.

The next day I met a very warm woman – Mrs Jaga! The task was easy – to make a mask of clay! It was difficult for me, but as I managed to finish with Mrs Jaga's help the hardest part for me – shaping it of clay and forming properly, I felt, surprisingly, much better, as if someone had lifted a heavy burden of me.

Later I came back to work at my sister's place and life seemed better, even work was more pleasant and real.

Unfortunately, I lost my job, because I was anyway very ill and often drowsy. I was taking big doses of medicines and tried to live alone in a flat rented from my sister in a hostel.

I hoped to manage but I resigned from the apartment after I think two weeks. Then I decided to live with my parents.

It was a difficult time for me and for doctor Cichocki (who was my physician) because I didn't show up on fixed appointments or I was late, we felt we had reached a dead end because we were out of ideas.

The last resort was a mask – a therapy with a mask!

It was divided into four short stages (talks). The purpose of every stage was to change something, it means to build my self-esteem and fight voices (insulting) to eliminate them somehow!

The next step was every 2 weeks, up to 4 times.

To my surprise, something changed for better, as I was having fewer voices and gained more self-confidence.

With time, I became interested in more subjects, for example: laptop, different crosswords, more TV programs and movies. I got engaged in an internet game and slowly into talking with others. There were some compulsive thoughts distracting me and my family very much, but I coped because they were less frequent than before.

Then the problem arose – what to do next? (“to make hay while the sun shines!”)

In September 2014, I met my doctor and he suggested taking part in the Community Self-help Centre (CSC) in Olszańska Street.

I was supposed to start in November, to meet and talk initially with someone. When the time came - the 3rd of November, I unfortunately didn't get up, I was too anxious and couldn't force myself to get out of bed. Later doctor Łukasz swiftly made me another appointment in CSC, so I wouldn't give up and get persuaded. All the more, he really tried to convince me that this is a great place to spread my wings slowly. And so it happened, I fell asleep earlier and what was the result? I GOT UP! In spite of my compulsions and my morning rituals, I managed to get to the Centre.

I know that when I came in, it was quiet at first and later a nice introduction followed. The door to my better future was opening. I was coming there regularly every day. I was very anxious then and I know that many participants felt this way, because I was a new member of CSC. I felt alienated and didn't talk a lot, rather helped – mostly in the kitchen and cleaning.

One day during the week I talked with Mrs Iza (individual psychologist).

We talked a lot but I was mostly interested in what way I can improve my talking skills. What to do to talk better? It was for me a test of trials and errors. I managed to talk only a little because I had a big speech impediment, but in my opinion, I was making small steps to a better tomorrow and getting to know new people only thanks to my will and determination. People I met there were more normal and well-mannered than in the hospitals.

Then Christmas 2014 came. This time was for me warm, pleasant and important, as I received a lot of good, uplifting words on postcards from other members – among others: that I'm hard-working, very diligent, warm or that some of them just like me! It let me developed and kept me going!

2015 was full of events. First of all, other members and psychologists, therapists and some volunteers were getting closer to me.

Furthermore, we had a lot of activities, among others: psychoeducation, psychotherapy, and meta-cognitive training! These exercises gave me a lot of confidence and self-discipline afterwards!

I felt that my life was changing for better and I could feel like a grown-up man, who is growing and changing.

Aneta (a social worker) was an important person, who I met and get to know this time, what a great woman!

During the holidays we met a certain German – Antoni.

Later, in June, there were important Olympics games at the J. Babiński Hospital playground, where I won a silver medal in 100 m sprint! These moments were uplifting and ice-breaking!

About the beginning of September 2015, I met Mrs Asia, a speech therapist. I had a meeting every week and I was given exercises for my mouth, cheeks and tongue – this was very hard, strenuous work on my face! Later, in October 2015, I took part in a one-week mountain camp in Krościenko nad Dunajcem. There I met a great person – Mateusz, who was a volunteer. The last event this year was festive Christmas and huge preparations.

A lot of changes happened also in 2016, including the improvement of my speech, better understanding of the people around or just braver choices – as starting a job in the Community Self-help Centre as a maintenance worker. On top of those all, I travelled a lot: to Sarospatak (with my family) and to Bukowina Tatrzańska (with the CSC group).

I had a nasty bike accident, so I bought a helmet and gloves. :-)

In CSC I learnt a lot, but there are still some obsessions or just compulsions and rituals, which are constantly my problem.

Talking with Mrs Asia, Iga or Kasia gave me strength to improve myself. There are other people too, who I could mention, but they know how important they are for me, among others Monika, Rafał and Jarek [...]. My brother Krzysiek, my sister Agnieszka, my parents and my other sister with her husband and nephews were some of the most important people supporting me in those difficult and later better times.

To point it all, my life has changed greatly. Many of my symptoms are so largely limited that I can manage to communicate with society and I'm self-confident and persistent enough to make my everyday tasks both a challenge and a pleasure.

Talking with the therapists gave me a lot, it made me strong enough to motivate myself to action – to push myself, concentrate and, what's crucial, to go slowly towards a better future with dignity and maturity.

Mr Bogusław's story – the Therapist's perspective

Mr Bogusław's participation in the Community Self-help Centre started in 2014. This daytime rehabilitation was suggested to Mr Bogusław by his physician.

During the adaptation time, Mr Bogusław observed the classes in the Centre and other members, but soon he started to get involved in different kinds of activities proposed by the therapeutic group. His determination to take part in the psychiatric rehabilitation distinguished him from the group from the beginning. As soon as he started to take part in CSC, he was seen as engaged

in the activities, rehabilitation tasks, full of energy to work and be noticed, actively looking for aid. He was helpful and protective towards other members of the group, but also a little withdrawn in direct contact. Impaired speech, caused by neurological and dental problems, was an impediment in his communication with others, so he built his relationships mostly by taking part in the tasks.

At the beginning of the rehabilitation in CSC, Mr Bogusław struggled with obsessive thoughts and compulsions, hallucinations, and problems to communicate with others. Soon he decided to meet with a therapist individually and as they talked, it was decided that the therapeutic work would start from selecting the goals, which can be achieved during his membership in the group of the Community Self-help Centre. First of them was developing social skills, including making contact, keeping up a conversation and making 'small talk'. He practised short talks during therapy sessions and afterwards improved his skills in the group. What is interesting, Mr Bogusław not only was able to enhance his abilities and by this get more self-confident, but also watched everyone carefully, noticed their difficulties and communicational skills. Self-awareness of his problems to speak clearly led Mr Bogusław, with cooperation with the therapist and the psychiatrist, to extended neurological diagnostics, the results of which showed a further way of progress – work with a neuro-speech therapist.

Neuro-speech therapy sessions carried out by mgr Joanna Koczara, as well as Mr Bogusław's exercises on his own after some time started to show results – his speech was clearer, what led to further development of social skills. At this time, Mr Bogusław started his prosthetic and dental treatment. Those successes, supported by Mr Bogusław's hard work, influenced positively his feeling of being in control of his life and coming back to life, as well as were growing motivational foundation to achieve further goals.

As spring came, Mr Bogusław started biking and running as a behavioural activation. Since he won the second place in 2015 in the J. Babiński Hospital Sport Competition as a 100m runner, he started training for the next competition. Mr Bogusław's first participation in athletic competitions was spontaneous and the result was based on his natural predispositions and ability present on every step of his functioning – mindfulness and trying new strategies, which is why the next year it was already different. He prepared himself for over a month, bought proper running outfit, practised by himself and with others members of the Community Self-help Centre as a practice before the 100m run and 4x100m relay, in which he was the leader. This time, Mr Bogusław proved himself as a team player, who can motivate and encourage others to make an effort showing on his own example what goals can be achieved and, in addition, how to make them a source of joy. During the competition, he was focused, supported and motivated others, despite the great stress he experienced before the start, as every sportsman. As a result, he won two medals – silver for 100m and silver for 4x100m.

The next goal of Mr Bogusław was to find a job. At the beginning, he was offered an apprenticeship in Cogito Hotel. It lasted for two months, and was a tense time, full of stress, which is

usually connected with new challenges. Despite the increase of anxiety symptoms and panic attacks, he managed to fulfil his apprenticeship. At the same time, he worked on control of those symptoms by psychoeducation, cognitive restructuring, and exposition. After the apprenticeship, Mr Bogusław was proposed a job offer in a place of sheltered employment, which he accepted, what let him build some financial security and make it possible to move out of his family house. At present, Mr Bogusław lives in a rented flat, works as a maintenance worker and considers undertaking a barkeeper's course, he still systematically practices his articulatory and social abilities.

The healing process of every member of the Community Self-help Centre proceeds in a different way, both when it comes to the pace and the area of change, so the level of functioning in a group is very different. When more advanced social skills develop, at some point it becomes natural that they have to evolve in the outside world. To bond socially outside the known, safe group, without the presence of a therapeutic team, arises a lot of anxiety, not only about the issue of having already gained proper skills but also about the self-image, pictured by others, whether the mental disease would be an impediment in a companionship, whether it would be noticed. Fears to go outside, being forced to answer difficult questions, which may be possible in talks, can demonstrate as an impediment to further growth and the elevated fear level would be demotivating. Very important is the decision to change the surroundings stemming from internal willingness. Sometimes, the supporting nature of a place of sheltered employment may be an impediment. The perspective of keeping a patient in a rehabilitation program can be tempting both for the therapeutic team and for the patient. A good solution in this situation is, at the beginning, being more active in social media, what Mr Bogusław did, by using Facebook and internet chats more often. It was the natural way, taking into consideration that Mr Bogusław was experienced in using these tools. Currently, the next step is being introduced – seeking a group of people, who he could join to spend time together.

The feeling of his influence on healing and being in control was growing as he was getting better, led Mr Bogusław a few months ago to the decision to stop pharmacotherapy. After three months of collecting information about his functioning without medicines, considering his gains and losses, Mr Bogusław returned to taking his medicines. This experiment showed his extraordinary maturity, trust in the therapeutic team and ability to accept feedback, but also, most of all, his sense of feeling rather healthy than ill, which is always one of the long-term goals for psychiatric patients.

Commitment and steadfastness distinguish Mr Bogusław. Due to those qualities, he is a patient every therapist wishes to work with. Mr Bogusław achieved so much during those three years because he was determined to follow the decision he had made and stood by, the decision to recover from his illness.

Mr Bogusław – the Physician’s perspective

From my point of view, during three years of meetings with Mr Bogusław I had the feeling of watching an extraordinary process of somebody coming back to life. In earlier years, when Mr Bogusław often had auditory hallucinations, thought disorders, significant limitations to undertake decisions, big problems to be active, made him socially isolated to a large extent. Mr Bogusław’s personal relationships were limited to his closest family, mainly brother and people who were involved in his treatment. He was not able to take neither a job (apart from temporary attempts to take a job in his sister’s family firm, which failed) nor education. In my opinion, the heaviest burden was the state of hopelessness, experienced both by the patient and the physician – the inability to end a vicious circle of hospitalisations, symptoms, failures. The change described in a previous article [8], caused by an intervention leading to a better understanding of the patient (also by himself), sense of social support, and his own bigger effectiveness, bore tangible additional fruits. At present, after four years of performing the therapy with a mask, the patient’s life has really changed.

First of all, the job became his constant, fundamental activity instead of participation in the Community Self-help Centre. This is sheltered employment involving keeping the property clean. In my opinion, the patient does his best, he is a very committed and diligent worker, as he was before hardworking and doing his best as a participant of CSC. This is a significant change compared to his functioning a few years ago – from the impossibility to attend the Day Care Unit because of severe symptoms to a regular job, which he has kept for more than one year. I consider this to be mainly down to the patient, whose attitude and willingness to be active overcomes new obstacles. Obviously, the patient’s therapeutic background was part of this change. This therapeutic community treatment network of Cracow (therefore, a large city) was published both in Polish [9] and foreign [10] literature. It gives an opportunity for holistic activities with a long-time nature aimed mostly for patients suffering from chronic psychiatric disorders. That is what happened with Mr Bogusław. The change achieved by the therapy with a mask was sustained and developed by social rehabilitation in CSC and later rehabilitation by his job.

Secondly, the patient’s life attitude has changed a lot. He has stopped playing mainly, sometimes solely the role of a person who needs care and help. He made an effort to deal both with the world and himself, his limitations. A good example of this fight was his participation in sports competitions organised by the biggest psychiatric treatment facility in Małopolska – the J. Babiński Hospital in Cracow. Every year, athletes representing various treatment institutions and the psychiatric care from Małopolska – hospitals, different occupational therapy houses, community self-help houses, associations etc. There are different competitions, one of which is the 100m run. Mr Bogusław already took part in this competition twice with good results, improving every year. For me, as his physician, this is not only a proof of his good physical fitness, but also psychological endurance, resistance to hard work, and willingness to achieve better results.

Thirdly and finally, his social functioning changed significantly, meaning his presence in the world. From being almost completely immersed into his psychotic experiences, he not only marked his presence in the real world (outside of a psychological reality) in the area of work and sports competitions but also changed his everyday life. It is now filled with, apart from work, meetings with family and friends, biking, reading adventurous, fantasy or scientific books, making new friends, travelling, meditation. The therapeutic camp, suggested in the previous article [8], has been followed by other trips, including his first journey abroad – this year, the patient spent his holiday in Hungary. In every social situation in which he found himself, he tried to establish and sustain relationships. He became an active member of social life, he has plans for the future, including close romantic/intimate relationships.

As a physician, I must mention one more relevant topic at the end. About two years after the therapy with a mask, the patient tried to stop pharmacotherapy on his own. The medication he was taking (olanzapine 5 mg/day) was not a nuisance for him, but he wanted to find out how he would feel without it. This decision was influenced by the thought that stopping to take medicines would be the next step to health, proof of his independence, resistance. This decision was accepted by me post factum, a little as a “time will tell” reaction. A break from medicines lasting a few months was connected with deterioration of the patient’s health. He experienced thought disorder, ‘froze’, had big problems to perform his work duties, his compulsions, mostly the movement ones, were increased. After talks and clarification from his employee, the patient came back to taking previous doses of medicines with a good result, which means that his symptoms decreased and his social life, including job functioning, improved. This challenge was later a topic of discussions about the essence of the healing process – both in the patient’s and the therapists’ understanding, as well as how to reconcile positions and make compromises. In some way, this article is the result of those talks as a compilation of different perspectives, approaches to the change, development in the patient’s life.

To point the physician’s perspective, feeling eager to help and support the patient, full of respect for his persistence in work over himself, is also worth mentioning. The issue of withdrawing medicines shows a dilemma present in everyone’s life: to what extent are we reliant or independent. Making such attempts and also being able to retreat from them, when it becomes obvious that they lead in the wrong direction, proves that the patient is mature and, in my opinion, is a good sign for the future.

Discussion

As we all think, analysing the conclusions of those three descriptions, we should focus on key factors, which are the conditions of starting and continuation of the healing process. One of them was definitely the therapy with a mask, where the patient got a lot of emotional support and also, in a cognitive sense, a possibility to understand his symptoms. But, as the patient pointed out in his own

text, it was necessary to ‘make the hay while the sun shines.’ If this development opportunity had not been used at the right time and in the right way, if the patient had been left alone, there is a great risk that the change achieved by the therapy with a mask would have been temporary.

That is the crucial issue – to reverse tendencies, to change a vicious circle into a positive feedback loop, a number of events must take place collaterally. The connection of many circumstances and conditions leads to disease and, similarly, an interaction of different factors starts and sustains the healing process. The factors, which worked and were useful for Mr Bogusław, apart from the therapy with a mask, are worth to mention.

1. Relationships

The patient describes the relationships important for him, even before the beginning of the healing process– with members of his family, especially his brother, his girl-friend and, finally, with people from therapy. He was brave enough to take the chance of change by the therapy with a mask (two other patients rejected this proposition) because he trusted those people and his physician. Those relationships and talking, which was possible thanks to them, were a motivation for healing – „I have someone to get healthy for”. Also his further actions show that trust works both ways and is supported by a vast range of new and established relationships.

2. Decisions

Victor Frank [11] emphasises the importance of decisions in human life. One can have good relationships, based on trust, but not have the willingness to take action, especially a risky one. Mr Bogusław describes at least some important decisions, which have influenced his further life: starting the therapy with a mask, taking a part in CSC, trust and making decisions with his counsellor/psychologist in CSC, helping his family every day. Taking the next steps of healing would not be possible or at least much less possible, if those decisions would not have been taken.

3. Consistency

Once taken decisions need to be constantly confirmed. It is not enough to make the decision once, it has to be consistently upheld. The community healing system gave Mr Bogusław a social background, which was making the healing process easier. The patient had a place to go and people to meet. He was in a group, where he could evolve, he felt accepted, even liked. This made it easier to persevere in the real world, stand by the decision to get healthy and reduce the risk of falling into psychosis.

This example shows how crucial the continuity of treatment is. It is easy to imagine the scenario, in which after the improvement achieved by the therapy with a mask, the patient still remains socially isolated, without daily routine and his health again deteriorates. To point it all, it can be said that Mr Bogusław, thanks to his own effort and support from people around him, managed to go a long way from being different, meaning isolated and lonely, to trust, being together and close to others.

References

1. Davidson L. Recovery, self-management and the expert patient: Changing the culture of mental health from a UK Perspective. *J Ment Health*. 2005; 14: 25–35.
2. Bonney S, Stickley T. Recovery and mental health: A review of the British literature. *J Psychiatr Ment Health Nurs*. 2008; 15:140–53.
3. Ramon S, Healy B, Renouf N. Recovery from mental illness as an emergent concept and practice in Australia and the UK. *Int J Soc Psychiatry*. 2007; 53:108–22.
4. Anthony WA. Recovery from mental illness: the guiding vision of the mental health system in the 1990s. *Psychosocial Rehabil J*. 1993;16:11–23
5. Slade M, Longden E. Empirical evidence about recovery and mental health. *BMC Psychiatry*. 2015; 15:285. doi: 10.1186/s12888-015-0678-4.
6. Deegan PE. Recovery and empowerment for people with psychiatric disabilities. *Soc Work Health Care*. 1997; 25(3):11-24.
7. Lauveng A, Tveiten S, Ekeland TJ, Torleif R. Treating symptoms or assisting human development: Can different environmental conditions affect personal development for patients with severe mental illness? A qualitative study. *Int J Ment Health Syst*. 2016; 10:8. doi: 10.1186/s13033-016-0041-2.
8. Cichocki Ł, Palka J, Leff J, Cechnicki A. Wykorzystanie maski w terapii pacjentów z przewlekłymi halucynacjami słuchowymi. *Psychoterapia* 2016; 1(176): 17-28
9. Cechnicki A. W stronę psychoterapeutycznie zorientowanej psychiatrii środowiskowej - 30 lat doświadczeń krakowskich. Pro memoriam Professor Antoni Kępiński. *Psychoterapia*. 2009; 3 (150): 43-55.
10. Cechnicki A, Bielańska A. A Community Treatment Programme for People Suffering from Schizophrenia in Krakow, ed. J. Gale et al. *Therapeutic Communities for Psychosis* 334-56, London: Routledge, 2008, pp. 171-185.
11. Frankl V. Człowiek w poszukiwaniu sensu. Wydawnictwo Czarna Owca, 2011.

E-mail address: lwcichocki@gmail.com