

## Chapter 2

### Gary N.

#### Personal and Psychiatric History

Gary N. had joined the Pathways roster only a few months before I began my tenure there, in March, 2005. He was fresh off the streets—or rather, the subways, the “F” line having been his favorite. I was to learn later, when he would report returning there during periods of stress, that he was fond of it, not only because it offered him warmth in winter and coolness in summer, but also because alcohol and drugs and, especially, smoking were prohibited there, so that he was effectively protected from his urges. Indeed, it was unclear why he had agreed to join our program at all: we were offering him his own apartment, but he had been given housing in the past, only to lose it, by throwing loud “crack” parties, and by letting undesirables in. He knew he remained at risk of repeating these behaviors. He had to endure occasional, brief hospitalizations when paranoid symptoms unmasked by substance abuse caught up with him, but these cleared quickly without deleterious consequences. He was vulnerable to arrest for turnstile jumping and public urination, and he could hardly afford the fines that he accrued for these infractions, but the police were not pursuing him or threatening him with prosecution or prison. Thus, what he was looking for was not immediately apparent, and it was only gradually, over the course of the 6 years we would spend getting to know each other, that I came to realize that he had his own, quite private agenda, which I will get to, shortly.

Furthermore, as you are about to learn, Gary had many accomplishments under his belt before becoming disabled, and many personal assets, such as politeness, sociability, warmth, and affection for women, with several of whom he had intimate relationships. His major disability, the one that knocked him off the satisfactory course his life had taken previously, was the emergence of his severe vulnerability to substance abuse and, when abusing, to irascibility, sometimes leading to fights. So, you may be wondering, why is his narrative the first in this series? If he did not cost the public systems very much, and if he had once managed on his own, would he not do so again, even without intensive outreach services? Yet, as you will see,

he was not heading in a positive direction at all; rather, like so many with chronic relapsing substance abuse, his life was heading downwards, as he was the first to recognize. In fact, he illustrates many of the issues around diagnosis, appropriate medication, treatment philosophy, and setting his own goals for treatment that are relevant to any unstable patient.

Gary was 49 when we met, 55 when I left Pathways. He was a wiry, light-skinned black man of average height and weight. For some time he dressed casually and unremarkably, but later on he would frequently show up in a suit and tie, as if to let me know he was doing better. He spoke in a casual, low-key manner, but his vocabulary indicated both intelligence and sophistication. He was invariably polite with me and modulated in his tone. Yet, it was not only his reports of responding with physical violence to being crossed or abused, but also something in his manner, that commanded respect. He exuded both sensitivity and quiet strength.

At our first meeting, he presented an array of common problems, such as dissatisfaction with a substance-abusing housemate, his own impulses to relapse, and financial straits, but at the end he came up with an unexpected one: a corn on one of his toes, which hurt when he walked. I decided to focus on this last one, hoping to accomplish something concrete that would get us off to a good start. So, I asked him to take off his shoes and socks. Not letting on whether he was puzzled, he complied. There was the corn, hard and rough to the touch, and red around the edges. Since I did not know much podiatry, I simply suggested he soak his foot in Epsom salts and consider picking up some looser-fitting shoes. He assented, and I thought we had put one problem behind us and even reached some understanding of how we would proceed, one step at a time. But he had his own sense of that process, and I had a lot to learn.

I never tried to get much of a history of his development up through adolescence, but he told me something later that seemed to provide an insight into much of it. He remarked, "When my mother told me not to expect a bed of roses, I told her I knew she was bringing me only the thorns." I took this remark to mean that he had learned from the beginning that he could not fully trust even the person closest to him, as he told me his mother considered herself to be. That did not mean he was incapable of trust altogether, but rather, that he would have to deal circumspectly with close relationships and to hedge his bets, if he were to escape being hurt.

Knowing this from the start of our work would have helped me later to understand how he went about setting up two important, sustaining networks. One of these was his relationships with women: he fathered his first child by a girl when they were both in their mid-teens, whom he thereafter considered his wife, and with whom he had another child almost 30 years later. In between these he also had four other children by different high-school classmates. Though he had no regular contact with these other women later, he did occasionally look them up, and he was fondest, among all his children, of the daughter of one of them.

The other network, in some ways quite similar to the first, was the one he established while at Pathways. Besides our monthly visits he met weekly with our director of family therapy, Lascelles Black, a distinguished clinician-teacher whose background and wisdom I always assumed gave him greater insight into Gary than I

could hope to gain; also regularly with our peer-specialist and substance abuse counselor, Ricardo Moore, a black man of great depth and talent; and also, frequently, with his older brother, himself a certified Gestalt therapist, who, it might have appeared, would have had the most leverage of the four of us.

Lest you jump to the conclusion that Pathways was extremely well-endowed with resources, let me assure you that this elaborate support system was entirely of Gary's making: each of us probably imagined that Gary was closest to one of the other three. Now, if I am correct, this feeling we may have had attests to Gary's genuine efforts to obtain help and support from us in spite of his own difficulties with trust, rather than to manipulate us: a manipulative person would have made each of us feel we were the special one, more important to him than the others. As his story unfolds, you will see how tactfully he managed to make appropriate use of each of us, while finding his own way forward, and how grateful he was when he believed he had made progress.

Gary's mother had died of alcoholism and an older brother suffered from it, and there is no question that Gary suffered from it as well, probably from adolescence, as his multiple intimate relationships may reflect. Nevertheless, during that same time period he learned to play the drums and earned some money with get-up bands. He also worked, in his mid-20s, for the city's sanitation department, where his continual rhythm-and-blues singing, while on the job, earned him the epithet of Singing Sanitation Man. Not surprisingly, his drinking caused him soon to lose that relatively lucrative and potentially secure position. Also in those years, when the "crack" form of cocaine became available, he began abusing that, as well; nevertheless, his crack use must not have been apparent, because in his early 30s he managed to pass screening and serve a full tour of duty in the Navy on a ship in the Mediterranean, leading up to Operation Desert Storm in 1991.

It was shortly after that tour ended, that he was first admitted to a psychiatric hospital, because of the emergence, in the context of heavy drinking and crack use, of paranoid delusions and assaultive behavior, including one episode in which he severely beat a man, leaving himself with a frightening memory he never wanted to reenact. From this or perhaps from a subsequent episode of the same configuration, Gary emerged with two things: the label of paranoid schizophrenia and the commitment to monthly injections of antipsychotic medication, supplemented by daily oral antipsychotic medication and by a medication for their side effects.

## **Treatment Begins**

At least a substantial proportion of my psychiatric peers would support me in taking issue with Gary's diagnosis, in the absence of chronic psychotic symptoms, and therefore, with his prescribed treatment. Among our rationales would be the obvious diagnosis of substance abuse, which was adequate to explain his periodic irascibility; his family history of substance abuse in the absence of other serious mental illnesses; the favorable personal history of significant intimate relationships;

and the relatively late emergence, for schizophrenia, of his psychotic symptoms—and even then, only in the context of alcohol and drug use. Since these medications are fraught with neurological and metabolic side effects, a cost/benefit view would suggest they not be prescribed over time unless clearly indicated.

Nevertheless, in accordance with an old principle that it is better to make major changes only slowly, I waited until considerably later before bringing up the option of reconsidering his diagnosis and medications. Somewhat to my surprise, he explained that he considered his medications a reliable protection against relapse to paranoid symptoms, and that he feared relapse to alcohol was such a likely eventuality that he wanted as much protection from the symptoms that might follow from it as he could get. He reinforced his preference by adding that any shaking he exhibited was due to drinking too much coffee and not to the medication. Somewhat reluctantly, I went along with his request, reminding myself that no one who fails to benefit from this type of medication asks for more of it.

Still, I continued to doubt his diagnosis of a psychotic illness. Eventually, considering the episodic nature of his symptomatic episodes, I proposed to him that he might be suffering from bipolar illness, which is itself frequently accompanied by substance abuse. Tactfully, he replied that he did not mind a reconsideration of his diagnosis. However, anticipating my suggestion that he try taking lithium, a mood-stabilizer, instead of his antipsychotic medication, he assured me that he was managing his money well, which was an explicit denial of the manic tendency to overspend; moreover, he added that a friend had developed a dry mouth from taking lithium, so he would rather not undergo a trial of it. I thought he was trying to tell me that the specific diagnosis was not the point, and that I should just pick one that would let me continue providing medication he needed. If so, he was addressing my doubts quite effectively.

It was only when I finally began to see his symptoms from his point of view that I came up with an acceptable improvement to his medication regimen. I was puzzled by his reports of frequently forgetting to take one or the other of his two oral medications, because he was so insistent on receiving them. Somehow, forgetting the medication for side effects resulted either in a bad night's sleep or the disappointment of having let himself down. Confronting him would have made no sense, so instead, I switched course and suggested we increase his monthly dose of the injectable antipsychotic medication and discontinue the oral one. He was delighted. Four months later he reported, "I don't antagonize people now; I'm quiet." In subsequent months he added that he felt more comfortable and secure, thus showing me that he had probably been correct in the first place about the need for antipsychotic medication, perhaps to reduce his irritability. Even with his oral medication for neurological side effects reduced to one pill, twice a day, he continued occasionally to forget it, each time still with regret. I believe that his struggle to take medication regularly meant to him that he was doing something to tip the balance in favor of his health.

Early on, he set the topics for our discourse: his continual temptation to relapse, often stimulated by multiple offers from abusers seeking to lure him back to alcohol and drugs; his efforts to save money on food, so that he could afford to purchase

coffee and cigarettes as replacements for substances of abuse; his intermittent efforts to reduce his smoking; and his need to restrict his coffee intake to the morning and afternoon hours, so that it would not interfere with his sleep. Surely, these were relevant to a person suffering primarily from substance abuse. But in addition I kept listening for his definition of progress toward personal goals. He tried to make our interactions comfortable for me by focusing on topics he knew from experience that psychiatrists preferred, namely, his symptoms, while he continued to struggle with his own impulsivity, not knowing himself for sure when the time to move on was at hand. Both of us continued trying to figure out the best pace, tactics, and strategies together.

In Gary's case you might think goal-setting would be obvious: if his problem was substance abuse, then quitting the abuse and maintaining abstinence must be his goal. Certainly, he had observed enough, from the demise of family members and fellow-patients, and from the chaos in the lives of those still abusing, including his own repeated job losses, to convince himself of what the alternative would bring. He had even been told by a physician, sometime along the way, that he had a "damaged liver" and was developing a "wet brain." But on his own he had largely given up abusing substances, even before coming to Pathways.

What remained, aside from occasional, brief relapses to alcohol, were the nagging temptations to return to his former life of continuous abuse. Why else would he have continued to focus on these temptations and his urges to resist them, reporting them at nearly half of our eventual total of 75 meetings? For example, he described the can of Budweiser placed before him by a fellow-resident of the YMCA as "clean, well-opened," a term good enough to pass for advertising copy, and one that conjured up the mouth-watering quality of the invitation. It would have been simpler to avoid the tempters altogether. He surely knew this, thanks to having intermittently attended meetings of Alcoholics Anonymous and Narcotics Anonymous, where he would have heard plenty about strategies to avoid the ubiquitous lure of drugs and dealers—what he called "being surrounded by Indians."

One easy answer would be that he had not yet decided that he was ready to give up substances of abuse, because his recent pattern had at least offered some structure and easy satisfactions, even if it was risky. Another would be that he was just stringing along the four of us most immediately involved with his care. A third would be that he did not yet have a clear idea of an alternative, after having spent at least half his life going downhill with only intermittent accomplishments, such as playing music and spending affectionate moments with women friends. But none of those would be my answer. I think he was not simply nostalgic for the good moments of his past, but also for the man he had been at his best, as a young adult, and wanted a second go-round to make a whole life out of more of those moments, better than he had, the first time. This, I believe, was his private agenda.

Even if he was exaggerating his musical achievements by claiming to have played back-up for James Brown and Michael Jackson, or to have family connections to Cab Calloway, Duke Ellington, or Charles Rangel, that would have been no worse than wishful thinking on his part. I believe he sized up the four of us

—Lascelles, Ricardo, his older brother, and me—well enough to understand our motivations and to match them against his own, borrowing what he could from each of us and putting it to use. Furthermore, he was continually searching for sources of information beyond us, explaining, for example, “I watch TV talk shows to learn how to talk better to people.”

## Course of Treatment

Now that you are acquainted with his personal style and methods, it is time to lay out what I considered his trajectory over the 6 years of our working together, so that you can judge his progress for yourself. Beyond the usual metrics for assessing it—symptom management, quality of personal relationships, self-care, and grooming, use of social supports—the one that seemed to subsume all these was his ability to make the most of each of his progressively more independent living situations. During the first 18 months of our meetings he lived with other patients in a house owned by Pathways; during the next 36 months he lived in the local YMCA; and during the last 18 months he lived in another house, with very different house-mates from the first time and with a very different outcome, much more successful than his first experience with housemates.

The initial rationale for assigning him to a house rather than to his own apartment was his claim that loneliness was a trigger for relapse to drugs and alcohol; however, throwing him together with a severe poly-substance abuser who flaunted his behavior and was also threatening, had put considerable stress on Gary's self-control. To combat these feelings, and to improve his spotty attendance at AA and NA meetings, he tried to join two other support organizations, Venture House, for help with substance abuse, and Transitional Services, Inc. (TSI), which provided not only employment support but also structured weekend programs, which Pathways, though on-call for emergencies, did not provide. But he could not meet the sustained sobriety requirement of the first, nor the requirement of the second for undergoing a thorough physical examination with follow-up laboratory tests, even after months of scheduled and broken appointments.

I did not consider his difficulty in meeting these requirements a sign of ambivalence, because he was so persistent in his attempts, but rather, of the struggle he was encountering in his effort to change the direction of his life. Those of us without the experience of addiction have trouble imagining how completely it takes over, and we appreciate retrospective accounts of success, where some factor or other is credited with bringing it about. But Gary enjoyed no such clear epiphany; rather, he languished until nearly the end of the 6 years in the transition back to a life without addiction, searching for another activity that would structure his life.

His efforts at self-care were similarly disappointing: his dentist told him he needed to undergo extraction of a rotten molar and of impacted wisdom teeth, but he bolted repeatedly from the dentist's office, even after receiving lidocaine analgesia, out of fear of the impending pain. No amount of advice or intervention by a

qualified podiatrist could break the cycle of repeated bouts of foot pain. He continued to have trouble with impulsivity. Once, having forgotten his key, he put his hand through a window alongside the door of his house and sustained a thumb full of glass splinters. His clothing was often spotted, and he reported failing to brush his teeth. He dropped and broke the CD player his brother had gotten him, though listening to music was a rare source of diversion and pleasure. He sometimes bought beer with the food money his brother occasionally provided to him. He referred to all this behavior, philosophically, as his “homeless ways,” but more ominously, he feared at times that he was actually “falling apart.”

## Improvement Begins

I do not recall who it was among the various team members and array of his supportive therapists who figured out that something had to be done. We occasionally referred patients to the local YMCA who needed more structure than what the standard, market-rate housing in the community provided. I knew it from visiting several of my patients whom we housed there temporarily, and Gary had visited several acquaintances there. Perhaps, he was the one who encouraged the idea. It was not an obvious choice for him, because there was an extensive list of house rules designating proscribed behaviors, in contrast to Pathways, where nearly any behavior that was not immediately dangerous was tolerated, in accordance with our policy of “harm reduction” (Section “[The Pathways Model](#)”). One of these rules specified that in-house drinking or illicit substance use would result in immediate expulsion.

In retrospect, I think Gary somehow realized even before he moved in that structure—rules and physical barriers—to help him avoid being provoked, was precisely what he needed. He thrived on it, working with or around each rule so adroitly that he was never, over the course of his three-year stay at the YMCA, threatened with expulsion. This was a measure of success I am not sure that anyone on our team would have bet on his achieving at the time of his moving in. He drank beer occasionally, but never on the premises and never to excess. He had no opportunity to let in undesirables, because security personnel screened every visitor. He rejected successive offers of drugs, accompanied by appealing displays of drug paraphernalia, more easily than he could have in the street, because he could always retreat to his room without fear of reprisal. Moreover, through politeness and persistence he managed to cadge leftover food from the dining room staff, so that he did not have to spend all his meager monthly allotment to sustain himself and, thereby, had some disposable income in reserve, so as to preserve some necessary autonomy in the context of giving up his habitual indulgences.

All these changes may appear to you to be only slight modifications of the behaviors he exhibited previously, but to him they represented a distancing from his former habits and a space in which to try out new and more sustainable ways of engaging with his social environment, both inside and outside the YMCA. He

succeeded in undergoing the necessary tooth extractions and was pleased to have required no more analgesia than aspirin for the post-operative pain. He began attending TSI programs regularly on weekends, “to keep out of trouble,” though he never managed to achieve full membership status. He showed up in criminal court to be arraigned on his misdemeanor charges and to settle them. He learned, thanks to his brother, to shop in supermarkets rather than in corner groceries, in order to obtain food that was not only fresher and more varied but also less expensive. He tried working in maintenance for Pathways and, though he shortly gave it up, saying that he did not yet feel ready to return to work, he added that his disability status “isn’t forever.” He reported multiple meetings with some of his former girlfriends and expressed pleasure in talking with them and occasionally receiving a kiss. Altogether, he reported one day, “I’m functioning like a human being in the community, for the first time since I was a kid, as if the sun had penetrated a stone wall.”

During this period also, he began to feel freer about expressing what he thought of the communications between us. Like many patients he thought he was obligated to report either on progress he was making or on his regret for failing to do so. But now he felt comfortable expressing thoughts and feelings of his own choosing. “No one has a good day every day—not even you!” he put it once. Another time, he referred back to having told me about problems in his family of origin, such as another older brother’s alcoholism, explaining, “I was trying to be real yesterday, talking about more than pills and appointments, to let out more than the candy-coated stuff, like my [short-lived] job.”

While trying out this more open way of talking about his concerns, he began dressing more spiffily, sometimes in a suit and tie. He was experimenting with revealing more of himself through his appearance, his clothes sometimes being casual, sometimes formal; each outfit sometimes clean, sometimes spotted. He had reported that his brother had earlier accused him of letting himself go, and now, sometime later, Gary was responding by trying to take better care of himself, but the ongoing conflict over doing so was written all over him, as he dressed sometimes the old way, sometimes the new. Around the time he was moving out of the YMCA, some of his self-doubts caused him to avoid meeting with me for 2 months, in order to give himself time and space to figure out how much he wanted to reveal.

Smoking-cessation, as you may imagine, had emerged as a major goal, for the usual reasons of both cost and health. It took a considerable period of time to run through the various substitute routes for nicotine—gum, pills, patches—and various support groups, but this process did not achieve its aim, nor did it help with his secondary goal of structuring his time, as the pursuit of drugs had done. His principal success here was in restricting himself to picking up only cigarette butts from the sidewalk to smoke, rather than in purchasing “loosies [i.e., hand-rolled cigarettes, formed from loose tobacco].”

Each day was a struggle. Going in search of a cup of coffee may seem like a harmless enough activity, but he drank up to ten cups a day, enough to cause frequent nighttime urination, itself leading to a disturbing medical complication, which I will get to, shortly. Then his efforts switched to trying to reduce his coffee



consumption, especially in the evenings. Attending harm-reduction group, waiting in line at the Medicaid office to renew his eligibility, following through on medical tests for his TSI application, and in-between, spending long hours in front of the TV—these were his ways of passing the time and staying out of trouble, but they hardly constituted a full life, and not having one was always dangerous for him.

To visit him in his room at the YMCA I had to sign in with security each time, take an elevator, and then wind my way down and around a series of hallways to reach his door. He was invariably welcoming. The room itself was not much wider than his single-bed cot, placed along a wall. The four walls were unadorned, but there was a window, fortunately, which he kept open, summer and winter, to let in fresh air and to let out some of the cigarette smell that permeated everything. Ashtrays, filled to overflowing, took up a good deal of the area of the only flat surface at his disposal: the top of a small refrigerator. Between the ashtrays lay opened, half-empty cans of tuna and jars of jam. There was a small microwave for warming pizza or coffee. Crushed soda cans were scattered about the floor, among cast-off shoes and socks, those unyielding causes of his tormented feet. He never failed to offer me a seat on his one chair, sitting down himself on the cot. After our talk he sometimes accompanied me to the elevator and down to the front door. I recall his having introduced me to a fellow-resident he dubbed Baryshnikov, because of his dancing ability, and pointed out the dining room on a lower floor, where he would show up after regular mealtimes to pick up leftovers. However modest they were, his living arrangements served their purpose.

It was hard for me to understand why he was invariably cheerful during these visits, when his grim surroundings saddened me. In retrospect, I suppose it was that all his energy went into resisting his addictive impulses, and he believed with justification that he was succeeding.

Six months into his three-year stay, he began to bring up the prospect of moving out. There was a distinct benefit to the rules and structure, he announced, but he would someday like an apartment of his own. The only problem was to decide when the right moment had arrived. He conceded that it would be hard for the Pathways staff, or even for him, to know that he was ready. Three months later, he brought up the prospect again, in the aftermath of having turned down the most recent offer of “appetizing” drugs, but he was aware that there was a larger problem, namely, how to fill his time in ways other than searching out or refusing offers of drugs and alcohol. Giving up knocking on doors to ask for handouts of coffee and cigarettes only freed up more time that he was uncertain how to fill. His feeling that he was doing better, that he was “not walking in the fog anymore,” as he put it, alternated with doubts about his readiness.

As you will have come to expect from this narrative so far, Gary’s proclivity for putting pressure on himself, even without involving substances of abuse, was considerable. Though his needs were modest to begin with, he managed to tempt fate, nearly 2 years into his stay, by borrowing small sums from local loan-sharks, something he referred to as having “gotten into a bit of mischief.” Over 3 months he managed to run up sufficient small debts that he feared he would need to leave the YMCA precipitously to avoid being harmed in reprisal. Once again, his brother

came through for him, paying off one debt in cash and replacing the CD player Gary had dropped and broken, so that he could use it to pay off the second and final one. "Now I don't have to take a trip" was how he summed it up.

Whether the episode with the loan-sharks was a warning that it was time to move out, or whether the relief and exhilaration over putting it behind him simply propelled him forward, he had convinced himself that the time had come. Several members of our treatment team had their doubts, as you may imagine, but we were all impressed with his continued avoidance of street drugs and with the overall success he had made of his tenure at the YMCA. Furthermore, it is our agency's policy to support our clients' efforts to move toward greater independence and responsibility, so we were inclined not to get in his way. Like him we were curious to see what would happen and were prepared to deal with the consequences. Our principal suggestion was that he consider moving into a house with three other Pathways clients, rather than to an apartment on his own, so that he would be less likely to experience the loneliness that had triggered relapse in the now-receding past. He accepted this suggestion willingly.

Gary's move from the YMCA into a house Pathways owned in the local community opened the curtain on the last phase of our work together. I knew that my time was gradually running out, because I had planned to retire from this strenuous work when I turned 70, just 2 years down the road. I had told my employer and a few fellow team members of my intention, but none of them gave much credence to an event announced so far in advance, and for our clients, so much is uncertain anyway from day-to-day, that time pressure is the least of their worries. Nor was there any desire on our part to put pressure on Gary to make good on his claim that he was ready to take on more responsibility for the course of his life: it was simply up to him to see what he could do. In retrospect, though, it appeared that he had given himself precisely that sort of challenge.

There was no way either of us could have anticipated that major losses to his support network were also about to occur, outside our respective abilities to prevent them. In fairly short order he lost, first, Lascelles Black as his primary therapist, an indirect casualty of the state funding shortfall from the recession of 2007–9; second, his substance abuse counselor, peer-specialist Ricardo Moore, who died tragically of cancer, just after passing his examination to become a Certified Alcoholism and Substance Abuse Counselor; and third, some degree of the regular support he received from his brother, whether out of personal reasons or of his sense that it was time to let Gary stand on his own.

Shortly after Gary's arrival at the house, an event occurred which served as a propitious warning for him. One of the three housemates living there at the time, who suffered from the most devastating and unremitting case of alcoholism I have ever encountered, died from it. Gary was shaken, but at least, neither of his two remaining housemates had any problems with substance abuse, nor would Pathways consider placing any such person with him in the future. The desire for peaceful co-existence with those two housemates put a gentle brake on his self-destructive impulses not dissimilar to the firm one imposed by the house rules at the YMCA.

## Consolidation of Gains; New Capacities

In a development that had farther-reaching benefits both for Gary and for me than I could have anticipated at the time, I took up a position where I had more regular contact with him and more access to information on how he was managing. Besides being the psychiatrist for all three remaining housemates individually, I became party to their interactions when they eagerly accepted my offer to serve as coordinator of their monthly house meetings, knowing better than I that issues would quickly arise. Following, these meetings Gary regularly asked if he could drive back to the Pathways office with me. In the van he would talk about his familiarity with the neighborhood where his current house was located, not far from where he had grown up, and about his on-again-off-again relationship with an elderly aunt, for whom he sometimes performed chores in return for a meal, but who laid down strict rules of behavior as a condition of these invitations.

Once I accompanied him and a few fellow-patients to a Mets baseball game. Third-base grandstand seats were still only \$10! On the way home he reported having enjoyed it, but he had found it difficult to avoid having a beer, as he saw so many other fans doing; instead, he smoked steadily, to curb his alcohol craving. From such a vantage point it became clear to me quickly that changes were occurring. The past themes were to play out once again, but with significantly more favorable outcomes.

The house itself was indistinguishable, on the outside, from other one-family houses on the quiet residential block, but inside, it was not as well maintained as they probably were. The front door buzzer was nonfunctional, so that it was necessary to bang on the door to announce one's arrival. The individual bedrooms, arranged around a stairwell on the second floor, were small and under-furnished, so each man had to make piles of his belongings along the walls. The one bathroom was regularly cleaned by a Pathways employee, and there were no personal items visible on the sink or in the cabinet. There was almost no food on the kitchen shelves, so they looked bare and a bit too clean for comfort. It was the sparseness and quiet that characterized the common rooms, as well. The living room furniture was spare. A leatherette couch and a few wooden chairs, one of them, for some reason, a rocker, were scattered about, so that, for our monthly meetings, one of the men had to pull up all the chairs that were available to the one, small, all-purpose wooden table. The men did not often use the room to converse or spend time together, but rather, to listen to music, one at a time.

Despite these limitations there is no question that for Gary it was a step up. His room was certainly more spacious than the previous one at the YMCA, and he maintained it more neatly, free of food items, and spacious enough for his somewhat wider selection of clothing. Besides serving as a retreat, this one was also a point of pride. Other improvements were on their way.

This time around, his struggle against the temptation to resume drinking took on significance for his two housemates. On multiple occasions, Gary invited in, as a drinking companion, an acquaintance of his who was both dangerous and

unpredictable, the perfect avatar of what he had been, himself, at his worst, and the foil for who he was becoming. The topic at our monthly house meetings moved from whether to let any strangers enter, to who was responsible in the moment for keeping strangers out by locking the door, and finally, to the need to get the lock itself fixed. Discussion of these very real, concrete topics took several months, during which Gary came around to share the view of his two housemates, namely, that all three of them were afraid of this particular, knife-wielding stranger, and therefore, that he should not be let in at all, nor allowed to sneak in through a front door left unlocked through negligence. Pathways obliged us by sending in a locksmith, and that settled the matter. This became the framework for settling subsequent issues.

The next hot topic was how to settle differences over private property. Seth, whom you will meet later (Chap. 9) accused Gary of stealing his MetroCard, to which Gary, to my surprise, openly acknowledged his guilt, justifying his action by accusing Seth of helping himself to Gary's food from the common refrigerator. In his view taking the card was more of an "exchange" than a theft. Here, the issue did not revolve around locks: each man had his own room, and there were common living areas, but in-house security could only be insured by common agreement. Trust, an unreliable element in most situations of life, did not enter into the calculation, because each man knew what was his and could easily enough make a tally. Once again, after discussions identified each of these concerns, there was agreement, and, to everyone's relief, it proved enduring, just as it continued to do over the issue of intruders.

With the next topic you will notice a diminishing trend from threats down to mere sources of friction. Gary stood accused of playing his radio loudly in the morning, thus disturbing the sleep of the others. Once again, he acknowledged his behavior, this time countercharging that their third housemate occasionally still left the front door unlocked. He added that, if that housemate made more of an effort, he would not mind preserving the morning quiet, because he, too, preferred to sleep later.

Now, if you have ever been a party to conflict resolution, including as a mediator, you know that when it succeeds, it is a heady tonic to all parties. But it is even more satisfying, when one of the parties has a history, much to his own chagrin, of having reacted violently to past provocations. Manifestations of actual camaraderie followed. When Gary's brother gave him a turkey to cook up for Thanksgiving, he invited his housemates to partake. This was a pleasant surprise to me, since Gary had informed me in no uncertain terms that any gifts from his brother were for him alone. When their third housemate repeatedly plugged up the kitchen sink, out of inattention, Gary made no fuss over repeatedly unplugging it. It sounded almost affectionate when he recounted, describing their third house-mate, "We haven't had any more complaints from our neighbor about his spraying the garden hose on her house." These deceptively routine events took on meaning because of the low level of personal interaction otherwise. As he put it, in his own special fashion, "We're on the other side of the clock now."

I would like to think of his use of the first-person plural as a reference to himself among those in recovery. The proscription against associating with people connected with one's abusing world is well known, but how, in fact, is someone in recovery to replace them? I think Gary was considering the need to do this, all along, and by making these compromises with his housemates, he was making the necessary leap.

I believe that in the context of these changes in his expanded living arrangements and diminished therapeutic supports, Gary was also figuring out new ways to use me. For example, a new physical problem arose that was reminiscent of our first exchanges around his corns, but potentially much more serious. Unable to curb his late-evening coffee consumption, and disturbed by having to make frequent nighttime trips to the bathroom as a consequence, he had consulted a private local physician. Why he had not gone back to his primary care physician at the neighborhood Medicaid clinic, who knew him better, I never inquired; perhaps, it was just a matter of a shorter waiting time. The private physician had given him a prescription for a medication to reduce urinary frequency, and over the ensuing month, Gary noticed a disturbing, swelling of both legs. He was considering consulting another private physician.

I knew he had some chronic asthma and congestion, as a result of his smoking, for which the Medicaid physician treated him intermittently; however, I had not heard anything about heart failure, the usual cause of leg edema. So, with the coincidence of the new medication and the new symptom, I suggested that he first simply try discontinuing the medication, to see whether the swelling would subside, before returning to the prescriber or looking elsewhere. To our mutual relief, the swelling disappeared, as quickly as it had come on. This outcome was for him as dramatic as the outcome for my consultation on my patient with pica early on in my tenure with NYS-OMH (Section "[My Personal Career Trajectory, Leading up to Outreach Psychiatry](#)"). A month later, Gary acknowledged that he was impressed by my diagnosis and intervention, which spared him considerable worry. The bottom line on the successful outcome of this incident, I believe, was that this was a problem that he himself believed needed a solution, in contrast to the one involving his corns, which I had seized upon for my own purposes, and which he could manage well enough on his own.

Even as we were now in the middle of our sixth year of working together, I could not be sure of what Gary thought of me, or, more to the point, what he considered to be my value to him. In my private practice it is fairly easy to answer this question, because the patients can discontinue their visits, whether they are paying directly or through a third party. But in a health-provider agency like Pathways, where I was the only psychiatrist for the team, patients had no such choice. Thus, it was from Gary's references to his other therapists, who were truly gifted, and for whom I had great personal and professional respect, that I was left to infer how he regarded us, perhaps, collectively.

Though he had not responded spontaneously to Ricardo Moore's death when it occurred, he now, in retrospect, brought up how helpful Ricardo had been to him around his substance abuse problems. It was not so much a matter of whether this assessment was true in practical terms, because Gary had discontinued crack on his

own before ever coming to Pathways, and on the other hand alcohol never remained far from his mind. Rather, it was Ricardo's value as a role model that counted: here was a man who had pulled his own life together and had forged a viable future for himself.

Regarding his feelings for Lascelles Black, he drove the point home. His first reference was in the form of a denial: no, it was not due to Lascelles' departure that he had engaged in some drinking with their persistent intruder, the previous evening. The next time, it was more direct: would I consent to hold our regular meetings at a particular site near the Pathways office, where he and Lascelles used to meet? You will recall his difficulties with issues of trust, in contrast to which, this request stands out as an exception. One day, near the end of our time together, as we drove along in the van to his preferred meeting-place, he was able to report with genuine pleasure and delight that he had heard from another team-member that Lascelles had been asking how he was getting along. Such were the feelings Gary had sought to engender in those he cared for but whom he felt he had so often disappointed in the past.

To answer the question of whether these 6 years represent progress in Gary's life, it is first necessary to formulate your idea of who he was, by personality and assets, and therefore, of who he could still become, even in his 50s, if he could overcome a significant disability. As an initial approach, you might consider what it would take for him to continue to pursue sobriety, particularly in light of his habit of treading dangerously close to the line of falling back. He gave some hints, as when he said he was not ready to take on the responsibility of regularly being available to figure in the lives of any of his children, or to jettison his disability status; however, in mentioning them he showed that those steps had at least crossed his mind. He had been away from playing music too long to look forward to returning to it as a career, but playing with old acquaintances again would not be an unreasonable expectation. How gratifying was his brother's, or his own wife's, or his daughter's esteem, and would that motivation suffice? It was possible that the serious health risk posed by his heavy smoking might foreshorten his future, before he could pursue any of these other commitments.

But in the meantime he had learned how to make compromises and avoid taking offense, so as to be able to pursue at least limited social relationships in the context of a quieter but more sustainable life, meeting occasionally with women he had long known and some members of his family, and thinking back and forward to music and possibly to work. I think he had found himself again, and doing so was his goal from the beginning.

## **Post-script**

At the time of trying to contact Gary to request his consent I learned from Lascelles Black that he had died of lung cancer about 2 years earlier, while still a Pathways client. I obtained the telephone number of his older brother, the licensed therapist

mentioned in the narrative, and left messages on his voicemail multiple times; however, he chose not to return my calls. I asked Lascelles, who had met with Gary's brother several times, to intercede, and I believe he did so, but I still received no call from the brother. In the absence either of consent or of any refusal of it, I changed the first name and initial to protect his anonymity.



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