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Activities of Daily Living in the Clubhouse: You Can't Vacuum in A Vacuum

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I think that in attempting to discuss the special needs of people with severe, long term psychiatric problems and, to address the area Activities of Daily Living for this population, it is necessary to first of all pull back and establish a broad perspective on our whole view of mental illness. For years and years we have all accepted the prescription that what this population needs in order to achieve higher levels of functioning is a good steady diet of something we call "ADL Skills." We have swallowed this directive passed down from on high, but along the way we have lost sight of what those ubiquitous initials really mean.

ADL, Activities of Daily Living. How could we have gotten so very far from the actual meaning of those words? Activities of life; activities which are the expression of our humanity; activities which, when entered into, engage us more fully in the shared ground of daily life. Activities of daily living, when we look at what that really means in our own lives, are the activities which carry us from moment to moment, and provide momentum and meaning to go on with our lives.

Out of these activities we create natural priorities. In my days, for instance, some activities, - like budgeting, hygiene or socializing, - gain importance only in relationship to higher priorities, like my job or my schooling. The priorities emerge naturally, and I understand that each activity hinges on the others. They are not simply a list of skills that I learn, which in themselves are somehow meant to impart meaning and structure to my life. I need to

learn how to interact at least adequately with my co-workers in order to keep my job, which I need in order to pay my rent. I don't come to work without having showered for days, because it would be offensive to my co-workers and a threat to my job. Hygiene and budgeting cannot be taught in a vacuum. They only assume importance in their relatedness to the whole of a person's life.

ADL Skills' (or in updated lingo, "community living skills") is a concept that has been amputated from the human experience out of which it grew. Most of our professional trainings have left us believing that "ADL Skills" is some kind of a prescribed formula, which should be administered in calibrated dosages by qualified professionals to their ill patients. ADL Skills' has almost come to be thought of as a medicine which can replace the reality of daily living, rather than an actual engagement in the activities of life. It is our task, I believe, to refocus our vision, and to begin to understand that the activities of daily living, when taken seriously, are indeed the most powerful vehicle for engaging an estranged and fragmented human being back into the momentum of daily life.

This conference, which is meant to address the needs of the chronically mentally ill, rightly presumes that this population of people has special needs. But before we can begin to look at any special needs' of this group, we have to first fully accept that these special needs are in addition to, and not exclusive of, the needs that every single human being shares. We

have to recognize that the "activities of daily living", whether we are speaking of people with or without emotional illness, are simply the activities through which we attempt to satisfy our most basic needs and longings. Before we are schizophrenics, or behavioral therapists, or manic-depressives or commissioners of mental health, we are all simply human beings. We all have needs, and we all engage in daily activities which aim to meet those needs.

Being simply human means different and varied things to everyone, but in the very simplest and most profound beliefs about ourselves, we implicitly accept a common vision. We all know that to be human and to be alive means to grow and to learn from our environment, our relationships and our experiences. To be human and alive means to be propelled, no matter what internal or external obstacles may interfere, towards meaningful productivity in the expenditure of our time. To be human and alive means that our impact on our environment and on our interactions comes back to us, either in the form of reinforcing positive feedback, or in a cycle of negativity in which our own disengagement creates greater and more unbridgeable distances between us and our world. To be human means to seek, no matter how fearfully nor distortedly, trusting and mutually enabling relationship with a number of other human beings. To be human means that we are engaged in a natural rhythm, an ebb and flow of wake and sleep, of engagement and retreat, of work, labor and toil, and of play, leisure and relaxation. These human needs and longings give rise to our daily activity which is our way of setting out to meet these most profound human needs. Though people who suffer from severe emotional disabilities may indeed have additional needs which distinguish them from others, we need first to recognize our sameness.

Another element of our shared humanity, however, is our tendency to distance ourselves from those amongst us who too loudly express the pain of our complex humanity. The so-called chronically mentally ill, whatever else they

may be, do, or say, are an expression of anguish, confusion and unfathomable loneliness that we others, justifiably, wish not to have evoked in ourselves. We are sorely tempted to draw up proposals and create legislation and programming which establishes chasms between the professionals and their clients, in which the professionals are expected to be actively engaged in daily life, and the clients are expected to sit in groups and classes and learn about the living from a safe and separate remove.

The "needs of the chronically mentally ill" is a profound topic. But we as professionals, I believe, are useless at best, as long as we insist upon seeing the mentally ill as fundamentally defined by their illness, and as fundamentally different from ourselves. To the extent that we believe that we are ordained to "teach the skills of daily living", we deny that we are all only living daily, side by side, learning and sharing as we go, and gaining strength and motivation to go another day by the meaningful contributions we make and the responsive feedback that we receive from those around us.

We are all trying. We understood that asylum and institutionalization were destructive and inhuman, so we supported massive deinstitutionalization. We have allowed the mentally ill to come out from behind the walls of the state hospitals, but at the same time, we have erected walls around ourselves. We gather together what we now blithely refer to as "The CMIs", and we 'structure' their day for them. Our attempt to structure and to teach, though, might also be seen as an expression of the walls we have hidden behind. If we truly want to eliminate the walls of institutionalization than we can't continue to teach activities of daily living. We need to engage together in daily life.

What we have been offering is a synthetic life, and we wonder why patients don't improve. We offer ample opportunity for 'patients', or 'clients', to engage in meaningful activity by gluing tiles on a

trivet, and we label them chronic because they don't get better. Does it enter our minds to question the usefulness of a trivet in the life of a person who has no one to whom to give a gift, and who probably is served his meals in some institutional dining room? We structure hour after hour of class time, where we teach clients the precepts of budgeting, when there is nothing in the world that this 'client' can envision as worth budgeting for. Don't we understand that there is no reason to save to buy new clothes when there is no place to go in them, or for a vacation, when there is no one with whom to go, and nothing from which to take a vacation?

Then we have arts and crafts groups, and teach things like leisure time activities'. But what we are missing is that we don't need so-called leisure time activities' because it is required by some APA Manual of Mental Health Dogma. We need leisure because the very rhythm of being alive dictates that when we have worked hard, been actively engaged in the activity of daily life, then we have to stand back, unwind, rebound, and this is what a leisure time activity is. Leisure only makes sense in the context of work.

It is a mockery to simulate the activities of daily life the way we have been trained to do. Understanding that work, or meaningful productivity, is the goal of every human being, we have spun a synthetic imitation to pass off on this population whom we want to care for, but dare not allow too close. We are frightened to allow that work is work and that leisure is a natural need in response to that work. What we understand perfectly well in our own lives, we cannot allow ourselves to understand about our 'mentally ill' charges, because the common ground in our need assumes a common ground in our pain and confusion. Until we allow that we are all simply human, no amount of ADL groups can do anything except further pain, estrange and damage the clients in our systems. We need to stop teaching life, and to begin to allow ourselves to live it, together. Fountain House, and the clubhouse approach to psychiatric

rehabilitation, is a model which tries very hard to depend upon this vision. At Fountain House, though we have in no way arrived, we try to see that life and its skills can be learned, but that they cannot be taught. They can only be lived.

Nobody can learn anything, however, including the skills to navigate daily life, unless they are genuinely motivated. Everybody, no matter what illness, disability or stigma they might carry, is motivated by the necessity to meet their most basic human needs. At Fountain House, we depend on the reality that our members depend on Fountain House, first and foremost, to help them to meet their simplest needs. Members come to Fountain House because they have heard that Fountain House will help find them decent, affordable housing; or because they know that Fountain House offers a viable route of re-entry into the real working world; or because they are too lonely, and are hoping against hope that they might find here a network of friends and support. They come because there is something obvious, tangible and absolutely real that they are actively seeking. The beauty of the clubhouse is that once the member has come through the front door, in pursuit of an answer to some clear, felt need, he or she inadvertently gets caught up in the development of the so-called "skills of daily living", because these are the skills that must obviously be cultivated in order to get what he or she is after.

No one, however, sets out to teach anyone the skills of daily living in the clubhouse, because our assumption is that no one knows them. Daily living, we assume, is not something that some of us know and some of us don't but rather something that we are all learning all the time, sometimes very slowly and painfully, and sometimes in great, exuberant leaps. Whether we are staff or members, we watch those around us, trying to pick up tips from their successes and failures, -we bounce off of one another and learn from one another. In these spontaneous, daily interactions, we learn the things that we need to know, in

order to get the things we want and need to get.

For example, Donna comes to Fountain House because someone has told her that Fountain House can help get her a job. She comes to Fountain House with a sense of setting out to accomplish a goal that she has set for herself, because she has experienced the deprivation of living on SSI, and because she has had frightening glimpses of what might become of her life if she continues to be an unemployed client of community day programs and partial hospitals. Donna is motivated because she has experienced her own needs, and sees others at Fountain House in similar situations who are finding answers, finding decent housing, finding a community, and friends within that community, and finding and keeping jobs. Her first experience of the clubhouse, unlike her experience in most other treatment facilities she's been in, is an obvious parity between her own subjectively experienced needs and what is being offered her in response.

The clubhouse is totally dependent on its 'realness'. Members come because they can see that their real needs can be met in a real way. They can know almost immediately that membership is just that, membership in a community, and very shortly the needs of the community become as real and as motivation, members begin to change behaviors and absorb more efficient methods of navigating the world, because it makes obvious good sense to do so.

For instance, Donna is working in the kitchen unit, about to start chopping vegetables for the lunch that is being prepared for the whole clubhouse. Someone working alongside her asks her what she has on her hands, and she answers 'nothing, why?' Others in the area, members and staff who are busily engaged in their part of the lunch preparations, glance over at Donna's dirty hands, and someone remarks that she should really wash them before chopping vegetables. Someone else insists, and so Donna goes off to wash. There is nothing school-like about

this interaction. It is people working closely together, and making the normal demands that co-workers or family members make on one another. The request that Donna wash her hands is not an academic intervention, because the staff and members have a vested interest in the relative cleanliness of Donna's hands, as they are about to eat the vegetables she is about to chop. Donna is not being "taught" what is 'appropriate' or 'inappropriate' in some ideal, abstract definition of appropriateness, but is simply being spontaneously confronted with a behavior that others don't like, and which ultimately would impede both her progress toward her own self defined goal of employment, and her community's goal of getting a healthy, decent lunch prepared. In this context, Donna is very apt to accept the suggestion to wash her hands, and is not apt to be left feeling patronized, condescended to, or taught something that has no meaningful impact on her life as it is today.

We are all simply human. No one of us knows until we learn, and we are all always learning from one another. I think this is the only way that the true skills of daily living can be truly acquired. The interchange between Donna and her fellow workers, members and staff, is contingent upon a real relationship between them and that relationship is contingent on the sharing of real work, and the mutual dependency that is necessary to accomplish that work. Activities of Daily Living are not learned through a process of teaching, but through a process of relating, and of engaging together in life.

Where Fountain House and the clubhouse model of rehabilitation differ most radically from most other rehabilitation programs, is that our fundamental belief is that the activity that takes place in the clubhouse is not a means to an end, but both the means and the end simultaneously. In the clubhouse, we do not assume that ADL skills can be acquired and stock-piled for subsequent use in the "real world". We do not 'teach' activities and skills and then expect the member to go out and spend

them like currency and receive a real life exchange.

In the clubhouse, members leave the bleachers and join the action. It is in the very stepping into the flow of real activities that club members begin the process of achieving their end goals. What is most essential to Donna's re-entry into a meaningful human existence is not that she has now acquired the skills of hygiene and kitchen procedures, but the very interactions and activities through which she learned these things, which have already begun the process of drawing her back into the bloodstream of daily living. In her work in the kitchen unit, Donna has begun to turn the tide of her long-term disconnectedness from life, and is already beginning to be fed back the positive, thankful, appreciative affirmation that comes as a natural result of her real contributions to her community. Membership in Fountain House includes the gradual resolution of various practical needs, a constant enrichment of one's repertoire of social skills, and a slow but steady increase in one's own measure of self-worth and value.

The activities of daily living are not one discreet tract of studies which can be studied for a given length of time and learned. The activities of daily living have to be seen as the vehicle through which we experience the changing panorama of our individual lives. Through our daily activities, we encounter our longings, clarify our goals, develop genuine relationships with those working alongside of us, and gradually root ourselves more and more firmly into the rich, common soil of our shared human experience.

When we speak about our own days, we don't speak of our "activities of daily living", but of our lives. I think that if we are serious about our capacity as professionals to in some way enhance the quality of life of men and women with severe psychiatric disabilities, than we have to abandon our obsession with "activities of daily living". We have to become more willing to step out from behind the walls we have erected into

the dance of life, dancing together, being tugged and pulled and swept into its own rhythm, sometimes leading, but sometimes following. We have to see that it is this very dance itself in which we all grow, change, and progress. Our involvement with people who suffer from severe emotional pain is not a dress rehearsal. It is the real thing.

The clubhouse can be a place in which we give free reign to our fundamental sameness. In the clubhouse, we staff, who presumably have a firmer rootedness in life, are free to grasp hands with our members whose footing is less sure, offering our tangible support while engaging together in the real work activities which harness us all to the natural ebb and flow of life.

Then, after we have worked hard together, whether that was the preparation of lunch for the whole clubhouse community, or cleaning the bathrooms, or preparing for a presentation like this one, we step back and breathe. Or go out for coffee together. Or talk, or laugh, or bowl or watch T.V. or work on a craft project. At Fountain House, we don't call these things "leisure time activities", because we hope that they are just part of life's natural rhythm of work and play, toil and leisure. Nobody teaches us that when we inhale, we then have to exhale. Nobody should have to teach us that when we work, we then have to relax.

If we begin to think of Activities of Daily Living as the essence and activity of life itself, then we begin to have a chance to offer real hope to men and women who for too long have been shunted back and forth from hospital to classroom, always in the anteroom of life. If we are willing to open our circle, and accept the frailty and pain and fragmentation that is also part of our lives as human beings, then we can live our lives together in a way that offers deeper and fuller dimensions to all of us, and support and integration into the deepest rhythms of living to those who have been exiled in solitary stillness for so long.

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