

A Rebellious Guide to Psychosis

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Part 1:

Overcoming Barriers

Barrier 1: Fear

- Psychosis is beyond almost everyone's comfort zone
- People with psychosis are still locked up for "dangerousness"
- Don't talk about psychosis out of fear we'll make them worse



Barrier 2: Incomprehensibility

- The word psychosis in was invented in the 1840s for people whose symptoms weren't explainable neurologically
- Freud described neurosis as what he could explain psychologically and psychosis as what he couldn't explain.
- We can't find reliable biological or genetic markers



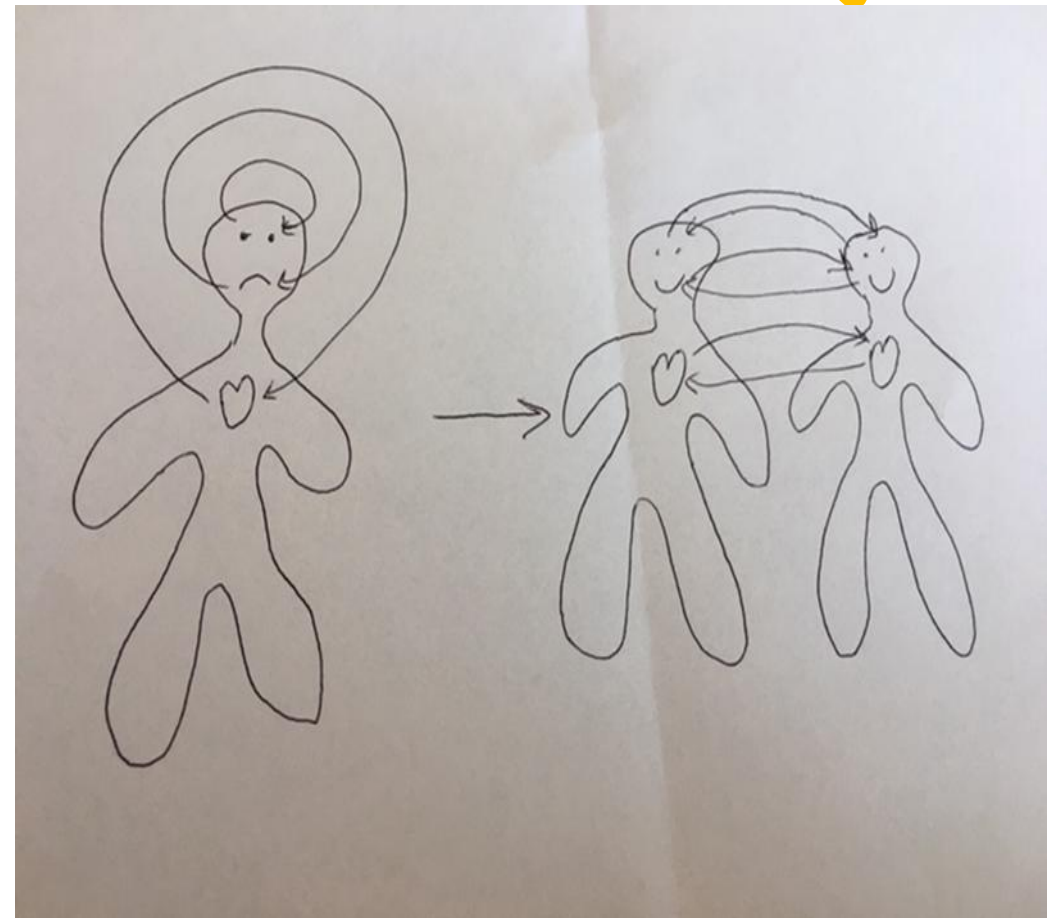
Barrier 3: Unconnectability

The word schizophrenia was made up by Eugen Bleuler in 1908. The “schiz” means split and the “phrenia” means feelings. He went on to describe “4 A’s” of schizophrenia:

- Affect
- Associations
- Ambivalence
- Autism

Notice how Bleuler’s not talking about hallucinations or delusions at all. He’s just saying he’s having a hard time connecting with these patients.

Because he could connect to them, he decided Kraepelin was right, they’re neurologically deteriorating and hopeless



Dan Fisher MD, PhD recovered from his schizophrenia by overcoming isolation with relationships

Barrier : Hopelessness

Emil Kraepelin separated “affective psychosis” who can recover and “dementia praecox” (now schizophrenia) who invariably deteriorate (Many of his patients probably had neurosyphilis).

Patricia Deegan: “You have schizophrenia. You will be sick for the rest of your life. You must use medication for the rest of your life. This common message is a prognosis of doom. Many people will reject this hopeless forecast by rejecting the medicine. In rejecting the medication, they reject the prognosis of doom as well.”



DSMIII - V don't eliminate our lack of understanding, difficulty in relating, or our hopelessness – they expect them.

Schizophrenia diagnostic criteria:

- Two or more of:
 - Delusions
 - Hallucinations
 - Disorganized speech
 - Grossly disorganized or catatonic behavior
 - Negative symptoms
- Disturbed for over 6 months
- Decreased level of functioning
- Not from a mood disorder, substance abuse, medications, medical or neurologic condition



**Replace fear and avoidance
with respectful curiosity and caring
to build shared exploration**



**Replace dehumanizing diagnosis
with individualized formulations
to build understanding**

**Replace isolation and coercion
with connection and collaboration
to build relationships**

**Replace hopelessness and helplessness
with growth and hope
to build recovery**

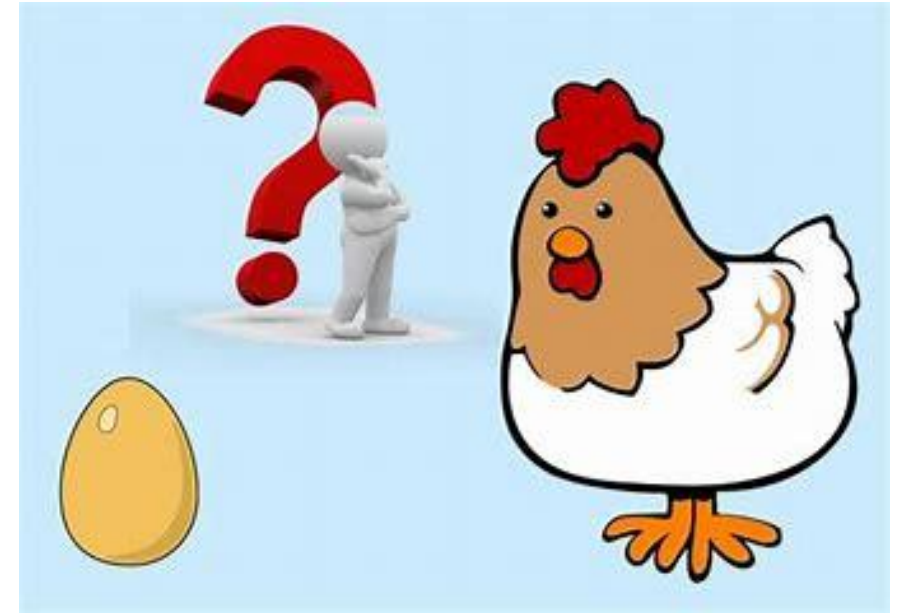
Part 2:

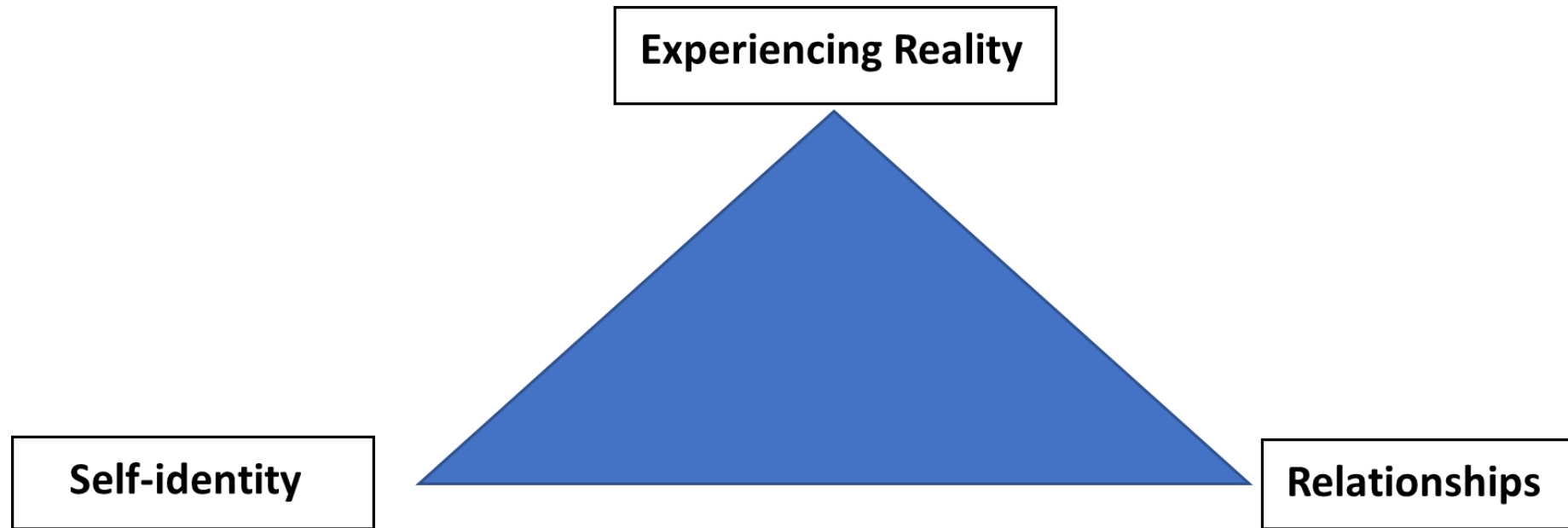
Building a holistic model of
psychosis

Lessons from “prodromal period”

- Psychosis rarely emerges rapidly – unless there is a big acute stressor (and then it tends to resolve)
- Usually prolonged delusions and hallucinations follow a “prodrome” of deteriorating self-identity and relationships.

Why don't we think of psychosis as primary relationship condition leading to hallucinations, instead of as a primary hallucinations and delusions condition?

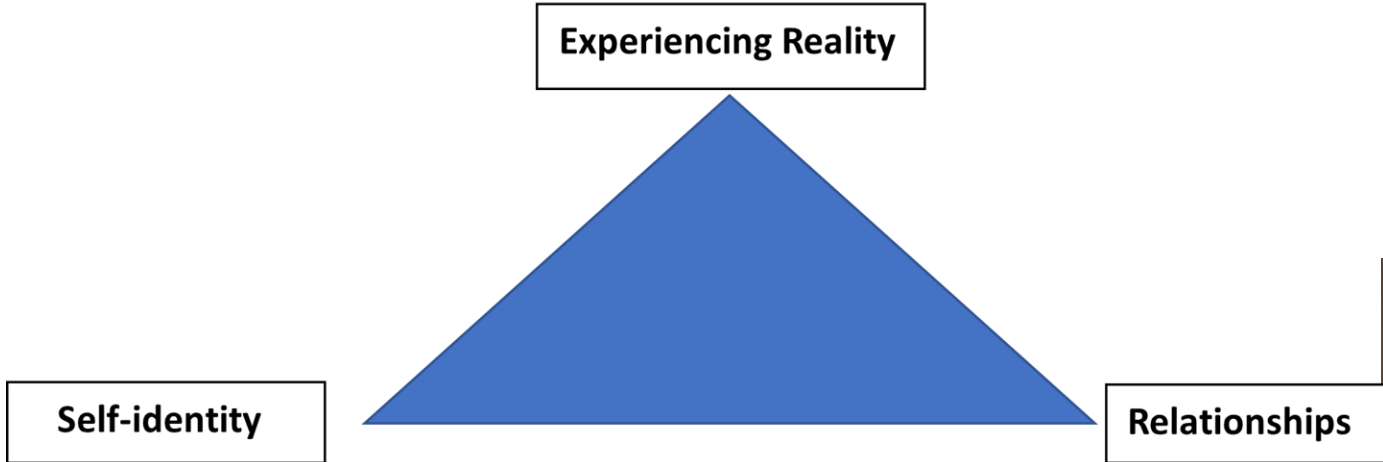




The Psychosis Triangle

- All three dimensions have to fall apart for the person to be psychotic
- Any of the three dimensions can be the weak one that leads into the other two falling apart and psychosis
- Any of the three dimensions can be actively improved to lead out of psychosis
- Any of the three dimensions can be the strength that prevents relapsing

3-D Formulations: Putting the Story Together





8 Routes to Psychosis

1. Loss and grief
2. Psychotic reactions
3. Difficulties in making sense of the world
4. Childhood trauma
5. Losing balance
6. Drugs and alcohol
7. Psychiatric illnesses
8. Brain damage and other neurological and medical conditions

Each route has its own emotional challenges.

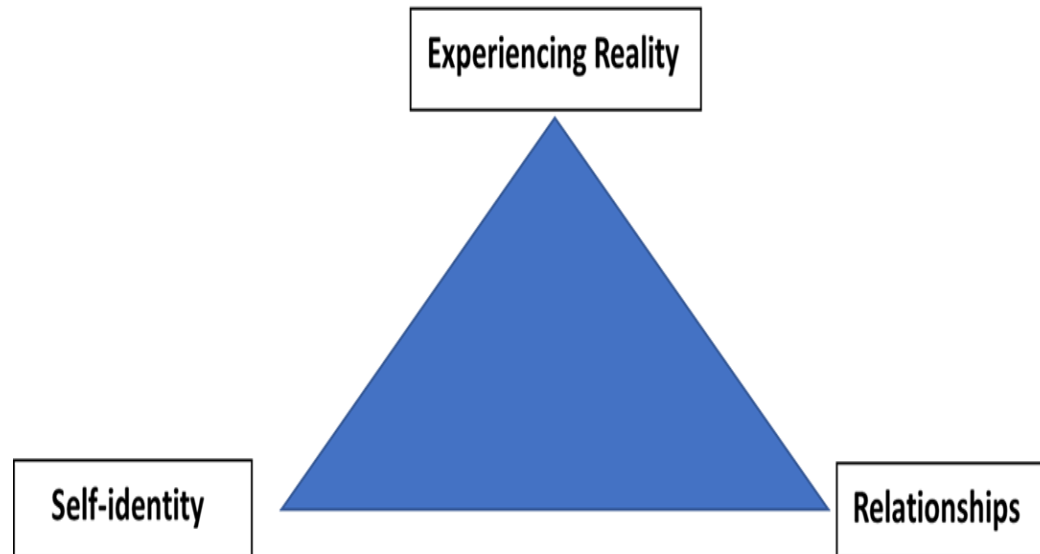
Part 3:

Improving Services and
Outcomes

Understanding six “strange schizophrenia facts” using the other 2 dimensions – self-identity and relationships

- People in third world countries tend to have better outcomes than in first world countries.
- People with spiritual explanations for their conditions tend to have better outcomes than people with medical explanations.
- Small “moral treatment” institutions in America in the 1800s had about a 2/3 recovery rate from psychosis in 6 months, better than any treatment program since then.
- People with schizophrenia who didn’t respond to the first medication, Thorazine, but who were kicked out of the back wards of the state hospital in Vermont to save money had about a 2/3 recovery rate when they were tracked down after 20–25 years, including working, homes, and close friends.
- People with schizophrenia in England who were given “befriending” for an hour once a week had a major improvement in their psychotic symptoms after 6 months without a medication change.
- In the Netherlands, after 7 years of being treated with medications following a first-break psychosis, only 17% of patients who were told to stay on their medications were going to school or working, while 40% of patients who kept trying to lower their dosage and get off their medications were going to school or working, even though only a few actually managed to stay off their medications

3-Dimensional Approach to Services



We can integrate approaches in all 3 Dimensions in:

- Prevention
- Early Intervention
- Crisis Response
- Recovery

The overarching goal is to avoid all three dimensions collapsing long-term.

Prevention

We can do more than early, aggressive medications

Self-Identity and Relationship Prevention Targets:

- Childhood trauma, hunger, poverty
- Lack of parental mirroring
- Family challenges
- Decreasing exposure to violence
- School isolation, bullying, teasing
- Mentoring
- Developing self-identity, roles, gifts
- Building social, community connectedness
- Connecting to nature, art, religion, spiritual practices



Competing Early Intervention Approaches

RA1SE
Recovery After an Initial
Schizophrenia Episode

- Focus on medication compliance controlling “experiencing reality” problems
- Often segregate with only people with mental illnesses and staff
- Psychoeducation into schizophrenia patient identity and expectations

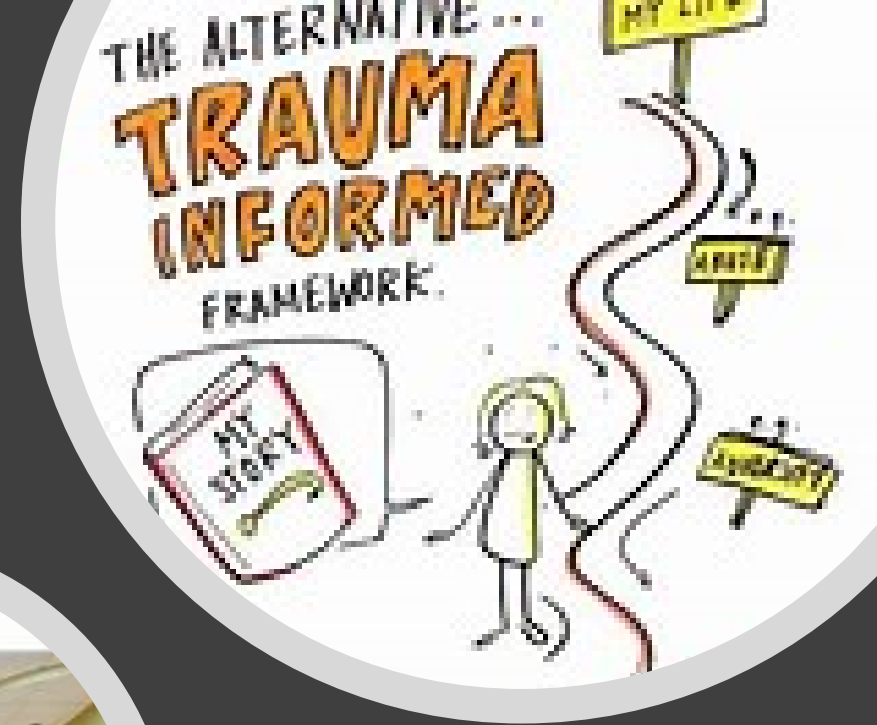


- Focus on sustaining family and community relationships at home (compassionate communities)
- Help adapt to changes in experiencing reality, spring use of medications
- Personal exploration, meaning making

Crisis responses:

Think about all 3 Dimensions

Are we stuck in our
“psychosis barriers”?



Recovery

➤ **Experiencing reality:**

Person-centered medications

CBT for psychosis

➤ **Self-Identity**

Hope, empowerment, self-responsibility, meaningful roles

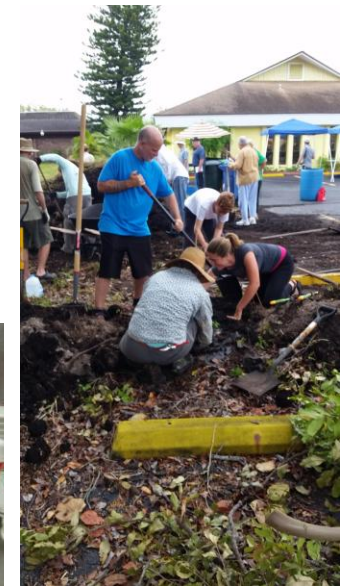
➤ **Relationships**

Bridge from isolation in “river of suffering” to arriving in the community

Recovery tips:

- Can start wherever the person is engaged
- Often better to start with strongest dimension rather than weakest
- Don't damage the other dimensions so recovery can spread across all 3 – otherwise they're likely to get be chronically held back by whatever is weakest.

Clubhouses are a great foundation for integrated recovery-based services



THANK YOU!

***Journeys Beyond the Frontier:
A Rebellious Guide to Psychosis and
Other Extraordinary Experiences***
Available on Amazon books and Kindle

I'm also available for recovery-oriented trainings,
consultations, and workforce development
opportunities.

Contact me for fees and to arrange content.

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