Title: Do We Find Organicity Even Within Psychosis?

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Introduction

As the schizophrenia and psychosis recovery research continues to accumulate, we find the first stirrings of a profound shift in our understanding of these confusing disorders. On one hand, we find increasing evidence that schizophrenia (and other closely related psychotic disorders) may not be the manifestation of a diseased brain after all; and on the other hand, we find evidence that, in spite of the often extreme mind states involved in these disorders, psychosis may very well be a natural (although a very desperate and precarious) coping/healing/growth-oriented process (i.e., a manifestation of organicity):

- After over 100 years and billions of dollars spent on research looking for schizophrenia and other related psychotic disorders in the brain, we still have not found any substantial evidence that these disorders are actually caused by a brain disease.

- We've learned that full recovery from schizophrenia and other related psychotic disorders is not only possible but is surprisingly common.

- We've discovered that those diagnosed in the United States and other "developed" nations are much less likely to recover than those in the poorest countries of the world; furthermore, those diagnosed with a psychotic disorder in the West today may fare even worse than those so diagnosed over 100 years ago.

- We've seen that the long-term use of antipsychotics and the mainstream psychiatric paradigm of care is likely to be causing significantly more harm than benefit, greatly increasing the likelihood that a transient psychotic episode will harden into a chronic psychotic condition.

- And we've learned that many people who recover from these psychotic disorders do not merely return to their pre-psychotic condition, but often undergo a profound positive transformation with far more lasting benefits than harms.

As a practitioner of Hakomi and as someone who resonates very strongly with the core Hakomi principles (organicity, nonviolence, unity, mind/body holism, and mindfulness), and as someone who has himself experienced psychosis and went on to make a full recovery, I became very intrigued by these findings. This interest led me to earn my Ph.D., where I shaped my doctoral research around a series of in-depth case studies of people who have descended deeply into psychosis and then went on to make full and lasting recoveries. The main emphasis of these studies has been to explore the transformative aspects of psychosis for people who have run the full course of the psychotic process. I have since converted the findings of my research into a book, *Rethinking Madness*, which summarizes all of the major research on schizophrenia/psychosis and recovery; presents a number of alternative models of psychosis that fit the research more accurately than the medical model; goes in depth into the stories of my participants; and provides a comprehensive model for making sense of the entire psychotic process, from onset to full recovery.

In this article here, I will share a few brief excerpts from this book, focusing particularly on the intriguing findings that suggest that organicity (sometimes also referred to as *organismic wisdom*) is very likely at play even within these most extreme manifestations of human experience. We'll look first at summaries of the major research in the field on recovery and treatment, then bring in my own research on transformations that occur within the psychotic process, and finally explore the implications of this for supporting those struggling with psychotic experiences.

Summary of the Longitudinal Recovery Research

[*In the first chapters of the book, I explore the research purporting to show that schizophrenia is a disease of the brain, and upon close inspection, it's clear that this hypothesis has so far not panned out well at all.*] Considering, then, that the etiology of schizophrenia is still unknown and that even the validity of the very concept of schizophrenia is questionable, how do we explore the topic of recovery from schizophrenia? Whether or not schizophrenia is a valid concept, it is clearly evident that many people do suffer from distressing anomalous experiences, and when such suffering becomes relatively chronic, these individuals will most likely be diagnosed with schizophrenia (or another major psychotic disorder). Therefore, when we look at the research on recovery from schizophrenia, while we cannot say with any certainty that there is any biological disease from which these participants are recovering, we can say with some degree of confidence that these participants have been suffering from long-term distressing anomalous experiences, and we can explore the issue of recovery from within this context.

While there continues to be the widespread belief in our society that people diagnosed with schizophrenia generally do not recover, the actual research tells a very different story. Table 1 provides a list of all of the major longitudinal recovery studies of at least 15 years duration that I was able to locate.

Going into the details of all of these studies would be quite lengthy and fall outside the scope of our discussion here, but there are several key points that are important to highlight:

First, each study uses somewhat different criteria for determining what is meant by "significantly improved" and "fully recovered," and some have slightly different terminology to represent these classifications, yet they all essentially agree that fully recovered refers to participants being asymptomatic and self-sufficient in meeting their needs, both socially and financially, for some specified period of time.

Second, the finding that recovery rates are quite high is surprisingly robust. The authors of the largest such series of studies—the World Health Organization (WHO) studies—have concluded that the "overarching message [is that] schizophrenia is largely an episodic disorder with a rather favorable outcome for a significant proportion of those afflicted" (Hopper et al., 2007, p. 37). Note also that while there is significant variation in the results of these studies, there is a general pattern that is somewhat consistent across these studies: Generally one half to two thirds of the participants in these studies have significantly improved over the long term, generally about a quarter of the participants are rated as having fully recovered, and generally less than a quarter remain permanently disabled. It is also interesting to note that many of the participants in these studies who have recovered were those who were considered to be the most profoundly disturbed (Siebert, 1999). Returning to the brain disease hypothesis for schizophrenia, it is illuminating to compare the high recovery rate for schizophrenia with the recovery rate for well-established diseases of the brain such as Parkinson's, Alzheimer's, or

Table 1. *15+ Year Longitudinal Recovery Studies*

STUDY	n*	AVERAGE FOLLOW-UP (YEARS)	RECOVERED OR IMPROVED	FULLY RECOVERED
The Burgholzli study (Bleuler, 1974)	208	23	53%	20%
The Iowa 500 study (Tsuang & Winokur, 1975)	186	35	46%	20%
The Bonn Study (Huber et al., 1975)	502	22.4	65%	22%
Lausanne study (Ciompi, 1980)	289	37	49%	27%
Chestnut Lodge study (McGlashan et al., 1984a, 1984b)	446	15	36%	not mentioned
The Japanese study (Ogawa et al., 1987)	105	21-27	77%	31%
The Vermont study (Harding et al., 1987)	269	32	68%	45%
The Cologne study (Marneros et al., 1989)	148	25	58%	7%
The Maine sample (DeSisto et al., 1995)	269	36	49%	not mentioned
The Dutch study (Wiersma et al., 1998)	82	15	77%	27%
WHO International Study —incidence cohort —prevalence cohort (Hopper et al., 2007)	 502 142	 15 25	 67% 63%	 48% 54%
The Chicago Study —off antipsychotics —on antipsychotics (Harrow & Jobe, 2007)	 25 39	 15	 84% 51%	 44% 5%

multiple sclerosis: There is no documented evidence of even a single individual making a full recovery from any of these well-established diseases of the brain (Siebert, 1999). Again, we find compelling evidence that schizophrenia is simply not a disease of the brain.

Finally, several of these studies have provided data that allow us to directly compare the outcomes of participants using the Western standard treatment for schizophrenia (typically the use of antipsychotics) with the outcomes for participants not using this treatment, and the findings have reliably been strongly in favor of those *not* using standard Western psychiatric treatment, something that is likely to come as quite a surprise to many.

Summary of the Research on Treatment of Schizophrenia/Psychosis

Piecing together the evidence regarding recovery and treatment approaches for long-term psychosis is no simple and straightforward task. However, there are certain findings that have demonstrated high consistency and reliability across this wide array of research[*]:

- In spite of over a hundred years of research and billions of dollars spent, we still have not found any clear evidence of a biologically-based etiology of schizophrenia, nor have we been able to validate that schizophrenia itself is even a valid construct (there is no doubt, however, that many people suffer from distressing anomalous experiences, what I have been referring to as psychosis, and that these are the individuals who often get labeled as having schizophrenia).

- The use of antipsychotics helps reduce the positive symptoms of psychosis and the associated distressing emotions for many people in the short term (especially during the first six weeks or so).

- The long-term use of antipsychotics increases the likelihood of the development of a chronic psychotic condition and significantly reduces the likelihood of recovery, as well as carrying the high likelihood of causing other serious physical, cognitive, and emotional impairments. The specific effects of such use clearly vary significantly from one individual to another, but generally speaking, this has been a strikingly consistent and reliable finding.

- Those individuals who are never exposed to antipsychotics have the highest chance of recovery.

- Regardless of the treatment method, it seems that there is always some percentage (although relatively small—apparently about 15%) that is likely to remain in a chronic psychotic condition indefinitely.

- The medical model paradigm, with its associated beliefs of brain disease and terminology such as "mental illness," can significantly increase stigma, fear, hopelessness, and other associated distressing emotions and behavior.

[*] My book, *Rethinking Madness* (Williams, 2012) contains extensive discussion and references for all of the research referred to here.

- Residents of so-called developing countries have much higher recovery rates than those in so-called developed countries, and the use of antipsychotics and the medical model paradigm of treatment is *inversely* correlated with recovery rates.

- Residential communities that offer continuous empathic support and freedom, and which minimize the use of antipsychotics, have demonstrated the ability to provide significantly better outcomes for their residents at significantly less cost than what the standard psychiatric model of care has been able to provide. However, these alternative approaches may reduce some personal benefits for many professional caregivers and others in the psychiatric drug industry (e.g., personal income, job security, sense of order and control in the environment, etc.), something that is likely to be a major factor in our mental health care system's resistance to change.

When looking at the summary of the research, it is clear that the medical model paradigm of schizophrenia (and the other related psychotic disorders) has very poor validity and that genuine recovery is surprisingly common, even being the norm in many regions of the world. Yet, in spite of this, there remains the widespread belief in Western society that (a) schizophrenia has been conclusively determined to be a brain disease, and (b) genuine recovery is very unlikely and perhaps not even possible. So why is it, then, that we find such a dramatic disparity between these widespread myths and the actual findings of the research? While there are probably many factors that contribute to this disparity, there is one that may well stand out more prominently than the rest: We may be caught in the grip of a self fulfilling prophecy. Let's take the research we've looked at so far and see how it is that we may have become caught in such a harmful belief system.

First, the evidence strongly suggests that the primary modality that we use in the West for treating psychosis (involving primarily the use of antipsychotics and the insistence that one accepts that one has a "mental illness"/brain disease) significantly increases the likelihood that individuals experiencing one psychotic episode will go on to develop a chronic psychotic condition.

Second, we notice that this treatment is widely prevalent in Western society, with the large majority of those diagnosed with schizophrenia and other psychotic disorders receiving it. Therefore, as would be expected, we find very low rates of recovery and especially of full recovery.

Finally, it is likely that most of those individuals who actually do recover go to great lengths to avoid becoming caught up within the psychiatric system again and therefore are rarely seen again by their former psychiatrists and/or other mental health care workers.[*] Therefore, many mental health care workers see almost exclusively those who remain in a chronic condition, which creates the illusion of an artificially low rate of recovery on top of an actual low rate of recovery. We are then left with a well established myth that virtually no one fully recovers from schizophrenia, thereby reinforcing our belief that we need to resort to such drastic treatment methods.

Round and round we go, one myth reinforcing the other in a vicious circle—the myth that schizophrenia is a brain disease with no genuine recovery leading to the belief that, in the name

[*] Many groups that have organized to provide support to such individuals, such as MindFreedom International, the Freedom Center, and the Icarus Project, are filled with members who understandably share this attitude.

of compassion, we must carry on with our harmful treatment methods, even if it requires the forceful coercion of those who "lack insight" that they have a brain disease; and in return, the myth that such treatment is the most beneficial thing that we have to offer actually causing widespread brain disease and chronic psychosis and therefore reinforcing the myth that schizophrenia is a brain disease from which there is no genuine recovery (see Figure 1). That we have managed to become so wrapped up within this delusional belief system is disturbing enough; but compounding this is the fact that there are a number of players within the health care system who make an enormous amount of money off the current system (the pharmaceutical industry and its many well-paid representative psychiatrists and academics, for example) and are more than happy to perpetuate myths with self serving propaganda and pseudoscience.[*] It is of no minor significance that since 2008, antipsychotics have become the single most profitable class of all prescription medications sold within the U.S., with prescription sales approaching 15 billion dollars per year (IMS Health, 2010).

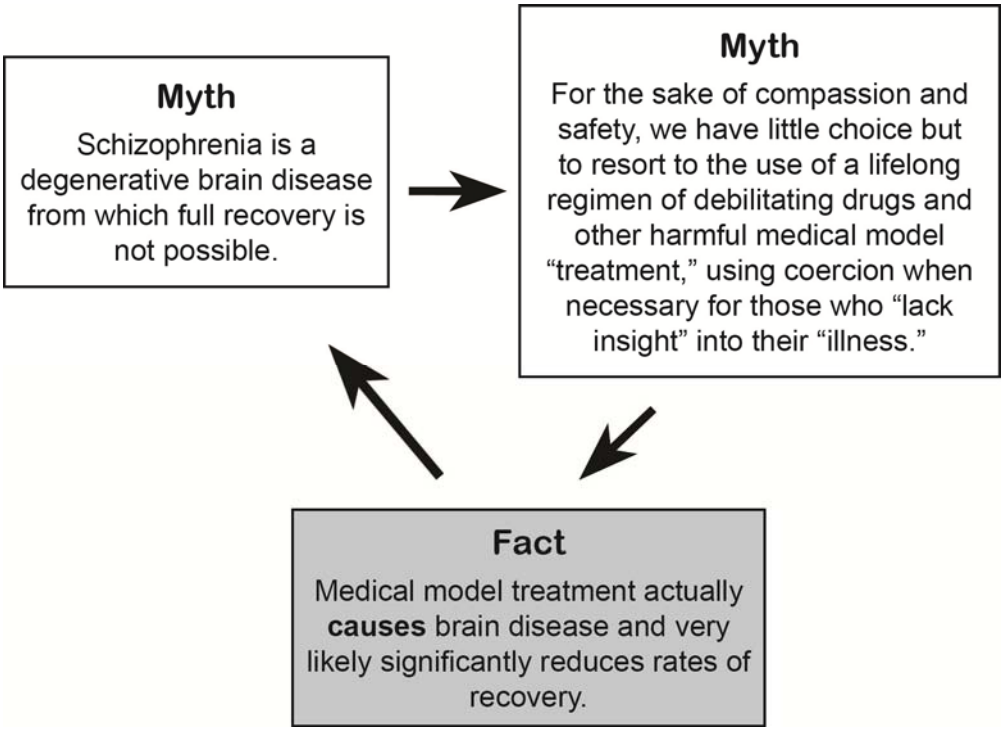

Figure 2. The vicious circle of one harmful myth reinforcing the other, leading to the harmful and generally ineffective "treatment" for schizophrenia and psychosis that we find in Western society today.

The good news is that some alternative treatment modalities have been showing up in the recent past, and, as discussed earlier [*in the book*], a number of them have shown great promise. The bad news is that, in spite of these promising alternatives, there is still very little sign that the myths of "brain disease" and "no recovery" are losing their strength in mainstream Western society or that the mainstream mental health care system is seriously considering embracing any of these more hopeful alternatives in a serious way. It seems that in order to extract ourselves

[*] See Whitaker (2009), *Anatomy of an Epidemic,* for an excellent summary of this and similar issues.

from the current dysfunctional state of affairs and move in a more hopeful direction, our society must go through a complete paradigm shift in our under-standing and treatment of psychosis—coming to an understanding of psychosis that more accurately reflects the research, and developing a treatment model that supports rather than hinders the very high possibility of full recovery that we see in the literature.

Fortunately, we already have a theoretical framework that is much more in line with the research than is the medical model, one that begins with a very different set of assumptions about human nature and offers substantially more hope for healing, growth, and genuine recovery.

Seeing Psychosis as a Natural Coping/Healing/Growth Oriented Process

The recovery research strongly suggests that, when supported in a compassionate and empathic environment, psychosis often (and perhaps even ordinarily) resolves automatically. In addition to this, there is significant evidence that a psychotic episode sometimes provides a breakthrough into profound healing and even psychological and emotional growth.

Silvano Arieti, a renowned clinician specializing in working with clients who have received a diagnosis of schizophrenia, said, "With many patients who receive intensive and prolonged psychotherapy, we reach levels of integration and self-fulfillment that are far superior to those prevailing before the patient was psychotic" (Arieti, 1978, p. 20). John Weir Perry, another lifelong clinician who served as the clinical director of Diabasis, a medication-free residential facility for young adults suffering from psychosis, said that "85 percent of the clients in Diabasis not only improved, with no medication, but most went on growing after leaving us" (Perry, 1999, p. 147). In a recent study conducted by Tooth et al. involving 57 participants who had been diagnosed with schizophrenia and who now identify as being "in recovery," 66% of them describe their functioning as better (and 44% of these as much better) than that prior to the development of schizophrenia. In this same study, 62% describe their social situation as better (with 31% of these as much better) than that prior to their development of schizophrenia (Tooth et al., 2003).

A number of scholars and clinicians have suggested that the reason we see these kinds of results is that psychosis may actually be the manifestation of a natural attempt of a psyche to survive and/or heal from an untenable situation or way of being; and therefore, successful resolution of a psychotic episode would naturally entail healing from and/or growth beyond one's former condition (Arieti, 1978; House, 2001; Karon & VandenBos, 1996; Laing, 1967; May, 1977; Mindell, 2008; Mosher & Hendrix, 2004; Perry, 1999). R. D. Laing, a Scottish psychiatrist renowned for his pioneering research on social circumstances surrounding over 100 cases of individuals diagnosed with schizophrenia, and he concluded that "*without exception* the experience and behavior that gets labeled schizophrenic is a *special strategy that a person invents in order to live in an unlivable situation* [author's emphases]" (Laing, 1967, pp. 114-115). Bertram Karon, a longtime clinician specializing in psychotherapy for those diagnosed with psychotic disorders, stated his belief that any one of us would also likely experience psychosis if we were to have to live through the same set of circumstances as those of his psychotic clients (in an interview in Mackler, 2008).

These individuals, then, who are so often labeled "crazy" may actually be simply doing the best they can to survive extraordinarily difficult circumstances, and when one is confronted with extraordinary circumstances, one often must resort to extraordinary strategies, strategies that may appear completely absurd to those of us who do not understand the full scope of what the individual is struggling with. When viewing these individuals through this lens, then, we can say

that there is nothing inherently wrong, biologically or otherwise, with those who suffer from psychosis. They are merely acting as any living organism would in the same situation—they are simply trying to survive, and ultimately aspiring to thrive.

So we see that once we move beyond the very narrow and so far unsubstantiated medical model framework of psychosis, we find that a surprisingly wide array of lines of inquiry have been converging on the prospect that psychosis may be the manifestation of a natural coping/healing/growth oriented process initiated by the psyche. A number of scholars, clinicians, and researchers have generated some compelling models of psychosis based upon this premise.[*]

The Metamorphosis of Madness

Table 2 represents the most essential findings of my own research as I explored what manifested within each of six categories of experiences during my participants' journeys through their psychotic process: *description of the anomalous experiences*, *onset and deepening of psychosis*, *recovery*, *lasting personal paradigm shifts*, *lasting benefits*, and *lasting harms*

It's clear that all six of the participants of this study have been on incredible journeys to the very depths of their beings and back, having integrated what they experienced and finally rejoining the rest of us within consensus reality. They have all experienced to a greater or lesser degree the extremes of human suffering and of human joy; they have all spent time mired in utter chaos and confusion and have somehow emerged with a renewed sense of equilibrium and lucidity. What is perhaps even more impressive is that they have all experienced profound healing from their journeys, having emerged with greater equanimity and resilience, a richer feeling realm that includes less negativities and more unitive feelings, more rewarding and enjoyable relationships with themselves and with others, and a greater overall sense of wellbeing. What we find in the stories of these participants is further validity to the idea that psychosis is a natural process of the psyche—there is no doubt that it is a radical and very risky process that has the potential to greatly exacerbate one's suffering, but there is also no doubt that it offers the potential to result in profound healing at the deepest levels of one's being when successfully resolved.

When we reflect upon the profound and ultimately beneficial transformations that took place within the most fundamental structures of these participants' beings, we find remarkable parallels with the process of metamorphosis that takes place within the development of butterflies. In order for a larva to transform into a butterfly, it must first disintegrate at a very profound level, its entire physical structure becoming little more than amorphous fluid, before it can reintegrate into the fully developed and much more resourced butterfly. In a similar way, when someone enters a state of psychosis, we can say that their very self, right down to the most fundamental levels of their being, undergoes a process of profound disintegration; and with the proper conditions and support, there is every possibility of their continuing on to profound reintegration and eventual reemergence as a renewed self in a significantly changed and more resourced state than that which existed prior to the psychosis.

[*] While I don't have room to go into these here, I do present a number of these models in my book, *Rethinking Madness*. These are the models I have come across that emphasize subjective experience at the deeper levels of experience, and which I believe are the most compatible with the research literature in the field and with the findings of my own studies.

	Converging Themes	Divergences
Onset and Deepening of Psychosis	(1) An actual or existential threat to the self just prior to onset (2) Childhood isolation (3) The significant use of recreational drugs prior to onset (4) A swing between extreme isolation and extreme connection just prior to onset (5) A profound shift in one's personal paradigm just prior to onset	(1) All experienced this. (2) All participants had a significant amount of isolation in their childhood, but to varying degrees. (3) All but Cheryl had significant experiences with recreational drugs prior to onset. (4) All but Sam and Trent had this kind of swing just prior to onset. (5) All but Trent experienced profound shifts in this regard; Trent, however, did increase his marijuana use significantly just prior to onset, which may be closely related.
Description of the Anomalous Experiences	(1) Polarized experiences of good and evil (2) Creative and destructive forces (3) Fluctuating between omnipotence and powerlessness (4) Heroic striving (fighting evil and/or ignorance) (5) Being watched over by malevolent and/or benevolent entities (6) Groundlessness (7) Parallel dimensions (8) Feelings of euphoria, liberation, and/or interconnectedness	(1) All experienced this. (2) All experienced this. (3) All experienced this. (4) Trent and Cheryl experienced striving against evil forces within themselves; and all except for Cheryl experienced striving against evil and/or suffering "out in the world." (5) All experienced this. Jeremy experienced being watched over by primarily malevolent entities, though sensed a powerful presence of both types. (6) All except Sam mentioned experiencing profound groundlessness. (7) All but Trent experienced different realms of experience occurring simultaneously to some degree. (8) All but Sam recalled having these kinds of experiences, to a significantly greater or lesser degree. Jeremy had these just prior to his psychosis, but not so much after onset.
	(1) Finding meaning in life (2) Connecting with one's aliveness	(1) All expressed the importance of this in their recovery. (2) All expressed the importance of fostering a deep connection with their aliveness—particularly with their feelings, needs, and sense of agency.

Recovery	(3) Finding hope (4) Arriving at a more hopeful understanding of their psychosis (5) Healthy vs. unhealthy relationships (6) Harm from the psychiatric system hindering recovery	(3) All expressed the importance of hope in their recovery. (4) All expressed having arrived at an understanding of psychosis that is more hopeful than the brain disease model, and all but Sam expressed that this was important in their recovery. (5) All expressed the importance of cultivating healthy relationships. Trent and Jeremy also expressed the importance of distancing themselves from unhealthy relationships. (6) All experienced this.
Lasting Personal Paradigm Shifts	(1) A significantly changed spectrum of feelings with more depth and unitive feelings (2) An increased experience of interconnectedness (3) A strong desire to contribute to the wellbeing of others (4) An integration of good and evil (5) Appreciating the limits of consensus reality (6) A greater understanding of psychosis	(1) All experience this. (2) All experience this. (3) All experience this. (4) All experience this. (5) All experience this. (6) All experience this.
Lasting Benefits	(1) Greatly increased wellbeing (2) Greater equanimity (3) Greater resilience (4) Healthier relationship with oneself (5) Healthier, more rewarding relationships with others	(1) All experienced this. (2) All experienced this. (3) All experienced this. (4) All experienced this. (5) All experienced this.
Lasting Harms	(1) All except Theresa expressed some harm, though they all expressed experiencing much more benefit than harm overall.	(1) Each participant expressed a significantly different harm.

Implications for Supporting Those Struggling with Psychosis

The importance of supporting the psychotic process. When we consider the metaphor of metamorphosis for the process of psychosis, and bring in the findings of the recovery research, we arrive at a particularly important implication for how best to support people going through psychosis. Just as a larva requires an environment free from predators and the extra protection and sustenance provided by a cocoon in order to go through the extremely vulnerable process of metamorphosis, someone experiencing psychosis requires a similarly dependable sense of protection and sustenance. The research we have studied demonstrates quite clearly that those most likely to make a full recovery are those whose psychotic process is allowed to carry through to a natural resolution with minimal interference.

We see this firsthand from the reports of the very high recovery rates experienced at residential facilities such as Diabasis (Perry, 1999) house and the Soteria houses (Bola & Mosher, 2003; Mosher, 1999; Mosher & Hendrix, 2004). In such facilities, an environment of maximal freedom contained within a structure of maximal safety is maintained in several ways: the residents are allowed the freedom to follow their experiences and maintain full choice regarding the use of psychiatric drugs while firm limitations are placed on activities that may cause harm to themselves, others, or property; they receive dependable support in the form of having their basic needs met—healthy food, water, shelter, clothing, and relative comfort; and they receive continuous nourishment in the form of 24-hour care by staff who are trained to hold them within an atmosphere of empathy, unconditional positive regard, and authenticity. In other words, we can say that these kinds of residential facilities attempt to create a safe and supportive cocoon that allows the metamorphosis of the psychotic process to resolve with minimal hindrance.

We can also see this same principle at work within the societies that have shown a particularly high natural rate of recovery (Hopper et al, 2007). These societies—such as are found in India, Nigeria, and Colombia—while very poor materially, tend to hold the values of family and community very highly, rarely abandoning a family member regardless of their degree of disability, and generally holding the assumption that family members going through psychosis will eventually recover. In addition, coercive psychiatry and the use of psychiatric drugs are rare within these societies. As a result, individuals experiencing psychosis within these societies often find a "cocoon" of support, security, and nourishment naturally established within their very own communities without the need to resort to special residential facilities; and as would be expected, a high percentage of these individuals go on to make full recoveries.

We can see a similar "cocoon" being spun within the very successful Open Dialogue Approach, which was developed in Lapland, Finland, and is beginning to spread to other Western countries (Seikkula et al., 2006). In Lapland, they do not naturally have quite as high a degree of community/family support as that found in many of the so-called developing countries, so the mental health care system has come up with an effective strategy for building this kind of support within the families and communities that surround individuals suffering from psychosis. While the details of the Open Dialogue Approach are too complex to go into here, the essence of it is simply healing and strengthening the social web surrounding the individual by facilitating and encouraging open, authentic, and intimate communication and connection between the various members of this web. Also, as with the other methods mentioned above, the individuals receiving this kind of support are allowed to maintain maximal freedom and agency, with psychiatric drugs used very judiciously and only with full consent if they are used at all.

Another therapeutic system worthy of mention here is Windhorse therapy, a system of treatment developed in Boulder, Colorado in the early 1980s and inspired by the teachings of Tibetan Buddhist master Chogyam Trungpa Rinpoche. Similar to the other approaches mentioned above, the general philosophy of this approach is to trust and support the profound wisdom and powerful movement towards health and wholeness that exists within all organisms. This innate wisdom is referred to as basic sanity and this innate movement towards health is referred to as windhorse energy. The essence of this approach is similar to those mentioned above—by placing the primary emphasis on creating a healthy, harmonious, and nurturing environment for the individual in distress, there is trust that movement towards recovery will naturally occur. There is yet to be formal research on the recovery outcomes of this approach, but there are numerous accounts of clients of this approach who have experienced profound recovery (Knapp, 2008; Podvoll, 1990).

One thing we find in common with these different methods of support is that they all have the capacity to provide all of the factors of support for recovery listed in Table 2. By not subscribing to the brain disease model and instead expecting that these individuals will recover and eventually move on to rich and meaningful lives, the factors of *hope*, *meaning*, and the development of a *hopeful understanding of their psychosis are supported*. By not losing sight of the humanity of these individuals and maximizing their freedom and sense of agency, they are supported in *connecting with their aliveness*. In being surrounded by an empathic, caring, supportive community, they are supported in *cultivating healthy relationships and distancing from and/or healing unhealthy relationships*.

When there is simply not the availability of a highly supportive "cocoon" such as what is offered within the systems mentioned above, traditional psychotherapy can play an important role in creating a significant degree of nourishment and safety, and in supporting individuals in developing other important resources. The factors of recovery mentioned above suggest that the most helpful types of psychotherapy are likely to be those methods that support the individual in: (1) creating a coherent understanding of their psychotic process, particularly one that is more hopeful than the brain disease model; (2) connecting with their feelings, needs, and sense of agency (i.e., their aliveness); (3) cultivating healthy relationships and/or healing/distancing from unhealthy ones; and (4) developing methods of coping with the distressing anomalous experiences themselves. There exists a wide array of psychotherapeutic modalities and theoretical orientations, but the research suggests that those modalities likely to be particularly beneficial to individuals undergoing this kind of process are: existential/humanistic; relational/attachment-based/family systems oriented; somatic (mind/body) and trauma focused; mindfulness based; psychodynamic/depth oriented; and cognitive behavioral.[*] Fortunately, research on the efficacy of these kinds of approaches has become increasingly common, and the results so far have been quite promising (Draper, Velligan, & Tai, 2010; Gottdiener, 2007; Morrison, 2007; Seikkula et al., 2006).

And last but certainly not least is peer support. The term peer support simply means receiving support directly from others who have "been there." It can be used either as an adjunct

[*] It's important to point out that many, and perhaps most, psychotherapists in the West have themselves been heavily inculcated into the degenerative brain disease model of psychosis. Having bought into this belief system themselves, there's a high likelihood that they will try to push it onto their clients (even though they may have the most benevolent of intentions as they do so). When this occurs, even otherwise highly skilled psychotherapists may unwittingly cause more harm than benefit in their attempts to offer support.

to any of the above methods, or even stand entirely alone as the primary source of support in areas with a strong peer support network. Many of the harms caused by mainstream treatment can be avoided when peers are involved—peers are generally much more understanding and validating, are less likely to push the brain disease model and forced "compliance" with the use of drugs, and of course they have access to the wisdom they have personally gained from their own recovery process. The peer support movement is currently growing by leaps and bounds, bringing with it a strong emphasis on the importance of human rights for all and a genuine democratic process within the mental health care system. It also offers a number of excellent viable alternatives to the mainstream paradigm of care. Some of the largest components of this movement are peer-run crisis homes, 24-hour a day crisis hotlines, support groups and classes (such as those offered within the *Hearing Voices* movement), and overarching peer-run organizations that are not influenced by the pharmaceutical industry* and act as hubs for these other groups (see the *Resources* section at www.RethinkingMadness.com or in the back of the book for more information on these groups).

Mainstream mental health care interfering with the process. When we turn our attention to look closely at the primary method of support for those suffering from psychosis within the Western mental health care system today—the mainstream psychiatric system—we see that it stands in stark contrast to the methods mentioned above. Whereas all of the above methods can be seen as simply various methods of providing a safe and nurturing cocoon that allows a person the possibility of moving through their psychotic process with support and minimal interference, the psychiatric system can be seen as making every effort to prevent such a cocoon from ever being built, instead trying to stop the psychotic process dead in its tracks.

We cannot say that this is necessarily out of any kind of malicious intention—certainly there are many people working within the mainstream psychiatric system who have tremendous care and compassion for those that they care for. Rather, as was discussed in Part One, the mainstream psychiatric system operates under a radically different paradigm—seeing psychosis as the manifestation of a diseased brain—and therefore operates under the belief that the most compassionate thing to do is to make every effort to minimize the symptoms of the psychosis with the hope of averting any further damage and/or suffering that this "brain disease" might otherwise cause (which is understandable given this paradigm). As the recovery research continues to accumulate, however, we see ever increasing evidence that this paradigm is profoundly misguided and that the treatment model arising from it is likely causing much more harm than benefit, as we have been discussing throughout this book.

Returning, then, to the metaphor of metamorphosis and the importance of providing a safe and nurturing cocoon that allows the psychotic process to resolve unhindered, we can see clearly that the mainstream psychiatric treatment model interferes with this process profoundly. In this system, as we find in the stories of the participants of this study and within so many other similar accounts, people suffering from psychosis are often institutionalized against their will in very

* Be cautious of groups who claim to be "peer support" or "grassroots" but are actually covert arms of the pharmaceutical industry. The largest such group is the National Alliance on Mental Illness (NAMI), which claims to be "nation's largest grassroots mental health organization." After decades of refusing to disclose the names of its contributors, a recent US Senate probe revealed that NAMI had been receiving well over half of its funding directly from pharmaceutical corporations, and so is clearly not "grassroots." While NAMI (and other similar groups) may offer some useful resources, they are heavily steeped in the brain disease model and have serious obligations to their largest contributors. Therefore, any involvement with them is likely to result in being pressured to subscribe to the paradigm of care that is most profitable to the pharmaceutical industry (i.e., the medical model).

unpleasant environments. Again, while the staff of such facilities often includes very well-intentioned people, the reality is that they are very often heavily overworked and undertrained, and so the task becomes more about "managing" the patients rather than creating a particularly warm and nurturing environment. Also, being trained primarily with the medical model understanding of "mental illness," it is all too easy for the staff to interpret the unusual behavior of the patients as being merely the manifestation of a diseased brain and to lose sight of the human being suffering underneath. This all too often results in the staff treating the patients in a way that is easily perceived by the patients as cold, dehumanizing, and even downright hostile. Adding to the often profound sense of confusion and insecurity created by such treatment, the patients' free will and sense of agency are generally stripped away from them, making it virtually impossible for them to feel any sense at all of genuine safety and comfort.

Furthermore, as these patients are told that the unusual experiences they are having are caused by a lifelong degenerative brain disease, it is very likely that they will develop profound intrapsychic conflicts (in addition to any conflicts already existing within the psychosis itself) as they lose faith in the innate wisdom of their own psyches and struggle to fight against their very own healing process. They now find themselves in the terrifying predicament of finding no sense of security either outside or inside. In what is yet further interference to the natural healing process of psychosis, these patients are typically forced to take heavily tranquilizing drugs or even undergo electroconvulsive shock therapy, severely impairing their most important resources—hope, meaning, and connection with their aliveness.

How could we ever expect anyone to establish a secure cocoon and move towards successful transformation under such debilitating conditions? Yet, incredibly, many people still do, as we have seen with the participants here. I believe that the fact that such genuine recovery and transformation continues to take place in spite of these incredible odds is a testament to the power of the organismic wisdom within our beings—that innate wisdom within all organisms that relentlessly pushes for survival, healing, and growth. Just as the vulnerable earthbound larva contains within its being the profound wisdom to transform itself into a beautiful, mature butterfly with the capacity to fly thousands of miles in some cases, so we see evidence that a profoundly wounded individual has within her or his being the wisdom to transform into a much healthier, more mature individual with the capacity to live a rich and meaningful life and contribute greatly to society.

Where Do We Go From Here?

So, when looking at the recovery research that has accumulated over the past century, we find that there are two messages that come across quite clear: (1) full recovery from long-term psychosis is not only possible, but can be the most common outcome given the right conditions; and (2) our mainstream mental health care system is seriously failing to create the conditions that maximize this possibility. We have explored some of the reasons this system remains so broken and seriously misguided, and it is essential that we continue this exploration until we can make the society-wide paradigm shift necessary to move towards a system that is much more beneficial.

Fortunately, as we have seen with the alternative methods mentioned above, we already have some excellent foundations off which to build in transforming our system in this way. But in order to move more seriously in this direction, we still have before us the hard work of pulling the deep-seated myths of hopelessness out by their roots, a task that seems especially daunting when we consider that we are up against enormously powerful players who rake in obscene

profits from the current system—many members of the psychiatric-pharmaceutical complex, in particular.

In spite of this daunting task, the good news is that a grass roots movement dedicated to utilizing the very hopeful findings of the recovery research and exposing the corruption within the psychiatric-pharmaceutical complex is gaining considerable momentum (see the Resources section in the back of this book for more information). Hopefully, it is only a matter of time before enough dust is wiped from our collective eyes and a tipping point is reached that will break the stranglehold of the psychiatric medical model, and we can make a society-wide shift towards a system of support that is much more in line with the research, much more beneficial to those struggling with psychosis, and much more beneficial to society as a whole.

Madness and Beyond . . . Appreciating the Benefits for Society

When we contemplate the current conditions in our society and in the world, there is no doubt that we find ourselves at an extremely crucial juncture in the trajectory of the human species. And as difficult as it might be for some to believe, the research strongly suggests that those who have experienced and are experiencing so called psychosis may find themselves in a mutually beneficial relationship with their societies: On one hand, it's clear that many of these people need significant support, sometimes much more support than the average person; but on the other hand, it's also clear that these individuals have the potential to attain profound insights into the human condition, perhaps the very insights that our species so desperately needs in order to survive.

The key to understanding this is in the ever increasing evidence that the person we think of as "psychotic" is simply entangled in a profound wrestling match with the very same core existential dilemmas with which we all must struggle. One implication of this is that the boundary between madness and sanity is surprisingly thin, an idea that is likely to be deeply unsettling to some. There is, however, another implication that offers us some very real hope, not only in our pursuit to offer genuine support to those who are the most caught up within these struggles, but also in our pursuit to find real peace on all levels—individually, socially, and globally. It appears that those who have these kinds of experiences often find themselves dipping beneath the layers of their cognitive constructs and catching glimpses of the more fundamental qualities of the world and dilemmas that shape all of human experience[*].

While some may consider this idea to be a "romanticization of psychosis," this actually couldn't be further from the truth—many of these people become utterly lost and confused for significant portions of their lives as they essentially drown in these deeper waters. In fact, it's all too clear just why it is that the typically "healthy" psyche is so effective at preventing one from falling into these chaotic seas. But the reality is that many people do fall in, and thankfully, many people do eventually learn how to swim and find their way back to the "shores of consensus reality" (to use the participant Byron's expression). And as we find in the stories of those who have been able to successfully integrate these experiences, as presented in this book and elsewhere, we discover that one real gift that often emerges from this journey is the ability to

[*] These dilemmas and deeper truths are discussed in great detail in my book. The most core existential dilemmas that emerged are (1) the need to maintain a tenable balance between autonomy/individuation and connection with others; and (2) the need to maintain the survival of a dualistic self within a world that is fundamentally nondual—in other words, the need to maintain the experience of an "I" that exists within a world whose fundamental qualities of profound interconnectedness and impermanence make this so precarious.

share some important truths with the rest of us, truths that may very well be exactly what our species needs to hear if we are to make it through these trying times:

With the recognition that the suffering with which each of us struggles is fundamentally universal, we are likely to find it a little easier to develop equanimity and self compassion for our own difficulties, and also more tolerance and compassion for others. With the recognition that we each understand and experience the world through our own individually constructed lenses, we are likely to find it easier to hold our own perspectives more lightly while being more open to the different perspectives held by other individuals and other societies. And by appreciating the profoundly impermanent and interconnected sea of life to which we all belong, we are likely to find it easier to act from a place of love and compassion for all of our fellow living beings, great and small.

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