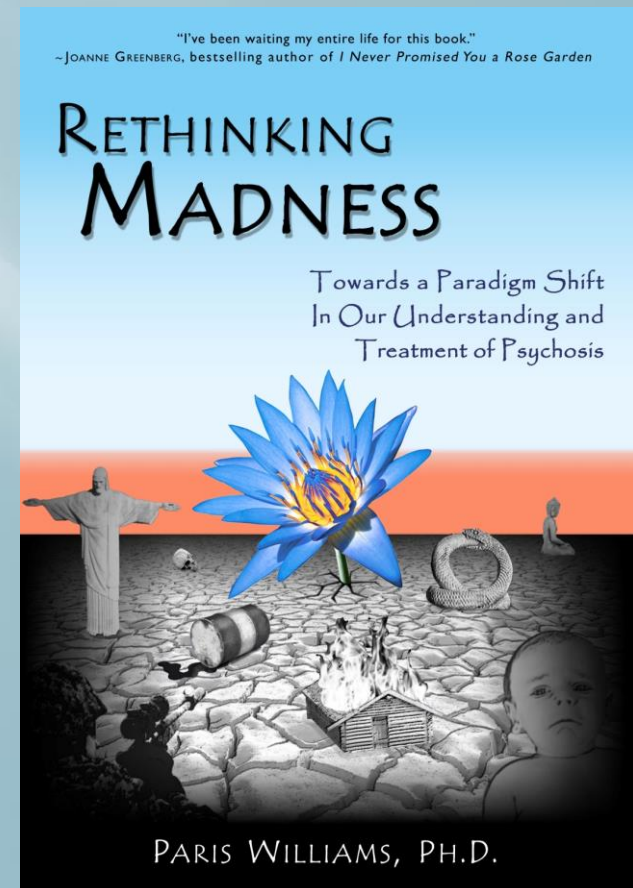


# Webinar: “Rethinking Madness”

Dr Paris Williams

Psychological Society  
of Ireland

October 9<sup>th</sup>, 2021



# Critiquing The Mainstream Understanding of Psychosis

# The Story We Tell Ourselves

# How do we Define Psychosis?

## DSM Diagnoses

Schizophrenia (with a number of subtypes)

Schizoaffective disorder

Bipolar disorder (with subtypes)

Mood disorders with psychotic features

Delusional Disorders



# How do we Define Psychosis?

## Psychotic Experiences and Behaviors

Delusions

Hallucinations

Mania (or other apparently “bizarre” affect)

Delusions of Grandeur

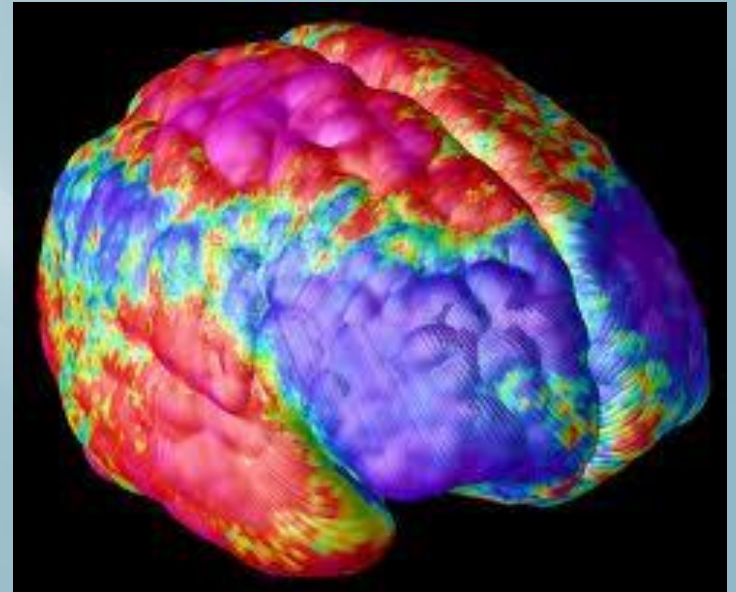
Paranoia

Catatonia (bizarre movement or lack of movement)

# What Causes Psychosis?

A disease of the brain likely to be caused by a . . .

- Genetic disorder
- Biochemical Imbalance
- Faulty brain structure



# How do we Treat Psychosis?

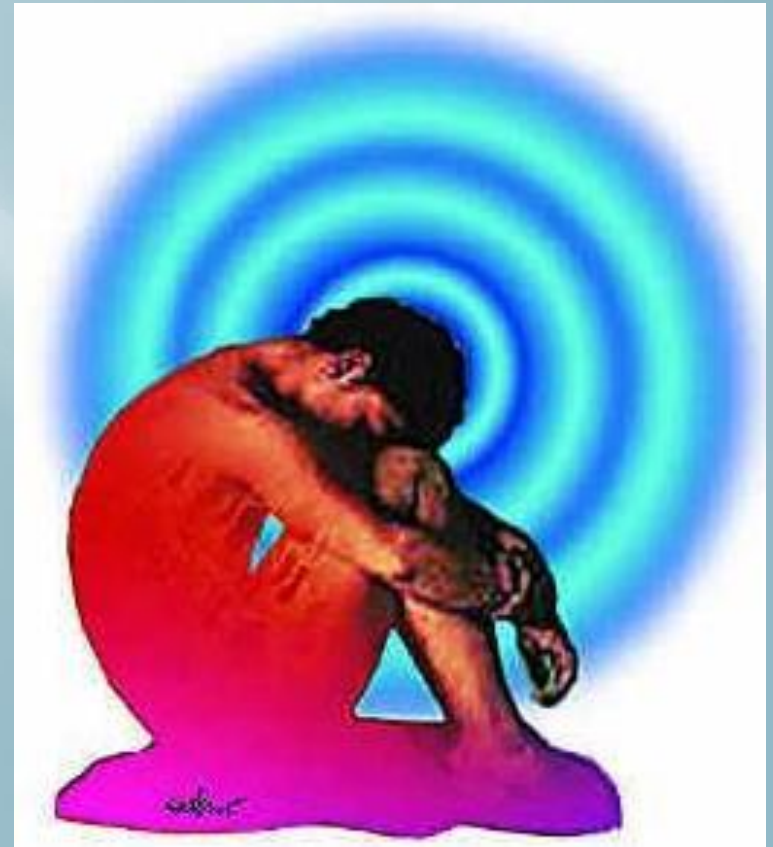
- Encourage a lifelong regimen of antipsychotic drug use, resorting to coercion if necessary
- Encourage “insight” that they have a “mental illness” (i.e., lifelong brain disease)
- Encourage the person to let go of serious aspirations and generally “lay low”



# Is it Possible to Fully Recover?

Unfortunately, no. This is a lifelong degenerative brain disease.

But if one diligently remains on their meds, they can manage their symptoms and reduce the risk of full relapse.



**A Closer Look at the Actual  
Research:**

**Exposing the Myths**

**Myth #1:  
Schizophrenia  
is a Brain Disease**

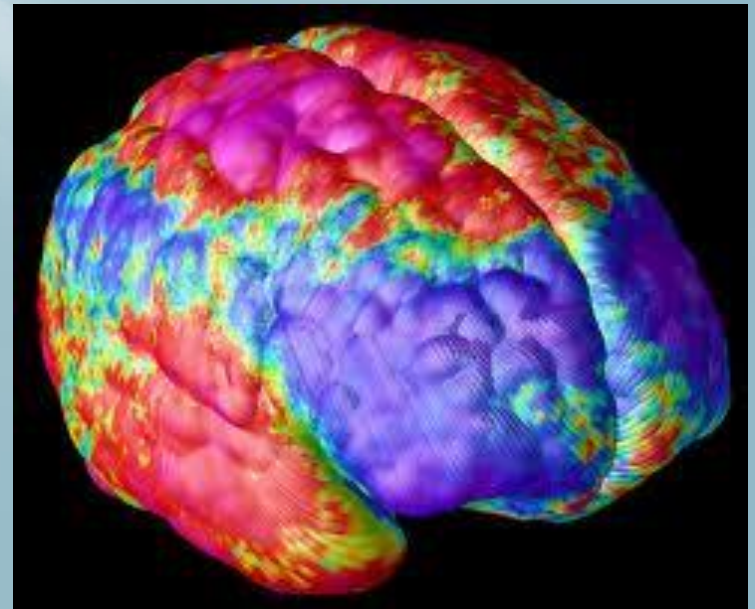


# We still haven't found any clear evidence of a biologically based etiology of schizophrenia.

- We discover brain anomalies in only a small minority of those diagnosed . . .

*while . . .*

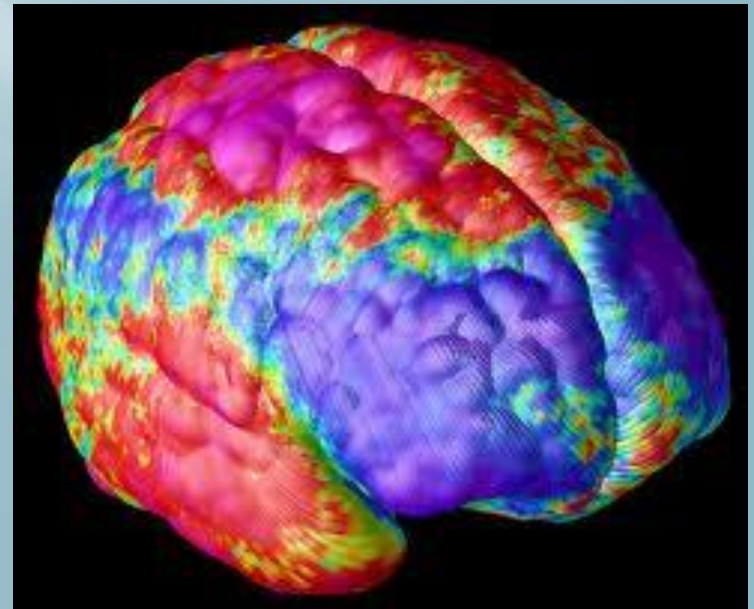
- we discover these very same anomalies in many “healthy” controls.



# We still haven't found any clear evidence of a biologically based etiology of schizophrenia.

We continue to discover that other non-disease factors are correlated with these same anomalies, such as:

- Psychological trauma/neglect/abuse
- The use of recreational drugs
- The use of psychiatric drugs, including especially *antipsychotics*

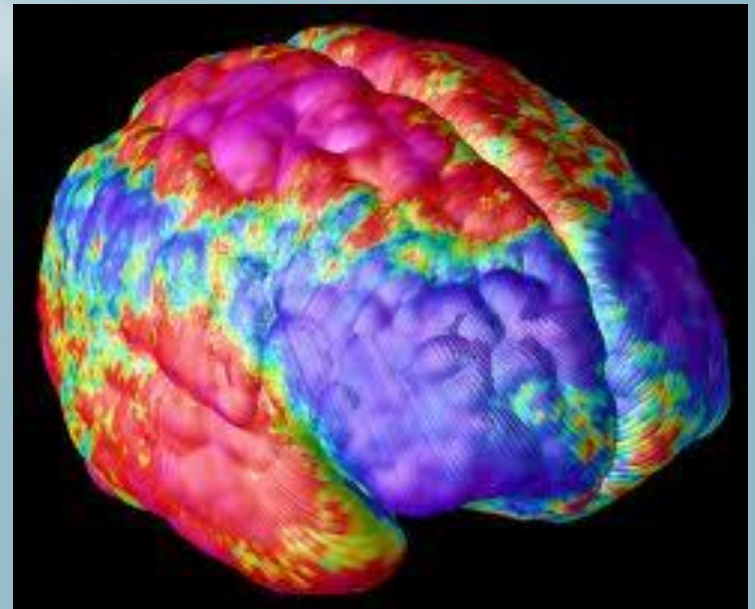




**We still haven't found any clear evidence of a biologically based etiology of schizophrenia.**

What about the genetic research?

- We haven't been able to find any specific genes associated with schizophrenia
- Environmental factors have consistently shown much higher correlations



**We have not even been able to validate that “schizophrenia” is a valid construct.**



**Different psychotic disorders are likely to be different manifestations of a common phenomenon . . .**



... and so are “sanity” and “madness”

**Sanity**

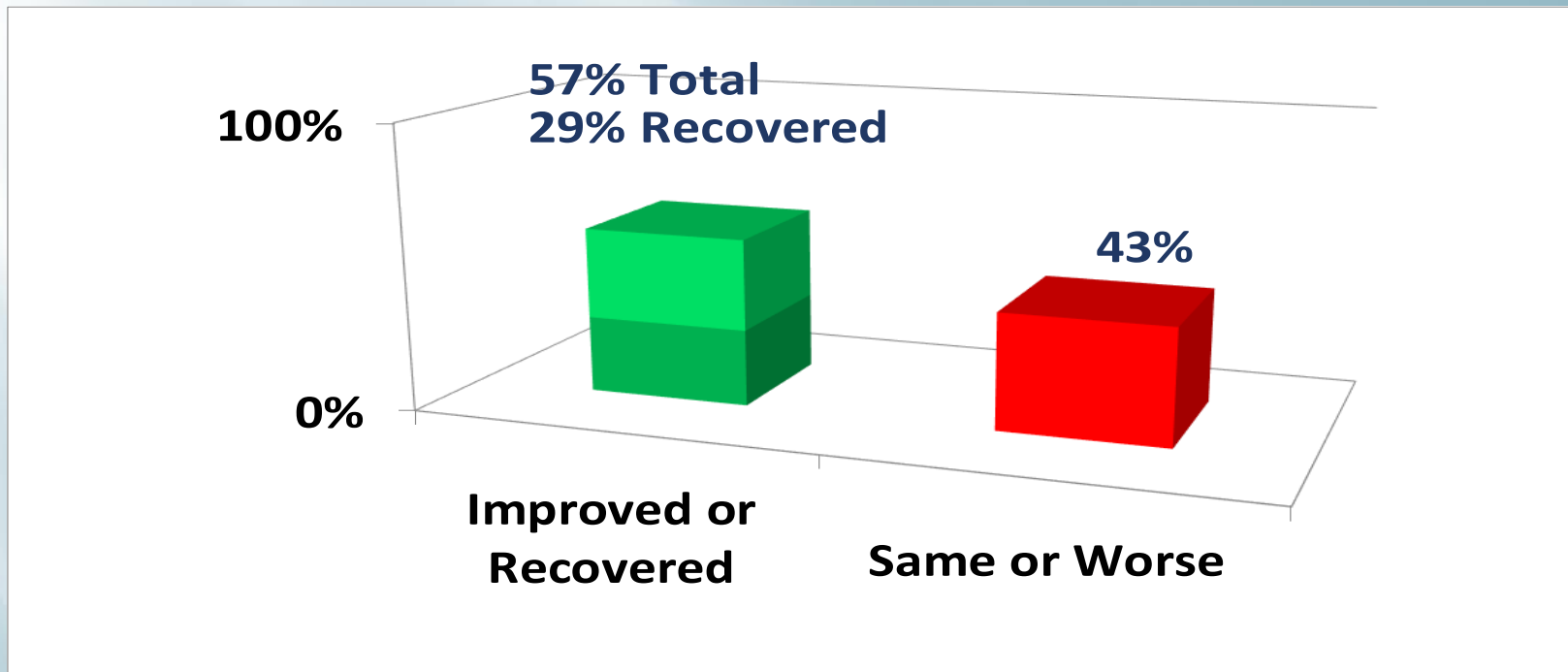
**Madness**



**Myth #2:  
Full Recovery is  
not Possible**

# Full recovery is surprisingly common

*(in stark contrast to well established diseases of the brain)*



\*Mean based upon all 15-year longitudinal studies done since 1950

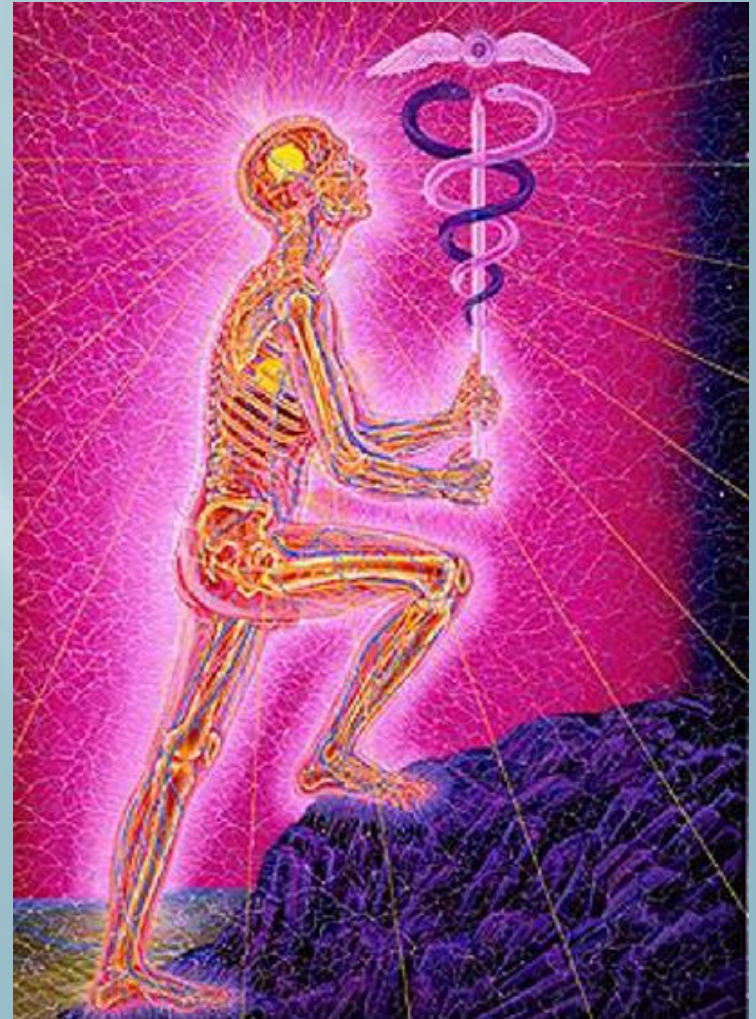
# **Full recovery is surprisingly common** *(in stark contrast to well established diseases of the brain)*

The World Health Organization concluded that:

*“The overarching message [is that] schizophrenia is largely an episodic disorder with rather favorable outcome for a significant proportion of those afflicted.”*



**Recovery from psychosis often entails healing and growth beyond one's pre-psychotic condition.**



Painting by: Alex Grey



**Myth #3:**  
**Mainstream Psychiatric**  
**Treatment**  
**Greatly Increases**  
**Beneficial Outcomes**

# Antipsychotics: A Double-Edged Sword

Antipsychotic drugs may help reduce distress in the short term . . .

. . . **but** are more likely to lead to the development of chronic psychosis in the long term.



# Atypical Antipsychotics: New Drug No Better Than the Old Drug

The newer atypical antipsychotics have shown *no* significant improvement in symptom management or side effects than the older antipsychotics



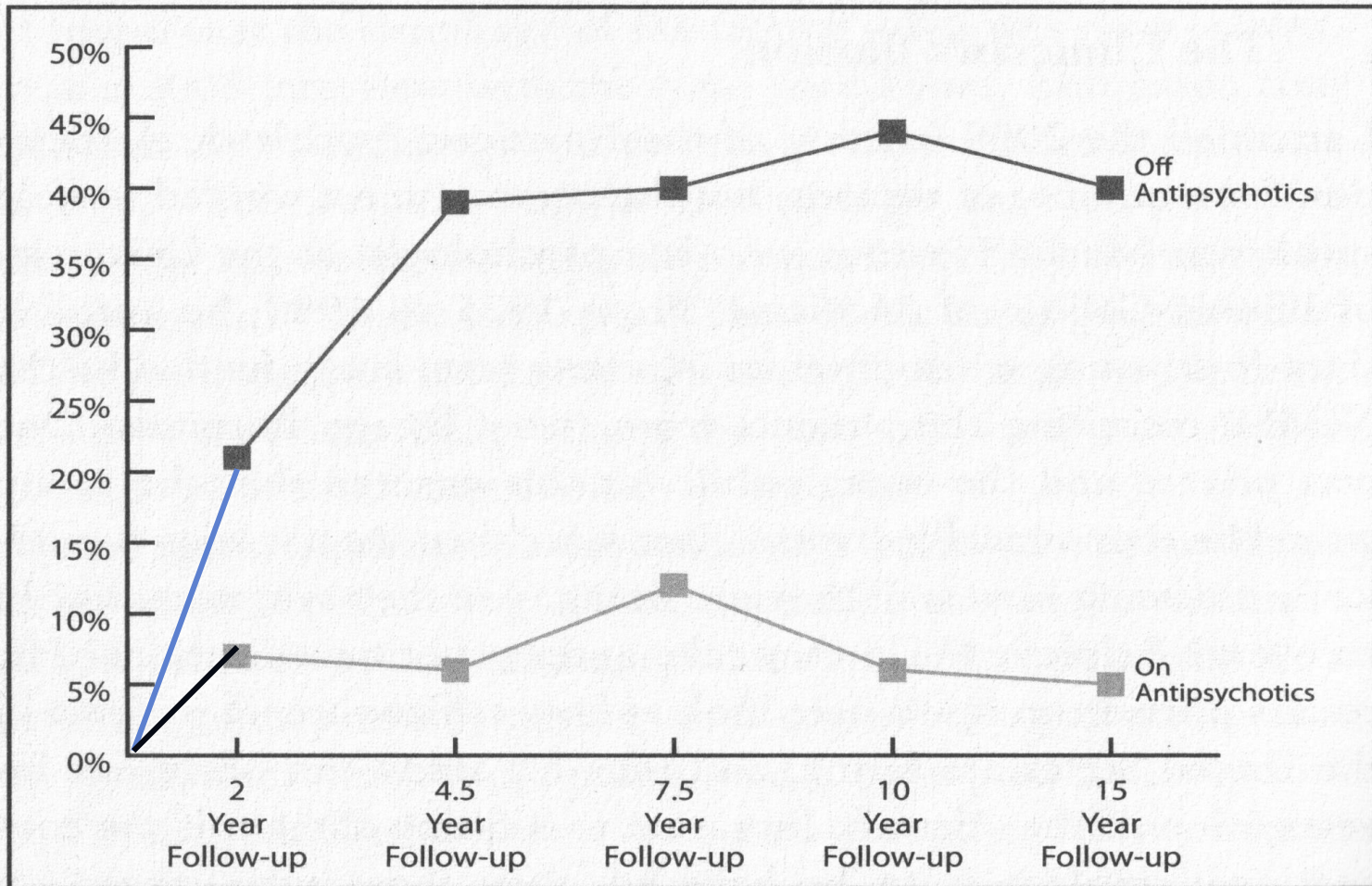
# Atypical Antipsychotics: ... and possibly even worse

People diagnosed with a psychotic disorder in the West die, on average, 25 years earlier than the general population



# On vs. Off “Mainstream Treatment”

Long-term Recovery Rates for Schizophrenia Patients



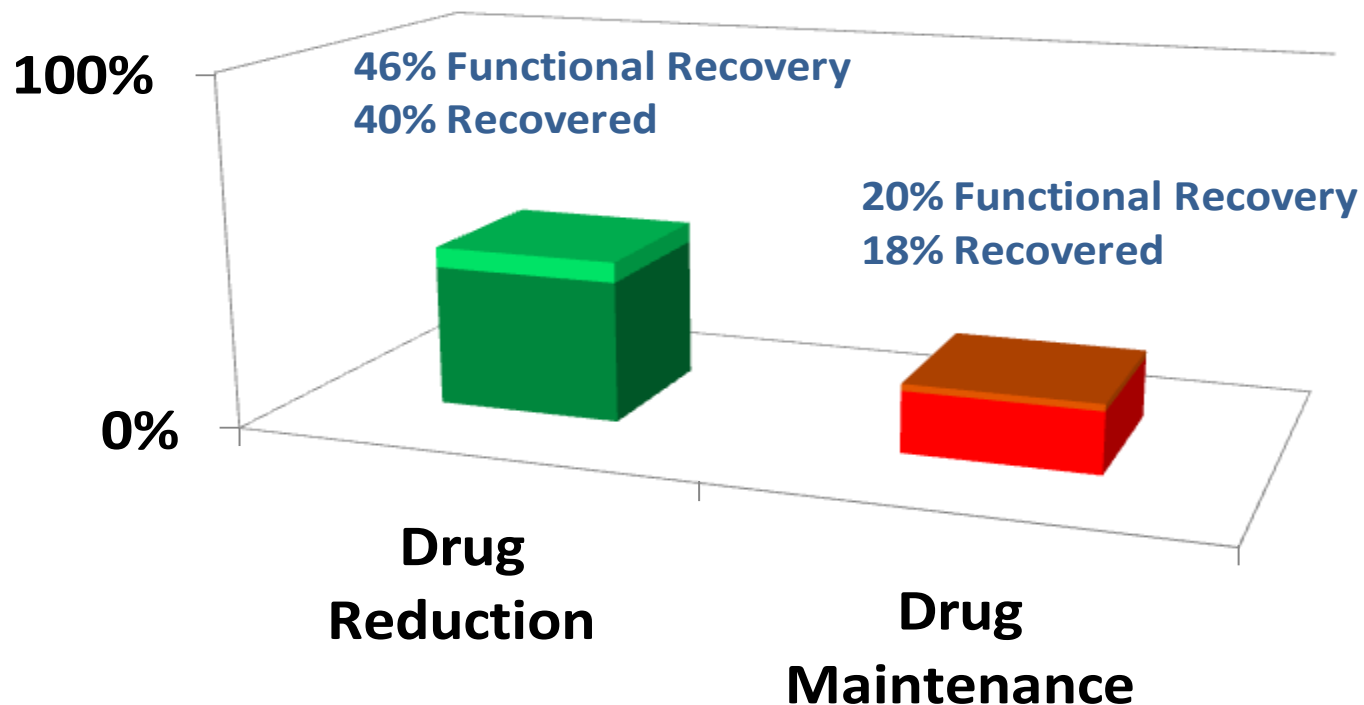
Source: Harrow, M. "Factors involved in outcome and recovery in schizophrenia patients not on antipsychotic medications." *The Journal of Nervous and Mental Disease*, 195 (2007): 406–14.

Graph as printed in "Anatomy of an Epidemic" by Robert Whitaker



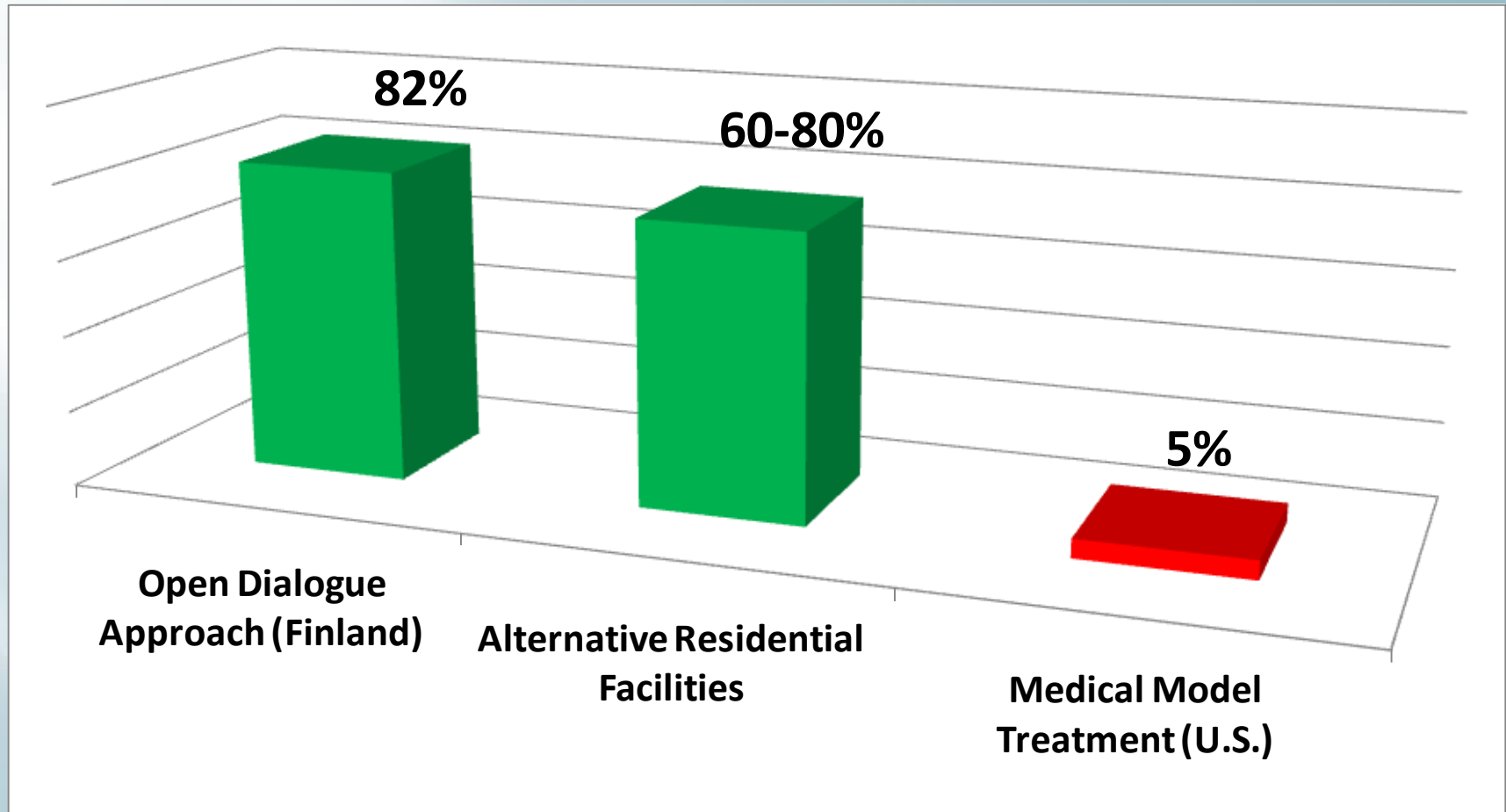
# A Randomized Controlled Trial

First Published RCT Comparing Drug Reduction w/ Drug Maintenance of Atypical Antipsychotics



**Source:** Wunderink L, Nieboer RM, Wiersma D, Sytema S, Nienhuis FJ. *Recovery in Remitted First-Episode Psychosis at 7 Years of Follow-up of an Early Dose Reduction/Discontinuation or Maintenance Treatment Strategy: Long-term Follow-up of a 2-Year Randomized Clinical Trial.* JAMA Psychiatry. 2013 Jul 3

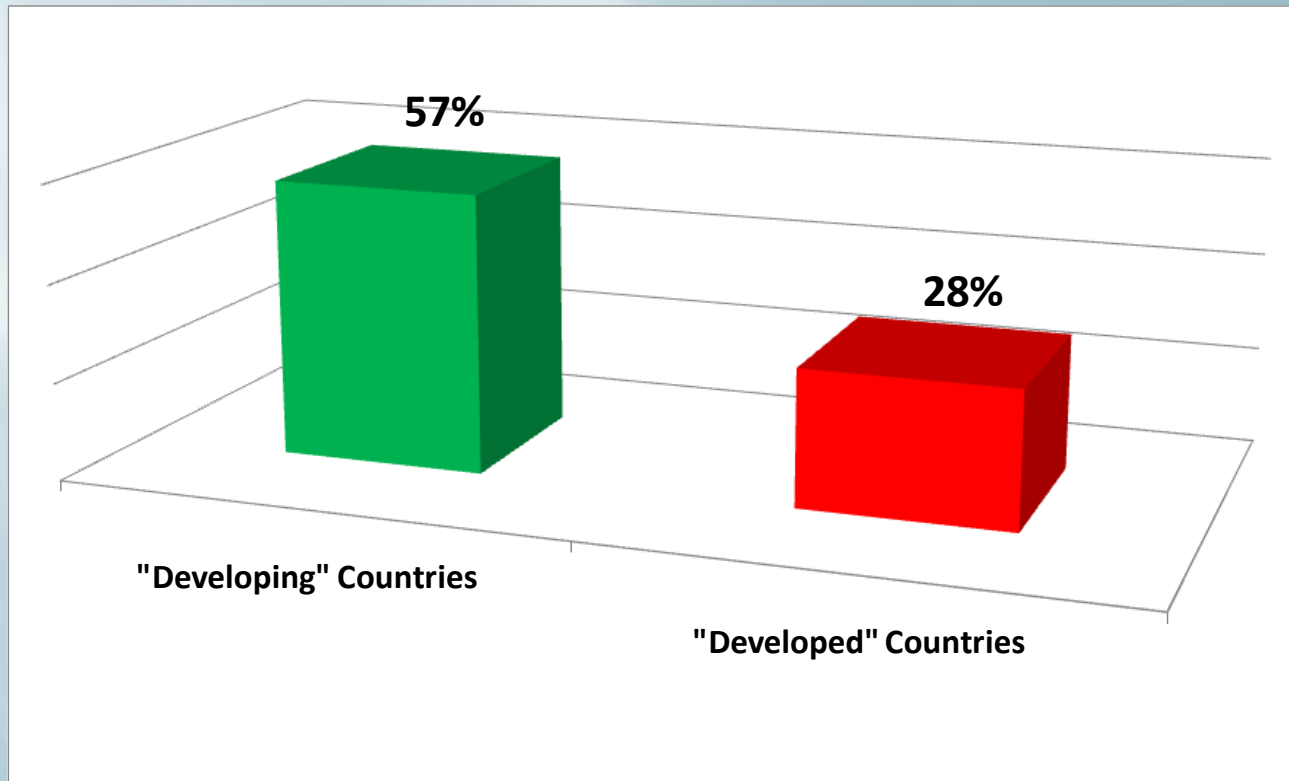
# Comparison between Treatment Methods



# Comparison between Societies

## -- Recovery from Schizophrenia

- WHO study covering 13 countries
- Using their strictest criteria for recovery  
Global DAS (Excellent/Good)





# Other Harm Caused by the Medical Model



- 20-fold Increase in Suicidality
- Increased hopelessness
- A self-fulfilling prophecy of no recovery
- Increased stigmatization

**So Why Do These  
Myths Remain So  
Entrenched?**

# Enormous Financial Incentive

**Antipsychotic drug sales have steadily increased, with present sales exceeding 20 Billion USD per year**



# A Self Reinforcing Cycle of Myths

## Myth

Schizophrenia is a degenerative brain disease from which full recovery is not possible.



## Myth

For the sake of compassion and safety, we have little choice but to resort to the use of a lifelong regimen of debilitating drugs and other harmful medical model "treatment," using coercion when necessary for those who "lack insight" into their "illness."



## Truth

Medical model treatment actually **causes** brain disease and very likely significantly reduces rates of recovery.

**So What Really  
Causes Psychosis?**

"I'm loved & valued  
for who I am"

"I love & value others"



"Nobody cares about me,  
so why should I care about  
anyone else"

**Secure** vs. **Insecure**  
**Relational Attachment**



"I belong here"

"The world is safe enough"



"I don't belong here"

"The world is hostile"

**Secure** vs. **Insecure**  
**Foundational Attachment**





# Development of the Self



Relational Attachment  
Foundational Attachment

# *Healthy Development of* **Foundational Attachment**

**A rapprochement between our peace and existence needs.**

**To arrive at the experience of myself as a relatively secure and stable being living in a relatively secure and predictable world...**



**“I have a right to exist, to take up space”**

**“Life is meaningful”**

**“The world is safe enough”**

**“I am fundamentally whole and healthy”**



# *Healthy Development of* **Relational Attachment**

**A rapprochement between our needs for both autonomy and connection.**

**To arrive at a way of being in which I feel that I am loved and accepted for who I am...**

**“I belong here”**

**“I am loved and accepted by others for who I am”**

**“I love and accept myself for who I am”**

**“My freedom and choice will be honored”**

**“What I have to offer is valued”**



# Psychosis: Disturbance at the Foundation of the Self



Relational Attachment



Foundational Attachment

# Overwhelmed by Core Existential Dilemma

One is unable to experience a secure and stable sense of self living in relatively secure and predictable world.



“I don’t have a right to exist”

“The world is not safe enough”

“I don’t know who I am and what my needs and values are”

“There is something fundamentally wrong with me”

# Overwhelmed by Core Relational Dilemma

One is unable to feel secure with ***both*** one's autonomy ***and*** belonging/connection with others.



“I don’t belong here”

“I am ashamed of who I am”

“Others don’t love and accept me for who I am”

“My needs are not as important as those of others”

“I don’t matter”

# Why Psychosis?

**A desperate attempt to  
regain one's equilibrium  
with regard to these  
core dilemmas...**



# Why Psychosis?

To arrive at the experience of myself as a relatively secure and stable self living in a relatively secure and predictable world...



**“I have a right to exist”**

**“The world is safe enough”**

**“I know who I am and what my needs and values are”**

**“I am intrinsically a whole person”**



# Why Psychosis?

To arrive at a way of being  
in which I am loved and  
accepted for who I am:



“I belong here”

“I love and accept myself for who I am”

“I am loved and accepted by others for who I am”

“My needs are just as important as those of others”

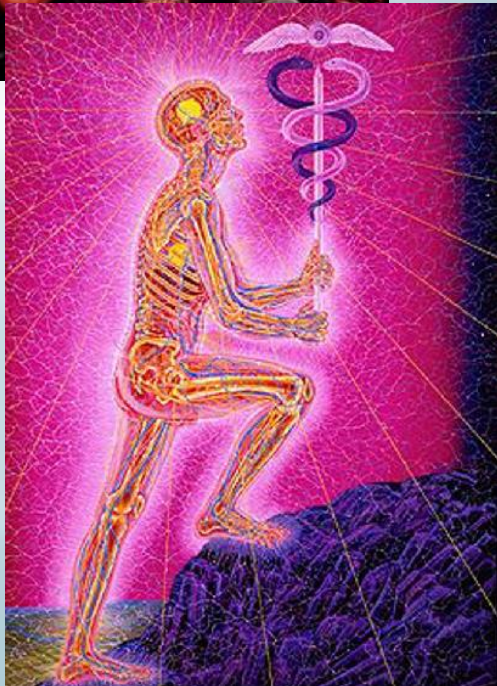
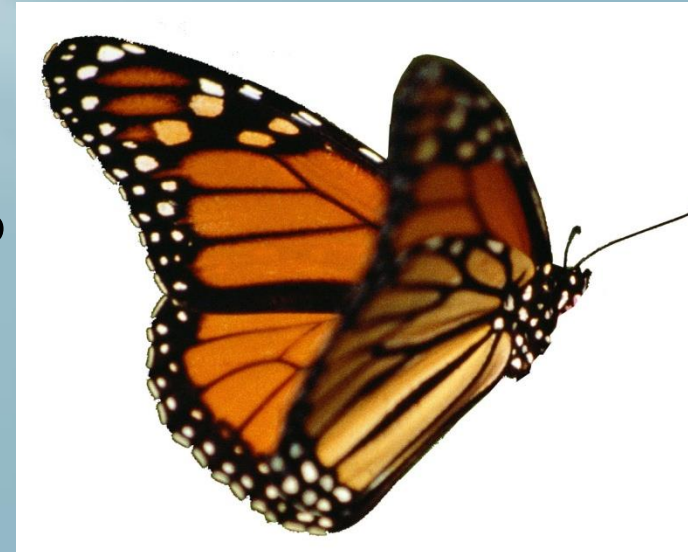
“I matter!”

# The Metamorphosis of Madness

- Initial disintegration



- Eventual reintegration into a more resourced form



Paintings by:  
Alex Grey

# Participants' Anomalous Experiences

<b>Heroic striving (fighting evil and/or ignorance within oneself or within the world)</b>	Creative and destructive forces
<b>Being watched over by malevolent and/or benevolent entities</b>	Expansive and/or Unitive feelings (euphoria, liberation, and/or interconnectedness)
Fluctuating between omnipotence and powerlessness	Parallel dimensions
Polarized experiences of good and evil	Groundlessness

# Factors that Make Us Vulnerable

<b>Prenatal stress &amp; poor health</b>	<b>Bullying</b>
<b>Early attachment issues</b>	<b>Poverty</b>
<b>Childhood physical abuse</b>	<b>Urban living</b>
<b>Childhood sexual abuse</b>	<b>The target of racism</b>
<b>Childhood physical neglect</b>	<b>Sexual assault</b>
<b>Childhood emotional neglect</b>	<b>Physical assault</b>
<b>Parental Loss</b>	<b>Exposure to Combat</b>

# Early Trauma and Psychosis

UK study (n=8,580) identifying correlation between trauma and psychosis (Shevlin et al., 2007):

**3 types of trauma → 18 times more likely to develop psychosis**

**5 types of trauma → 193 times more likely to develop psychosis**

# Child Abuse and Psychosis

Dutch study (n=4,045), following people initially free from psychotic symptoms for 3 years (Janssen et al., 2004):

Victims of child abuse **9 times more likely** to develop psychosis

Victims of *most severe* level of child abuse **48 times more likely** to develop psychosis

\*Variables controlled: age, sex, education, discrimination, ethnicity, urbanicity, drug use, unemployment, marital status, other mental health problems, psychosis in relatives



# A Holistic Systems Perspective

- An organism consists of many systems working synergistically:
  - Physiological
  - Psychological
  - Social
  - Transpersonal/spiritual
  - Environmental/ecological
- *Overwhelming distress on any one system can affect the whole, leading to the breakdown of the experience of self and the world*
- *Our upbringing and current social relations significantly impact our **resilience/vulnerability***

**Psychosis Recovery:**  
**Seeking Answers**  
**From Those Who Have**  
**Recovered**

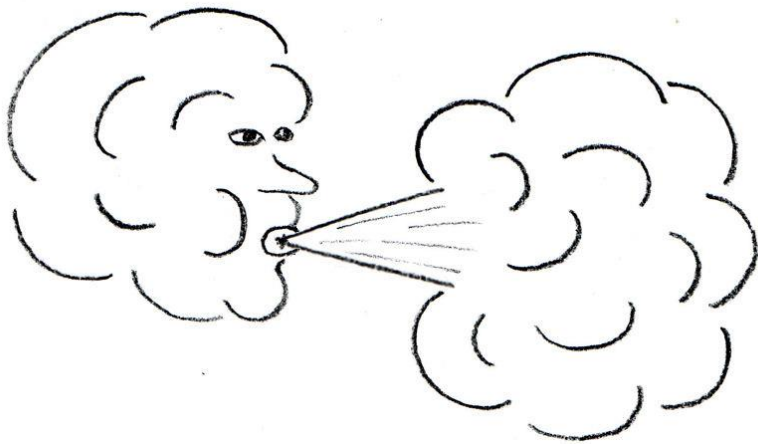
**Factors  
supporting  
recovery**

**Factor  
hindering  
recovery**

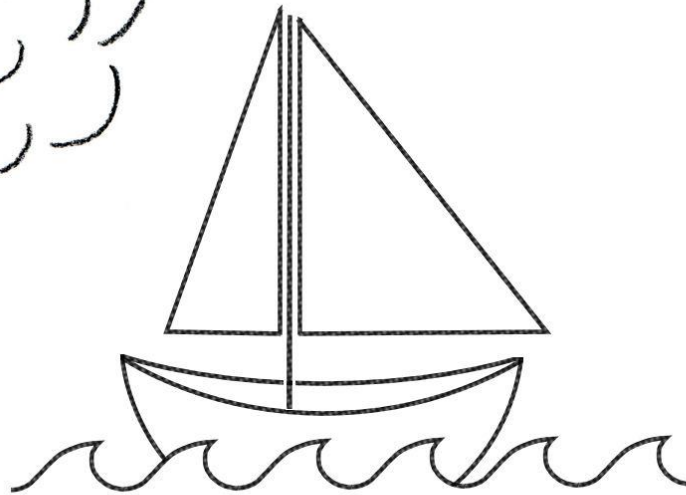


Recovery Factors	
Finding hope	
Connecting with one's aliveness	
Finding meaning in life	
Arriving at a more hopeful understanding of their psychosis	
Developing healthy relationships; Healing or distancing from unhealthy relationships	
Harm from the psychiatric system <i>hindering</i> recovery	

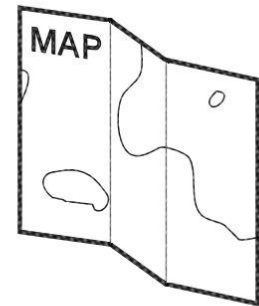
# The Triad of Hope, Meaning, and Connecting with One's Aliveness



Connecting with  
One's Aliveness



Hope



Meaning

# The Importance of Supporting the Process

- ▣ *Through, not back:* The recovery factors suggest the importance of supporting a natural process
- ▣ *Harm from medical model thinking:* It appears that the treatment philosophy of trying to pull someone back to where they were prior to their psychosis is misguided and potentially a serious hindrance

# Lasting Personal Paradigm Shifts

An increase in unitive feelings (love, compassion, etc.)

An increased experience of interconnectedness

A strong desire to contribute to the wellbeing of others

Seeing evil as coming from woundedness or ignorance rather than being something innate within anyone

Appreciating the limits of one's constructed reality

A greater understanding of psychosis



# A Greater Understanding of Psychosis

1. They have all come to see psychosis as a natural response to an otherwise untenable situation (as opposed to being a brain disease).
2. They have all come to believe antipsychotics should be used very judiciously, if at all.
3. They have all expressed that their psychosis entailed a profound healing process that has resulted in far more lasting benefits than harms

# Lasting Benefits

Greatly increased wellbeing

Greater equanimity

Greater resilience

Healthier relationship with oneself

Healthier, more rewarding  
relationships with others

# Lasting Harms

2 participants still feel some occasional minor anxiety related to having gone through psychosis

2 participants expressed some regrets for the closing off of other possible paths in their lives, but they both acknowledged that this was a necessary trade-off for being led to more meaningful paths as a result of their psychosis.

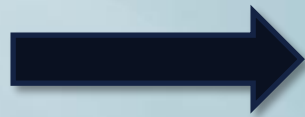
1 participant expressed the ongoing challenge of having been labeled as “mentally ill.”

**Putting It All Together:**

**Towards a New Paradigm of  
Understanding & Support**

# **More Helpful and Inclusive Terminology**

**“True”  
Reality**



**Consensus  
Reality**

**Recovery**



**Conformity**

**Dropping the labels**

**beginning especially with  
“Schizophrenia” and “Mental Illness”**



# From Discrete “Illnesses” to a Continuum of Natural Human Experience

**Conformity to  
Consensus  
Reality**

**Psychotic  
Process**



No  
anomalous  
experiences

Anomalous  
Experiences

- with increasing degrees of distress
- with increasing instability

Full  
Psychotic  
Process

# **A More Hopeful and Accurate Understanding**

# From the Mind/Brain Debate to a Holistic Organismic Perspective

- An organism consists of many systems working synergistically:
  - Physiological
  - Psychological
  - Social
  - Transpersonal/spiritual
  - Environmental/ecological
- *Overwhelming distress on any one system can affect the whole, leading to the breakdown of the experience of self and the world*
- *Our upbringing and current social relations significantly impact our **resilience/vulnerability***

**Seeing psychosis as  
a desperate coping/  
healing/growth-  
oriented strategy  
initiated directly by  
the psyche**



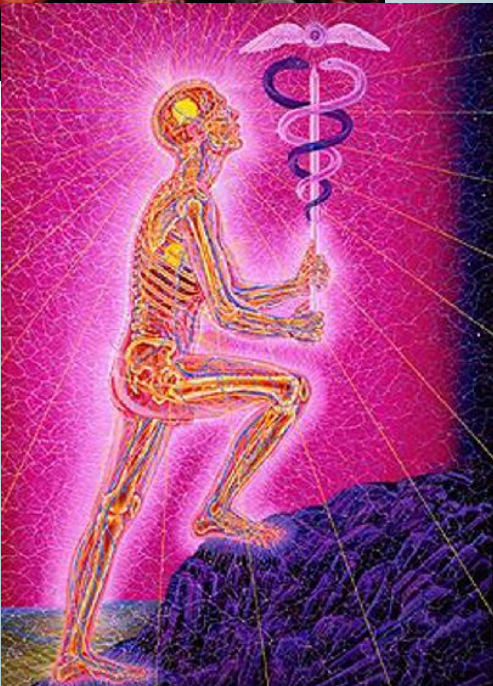
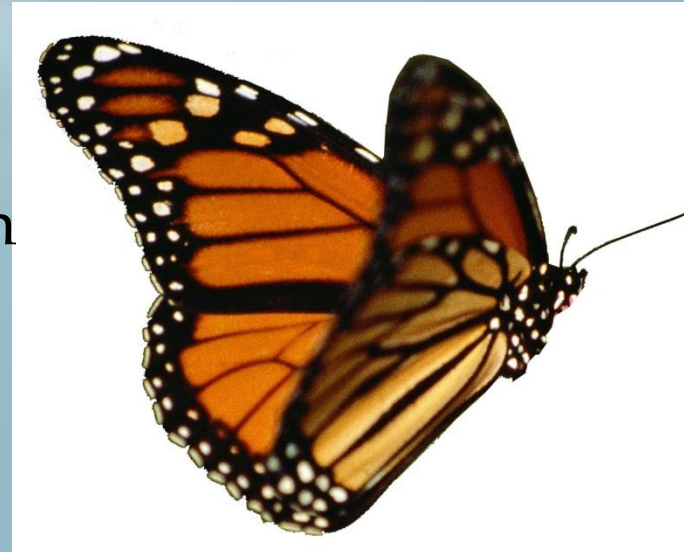


# The Metamorphosis of Madness

Initial  
disintegration



Eventual  
reintegration  
into a more  
resourced  
form



*Paintings by:  
Alex Grey*

# **Implications for Support**

# Creating a Safe and Nurturing “Cocoon”

- Honoring the transformative potential of psychosis.
- Creating an environment with a maximal combination of safety and freedom/self agency.





# Focusing on the Primary Factors of Recovery

Recovery Factors
Finding hope
Connecting with one's aliveness
Finding meaning in life
Arriving at a more hopeful understanding of their psychosis
Developing healthy relationships; Healing or distancing from unhealthy relationships

# Recovery: Establishing a Secure Foundation of the Self



Relational Attachment  
Foundational Attachment

# Provide Support Appropriate for the Intensity of the Experiences

Conformity to  
Consensus  
Reality

Full  
Psychotic  
Process



Ordinary  
Psychosocial  
Support

Intensive Outpatient Support

- *Peer support*
- *Traditional therapy*  
(individual, family, group)
- *Making peace with the experiences*  
(CBT, ACT, Trauma focused,  
Somatic/Mindfulness)

Intensive  
Residential or  
Family support

- Soteria homes
- Open Dialogue
- etc.

# Using Psychiatric Drugs Judiciously

- . . . Encourage not using antipsychotics at all initially, or using more benign drugs initially if necessary
- . . . as short term crisis intervention, *not* as a long-term prophylactic except in the most extreme cases



# Honoring an Individual's Choice

- To use or not to use drugs
- Offering support in tapering and detoxification for those who want to try coming off the drugs



# **Benefits of Extreme States for Society**



# Like a Canary in a Coal Mine

Unusual sensitivity to a toxic environment . . .





# Increased Unitive Feelings

- Love
- Compassion
- Sympathetic joy
- Equanimity /  
Tolerance

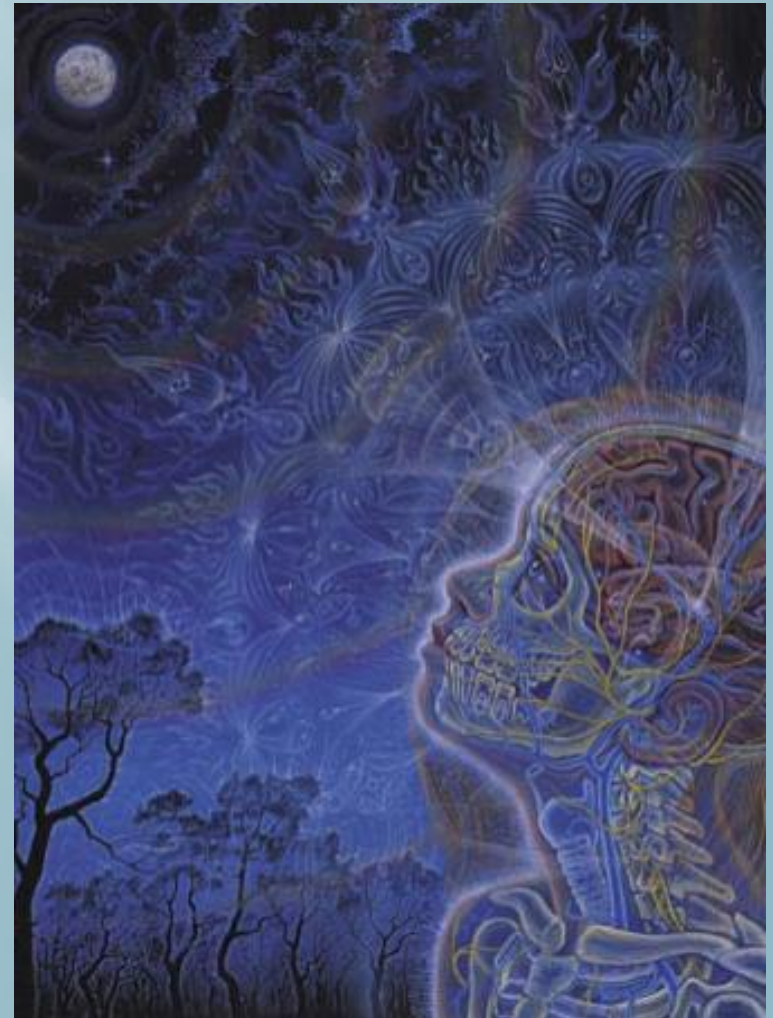
... clearly a great benefit  
to both self and others



Painting by: Alex Grey

# Open Mindedness

- Rare contact with the raw nature of the world
- Direct experience with thinking and perceiving “outside the box”

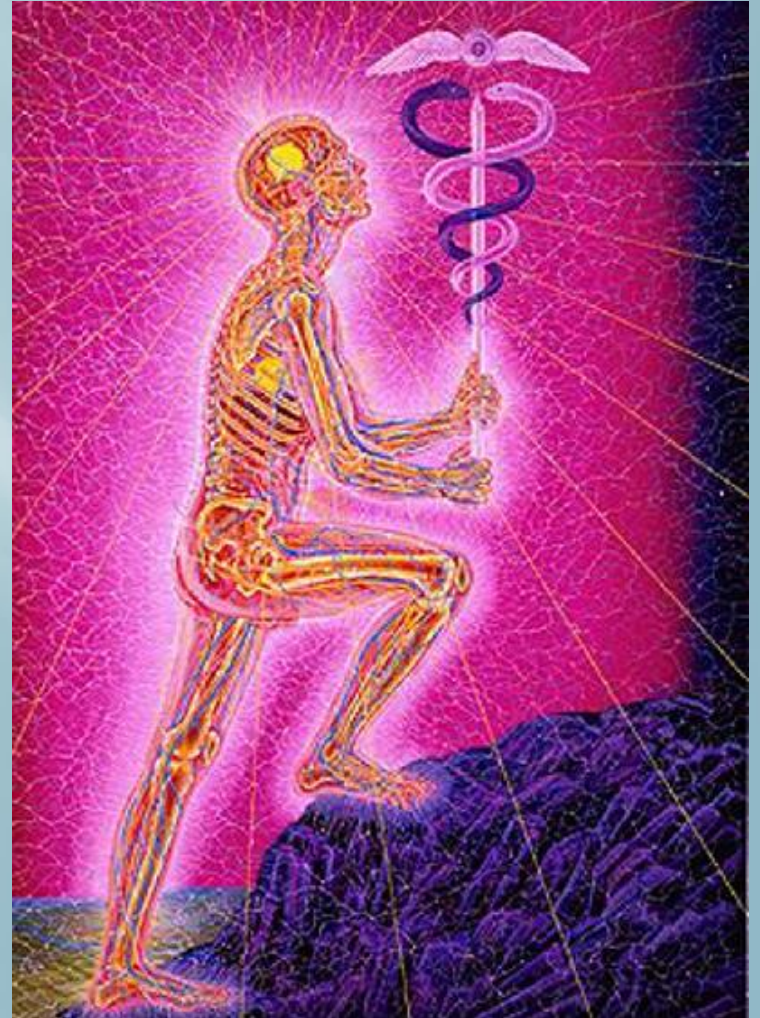


Painting by: Alex Gray



# Increased Capacity as Healers

Have had profound  
experience with the same  
core existential dilemmas  
with which we all  
struggle



Painting by: Alex Grey

**The goal of the recovery process is not to become normal. The goal is to embrace our human vocation of becoming more deeply, more fully human . . . to become the unique, awesome, never to be repeated human being that we are called to be.**

**-Patricia Deegan**

# The Role of Healthy Relationship in Recovery

# Critical Developmental Periods

## Child Individuation (first 2-3 years of life):

Healthy individuation results in  
***Secure Attachment Style***

Problems with individuation result in  
***Insecure Attachment Style***

...and increased likelihood of the later onset of  
psychosis

# Critical Developmental Periods

## Adult Individuation (late adolescence/early adulthood) :

Healthy individuation results in

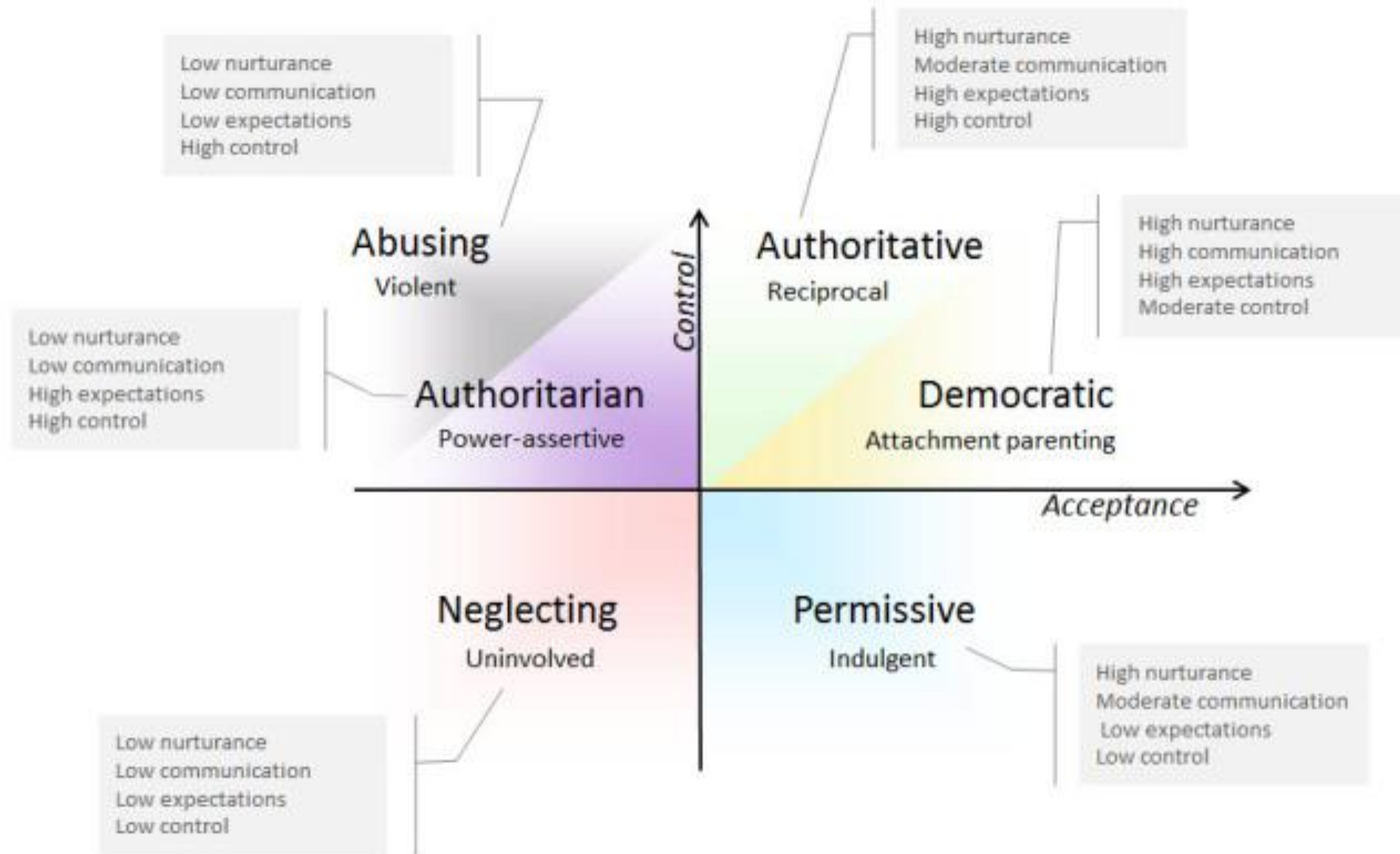
- ❑ *Transition to adult-level independence*
- ❑ *Transition of primary attachment figure (from caretaker to peers/romantic partner)*

Problems with individuation result in

- ❑ *Failure to transition to independence*
- ❑ *Failure to successfully transition primary attachment figure*
- ❑ *Psychological & emotional turmoil*
- ❑ *Increased potential for psychotic breakdown*



# Effective Parenting Styles for Maintaining Secure Attachment through Adult Individuation



# Towards a Healthy Relational Frame

- ☐ “Power with” rather than “power over”
- ☐ Being open and curious about each individual’s perspective, feelings and needs
- ☐ Being congruent with one’s action and words
- ☐ Balancing nourishing connection with personal space
- ☐ Being willing to try to repair any harm done

# Towards a Healthy Relational Frame

## ❑ “Crazy” or “a canary in a troubled coal mine?”

- Some people are simply much more sensitive than others. Become curious about why this person may be so overwhelmed?
- ...how might this be connected to problems within the broader family system?
- ...and to problems within the broader social systems (schools, workplace, community, contemporary society, etc?)

# Towards a Healthy Relational Frame

## ❑ From Blame to Shared Responsibility

- Acknowledge that we each contribute to the social systems that we're a part of
- Ask, "How might I be contributing to this problem?"
- Loosen our tendencies to practice rigid moralistic judgment or "right/wrong" thinking

# Towards a Healthy Relational Frame

## ❑ From Blame to Shared Responsibility

- Become curious about intergenerational “baggage” and broader social influences
- As parents and caretakers, we need to acknowledge that we do wield more power and therefore more responsibility – i.e., a greater potential to cause both harm and benefit to the situation

# Key Relational Skills

## Skillful Self Expression:

- ❑ Observations vs. interpretations
- ❑ Using “I” statements (“I” observed, “I” interpret, “I’m” feeling, “I’m” needing/wanting... )
- ❑ Requests vs. demands
- ❑ Setting clear limits & boundaries as necessary

# Key Relational Skills

## Skillful Empathy:

- ☐ Temporarily set aside personal beliefs, feelings, etc.
- ☐ Express genuine openness and curiosity about the other's perspective, feelings & needs



# Key Relational Skills

## From Multiple Monologues to Open Dialogue:

- ❑ Recognize the value of others' unique perspectives
- ❑ Practice “easy going in the not knowing”
- ❑ Find a way to “ritualize” open dialogue (such as by formally taking turns as “speaker” and “listener/reflector,” or using a mediator)

# Key Relational Skills

## Relationship Repair:

- ☐ Acknowledge that we nearly all do harmful things in relationships, and so we each hold the responsibility to repair that harm
- ☐ Repair consists of offering genuine empathy and expressing regret for any harm caused
- ☐ It can be helpful to use a mediator when the harm is complex or intense

# Key Relational Skills

## Healthy Distancing:

- ❑ Develop strategies for balancing periods of personal space with periods of nourishing connection
- ❑ Develop a strategy for prolonged or complete separation when unable to repair the relationship

# Personal Resourcing & Self Connection

- ❑ Meeting basic self-care needs, including regular...
  - ... F-ood (physical nourishment)
  - ... R-est (a balance of rest and exercise)
  - ... E-xercise
  - ... E-njoyment (regular fun/recreation)
  - ... S-ocial connection (balance of nourishing connection of personal space)
- ❑ Practicing self connection via...
  - ... journaling
  - ... mindfulness or other contemplative practice
  - ... individual counseling or therapy

# Seeking Support

- ❑ “It takes a village” – supporting someone going through extreme states can be very challenging, and having a team of supportive individuals involved can be essential.
- ❑ Consider taking a communication course (I highly recommend *Nonviolent Communication*, since it is relatively simple yet effective)