

SITH CONFERENCE

DECEMBER 10, 2022

**Schizophrenia Can Be Treated Effectively With
Psychotherapy: Here's How**

SOTERIA HOUSE

- A home-like residence of 6-8 beds. Persons who are experiencing psychosis are provided with safety, support and affirmation as they go through the psychotic process towards healing and recovery. As they stabilize and become less afraid (usually within 6-8 weeks) they are encouraged to go out into the community to take a class, get a job or supported employment, attend therapy or a support group, participate in recreation and art programs. People stay between 3 and 6 months after which they are helped to transition into more independent living situations.

Soteria in the United States

Soteria Vermont

Operated by: Pathways Vermont

Hilary Melton, Executive Director

PH: 888-492-8218

www.pathwaysvermont.org

Soteria House

- Bola, J. & Mosher, L. (2003). Treatment of acute psychosis without neuroleptics: Two-year outcomes from the Soteria project. *The Journal of Nervous and Mental Disease*, 191(4), pp. 219-229

OPEN DIALOGUE

- Treatment consists of an intensive (every other day or every third day for 2 or 3 weeks) series of group meetings that are attended by people who care about the patient and/or are involved in the patient's life – including siblings, parents, grandparents, spouses or significant others, friends, colleagues, teachers, mentors, etc. A team of two or three mental health professionals facilitate the meetings to create an environment of tolerance of uncertainty, openness and willingness to go wherever the conversation goes. At opportune times, the professionals stop the meeting and reflect on what they have heard in order to gently guide the discussion. All treatment decisions are made in the presence of everyone.

Open Dialogue in the United States

Department of Psychiatry

University of California at San Diego

Grady Memorial Hospital

Dr. Douglas Ziedonis, Principal Investigator

Amy Morgan

Advocates, Inc.

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508-612-5780

Open Dialogue

Seikkula, J., Alakare, B. & Aaltonen, J. (2011). The comprehensive open dialogue approach: Long term stability of acute psychosis outcomes in advanced community care: The Western Lapland Project. *Psychosis*,3, pp. 1-13

Seikkula, J., Aaltonen, J. et al. (2006). Five-year experience of first episode, non-affective psychosis in open dialogue approach: Treatment principles, follow-up outcomes and two case studies. *Psychotherapy Research*,16, pp. 214-228

HEALING HOMES

- Persons experiencing psychosis are placed with families who have been trained in how to create a supportive environment in which they can move towards healing and recovery. The families receive supervision and the patients receive therapy.

Healing Homes in the United States

Broadway Housing Communities

New York, New York

Ellen Baxter, Executive Director

PH: 212-568-2030

info@bhc.org

Healing Homes

Carina Hakansson

carina@utvidgaderum.se

Hakansson, C. *The Extended Therapy Room-Coming From An Authentic Place*. Jyvaskyla, Sweden: University of Jyvaskyla

Hakansson, C. *Ordinary Life Therapy*. Taos, NM: Taos Institute Publishers

Film by Daniel Mackler – available on the Internet

DISTINGUISHING CHARACTERISTICS OF THESE APPROACHES

- They provide safety, support and affirmation to people as they go through the psychotic process
- They are based on the understanding that psychosis is a move by a wounded psyche towards survival, healing and recovery
- They facilitate the self-healing powers of people
- They use relationship as the primary modality of treatment
- Psychiatric medicine is available but it is not the primary modality of treatment

What is Psychosis?

Psychosis is a move by a wounded psyche to survive in a toxic world inhabited by toxic people. It is a way for a person who is terrified of the world and of human beings to survive and move towards healing and recovery.

It is not intentional or a choice in the way we use those words. Rather, it is driven by a deeper part of the psyche, a part that is not under the conscious control of the person.

It seems that when the psyche cannot progress further into the next steps of experience, so encumbered by a very negative self image (and great fear) – especially at times of great crises of ebullient falling in love or hurtful falling into rejection – a change is initiated.

The person's psychic energy is attracted to an exalted, powerful, capable but unreal imaginary persona and leaves the rational part of the psyche stripped of its usual energy and, hence, in a state of disorganization.

John Weir Perry

The Far Side of Madness

The plight of the schizoid personality is that love has been disappointed. The (relationship with other humans) as the first experience of secure love should have been the model for all later experience of closeness; (other humans) should have become the first representative of the "Eros" principle, that of relating and loving and allowing intimacy. But what took place instead was control and suppression. Thus, not only did the child learn for self-protection to withdraw feeling, but even more, he came to deal with people according to the Power principle, instead of the more natural Eros one, to which it stands as an opposite. Power wants status and control, while Eros seeks relatedness and closeness. The pre-psychotic make-up, with its assumption of unlovability, then suffers a difficult combination of feelings of crushing insignificance and or superlative prestige-hunger. In other words, the initial tendency of the archetypal self-image is to prompt the ego to seek out a balm for unacceptability in the form of some absolute mastery. The psychotic process habitually puts this power-oriented form of the self through a transformation that awakens the potentials for relationship and gives them their rightful place in the structure of the personality and in the style of life.

The Far Side of Madness by John Weir Perry (p. 27)

COMMON ELEMENTS OF THE PSYCHOTIC EXPERIENCE

Feeling at the center of things

Having died and been reborn

Having regressed to the beginning of time and to infancy

Having been anointed by a powerful being into the battle between good and evil

Important, exalted and, therefore, watched over or monitored

Involved in creating a new world

Power-oriented, connected to God or Spirit

BERTRAM KARON

- People who experience psychosis are terrified of the world and of human beings – usually for good reason.

JACK ROSBERG

- They have split from reality. Their identity crisis leads to a dissolution of their identity. So they go inward to find a place to regroup their defenses so they can survive the breakdown of their system.

DAN FISHER

- Psychosis is a retreat into monologue as a result of overwhelm from stress or trauma.

PARIS WILLIAMS

- Psychosis is an intrapsychic split experienced by someone who is terribly torn between a longing for freedom and autonomy, on one side and a longing for love, belonging and nourishing connection on the other, or; another way of seeing it – torn between a fear of loneliness and isolation, on one side and a fear of being oppressed or “losing oneself” within relationship on the other.

FRIEDA FROMM-REICHMAN

- Psychosis occurs when a person becomes overwhelmed by a dilemma in which they both intensely long for and intensely fear the close, intimate relationship with another.

GREGORY BATESON

- Psychosis occurs when a child faces a “double bind” in which the authority figures in the family set up conflicting injunctions so that it is impossible for the child to satisfy one without violating the other. This causes such overwhelming distress in the child that s/he is forced into a kind of psychotic reaction as a strategy to tolerate this otherwise intolerable situation.

R. D. LAING

- Psychosis is a special strategy that a person invents in order to live in an unlivable situation. It is an attempt to communicate worries and concerns in a situation where this was not possible or not permitted.
- Psychosis occurs when a person cannot “take the realness, aliveness, autonomy and identity of himself and others for granted and consequently contrives strategies to avoid ‘losing his self’”

ALICE MILLER

- You only have to do two things to create a mentally ill person. First, don't let them be who they are. Second, when they get angry about that, don't let them be angry.

Association Between Trauma and Schizophrenia

Ainakina, O. Trottle, A. et al. (2016). Impact of childhood adversities on specified dimensions in first-episode psychosis. *Psychological Medicine*, 46(2), pp. 317-326

Hammersley, P. Read, J. et al. (2008) Childhood trauma and Psychosis: The genie is out of the bottle. *Journal of Psychological Trauma*, 6(2-3), pp. 7-20

Jannsen, I., Krabbendam, L. et al. (2004) Childhood abuse as a risk factor for psychotic experiences. *Acta Psychiatrica Scandinavica*, 109, pp. 38-45

ADVERSE CHILDHOOD EXPERIENCES ASSOCIATED WITH MENTAL ILLNESS

- Prenatal stress and poor health
- Early parent attachment issues
- Physical abuse
- Sexual abuse
- Physical neglect
- Emotional neglect
- Parental loss
- Sibling bullying
- Poverty
- Urban Living
- Target of Racism
- Exposure to Combat
- Peer Bullying
- Divorce
- Mental Illness in Household
- Criminality in Household
- Parental Absence

Impact of ACE's on Mental Illness (cont)

People who experience four adversities are at 1,200% more risk of suicide and 7-fold increased risk of alcoholism compared with people with no adversities.

Compared with persons with no ACE's, those with 7 or more had a 5-fold increase in the risk of reporting hallucinations.

People who experience a high severity of childhood abuse are 48 times more likely to develop psychosis as an adult

Impact of ACE's on Mental Illness (cont)

Whitfield, C.L., Dube, S.R., Felitti, V.J. & Anda, R. (2005). Adverse childhood experiences and hallucinations. *Child Abuse and Neglect*, 29(7), pp. 797-810

Edwards, V.J., Holden, G.W., Felitti, V.J. & Anda, R.F. (2005) Relationship between multiple forms of childhood maltreatment and adult mental health in community respondents: Results from the Adverse Childhood Experience study. *American Journal of Psychiatry*, 160(8), pp. 1453-1460

WHAT FAMILIES CAN DO

- Provide safety, support and affirmation
- Respond to delusions and hallucinations with curiosity and inquiry
- Treat their loved one as if s/he is going through a strange and difficult time but is not sick
- Help their loved one experience whatever s/he is experiencing – open up space
- Help their loved one connect with other people

WHAT FAMILIES CAN DO (CONT)

- Help their loved one experience and express emotions – especially sadness and anger – in ways that don't hurt anybody or anything
- Encourage agency – as long as it doesn't lead to anyone or anything being hurt
- Help their loved one engage in activities s/he wants to engage in, even if they seem bizarre, make no sense and don't lead anywhere
- Take advantage of opportunities to talk about the real world
- Be authentic
- Take time, hang in for the long haul

WHAT THERAPISTS CAN DO

- Provide safety, support and affirmation
- Go with the patient, wherever s/he is going –open up space
- Respond to delusions and hallucinations with curiosity and inquiry
- Insert your mind at opportune times
- Take advantage of opportunities to talk about the real world
- Encourage the person to take action, become active, do things

WHAT THERAPISTS CAN DO (CONT)

- Help the person in practical, case-management, ways. Be willing to go outside of the therapeutic box
- Help the person connect with other people
- Encourage and support emotion
- Help the person get in touch with their body
- Build the relationship
- Confront gently
- Be authentic

WHAT THERAPISTS CAN DO (CONT)

- Pay attention and notice progress
- Take time, hang in for the long haul

Books and Articles on the Meaning of Schizophrenia

Perry, J.W. (1975). *The Far Side of Madness*. Englewood, NJ: Prentice Hall

Laing, R. *The Divided Self: An Existential Study in Sanity and Madness*.
Hammondsworth, U.K.: Penguin

Karon, B & VandenBos, G. R. (1994). *Psychotherapy of Schizophrenia*. New York:
Rowman and Littlefield

Williams, P. (2010). *Rethinking madness: Towards a paradigm shift in our understanding and treatment of psychosis*. San Francisco: Sky Publishing

Bowen, M. (1960). A family concept of schizophrenia. In D.D. Jackson (Ed). *The Etiology of Schizophrenia*. New York: Basic Books

Greenberg, J. (1964). *I never promised you a rose garden*. Chicago: Signet

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