Schizophrenia and Psychosis

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Resources

- *Psychotherapy of Schizophrenia: The Treatment of Choice* by Bertram P. Karon and Gary R. VandenBos
- *Toxic Psychiatry* by Peter Breggin, M.D.
- *Psychiatric Drug Withdrawal* by Peter Breggin, M.D.
- *Schizophrenia: Cognitive Theory, Research and Therapy* by Aaron T. Beck, Neil Rector, Neal Stolar, Paul Grant

Schizophrenia

- Bleuler (1911) initiated term schizophrenia to describe splitting of mental functions and disconnect from reality
- Used 3 criteria to describe

  thought disorder – inability to think logically when one wants to

  affect disorder – inappropriate affect or apparent absence of affect (emotional response)

  autism – withdrawal from relationships with other people
- Secondary symptoms

  hallucinations, delusions, catatonic postures, inability to take care of oneself, strange verbalizations

Schizophrenia

- Process vs reactive schizophrenics
  - process schizophrenic has critical life crisis
  - reactive schizophrenic has a life history that has made him vulnerable
- Acute onset of schizophrenia – generally better prognosis
- Schizophrenics are widely varying group of people
- Symptoms vary, degree of impairment varies
- What they have in common – they are very sick
  - noticeably impaired reactions to normal life

Characteristics of the Schizophrenic

- All symptoms of schizophrenia are attempts to deal with terror – humans do not deal with chronic terror well

  regression is used as a defense

  this serves to make the problem worse

  withdrawal from people reduces fear of people but makes it harder to overcome fear of people

  thought disorders and inappropriate affect, delusions, hallucinations, make it difficult to relate to people

Causes of Schizophrenia

- Anyone can develop schizophrenic symptoms if exposed to enough stress of the right kind
- Bettelheim – reports he has never seen anything in a schizophrenic patient he has not seen in normal people held in a concentration camp
- Variation from person to person – how much stress it takes, what kinds of stress people are exposed to
- Major reasons for difference are childhood experiences – as understood by the child, not an outside observer

Causes of Schizophrenia

- WWII – every soldier that had a particular battlefield experience developed schizophrenic symptoms; commonly described as:

  soldier was under fire and in danger

  dug a fox hole just big enough to get in and stayed there

  no food or water, urinated and defecated on himself – no place to go without being killed

  if this lasted for several days, 100% of soldiers appeared classically schizophrenic when shooting stopped

  all exhibited Blueler's list of symptoms plus hallucinations, delusions and catatonic symptoms

  if they were reasonably healthy before this experience they recovered with rest

  unusual terror created the schizophrenic condition – termed schizophreniform psychosis – people who have classically schizophrenic symptoms but have good prognosis for recovery

Dr. Peter Breggin's View of Schizophrenia

- Psychospiritual – pertains to the self, identity, or personality of the individual
  - includes striving to lead a better, more fulfilling, more meaningful life
  - spiritually passionate people
- Schizophrenics almost all preoccupied with meaning of life, God, love, personal identity
  - includes cataclysmic views of the end of the world, or disintegration of self
  - irrational beliefs are interspersed with very perceptive thoughts
  - often descend into helplessness and have feelings of being persecuted
- Psychospiritual preoccupations become lifelong, irrational beliefs coexist along with perceptive insights
  - sometimes lapse into helplessness and vague feelings of being persecuted

Dr. Peter Breggin's View of Schizophrenia

- Context matters: In Russia political dissidents are diagnosed with "sluggish schizophrenia," imprisoned and drugged
- Western countries – usually defined by:

  lack of personal power and self-determination

  frequently involves homelessness

  determined by level of tolerance of deviance among family, friends, associates

  inability to take charge of mental processes in a normal way

  inability to live important aspects of life effectively

  often feel evil and worthless which results in neglecting self-care

Dr. Peter Breggin's View of Schizophrenia

- Philosophy and theology are not theoretical and abstract problems to schizophrenics – they seem like life and death
- Historical leaders often heard voices or had visions –

  the mystic/spiritual leader emerges with new knowledge, an "ecstatic bond with God or Reality."

  the psychotic patient struggles with desperate problems and comes to an impasse, gives up hope; in response creates a delusion to create illusion of control
- "Schizophrenics have more to teach psychiatrists about the inner world than psychiatrists their patients."
- With or without treatment tend to improve over the years, overt symptoms lessen

Breggin P. *Toxic Psychiatry* St. Martin's Press New York 1991 p 30-31

Causation

- The more severe the environment the more likely one will develop schizophrenia
- Incidence of schizophrenia 12 times higher in the poorest segment of the population as it is in the wealthiest

  but most poor people are not schizophrenic
- Most people have been prepared for breakdown by childhood

  suffer with rejection throughout life

  leads to formation of fantasies, conscious and unconscious, that influence perception of life

  this leads to a way of understanding the world which is intolerable to the individual

Karon BP, Rosberg J. "Study of the mother-child relationship in a case of paranoid schizophrenia." *Am J Psychiatry* 1958 Jul;12(3):522-533
Karon BP, Rosberg J. "The Homosexual Urges in Schizophrenia." *Psychoanalysis and Psyochanalytic Rev* 1958 winter;45(4):50
Rosberg J, Karon BP. "The Oedipus complex in an apparently deteriorated case of schizophrenia." *J Abnorm Soc Psychology* 1958 Oct;57:221-225
Rosberg J, Karon BP. "A direct analytic contribution to the understanding of post-partum psychoses." *Psychiatr Q* 1959 Jun;33(2):296-304

Causation: Childhood Experience

- Ordinary stresses in life can lead to a breakdown if life history gives stress a terrifying meaning

  example patient whose father died when he was 16 – started hallucinating voices of people drowning in lakes

  refused to go to school, institutionalized on and off for 16 years

  during therapy – discovered that he struggled with conflicting loyalties between mother and father (he called it the Civil War) – chose his father, father died shortly after under what he considered “mysterious circumstances”

  felt that his mother had killed his father and he was next

  wish-fulfilling hallucinations told him that death was not real, people were still alive if they were dead

  wish-fulfilling hallucination – method of staving off terror, at best partially successful

Causation: Childhood Experience

- Spitz 1965: showed that unconscious anger and anxiety of parent reflected in jerky, angular, tense movements not noticeable to the eye but noticeable to an infant who has acute sensitivity to movement and position
- All children experience periodic terror and hopelessness, see world as dangerous

child with normal parents outgrows fears with their support

child becomes more and more independent, proves to himself that he can take care of his own safety and have satisfying life

schizophrenic – reassurance not given – parent relates to child in a way that does not reduce anxiety or develop confidence that the world is a stable place

parent reacts to child becoming more independent by making independence seem more dangerous than dependence; results in poor adaptation to living

Spitz R. *The First Year of Life* International Universities Press New York 1965

Catatonia

- Catatonia – adaptive response to terror
- Catatonic people are impervious to their surroundings
  - even severe pain does not result in response
  - state of stupor
  - immobile, unresponsive
  - can be either rigid or extremely flexible
  - can come out of stupor and go into frenzied violent activity
- While in catatonic state pulse is very high, contrast with appearance and function

Catatonia

- Catatonic patients are aware of what is going on around them

  often can report on conversations and events that happened while they were catatonic

  continual therapy based on the assumption that catatonic patient hears and understands the therapist can lead to improvement and termination of catatonic state

Karon BP. “Some clinical notes on the significance of the number four.” *Psychiatri Q* 1958;32(2):281-288

Karon BP, VandeBos G. “The consequences of psychotherapy for schizophrenic patients.” *Psychother: Theory, Res, Prac* 1972;9(2):111-119

Catatonia

- Observed in animals

  last stage of defense of a prey under attack from a predator

  animals under attack have series of adaptive responses as predator gets closer and closer to killing and eating prey

  sometimes saves the life of the animal, sometimes saves the lives of other members of the group

  last response is to “die” – immobility

  animal can endure intense pain while appearing to be dead

Ratner S. “Animals’ defenses: fighting in predator-prey relations.” In *Nonverbal Communication of Aggression* ed. Pliner, Krames, and Alloway. Plenum New York 1975

Catatonia

- Emergency reaction
- Last stage in biologic defense against what seems like inescapable threat of violence or death
- The thing someone does when all else has failed

Affect Disorder

- It is said that schizophrenic patients have no affect or inappropriate affect
- Inappropriate affect – responses that appear to be inappropriate may be perfectly reasonable to patient – just not consistent with what society expects
- Schizophrenic patient is not without affect –

  lives in a chronic terror state so strong other affects do not appear

  if your life involves just constant work to stay alive, there is no time for excitement, sadness, disappointment, intrigue, or joy
- Medications that appear to temporarily help schizophrenic patients "work" because they reduce fear
- Best way to address in therapeutic situation is for therapist to assure patient that he will not allow anyone to kill the patient – key is to directly address what patient struggles with most

Baron BP, VandenBos G. *Psychotherapy of Schizophrenia The Treatment of Choice* Jason Aronson Inc. Northvale, New Jersey, London 1994 pp 52-53

Thought Disorder

- Schizophrenics are not always illogical
- They become illogical when speech or thought is connected to something frightening
- Things are often overlooked by therapists because they seem like a characteristic of the "disease" rather than reasonable response to something real to the patient
- According to Lidz - schizophrenic thought disorders are "egocentric overinclusiveness" – feeling that things not logically related to self are related to self, things that one cannot influence are being influenced

Lidz T. *The Origin and Treatment of Schizophrenic Disorders* Basic Books New York 1973

Thought Disorder

- Parents of schizophrenics often have taught them concepts that do not have the same meaning to other people that they do to the schizophrenic

  example – all parents teach children that parents love their children

  schizophrenic patient who reports that a parent tried to kill him – makes the world seem like a confusing and dangerous place

  patient may feel that loving relationships have to be broken off to save one's life

  therapist becomes confused because of assumption that words have the same meaning to him and patient and they don't

Thought Disorder

- Under stress patient regresses and uses modes of thought from earlier periods of life, may be dreamlike, vary over time and within sessions depending on anxiety levels
- Each patient has meaningful personal language that therapist must learn
- May seem incomprehensible, but that is because therapist does not know it yet
- Common assumption is that what is not understood is meaningless

Ekstein R. *The Challenge: Despair and Hope in the Conquest of Inner Space* Brunner/Mazel New York 1971

Thought Disorder

- Schizophrenic people have had lives and experiences that are different – understanding of the world is different
- Many very intelligent - according to researcher Albert Rabin:

analysis of state hospital admissions for 2 years in New England

IQ scores of patients who were true paranoids higher than paranoid schizophrenics, which were higher than all other schizophrenic patients

Baron BP, VandenBos G. *Psychotherapy of Schizophrenia The Treatment of Choice* Jason Aronson Inc. Northvale, New Jersey, London 1994 p 60

Causes: Childhood Experiences

- Begin in childhood – both parent(s) and child are victims
- Starts with a pattern of malevolent parenting from early infancy – child feels worthless and unlovable
- Mother feels inadequate and compensates by making demands on child without consideration of child's needs when her needs and child's needs conflict

mother defends against her anxiety by unintentionally destroying the child

relationship to child is dominating dependence – dominates child in order to force the child to satisfy dependency needs

can be general with all children or specific to one; sometimes the child is her favorite since this one helps to satisfy her needs the most

Karon BP. "A clinical note on the specific nature of an "oral" trauma." *J Abnorm Soc Psychology* 1960;61(3):480-481
Karon BP, Rosberg J. "Study of the mother-child relationship in a case of paranoid schizophrenia." *Am J Psychiatry* 1958 Jul;12(3):522-533

Causes of Schizophrenia

- Pathological pressures are not subtle, but others can miss cues
- Child tries to accommodate bad mother by determining what is wrong with him and trying to change it but rejection persists
- Child then responds by never changing or attempts to change something unchangeable – allows him to believe if he did change everything would be ok because the mother really loves him

Causes of Schizophrenia

- Many reasons for having a child, not all good:

  way to formalize a relationship, force commitment

  attempt to manage a failing marriage

  for the benefit of someone else – family, prospective grandparents

  woman's desire to be pregnant which can be detached from desire to be a parent

- Children adopted or birthed for reasons like this are almost always a disappointment

  most of the time does not result in schizophrenia, but almost all of the time results in some emotional damage

- Any childhood stress increases the risk of schizophrenia, and the more stress, the higher the risk

The Origin of Hostility

- Most problematic affect for schizophrenic patient is anger
- Anger is a response by humans to being hurt
- Families of schizophrenic children do not deal with anger – unacceptable from children

  pathogenic parent reacts to angry feelings as if personally assaulted, anger never justified
- Even normal parents do not like to have children angry with them

  normal children gripe, throw things, fantasize about when they can leave home
- Pre-schizophrenic household – parent(s) angry, describe it as something else like discipline
- Schizophrenic projects anger onto someone else – hallucinated people hiding behind trees, people on television, Martians

  may also hear voices that are angry with them like their parents were – this helps to maintain familiar relationship

The Origin of Hostility

- Parents are supposed to clean up after kids, feed them, take care of them when sick

  schizophrenic patients never allowed to feel that this is normal – parents act as if having to do doing this is excessive and unreasonable

- All children rebel – parents don't like it but tolerate

  parent of schizophrenic – does not tolerate

  leads to repression, splitting, projection, isolation

- In addition to taboo on anger, other affects are often suppressed

  if a person is not allowed to feel feelings, how can he know what is going on and act rationally and constructively?

Tompkins SS. *Affect, Imagery and Consciousness Vol I* Springer New York 1962
Tompkins SS. *Affect, Imagery and Consciousness Vol II* Springer New York 1963

Humiliation

- Schizophrenic behavior often an attempt to compensate for humiliation experienced while growing up

  the boy who declares himself a boxing champion is compensating for physical abuse at home and bullying at school

- Humiliation can lead to outrage – person feels shamed, impotent and worthless – experiences great pain
- Treatment involving restraints, drugs, isolation - mimic humiliation in other parts of life

Blame

- Ashamed, humiliated person feels controlled by outside forces, including TV programs, radio waves, and extraterrestrials
- Sometimes real people are blamed with far-fetched accusations such as a mother or spouse is poisoning the food
- Usually is a kernel of truth – person is trying to say, “I’ve been hurt in ways I cannot explain. I am damaged. I want to disappear.”
- Mental helplessness is the result

Parents of Schizophrenics

- …are not criminals, and are not evil people according to Dr. Karon
- However parents often feel like criminals due to feelings of responsibility, even while saying they do not know how they could have been involved
- Destructive pressures from parents are not conscious – no one can control anything until it becomes conscious
- Some family problems are obvious – parents burning children with matches, and other terror
- Other families – things seem normal

  parents report that home is stable, middle class

  patient reports that she has good parents

  pathologic pressures only become apparent over time and with extensive interviews

Families of Schizophrenics

- Family members often withhold information from therapists – think it is irrelevant or shameful
- Beckett 1956 – each member of schizophrenic family given therapy with different therapist

  therapists compared notes – when one member disclosed a disturbing event and other members questioned the family member they were treating - they all knew about it

  often described by patient as delusion or false memory
- Information often withheld by economically disadvantaged people – afraid of authorities and legal trouble
- Positive statements from patient about family cannot be trusted – he has no point of comparison
- Not all children in family are treated the same way

Beckett P, Robinson D, Frazier S et al. "Studies in Schizophrenia at the Mayo Clinic: The Significance of Exogenous Traumata in the Genesis of Schizophrenia." *Psychiatry* 1956;19(2):137-142

Parental Determinants

- Risk – the degree to which the parent acts in favor of his own needs vs the child's needs when the two sets of needs conflict

  studies show almost no overlap between mothers of schizophrenics vs mothers of normal children

  mothers of schizophrenics did not take needs of child into account when making decisions

- Degree of maternal pathogenesis determines degree of patient pathology
- Mothers more pathogenic than fathers

  reverse true for delinquents – fathers more pathogenic than mothers

Meyer RG, Karon BP. "The schizophrenic mother concept and the TAT." *Psychiatry* 1967 May;30(2):173-179
Nichols N. "The Relationship Between Degree of Maternal Pathogenicity and Severity of Ego Impairment in Schizophrenic Offspring." Unpublished Ph.D. dissertation, University of Michigan 1970
Mitchell KM. "Concept of pathogenesis in parents of schizophrenic and normal children." *J Abnorm Psychiatry* 1969;74(4):423-424

Parental Determinants

- According to Harry Stack Sullivan, “If you wish to produce a malevolent adult, hurt him every time he wants love.”
- If one parent is both strong and benign - schizophrenic outcome becomes more improbable

Baron BP, VandenBos G. *Psychotherapy of Schizophrenia The Treatment of Choice* Jason Aronson Inc. Northvale, New Jersey, London 1994 p 137

Corrective Identifications

- During normal development, children spend time and relate to people outside the family as part of growing up
- No one has a perfect childhood – these relationships can be important in correcting thinking patterns that develop from dysfunction in families

    stimulates questioning and rebelling which parents don't like but part of growing up

- Children who later become schizophrenic tend to come from families where relationships outside family are discouraged

    another example of parental needs over childhood needs

    driven by anxiety about separation, losing control over the child, child challenging anything about the parent or family

    preventing corrective identifications very destructive – magnifies problems

Sullivan HS. *The Interpersonal Theory of Psychiatry* Norton New York 1953
Searles HF. *Collected Papers on Schizophrenics and Related Subjects* International Universities Press New York 1965
Lidz T. *The Origin and Treatment of Schizophrenic Disorders* Basic Books New York 1973

Corrective Identifications in Therapeutic Setting

- Soteria House used corrective identifications to treat schizophrenics

  interactive residential setting with healthy peers

- Treatment required corrective identifications

  identification with therapist, therapist as a model, relationship with therapist as a model for human relationships

  therapist opened the door for more corrective identifications with other people outside therapeutic relationship

Soteria House

- 12-room residence that was located in a transitional San Francisco neighborhood
- Accommodated 6 patients at a time
- Staff – 6 paid non-professional therapists, project director, ¼ time psychiatrist
- 2 staff members on duty at all times, usually 1 or more volunteers there at all times
- Operating premise: schizophrenia is experienced by people in crisis, and the potential for returning to normalcy is not possible while taking pharmaceutical drugs
- No drugs given during first 6 weeks

  only given after that if there was no change in condition

  only 3% were given drugs during initial treatment
- Contrast community health center – 250 patients admitted each month, high doses of neuroleptic drugs given, movement to another center as soon as possible the goal

Soteria House

- Staff and residents shared responsibility for household maintenance and meal preparation
- Residents who were extremely distressed were not expected to do their fair share until they were better – staff stepped in to help
- Operating philosophy:

    psychotic patients should be treated in ways that do not validate their experiences

    all psychotic experiences are viewed as “real”

    behavioral and experiential attitudes associated with psychosis – irrationality, terror, mystical experiences – are valid and can be understood

    individual having a psychotic reaction can be lived with, related to

    untrained “psychologically unsophisticated persons” can be better than highly trained MD’s because they have no theories or preconceived notions about schizophrenia - can just be “persons” with the patients

Soteria House

- Operating philosophy, cont.

  highly trained mental health professionals tend to use more theory-learned responses that may invalidate patient's views if doctor's theories are not compatible with patient needs

  using structured responses in response to anxiety-producing behaviors is not helpful

- The program was shown in numerous studies to be more successful than traditional treatment with drugs in community mental health centers

Mosher L, Menn A. "Community Residential Treatment for Schizophrenia." *Hosp Comm Psychiatry* 1978;29:715-723
Mosher L, Vallone R, Menn A. "The Treatment of Acute Psychosis Without Neuroleptics: Six-Week Psychopathology Outcome Data from the Soteria Project." *Int J Soc Psychiatry*v1995;41(3):157-175Bola J, Mosher L. "Treatment of Acute Psychosis Without Neuroleptics: Two-Year Outcomes from the Soteria Project." *J Nerv Ment Dis* 2003;191:219-229

Soteria House

- Comparison of patients in Soteria vs community mental health center

  Soteria patients – significantly lower chance of readmission than community mental health center patients except those at CMHCs who were withdrawn from drugs

  people on maintenance drugs relapsed fastest and had a higher risk of relapse during the entire 24-month follow-up period

  risk of relapse at least 2 times greater for patients taking drugs than those who did not

  Soteria patients who took drugs – had relapse pattern similar to CMHC patients

  researchers concluded that patients in CMHC program did not benefit from drug treatment

Matthews S, Roper M, Mosher L, Menn A. "A Non-Neuroleptic Treatment of Schizophrenia: Analysis of the Two-Year Post-discharge Risk of Relapse." *Schizophren Bull* 1979;5:322-332

Soteria House

- Ultimately sabotaged by the NIMH
- Results incompatible with chemical imbalance theory - NIMH officials, Big Pharma and Big Psychiatry considered the project a threat
- Defunded in 1983
- *Soteria: From Madness to Deliverance* by Loren Mosher written after closure, told the story of the project and how it helped people
- Mosher resigned from the APA in 1988, writing “I want no part of it anymore.”

Mosher's Resignation Letter

"Why does the world of psychiatry find me so threatening? Because drug companies pour millions of dollars into the pockets of psychiatrists around the country, making them reluctant to recognize that drugs may not always be in the best interest of their patients. They are too busy enjoying drug company perks: consultant gigs, research grants, fine wine and fancy meals."

"Pharmaceutical companies pay through the nose to get their message across to psychiatrists across the country. They finance symposia at the two predominant annual psychiatric conventions, offer yummy treats and music to conventioneers, and pay $1,000-$2,000 per speaker to hock their wares. It is estimated that, in total, drug companies spend an average of $10,000 per physician, per year, just on "education".

Mosher's Resignation Letter

"And, of course, the doctors-for-hire tell only half the story. How widely is it known, for example, that Prozac and its successor antidepressants cause sexual dysfunction in as many as 70% of people taking them?..."

"Recently, it was dues-paying time for the American Psychiatric Association, and I sat there looking at the form. I thought about the unholy alliance between the APA and the drug industry. I thought about how consumers are being affected by this alliance, about the overuse of medication, about side effects and about alternative treatments. I thought about how irresponsibly some of my colleagues are acting toward the general public and the mentally ill. And I realized, I want no part of it anymore."

http://duluthreader.com/articles/2017/01/20/8864_the_tragic_story_of_dr_loren_moshers_soteria

Outlook For Patients

- Study of 208 patients followed for over 20 years – most people with schizophrenia improve on their own – 60% able to support themselves
- Ciompi- "…doubtless the potential for improvement in schizophrenia has for a long time been grossly under-estimated. In the light of long-term investigations, what is called the 'course of schizophrenia' more closely resembles a life process open to a variety of influences of all kinds than an illness with a given course."
- Study of chronic patients in Vermont state hospitals decades later – "Most displayed slight or no schizophrenic symptoms, had one or more moderately close friends, required little or no help in meeting basic needs, and led relatively full lives."

Bleuler M. In: The schizophrenic disorders: Long-term patient and family studies. Clemens SM, editor. Yale University Press New Haven; 197
Copmpi L. "The natural history of schizophrenia in the long term." *BJP* 1980;136:413-420
Breggin P *Toxic Psychiatry* St Martin's Press New York 1991 p 41-42

Outlook For Patients

- Long-term follow-up studies correct “the clinician’s illusion” that schizophrenic patients do not do well

“Given a more complete picture, the number of patients who significantly improve or recover is much greater than is now expected by most clinicians.”

outcomes affected by social factors, family members’ and health professionals’ attitudes about recovery

treatment should “remove the obstacles that stand in the way of the natural self-healing process.”

Harding CM, Zubin J, Strauss JS. “Chronicity in schizophrenia: fact, partial fact, or artifact?” *Hosp Community Psychiatry* 1987 May;38(5):477-486

Outlook For Patients

- World Health Organization studies:

  recovery often better in developing countries than Westernized countries; reason is greater social support in developing countries

  psychiatric treatment is an impediment to success

  "…the integration of patients in a natural social environment, and the restriction of medical interventions to an indispensable degree may provide an optimal care strategy."

De Girolmo G. "WHO Studies on Schizophrenia: An Overview of the Results and Their Implications for the Understanding of the Disorder." 2008 Oct;213-231

Therapeutic Optimism

- Most important thing therapist can offer – optimism that patient can get better
- Most schizophrenics are thought to be hopeless
- If patient and competent therapist continue working relationship, odds very good that the patient will improve and major problems will be resolved

  therapist must stress work involved in getting well

  does not involve denying the seriousness of the condition

  big difference between a hard job and an impossible one

Paranoid Thinking

- Can be changed – improves from week to week if patient works with competent therapist
- Paranoid thinking system does not fit reality – patient has to work hard to make it fit
- Therapist can point out inconsistencies with reality to patient in compassionate way
- It's a myth that paranoid belief systems cannot be changed – they are rarely discussed in therapy

Diagnosis vs Understanding

- Most patients have been in institutions and in therapy – not much help, often labeled as uncooperative

  patients have dim view of psychiatry and therapy

  therapist should not defend former bad practices
- Ask “What seems to be the problem?” and many will tell you
- Ask “Do you want help with that?” and most respond “yes”
- Goal in beginning of therapy is to learn something about patient and assure him you can help

Open Dialogue

- Developed in Western Lapland Finland in 1980s
- Primary treatment carried out with meetings involving patient, family members, social network
- After 5 years of Open Dialogue treatment, 81% of patients in Lapland had no remaining psychotic symptoms and 81% had returned to full employment
- Contrast the UK – only 20% of people diagnosed with schizophrenia symptom-free after 5 years, almost 100% taking antipsychotic drugs

Seikkula J, Aaltonen J, Birgittu A, Haarakangas K, Keranen J, Lehtinen K. "Five-year experience of first-episode nonaffective psychosis in open-dialog approach: Treatment principles, follow-up outcomes, and two case studies." *Psychother Res* 2006 Mar;16(2):214-228

Open Dialogue

- Psychotic symptoms seen as survival strategies – sane reaction to insane circumstances

  more normal than widely acknowledged – over 25% of young people have had a psychotic experience

- People who are severely emotionally hurt find it difficult to communicate and put their distress into words – goal is to gain shared understanding of the problem
- Transparency is important – no decisions are made about the patient outside the network meetings, practitioners openly discuss their observations

  “they are with, not doing to”

- Goal is to promote dialog not change

  clinicians do not start with an agenda, conversation is improvised

Open Dialogue

- Starts with family describing the problems

  no one offers an interpretation or hypothesis – avoid conversations becoming guarded

  no important decisions may be made for the first few meetings even if patient is in severe stress

  everyone accepts risk and uncertainty as part of process

  meetings can be quite frequent if needed

Treating Schizophrenics

- Always deal with preventing harm to others or homicide first in therapy
- Next highest priority is addressing suicide

Improvement Can Be A Problem

- New symptoms in response to anxiety can develop due to changes
- Bizarre person does not have to worry about sexual advances
- Person on welfare or disability does not have to worry about getting a job
- Person who has been isolated for years has not had to deal with socializing with others
- Dealing with normal things may cause intense anxiety
- Disability payments can be discontinued if person gets a job

Impediments to Success

- Position of the National Alliance for the Mentally Ill (NAMI): parents are not to blame
- NAMI supports biological research, involuntary commitment and treatment, institutions, drugs, electroshock
- According to Dr. Breggin, “NAMI has become an institutional embodiment of the kind of parents who can drive a child into helpless despair.”
- Families often sabotage therapy because they fear maturation and independence of schizophrenic family member

Lidz T, Cornelison A, Fleck S. *Schizophrenia and the Family* International Universities Press 1965

Impediments to Success

- Expressed emotion (EE) – adverse family environment with family members who have negative attitudes toward patient

  criticism, hostility, emotional over-involvement

  communication characterized by intense negative verbal exchanges, lots of opposition and conflict

  not unique to families of schizophrenics, but more harmful to people who have vulnerability to stress

- Has major effect on risk of relapse
- Patients discharged to live with parents or wives have higher risk of relapse and readmission than those who live with siblings or other places

Amaresha AC, Venkatasubramanian G. "Expressed Emotion in Schizophrenia: An Overview." *Indian J Psychol Med* 2012 Jan-Mar;34(1):12-20
Leff J. Expressed emotion: Measuring relationships. In: Harris T, editor. Where inner and outer worlds meet: Psychosocial research in the tradition of George W Brown. London: Routledge; 2000. pp. 97–100

Conclusion

- The schizophrenic patient has very good reasons for believing the things he believes and acting the way he acts

  almost always includes intense terror
- Learning about the person's experiences usually provides insights into these reasons
- Typically schizophrenics are treated in ways that increase terror and worsen outcomes
- Empathic, therapeutic approaches can help schizophrenics to resolve terror
- Outcomes for schizophrenics who are not drugged are significantly better than for those who are drugged