Models of Psychosis and the Limitations of Psychiatric Knowledge

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Abstract

In this paper, the medical discourse on the constructs of “psychosis” and “schizophrenia” is challenged by a literature review of contradictory evidence, alternative theories, phenomenological explorations of psychosis, and perspectives of people who have experienced psychosis. One purpose is to expose the violence that occurs in constructing madness as an illness and “treating” it through pharmacology, while another is to deconstruct the binary of “sane” versus “insane” by examining the social and existential factors that may contribute to the development of psychosis. Implications for social work practice are discussed.

Critical / Theoretical Framework

- Social constructivist epistemology – reality is constructed socially
  - Challenges the idea of an objective reality
- Critical theory – structures are put in place by people in power to preserve their power
- Critical disability studies – disability is created through society's failure to accommodate difference
- Phenomenology – study of experience and consciousness

Methods

- I conducted a giant literature review!
- I collected marginalized or underrepresented theories/perspectives/definitions of psychosis/madness
  - Mostly found in books by people who have experienced psychosis or worked with people who have
- To expose inconsistencies and gaps in medical definitions of psychosis and schizophrenia
  - Literature review of peer-reviewed primary research studies

Results (Research Findings): Definitions

- Medical definitions of “psychosis” and “schizophrenia” are inconsistent
- Psychosis is defined as a “loss of contact with reality” (Centre for Addiction and Mental Health, 2012)
- APA (DSM-IV) schizophrenia is diagnosed by: having any 2 of the 5 symptoms for over 6 months: hallucinations, delusions, disorganized speech, grossly disorganized or catatonic behavior, and negative symptoms
- Based on “professional” observation as opposed to the person’s experience
- 15 ways that two people can be diagnosed without having symptoms in common (Read, 2004)
- The prevailing psychiatric theory is that psychosis is caused by a combination of genetic and environmental factors

Research Findings: Social Control / Stressors

- Multiple links between social stressors and schizophrenia diagnoses (social isolation, racism, immigration, childhood poverty)
- Social control: freed slaves and early feminists were institutionalized, people from oppressed groups are more often diagnosed (Whitaker, 2010)
- "Insight" as a form of social control: people are considered to have "insight" when they agree that they are mentally ill and comply with treatment (Dolson, 2005)
  - "Insight" is only valued as it relates to agreeing to medical definitions; does not refer to the insight people may have about their subjective experience

Research Findings: Alternative Theories

- “Chemical imbalance” theory has little evidence (Whitaker, 2010)
- Foucault (1964) argues that “madness” has been defined throughout history based on beliefs on who should be included or excluded from that society
  - “Madmen” used to be put in labour camps as madness was associated with idleness
  - Now there is an increasing trend towards criminalizing “mentally ill” people (Torrey et al., 1992)

Research Findings: Alternative Theories

- Existential theories: consensus reality is the definition of reality accepted by the majority of the population (Williams, 2012)
  - Interviewed 6 people extensively on their experiences
  - All had recovered, reintegrated into society, stopped taking medication, and viewed their episode(s) of psychosis as valuable and necessary
  - Psychosis is redefined as a recovery process that occurs after an existentially or spiritually threatening experience

Research Findings: Alternative Theories

- Stanghellini and Ballerini (2007) interviewed people with schizophrenia:
  - Many were “preoccupied” with existential questions
  - Many experienced extreme doubt over reality and were especially aware of the constructed nature of reality
- Harrop and Trower (2003) as well as Bentall (2003) view psychosis as existing on a spectrum, with many people, especially young people, showing signs of psychotic thinking
- Some evidence that some shamans and spiritual leaders take psychoactive drugs in order to simulate a psychotic experience, which is valued in that culture(McCarthy-Jones et al., 2013)

Research Findings: Mad Pride & Recovery Movements

- Perspectives of consumers and survivors are "fringe" – professional and medical perspectives are mainstream
- " 'Schizophrenia' is just a catch-all phrase used by psychiatrists to identify and control any kind of behaviour that doesn't conform to their notions about 'normal' behaviour" (Dunn, 1983, p. 2)
- Mad Pride: "the right to be different" (Farber, 2012, p. 1) (not just free of psychiatric treatment)
- Linking madness with creativity; madness as a "dangerous gift" (The Icarus Project, 2006)
- "*Madness*… can be *either* good or bad or neither—but I argue that in … most cases, such altered states, however painful, are 'good,' meaning that they are potentially valuable experiences" (Farber, 2012, p. 3)

Implications for Social Work Practice

- People who are “mentally ill” are considered to be unreliable narrators of their own experience
- They are also considered to not have insight or rationality and have been subject to violence in the name of psychiatry
- Social workers and other “helping” professions are implicated in this violence by uncritically adopting medical interpretations
- Medical interpretations usually exclude the person’s voice on account of it being devalued
- People should be validated in defining their own experiences

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