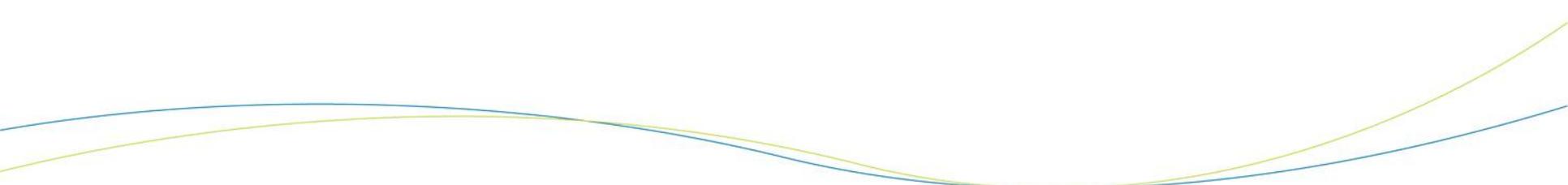


Psychosis 2.0

Conference Presentation

Sumac Place: September 10th, 2014

Vancouver: September 29th, 2014



**Psychosis 2.0: New understandings
and effective ways of working with
and healing from psychosis**

Welcome and Introductions ☺

Sumac Place: September 10th, 2014

Vancouver: September 29th, 2014

Agenda

John Read: The social causes of madness

- ***Neleena Popatia – 10 minutes***

Keris Myrick: Medicalizing political struggle

- ***Colleen McCain – 10 minutes***

Eleonor Longden: Hearing voices: recovery, discovery and transformation

- ***Jackie Pukesh – 10 minutes***

Will Hall: Learning from the open dialogue experience

- ***Kathie Scheel – 10 minutes***

Discussion / Q & A

- ***All and audience – 15 minutes***

The Social Causes of Madness



John Read - Psychologist

- Professor of Clinical Psychology at University of Liverpool
- Editor of *Psychosis*, Journal of the International Society of Psychological and Social Approaches to Psychosis (ISPS)
- Co-Editor of *Models of Madness* (2013)
- Published over 100 papers in research journals and books

The Social Causes of Madness

- “Schizophrenia” is not an illness or a brain disease – hearing voices and having unusual beliefs are reactions to life events, e.g. poverty, childhood neglect and abuse, traumas, etc
- SCZ lacks validity and reliability as a diagnosis, e.g. pos and neg symptoms, David Rosenhan experiment
- Genetic cause – a dangerous myth
- Biopsychiatry has ignored psychological, social, and spiritual aspects of the experience

The Social Causes of Madness

- Chemical imbalance/brain disease theory is stigmatizing, demoralizing, takes away the locus of control and responsibility from the person
- Bio-psycho-social model has become a bio-bio-bio model propagated by pharmaceutical companies, and long term it's not effective, has adverse effects
- Psychological interventions work
- Social and political interventions are necessary in the interest of social justice

Keris Myrick

“Medicalizing Political Struggle”



- Keris Myrick is the president and CEO of [Project Return Peer Support Network](#), a peer run organization in Los Angeles County.
- Keris Myrick was featured on the front page of *The New York Times*: [A High-Profile Executive Job as Defense Against Mental Ills.](#) (October 23, 2011)

- “After a bought with homelessness, encounters with our local police, multiple involuntary hospitalizations and being on and off disability I took MLK’s words and turned them into action in my life:

“if you can’t fly then run, if you can’t run then walk, if you can’t walk then crawl but whatever you do, you have to keep moving forward.”

Martin Luther King

Medicalizing Political Struggle

- Described her illness experience as included:
 - Feelings of being less than
 - Others destroying her dreams
 - Shame, scared, alone
- Described her recovery as integrating the concepts:
 - Psychosis is a sane response to an insane situation - R.D. Laing
 - Her recovery ignited with an understanding of her and her families life experience provided a context for her illness
 - “how the misinterpretation or medicalization of the responses to the daily stressors of discrimination and micro aggressions experienced by people of color.”
 - Strong collaborative partnership with her doctor

Medicalizing Political Struggle

- Her presentation used personal story, film, images and sound to demonstrate the interplay of psychiatry along with the human rights movements in the 20th century
 - civil rights movement, women’s movement, gay rights and currently society’s approach to poverty, addictions and mental illness.
 - Where groups were seen as “other” and less than until human rights established
- Myrick advocates for voice hearers to be seen and heard rather than fractioned off as abnormal and needing to be treated.
- Explore options for healing with them and within each individual’s context

Medicalizing Political Struggle

Take-away Messages:

- **Intake process** - How can I help you get or figure out your goals?
- **Value of a person's story**
 - Stories unveil the meaning of a life, to being
 - Her mother's story-telling provided her with a reason to keep going when she was suicidal
- **Recovery and Inclusion** (not rehab or re-integration)
- **Monitor and look for signs of distress** (opposed illness) – our natural ability to respond to distress is **KINDNESS**
 - Raise emotional threshold of care providers and of those receiving care
- **Power of collaboration** in exploring solutions to suffering/distress
- **Celebrate “otherness”**

Movie “Lars and the Other Girl” a great example of community growing to be inclusive of a man with different beliefs.

Medicalizing Political Struggle

Links regarding Keris Myrick

- NY Times article – Oct. 23/11
 - http://www.nytimes.com/2011/10/23/health/23lives.html?_r=3&adxnnl=1&ref=health&pagewanted=1&adxnnlx=1325177211-YE0Wzma7FNoJJ5U8glSeQw
- CBC Gamechangers
 - <http://www.cbc.ca/thecurrent/gamechanger/2011/11/08/changing-the-face-of-schizophrenia-keris-myrick/>
- Author with Mad in America
 - <http://www.madinamerica.com/author/kmyrick/>

Hearing Voices: Recovery, Discovery, and Transformation



Bio: Eleanor Longden is an award-winning postgraduate researcher with a specialist interest in psychosis, trauma, and dissociation, and has lectured and published internationally on ways to promote creative, person-centred approaches to understanding and recovering from overwhelming events. She is a three times TED speaker, a trustee of Soteria UK and Intervoice: The International Network for Training, Education, and Research into Hearing Voices, and the author of 'Learning From the Voices in my Head' (TED Books, New York: 2013).

Hearing Voices: Recovery, Discovery, and Transformation

Romme and Escher – voices as messengers, ‘thorns in the spirit’ that have not been addressed. Voices as metaphors rather than literal interpretations

<http://www.intervoiceline.org>

Respect the voice hearer as expert

Constructing a shared understanding on the role of the voices

Hearing Voices: Recovery, Discovery, and Transformation

- Who or what do the voices represent
- What problem may the voices represent
- Identify the voices (name, age, gender)
- Characteristics of what they say
- Triggers
- History
- Recovery Plan – establishing safety- developing coping strategies
- Making sense of the experience, social reconnection, building self esteem and confidence
- Medication as a tool, need informed choice, going off slowly,

Will Hall - Learning from the Open Dialogue Experience

Will Hall is a therapist, trainer, and schizophrenia diagnosis survivor



- He has taught internationally on innovations in the social response to psychosis.
- His writing has appeared in the Journal of Best Practices in Mental Health, Oxford University Press's Community Mental Health Care: An Interdisciplinary Approach, and in Psychology Tomorrow.
- Author of the Harm Reduction Guide To Coming Off Psychiatric Drugs.
- Will is host of Madness Radio and a co-founder of www.PracticeRecovery.com
- He completed a certificate in Open Dialogue at The Institute for Dialogic Practice - the only North American teaching facility that specializes in providing world-class training in Open Dialogue and Dialogic Practice delivered by the field's leading experts and developers.

Will Hall - Learning from the Open Dialogue Experience

Will Hall is a therapist, trainer, and schizophrenia diagnosis survivor

The basics of open dialogue:

- An approach to psychosis used in Lapland Norway for the past 25 yrs.
- Uses a team consisting of a Psychiatrist, nurse and social worker (referred to as reflecting teams) who go directly to the client's home to work with the family, friends, and community up to 2 times per day.
- A wrap around service that is initiated within 24 hrs of first call for help.
- The therapist who takes the initial crisis call becomes the primary worker and maintains continuity throughout treatment.
- The crisis is seen as an opportunity for change and does not support immediate use of medications to “cover the problems” that result in psychosis.

Will Hall - Learning from the Open Dialogue Experience

- The Open Dialogue program supports no or low dose medications
- They do not use hospital settings, all treatment happens at home.
- The team believes in complete transparency. All discussions related to the clients care are done in front of the client. No medical jargon is used and the family and client are asked if they agree with treatment plan with the goal of leveling the playing field. All have a say in the treatment approach used.
- Addressing the root issue of trauma often is the focus. The aim is to create a dialogue space where sometimes the unsaid can be said.
- “Psychosis is seen as difficulty of the in between spaces”
- The treatment team must have tolerance of uncertainty. Often it’s okay to not know how to fix the problem. It takes time to get to the heart of the matter. Sometimes certain topics are difficult to discuss and are avoided. The team works to create dialogue around these issues.

“Everyone is human and deserves to be heard”

Will Hall - Learning from the Open Dialogue Experience

Why is there long standing psychosis?

Delayed treatment OR wrong understanding of the problem leading to the wrong treatment being used.

Success of the Open Dialogue approach 5 yrs post program:

- 79% no disturbing symptoms
- 80% Recovery rate
- 2/3 no medication used
- 90% drop in rate of Schizophrenia
- 33% drop in psychiatric spending

Will Hall - Learning from the Open Dialogue Experience

www.willhall.net

www.youtube.com/watch?v=aBjlvnRFja4 “OPEN DIALOGUE,”
an alternative Finnish approach to healing psychosis”
by Daniel Makler

“Preparing the Open Dialogue Approach for Implementation in the
U.S.” – See more from Dr. Mary Olsen at:

[http://www.dialogicpractice.net/the-promiseof-open-
dialogue/#sthash.ZbYTvos2.dpuf](http://www.dialogicpractice.net/the-promiseof-open-dialogue/#sthash.ZbYTvos2.dpuf)

Discussion Psychosis 2.0

New understandings and effective ways of working with and healing from psychosis



A conversation with:
Eleanor Longden
John Read
Keris Myrick
Will Hall
Rufus May
Michael Cornwall



Psychosis 2.0 shares evolving perspectives on recovery from extreme mental states and follows on from the ground breaking Nov 2011 conference: *Understanding Psychosis and Alternatives for Recovery*.

We are honoured again to bring together a stellar list of presenters, each recognized in their clinical and educational fields as innovators and leaders.

All but one of the six presenters have first-hand experience of psychosis and recovery so they bring both existential and intellectual authority to the conversation. They will address the topic in terms of their own lived experience, and the positive circumstances that helped them emerge from psychosis, as some might say, *weiser* than well.

Each of their lives attests to the power of recovery, and they will vividly demonstrate that psychosis is something that both passes and that cannot be adequately explained or resolved in the kind of reductive, narrow terms that regards our human experience as little more than the sum of chemicals and brain cells.

Together we will explore the psychological, social, societal and structural underpinnings of psychosis, the role of trauma and adversity, misconceptions about treatment and outcomes, struggle and meaning, and the power of relationship as people journey to recovery.

We will spotlight new approaches to understanding and healing from psychosis that have in common: starting broad, going deep and embracing complexity. These approaches seek not to identify and correct what is wrong with a person but instead pay attention to the whole life: what happened to us and around us, as well as our relationship with this world that we are creating for ourselves, and each other, to live in.



Friday 13th June, 2014

Toronto

Hart House, U of T

For more info..

<http://www.psychosis2.net>

www.facebook.com/Psychosis2.0

#psychosis2.0

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