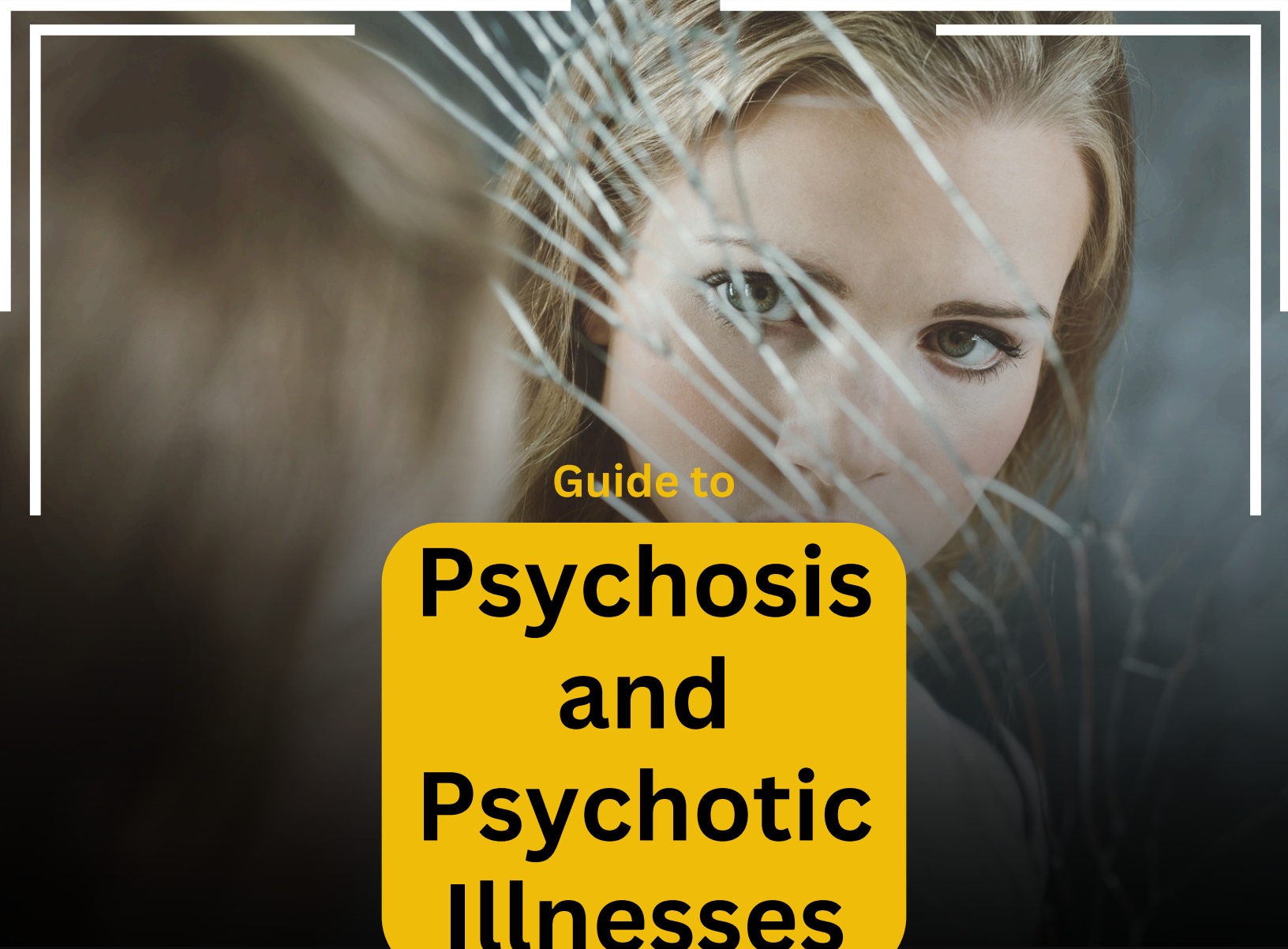

Guide to

Psychosis and Psychotic Illnesses

A Peer's Perspective

A National Shattering Silence Coalition publication

PSYCHOSIS
+ PSYCHOTIC ILLNESSES

INTRODUCTION

There is a lot of confusion and misunderstanding about what psychosis is and what it entails. To many people, psychosis means someone is scary, dangerous, and a threat. Although that can sometimes be the case, it is usually not true. Most people with psychosis are not a danger to anyone and are much more likely to be a victim of violence and abuse than to commit it.

WHAT IS PSYCHOSIS?

To be psychotic or in psychosis simply means that a person is experiencing hallucinations and delusions, which they believe to be true and are their reality. The person will act in ways and make decisions that make no sense to those around them. It is important to realize that the person's logical faculties are still intact and they are not illogical; rather, their understanding of facts differs from that of others. Their hallucinations and delusions shape their perception of reality.

HALLUCINATIONS

Hallucinations are sensory experiences that a person has that those around him do not experience. The most common hallucination is hearing voices that are not there. However, auditory hallucinations can include more than just voices; it could be doorbells ringing, gunshots, or even music. Any sound you can imagine hearing could be experienced as an auditory hallucination.

Hallucinations can affect any of the five senses. A person in psychosis may hear, smell, taste, feel or see things that are not real. Hallucinations can take any form you can imagine for the sense involved.

DELUSIONS

Delusions are fixed false beliefs that the person in psychosis has. These can take any form imaginable and frequently seem illogical or totally unbelievable to those around the person.

For example, they may think they are Jesus, the Virgin Mary, a great prophet, or the antichrist. Religious delusions are quite common and are probably the biggest challenge a psychiatrist faces in treating psychotic patients. We want every patient to be able to freely practice their religion, but we also want to get psychotic symptoms under control. Sometimes it is very difficult to tell what is part of the religion and what is a delusion.

Delusions can also be paranoid in nature; a person may believe the CIA or FBI is after them, that their phone is bugged, or that someone has planted a computer chip in their brain to monitor and control them. Sometimes they may think a family member is an alien masquerading as the family member and planning to harm or kill them. Delusions ***(continued on next page)***

PSYCHOSIS
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DELUSIONS (CONTINUED)

can also be grandiose in nature. The person may believe they are the President of the United States, a famous movie star, or another celebrity. The only limit on what form a delusion can take is that it has to be something the person has the background to conceive of.

As previously stated, to the person in psychosis these hallucinations and delusions are their reality. Most of the time they are not a danger to self or others, but that can change on very short notice. A hallucination that a family member is planning on killing the person could quickly pair with a delusion of persecution. This can cause the person to act in a manner they perceive as protecting themself from a life threatening danger to include killing the individual they perceive as the threat.

CAUSES

Psychosis has many causes and is part of many diagnoses. The most common psychotic diagnoses are Schizophrenia (always involves psychosis), Schizoaffective Disorder (always involves psychosis), Bipolar 1 Disorder (usually involves psychosis), Bipolar 2 Disorder (usually does not involve psychosis), and Depression (usually does not involve psychosis). Many physical ailments may cause psychosis. Psychosis is a symptom, not a diagnosis.

There is no way to identify what causes a given person's psychotic illness. Psychosis is a physical medical illness caused by both genetic and environmental factors. It is important to know that being in psychosis can cause damage to the brain. It is widely believed that repeated episodes of psychosis significantly lowers the functioning of an individual after the episode.

How much damage an episode causes to the brain may however be different for different individuals. Some people appear to show significant decline after each episode while others do not. There is a lot of evidence and almost universal agreement among psychiatrists that the longer psychosis is left untreated, the less likely a good outcome is after treatment.

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ANOSOGNOSIA: A BARRIER TO TREATMENT

An important feature of psychosis that is critical to understand and affects many who suffer from psychotic illnesses is a condition known as anosognosia. Anosognosia means the person cannot recognize they are ill or that they have a problem. This condition was first studied in stroke patients who suffered damage to a particular part of the brain that deals with self-awareness.

These stroke patients were unable to move their arm due to the stroke, but were incapable of recognizing this and believed their arm was moving normally. Psychosis seems to affect the same part of the brain as was affected in the stroke patients mentioned. The person with psychosis is physically unable to recognize that they have a problem or that anything is wrong. This is different from being in denial.

A person in denial is experiencing a psychological issue; they do not want to recognize they have a problem even though they are capable of recognizing it. Anosognosia and being in denial can appear to be very similar and sometimes even expert mental health practitioners are unsure which they are dealing with.

Anosognosia is the primary reason that those with psychotic illnesses refuse or fail to stay in treatment. It is one of the most common reasons people stop taking the medications necessary to control their psychosis. Anosognosia can take many forms and appear in many ways. A person may form persistent false memories of the past.

For example, a person may believe that they were physically or sexually abused as a child by a family member even though this never actually occurred. To the person with anosognosia these false memories of their childhood are as real as any childhood memories anyone else has. As with hallucinations and delusions, there is no limit to what form these persistent false memories can take. Some people have completely false life histories that are completely real to them.

PSYCHOSIS
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WHY IS IT IMPORTANT TO UNDERSTAND PSYCHOSIS AND ANOSOGNOSIA?

When one understands psychosis and anosognosia, it becomes evident why our current system is failing those with severe mental illness and what the barriers to treatment are. Most of the general public, most legislators, most policy and decision makers (and unfortunately many mental health professionals and mental health advocates) are unaware of what psychosis and anosognosia actually are and how they affect a person. Our healthcare system is fundamentally flawed when it comes to providing needed care. We generally assume that everyone should have the right to self-determination and self-direction in their actions. While this holds true for those who don't experience psychosis, it is important to remember that the judgment and understanding of reality is severely impaired for the person experiencing psychosis. It is very unusual for someone who is actually psychotic to recognize they have any kind of problem; they believe the world has a problem. This significantly impairs one's ability to seek out treatment or willingly request medical treatment or medications. In most cases, coercion or involuntary treatment of some kind is essential to helping them find their way into treatment to prevent further deterioration.

HOW DID WE GET HERE?

Today a large part of our mental health system is based solely on the person asking for help on their own, which almost never happens with psychosis. Unfortunately, there is a large and very vocal group of peer mental health advocates who routinely work tirelessly to ensure that no one is coerced or forced to get treatment for a mental illness. These peer advocates seldom seem to have any direct personal experience with psychosis. Instead, they have experience with addiction and other mental health issues not involving psychosis. This is an important distinction because mental illness with psychosis and mental illness without psychosis are two completely different things and require completely different strategies to deal with them.

A major faction of these peer advocacy groups is the Hearing Voices Network-USA. Members of this organization usually refer to themselves as voice-hearers and state that their primary symptom is hearing voices. They do also report other hallucinations. A thorough look at this organization reveals that the members do not appear to experience either delusions or losing touch with reality. This means that they do not actually experience psychosis.

RECOVERY

Recovery from a psychotic illness varies greatly from individual to individual. While most are able to lead relatively normal lives and some are even capable of holding down very demanding jobs, others remain severely disabled for life. Some will need long term care in a hospital setting or other strictly controlled environment for the rest of their lives as they are unable to effectively participate in their own care. Early intervention always offers the best chance of recovery for those living with psychotic illnesses which is why it is critical to identify the barriers to treatment and what policy changes are needed to improve outcomes.

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THE DECEPTION OF ANTI-PSYCHIATRY

Although many peer advocacy groups claim a diagnosis of a psychotic illness, they in fact do not have a psychotic illness at all. It is very important to realize that hallucinations alone do not constitute psychosis. Most of these peer groups receive a major portion of their funding from taxpayer dollars. They claim to represent all people with mental illness, but in fact have no significant knowledge of psychosis or dealing with psychotic illnesses.

Many of these peer organizations are in fact anti-psychiatry organizations. The medical model of schizophrenia is the consensus view of modern psychiatry on schizophrenia. It states that schizophrenia is the result of biological differences in the brains of schizophrenics. Treatment is usually addressed by what is known as the Bio-Psycho-Social model. The biology of the illness is treated with antipsychotic medications. The psychological part of the illness is treated with psychotherapy to address the residual symptoms that medications do not relieve and to help with social functioning impairments due to the illness. Social treatment revolves around forming a social environment that is conducive to recovery which usually involves lowering stress levels in the work and/or social environment of the patient.

Since this is the consensus view of psychiatry, anyone who does not accept the medical model is by definition anti-psychiatry. Many of these peer organizations do not support the medical model making them by definition anti-psychiatry.

When asked directly, most of these peer organizations will say they support using medications. Because they do not believe in any form of coercion or involuntary treatment, they in fact only support medication when the patient voluntarily asks for it. In the case of someone with psychosis this is very very unlikely to happen.

They also discourage long term use of antipsychotics. It is important to understand that antipsychotic medications are the only way modern medicine has that can easily and safely bring one out of psychosis.

Brain scans have shown that without effective treatment, deterioration of the brain continues. Patients with psychotic illnesses almost always need medications for life to keep their psychosis under control. Finding the right medication is trial and error and it can often take a significant period of time to find an antipsychotic that does a good job of controlling the symptoms and not producing too serious a set of side effects. No psychiatrist can tell you in advance what medication and what dose will be right for any given patient, and they also cannot tell you what side effects the patient will have.

ABOUT THE AUTHOR

Darrell Herrmann is a retired Captain of the U.S. Army and a former computer programmer who has lived successfully with schizophrenia for 40 years. His inspiration for writing this guide is to educate others about psychosis, something that is critical to understanding why our mental healthcare system is currently failing those living with severe mental illness and to create policy changes that will improve outcomes. His published handguide, Straight Talk About Living With a Severe Mental Illness, *is available on Amazon.*

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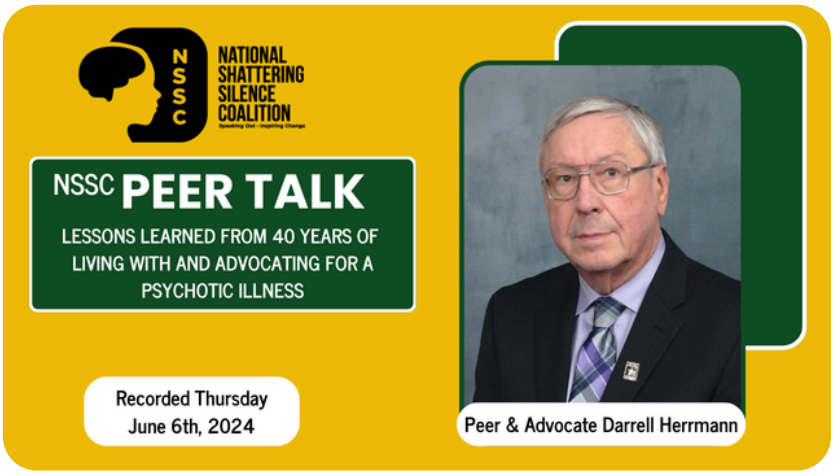

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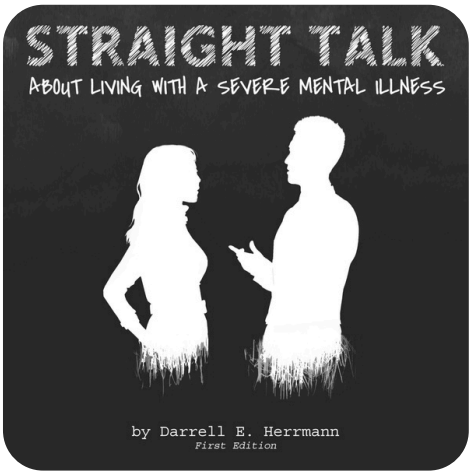

Find Darrell's informative and helpful book, *Straight Talk About Living with a Severe Mental Illness* on Amazon and Audible.

The National Shattering Silence Coalition offers more guides on our website (nsscoalition.org) – including:

Member-Exclusive Resource Guide (join us today for your free issue)
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