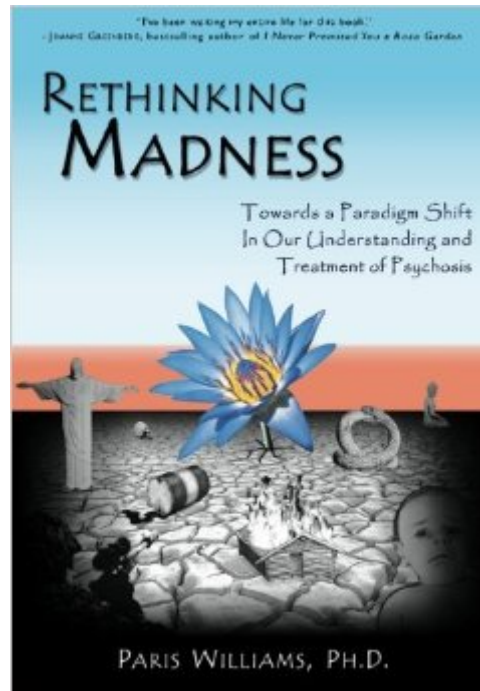


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Rethinking Madness: Towards A Paradigm Shift In Our Understanding And Treatment Of Psychosis



Synopsis

As the recovery research continues to accumulate, we find that the mainstream understanding of schizophrenia and psychosis has lost nearly all credibility.* After over 100 years and billions of dollars spent on research looking for schizophrenia and other related psychotic disorders in the brain, we still have not found any substantial evidence that these disorders are actually caused by a brain disease.* We have learned that full recovery from schizophrenia and other related psychotic disorders is not only possible but is surprisingly common.* We've discovered that those diagnosed in the United States and other "developed" nations are much less likely to recover than those in the poorest countries of the world; furthermore, those diagnosed with a psychotic disorder in the West today may fare even worse than those so diagnosed over 100 years ago.* We've seen that the long-term use of antipsychotics and the mainstream psychiatric paradigm of care is likely to be causing significantly more harm than benefit, greatly increasing the likelihood that a transient psychotic episode will harden into a chronic psychotic condition.* And we've learned that many people who recover from these psychotic disorders do not merely return to their pre-psychotic condition, but often undergo a profound positive transformation with far more lasting benefits than harms. In *Rethinking Madness*, Dr. Paris Williams takes the reader step by step on a highly engaging journey of discovery, exploring how the mainstream understanding of schizophrenia has become so profoundly misguided. He reveals the findings of his own groundbreaking research of people who have fully recovered from schizophrenia and other psychotic disorders, weaving the stories of these participants into the existing literature and crafting a surprisingly clear and coherent vision of the entire psychotic process, from onset to full recovery. As this vision unfolds, we discover common factors associated with onset, deepening, and recovery from psychosis . . . a way to make some sense out of the anomalous experiences occurring within psychosis . . . lasting transformations that often occur as a result of going through a psychotic process . . . common lasting harms and benefits of the psychotic process. . . ways to support those struggling with psychotic experiences while also coming to appreciate the important ways that these individuals can contribute to society. . . a deeper sense of appreciation for the profound wisdom and resilience that lie within all of our beings, even those we may think of as being deeply disturbed. . . that by gaining a deeper understanding of madness, we gain a deeper understanding of the core existential dilemmas with which we all must struggle, arriving at the unsettling realization of just how thin the boundary really is between madness and sanity

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Customer Reviews

Just a few years ago, the very notion that the years I spent mired in psychosis and suffering from brutal mood swings were anything but a twisted, ugly mess made me angry and upset. After years of trying different combinations of drugs that either didn't work or harmed me physically, I had finally found one that got rid of the voices and seemed to curb my wildest moods. I thought the hard part was over. I was determined to forget about the time I'd "lost" and the foul things that the voices had said and I thought that I could just pick up where I'd left off. Everyone seemed to want that for me, too, especially my parents who had taken care of me. I didn't want to disappoint them. I busied myself with work and tried to get a social life going again, despite a crippling shyness and the fear that people would ask me what I had been doing before I met them. I decided to just make the distant past I'd had before my breakdown seem like it had been the recent past...just a lie of omission. Right here on , I concluded a review of a book about mental illness by stating "I am happier and more productive than I have ever been in my life." I meant it and I thought that things could only get better from there. But an awful ache and a terrible sense of loss took root at the very core of my being. I realized it didn't matter how many people I surrounded myself with if I couldn't be honest with any of them and that I wasn't being fully honest with myself. My moods began to wreak havoc on me again and I had to add a mood stabilizer to my drug cocktail. My happiness was slipping through my fingers.

"Rethinking Madness" is an extremely important and timely book, coming as it does as the

long-dominant "medical model" of psychosis is beginning to be seen as inadequate and misguided for understanding and effectively treating psychotic suffering. The first part of this book carefully examines the various "medical model" explanations of psychosis (it's a biochemical imbalance in the brain, it results from abnormalities in brain structure, it's genetically-based) and demonstrates the utter lack of confirming evidence for these theories. The second part of the book examines the evidence concerning the substantial harms and only short-term benefits of drug treatment of psychosis and the evidence that several other ways of working with it are substantially more effective and far less harmful. The final sections present alternative ways of understanding the role of psychosis as a response to overwhelming life experiences and the ways in which the psychotic experience itself can (and often does) eventually culminate not only in full recovery but in notably richer and stronger self-experience than before the onset of psychosis. Williams describes how such an outcome can be best supported and provides examples of settings in which it is being done (including the social networks naturally occurring in so-called "underdeveloped" countries, where rates of recovery are far higher than in the U.S. and Europe). He also helps us notice how the dominant "medical model" approach inherently undermines the path to recovery (and how that model then points to the resulting low rates of recovery as further proof that "psychosis is a life-long disease, with no hope of recovery"!). Williams writes clearly, simply and directly in language accessible to professionals and laypersons alike.

This is really an excellent book. It is one of the best psychology books I have ever read. I am a philosophy student but I am very interested in psychology, and the problem of mental illness, both for personal and purely intellectual reasons. It is clear to me that we still do not really understand mental illness very well and, I think, a correct understanding of mental illness would have huge implications in terms of our understanding of what it means to be human and what we are at a fundamental ontological level. I think, for example, that a correct understanding of mental illness would be extremely relevant to the debates taking place in philosophy of mind about the reducibility of the mental to brain states, the status of meaning, etc.. The medical-model of madness, which treats madness as a brain disease, is currently the dominant model of madness. This book offers a critique of the medical-model and then attempts to work out an alternative model of madness that is more in line with the evidence and with the actual experiences of those who have suffered through periods of psychosis. Williams' critique of the medical-model is carried out thoroughly, with a firm basis in scientific evidence. The first part of the book includes a review of a lot of the current scientific literature on madness and concludes that there is very little evidence supporting the

medical-model and a lot of evidence contradicting it. For example, the medical-model views things like schizophrenia as degenerative brain diseases. If that model were correct recovery would be impossible. There are, after all, no reported cases of people recovering from genuine degenerative brain diseases like Alzheimer's, but there are lots of cases of people recovering from schizophrenia (21) (41).

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