Recovery from psychosis: a phenomenological inquiry

Nixon, Gary

Springer

http://hdl.handle.net/10133/3287

Downloaded from University of Lethbridge Research Repository, OPUS
Recovery From Psychosis: A Phenomenological Inquiry

Gary Nixon • Brad Hagen • Tracey Peters

Published online: 10 March 2010
© Springer Science+Business Media, LLC 2010

Abstract While mainstream psychiatry tends to view psychosis as an enduring and chronic condition, there is growing interest in the possibility of recovery from psychosis. A phenomenological research method was utilized in interviewing 17 individuals who all self-identified as being in recovery from psychosis. The research question was, “What was the lived experience of having a psychosis episode and now being in recovery?” Through thematic analysis, the authors found four major themes and seven subthemes that described the experience of recovery from psychosis. The four major themes included: (i) pre-psychosis childhood traumatic experiences, (ii) the descent into psychosis, (iii) paths to recovery, and (iv) post-recovery challenges. These findings suggest both some potential pathways and barriers toward recovery and transformation from psychosis.

Keywords Psychosis • Phenomenology • Recovery

Psychosis, often associated with the manic phase of bi-polar disorder or schizophrenia, has been described by some authors as one of the most stigmatizing, severe, and disabling forms of the so-called mental illnesses (Roe et al. 2004). Indeed, mainstream psychiatry commonly portrays psychosis as the result of a crippling disease of the brain (Arben 1996), and characterized by a poor prognosis of increasing disability and little or no chance of recovery (American Psychiatric Association 1994; Carpenter 2002; Jimenez 1988; Kruger 2000; Roe et al. 2004; Schiff 2004). Although mainstream mental health professionals assert that psychosis is a result of some form of brain disease, little definite proof has been found for such a disease, and the diagnosis of psychosis remains a subjective interpretation of a person’s behavior (Arben 1996; Boyle 2002; Carpenter 2002; Grof and Grof 1989; Nelson 1994; Ross and Pam 1995; Whitaker 2002). Consequently, a few other authors have
began to offer other alternative explanation for psychosis, including the hypothesis that certain forms of psychosis may in fact be spiritual in nature (Bassman 2000; Chadwick et al. 2005; Duraiswamy et al. 2007; Johnson et al. 2009; Moodley et al. 2008).

Among alternative views of psychosis is the suggestion that psychosis—particularly briefer psychotic episodes—can have formidable transformative potential for some people (Bassman 2007; Breeding 2008; Lukoff 2007; Siebert 2000). Transpersonal psychology and the influx of Eastern-based spiritual philosophies are effectively challenging the biomedical, diagnostic model of mental illness, implicitly urging for a reconceptualization of mental disorders as potentially having spiritual components to them (Boyle 2002; Keller 2008; Kiser 2004; Ventegodt et al. 2005). In this vein, Grof and Grof (1989) coined the term “spiritual emergency” as a classification for some forms of psychoses, a term that has since been somewhat adopted in the 4th edition of the DSM where the diagnostic category of “religious or spiritual problems” has been included (APA 1994). In addition, the new ‘recovery’ model for mental health also refutes the frequently touted assertion that conditions featuring psychotic episodes are life-long chronic diseases. Instead, it has been suggested that schizophrenia and mania are often transitional, ephemeral states of consciousness, which might be opportunities for personal growth that ultimately lead to complete recovery. For example, Ron Bassman (2000, 2001), a practicing psychologist, psychiatric survivor, and someone who has recovered from mental illness himself, has outlined a number of principles he believes are important to the journey of recovering from mental illness.

Other psychologists and practitioners have pointed out the potential benefits of psychoses. Perry (2005) made the point in his case study analysis of psychotic episodes that psychosis may in fact be a form of repair to negative self-image “difficult combination of feelings of crushing insignificance and of superlative prestige hunger” (p. 32). That is, the playing out of intense archetypal aspects of the psychotic episode is an attempt by the self to undergo deep repair and healing. Siebert (2000) recounted an experimental interview with a young woman diagnosed with paranoid schizophrenia who, by Siebert’s description, was suffering from feelings of gross insignificance, and underwent a complete recovery—after a single interview with Siebert. John Modrow (1992) in his book “How to Become a Schizophrenic” explains his extreme states of mind and accompanying hallucinations as “a meaningful and purposive attempt on my part to cope with feelings of guilt and low self-esteem” (p. 153).

If such circumstances are understood, then treatment for the “afflicted” might look more as Breeding (2008) suggested, “...loving support, listening, a safe space to go through psychic opening and transformation, being allowed to challenge and think about false beliefs and be disillusioned” (p. 499). Certainly the evidence illustrates great variability in outcomes from psychosis both within North American society (Harding and Zahniser 1994; Ram et al. 1992) and between different countries and cultures (Kruger 2000; Roe et al. 2004), and also demonstrates the fact that a significant number of manic sufferers or schizophrenics improve significantly (or ‘recover’) over time (Haley 1989; Harding et al. 1987; Harrow et al. 1997; Huber et al. 1975; Kruger 2000; Ram et al. 1992; Tsuang et al. 1979).

Despite this growing body of literature on recovery and/or potentially beneficial aspects of psychosis, there are surprisingly few qualitative studies describing people’s experiences of recovery from psychosis. In a previous study conducted by the authors (Nixon et al. 2009), interviews were conducted with persons who had not only recovered from their psychosis, but had found it a ‘transformational’ experience, leading to deep personal and spiritual growth. Key themes emerging from the interviews with these persons included such themes as “detachment and mindfulness”, “accepting the dissolution of time into now”, and “embracing a spiritual pathway”. It became apparent through these “transformer”
research participants’ dialogue that they had truly been on a transformational path as, post-psychosis, they found themselves functioning at a higher level in society and understood themselves as much closer to ‘whole’ than they were prior to their experiences with psychosis. Our findings were greatly supported by the emerging Transpersonal Psychology movement, which supposes there are experiences and developmental stages beyond the level of adult ego identity that involve intense experiences of spirituality, transcendence, and connectedness beyond the separate self sense (Kasprow and Scotton 1999; Wilber 1986, 2000).

The research question for this study was different, simply, “What was the lived experience of people who went through a psychotic episode and are now in recovery?” The purpose of this article is to present on the results of interviews with 17 persons who had self-identified as having ‘recovered’ from psychosis, but had not necessarily found their psychosis to be a transformational or transcendent experience. It was hoped that the results of this research would help to shed light on what might be thought of as the initial and/or basic levels of the process of recovering from psychosis.

Methods

Research Design

The authors used an interpretative phenomenological approach to explore and describe the experiences of persons who self-identified as having undergone a process of recovery from psychosis. The goal of phenomenological researchers is to articulate the underlying lived structure of a meaningful experience on the level of conceptual awareness (Heidegger 1962; Osborne 1990), and to “...understand a phenomenon by having the data speak for itself” (Osborne 1990, p. 81). A key component of the phenomenological approach is intentionality (Heidegger 1962; Osborne 1990; Van Manen 1990). For our study the intentional object was the experience of recovery from psychosis. This phenomenological research method focuses “on the analysis of protocol data provided by the research subjects in response to a question posed by the researcher that pinpoints and guides their recall and reflection” (von Eckartsberg 1998, p. 21). More specifically, phenomenological researchers move from unspoken living explication to larger accounts of what was experienced. In doing so, the researchers create a life text that makes a phenomena available through language and results in a written text that is to be interpreted by the reader (Palmer 1969; von Eckartsberg 1998).

Van Manen (1984) has described phenomenological research as the study of lived experience in which the essence or nature of an experience has been adequately described in language so that the description reawakens or shows us the lived meaning or significance of the experience in a fuller or deeper manner. Van Manen (1984) saw actual phenomenological research as a dynamic interplay in which we turn to a phenomenon which is of serious interest, here the recovery from psychosis, investigate the experience as we live it rather than as we conceptualize it, reflect on the essential themes which characterize the phenomenon, and finally, describe the phenomenon.

Research Participants

A total of 17 participants were finally recruited through a combination of word of mouth and advertisements placed in an alternative health magazine with circulation throughout Western Canada. Participants were included in the study if they self-identified as having recovered from some form of psychosis and felt they were now able to cope reasonably
successfully with everyday life. The 17 participants consisted of 2 males and 15 females, ranging in age from 25 to 64. Table 1 provides additional demographic information about the participants.

Through the recruitment process, a number of individuals (6) also self-identified as having ‘transformed’ their psychosis, meaning that they had not only recovered from psychosis, but were also medication free, had a much higher level of functioning compared to their pre-psychosis levels, and also believed their recovery from psychosis had transformative and/or spiritual aspects to it. Due to the unique nature of these individuals, the results from the interviews with these individuals were analyzed separately and have been reported elsewhere (Nixon et al. 2009).

Ethical Considerations

A university research ethics board reviewed and granted approval for the research study, and the authors obtained informed consent from each participant prior to the initial interview. If oral consent was more appropriate (ie. for interviews conducted by telephone), such consent was recorded in field notes. In accordance with guidelines for ethical conduct of human research, all documents, audio-tapes, and computer files were held securely by the investigators and research assistant in locked facilities at university offices. All the names used for participants in this study are pseudonyms, and some information about participants was deleted or changed to protect their anonymity.

Data Collection

Rather than a schedule of interview research questions, the authors used a narrative interview method during the audiotaped interviews to support a natural chronological story

### Table 1  Demographic Characteristics of Participants

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Gender</th>
<th>Age</th>
<th>Marital status</th>
<th>Children</th>
<th>Years of recovery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trudy</td>
<td>F</td>
<td>39</td>
<td>Common-law</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Nancy</td>
<td>F</td>
<td>64</td>
<td>Single/celibate</td>
<td>0</td>
<td>25</td>
</tr>
<tr>
<td>Elaine</td>
<td>F</td>
<td>30</td>
<td>Married</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Carl</td>
<td>M</td>
<td>28</td>
<td>Committed relationship</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Angela</td>
<td>F</td>
<td>45</td>
<td>Divorced</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Esther</td>
<td>F</td>
<td>27</td>
<td>Single</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Terri</td>
<td>F</td>
<td>41</td>
<td>Married</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Pam</td>
<td>F</td>
<td>47</td>
<td>Divorced</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Bonnie</td>
<td>F</td>
<td>44</td>
<td>Married</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Marie</td>
<td>F</td>
<td>45</td>
<td>Married</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Lauren</td>
<td>F</td>
<td>29</td>
<td>Single</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Holly</td>
<td>F</td>
<td>25</td>
<td>Unknown</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Carolyn</td>
<td>F</td>
<td>48</td>
<td>Divorced</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Yvonne</td>
<td>F</td>
<td>46</td>
<td>Divorced</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>Joyce</td>
<td>F</td>
<td>29</td>
<td>Single</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Arthur</td>
<td>M</td>
<td>51</td>
<td>Married</td>
<td>0</td>
<td>15</td>
</tr>
<tr>
<td>Denise</td>
<td>F</td>
<td>58</td>
<td>Divorced</td>
<td>2</td>
<td>29</td>
</tr>
</tbody>
</table>
structure (Cochrane 1985, 1986; Osborne 1990). That is, research participants were asked to describe the events leading up to their psychosis, their experience of psychosis, and how, over time, they have managed to invoke a process of recovering from psychosis. Specific probing questions were employed where appropriate in order to encourage participants to further elaborate on their experiences.

Data Analysis

The authors transcribed the audiotaped interviews, and then reviewed them with research participants for further clarification, and input. The authors then used an analytical procedure outlined by Osborne (1990) to conduct the thematic analysis of the data. Each interview was read independently by each of the three authors, and surface themes were created for each of the interviews. From these surface themes, the authors then met to establish higher order clusters of themes for each interview, and began to look for themes that were common across interviews, to highlight the shared structures of the experience. The authors used procedures outlined by Osborne (1990) to enhance the overall reliability and validity, such as checking interpretations for goodness of fit, and presenting a coherent and convincing argument for the themes. The authors each came up with their own thematic analysis of themes for the interviews, and then these were compared as a team for coherence of fit and most convincingly capturing the essence of the lived experience. As well, as Osborne (1990) recommended, we checked how the thematic structures resonated with people who had similar experiences both by checking in with willing participants about our emerging thematic analysis as well as checking in with a number of recovering people in the community.

Results

The authors found that four major and seven subthemes emerged from the interpretive phenomenological analysis of the interviews with the 17 participants. The themes and subthemes are summarized in Table 2.

Pre-Psychotic Childhood Trauma

Most of our participants had unfortunately experienced intense trauma in childhood. Angela, Pam, Bonnie and Holly suffered sexual abuse as children. In her teen years, Angela was also raped while Pam related an incestuous relationship with her brother stating, “It wasn’t very frequent. It was just a couple of episodes, but enough to spoil our relationship.” Denise, Joyce, Trudy and Carolyn grew up in households where either one or both parents were alcoholic(s). Other participants described childhood events that negatively impacted their young lives. Elaine was bullied by her social peers and felt undermined by her mother and brother. Lauren also felt bullied in her school environment, to a degree that she attempted suicide as a teen. Yvonne mentioned her mother, father and sisters were only conditionally supportive of her. She felt repeatedly rejected and betrayed. Only 3 of the 17 participants (Esther, Carl and Marie) described their childhoods as loving, supportive and nurturing environments.

The Descent into Psychosis

The descent into psychosis was an experience of two primary subthemes areas. Firstly, our research participants had intensely altered state experiences of voices, visions, and battles
between good and evil. Secondly, a major subtheme was the very positive experiences of connection and synchronicity.

**Voices, visions, and battles between good and evil** A number of participants gave detailed accounts of their auditory hallucinations. Nancy described continual verbal messages from an omniscient “Goddess”, including instruction for Nancy to transcribe various messages and write them out as the Goddess’ feelings and prophecies. Holly also described voices, but claimed they rarely addressed her directly, and spoke mostly “in a language I could understand.” Terri’s voice ended up being quite peaceful:

...and I just felt really calm all of the sudden and I heard a voice in my head that said: “Terri you have to love unconditionally.” And that was it. It wasn’t even my voice. And I just felt really...spiritual.

Some participants even heard animals, such as Pam, who recounted that she heard her beloved pet dog, no longer alive, barking in the trunk of her car. Some participants also experience visual hallucinations during their psychosis. Both Trudy and Joyce described seeing things in the night sky. Joyce mentioned, “a transfer trailer truck” and fish “shaped by the stars and the sky.” Trudy described “this massive woman” looming in the dark sky above Calgary. Others saw ghosts, as Angela stated, “I saw a ghost. It was grey mist, it was about three feet off the ground,” while some described a positive energy presence, Terri described “some kind of glow in the room”, which she described as “very soft, golden.”

Some participants also experienced during their psychosis a heightened ability to absorb external stimuli. As Angela recalled, “my mind opened up and it expanded to fill the universe.” Pam described the sensation as, “I just felt I had opened an enormous library in my psyche somewhere.” Additionally, Pam explained that “I couldn’t be near somebody without feeling their feelings...and that I couldn’t be near information, like a book, without it jumping into me.” Marie found this condition of expansive “openness” unsettling, and she eventually refused to read newspapers and watch television for fear of absorbing all the information, stating that “...it was just too intense for me.”

Some participants also described having to cope with aspects of their psychosis where they found themselves in titanic battles between good and evil. For example, Nancy described that during her psychosis she typically understood reality in terms of evil and
good. Angela described that the “openness” she felt during psychosis also brought with it “dark” forces. Pam also described this vulnerability to dark forces, stating: “when I got into the dark—it was like a black cloud that comes right around me and it feels almost like it could wrap around me and smother me.”

Connection and synchronicity Not all aspects of psychosis were negative for participants, however. That is, many participants experienced an intense and pleasurable feeling of connectedness with the universe during their psychosis. Moreover, many participants experienced events, conversations and other forms of external stimuli as meaningful, symbolic and reflective of a synchronistic universe. For example, Esther remembered at least two occasions of “...walking up the street and just feeling totally connected to the world,” and “...sitting on the plane, flipping through a magazine, and every single picture I looked at was somehow connected to a thought I had, and everything was just synchronistic.” Carl described this feeling as incredibly peaceful: “... and I felt like I had total peace, that I was just here to remind people that everything around us is connected and that we’re all connected on a level.”

Both Marie and Angela also stressed this sense of feeling connected to everything, although Marie added a spiritual component to this feeling as well by stating that she “... was able to see God in all things.” Similarly, during the course of her interview with the researchers, Carolyn was busy penning extensive notes, a portion of which she read out loud to the interviewer: “...we are all one...there is no separation between any of us.”

Paths to Recovery

Overall, our participants described three main paths to recovery from psychosis: working with traditional and non-traditional healers, connecting with creativity and spirit, and reaching out to others.

Working with traditional and non-traditional healers Nine out of our seventeen participants spoke about how traditional mental health professionals were instrumental in their recovery process. Interestingly, however, none of the participants described psychiatrists as helpful for recovery. Rather, participants spoke of psychologists, counsellors, and family physicians as being helpful in their recovery. Many of these professionals were eclectic in their approaches—using such techniques as hypnotherapy, acupuncture and meditation—as Denise described of her therapist:

He wasn’t a psychiatrist. He was a medical doctor who had been a paramedic in Vietnam. He was from the States living in Toronto—and was a physician who got certified as a counsellor and a hypnotherapist and worked from home. He served me herbal tea before each session...and there was very much this professional friendship feel to it.

Other participants also described this friendship aspect to the manner in which some of these professionals worked, stating her psychologist did not act as a condescending expert, but rather “...talked like a friend to me.”

Many participants, however, sought out non-traditional healers to aid in their process of recovery from psychosis. These healers were from a wide variety of backgrounds, and included palm readers, spiritual directors, shamanic healers, life coaches, soul coaches, clairvoyants, naturopaths, and psychics. Overall, participants described these individuals as vital to helping them learn new perspectives and different levels of consciousness.
A number of participants also spoke of learning a variety of ways to heal on a more energetic level. For example, several participants worked with the Reiki system. Yvonne described how her Reiki energy worked helped her to reach a “more planetary feeling.” Angela described her Reiki practice as follows: “...because I’ve learned a lot about how to protect myself in Reiki....I’ve learned a lot about energy... about both positive and the negative energy, and how to protect myself from negative energy.” Esther stated that she now understood that she needed to be “energy aware” as part of her recovery process, adding that “Reiki has added to my knowledge of vibrations and frequency, and being grounded is a huge part of it.”

A number of other recovery approaches were also used. Participants mentioned such healing techniques as “dream journeying,” neuro-linguistic programming, sweat lodges, shamanic workshops, and use of Fen Shui. In particular, however, numerous participants highlighted the importance of meditation and/or yoga practices. For example, one participant, Esther, described the effects of meditation as being “huge” in her healing and recovery from psychosis, and Denise stated that yoga was central to helping her to “reduce my stimulation.”

Embracing creativity and spirit Many of our participants emphasized the importance of connecting with their sense of creativity as a path to recovery from psychosis. Arthur felt an important part of his ongoing sense of wellness was to keep penning articles and small books discussing schizophrenia. Similarly, both Esther and Pam were currently writing books detailing their own personal experiences of psychosis, and Yvonne was writing a monthly online column “...that deals with metaphysical stuff.” Bonnie began a daily practice of journaling, as was astonished by the results. As she described, “... some of the words that I was journaling, I didn’t even know that I knew these words....I didn’t even know that they existed.” Nancy described a similar process, explaining, “I get very creative, I write a lot. I spend my time writing and I am very close to my feelings, and I express those feelings.”

Other participants used other creative outlets to facilitate and maintain their recovery. Elaine used singing and dancing “to heal,” and Denise used a variety of creative outlets for “self expression,” including journaling, writing children’s stage plays, painting, stand-up comedy, and acting/writing a one-woman play based on her recovery. Overall, research participants described their creative pursuits as integral to their recovery process. While some consciously cultivated their creativity, others felt more intuitively that creative expression would foster and maintain their recovery from psychosis.

In addition to using creativity as a path to recovery, most participants stated that they used a spiritual path as well. Joyce, for example, discovered that as frightening as her psychosis was, it also gave her the gift of her emerging faith in a higher power:

I believe it (psychosis) gave me a faith in a higher power; it gave me comfort that I’m never alone completely, I always have that connection. I may be alone in body, but I’m....we’re all connected to a higher power that’s within us. I guess you put your ego aside and just completely open your mind, and open your heart to whatever your higher power or your inner voice is trying to tell you.

Yvonne also spoke of her newfound recognition of a higher power, and expressed how she was on a new journey of trying to “turn everything over to my higher power.”

Other participants had similar spiritual awakenings. Angela began to experience an omniscient force wherever she went. As she described, “what I am now finding is that that a celestial, divine being has a vested interest in what happens to me.” Denise laughed as she described a new deal she had made with God as a result of her psychosis: “I sum up my
spiritual experiences that I cut a deal with God. It was very simple. We agreed that I was God and God was me—and we just have to check-in regularly.”

Importantly, many participants viewed their psychosis retrospectively as a spiritual gift. For both Marie and Yvonne, the intense experiences associated with psychosis taught them to realize the benefits of living moment-to-moment, something they felt they could not have done without having experienced psychosis. Similarly both Pam and Carl described that the incredibly powerful energetic qualities of psychosis taught them the importance of constantly assessing and balancing the energy levels in their daily lives. Or, perhaps as Esther best describes it, many participants realized that their psychosis in itself can be a profound spiritual experience, once the acute nature of it is past: “The more I started to research things about my psychosis in my writing the more I was understanding that, hey.....I didn’t actually go crazy....I actually think I became kind of enlightened!”

Reaching out to others Finally, participants stressed the importance of reaching out to other people as a vital aspect of their recovery from psychosis. Six of the participants specifically mentioned developing new and enduring friendships with people who shared similar psychotic experiences to them and/or were labeled with similar diagnoses by the medical community. As Arthur described his new family: “I had a whole family....I like to think of them as a group of male friends similar to ‘I Am Sam’.....and my own little friendship group.” Carl also developed new relationships with his fellow patients during his hospital stay; relationships that created continuing positive energy beyond. Carl went on to have a very committed, loving and healing relationship with a fellow patient that was very helpful to his recovery. As Carl described:

It (the relationship) completely tore my self to the ground and I’ve been lucky enough that, and I guess our love is strong enough that we’ve rebuilt it together again. And I’m just at a really wonderful place with that same person who’s been through it all with me.

Similarly, Yvonne understood her healing and recovery process was dependent on developing a “more extensive support network” and her ability to “connect with people who were studying and exploring similar stuff,” such as alternate healing practices. Maria also found it important to be around positive people. When asked directly what she felt contributed to her ongoing recovery from psychosis, she answered, “be around people that are good for you....people that are affirming and positive.”

Other participants stressed the importance of reaching out to family members for support and encouragement. Both Esther and Denise stressed that family support and the love of their respective intimate partners had greatly enhanced their ability to heal and recover from psychosis. Denise stressed that her partner provided not only emotional support, but also taught her some of the life skills she needed to recover:

I have to say too that I’m very fortunate to be with a partner for the last ten years who has been extraordinarily supportive on a number of fronts....my partner is diabetic since he was a young child, so self-management wasn’t foreign to him. And so, you know, living with someone who has to take care of himself like that really has helped me too.

In addition to reaching out to peers and family members, 11 of our participants stressed the importance of reaching out to others through volunteer work and/or helping others. For example, Arthur became dedicated to volunteering for educational causes, whereby he wrote educational materials on schizophrenia, with the ultimate goal of helping people to
overcome discrimination against that label. Arthur mentioned that he felt that his volunteer work was “...a mission from God,” a mission whereby:

I strive to be a good person. And to relieve the lives and somehow relieve the suffering of schizophrenics because they really do live, in most cases, a very shitty life. People really do treat them very badly...and think they’re monsters...even the psychiatrists, doctors and nurses think that way.

Other participants also volunteered by trying to help others with mental health concerns. Pam, for example, would connect with others with mental health issues, and tried to help them by offering them free psychic readings—a skill she had discovered she had the natural aptitude and intuitive abilities for. Trudy and Carl, on the other hand, became staunch advocates for those who they felt had been falsely labeled by mental health professionals—and encouraged these people to challenge their traditional perceptions of psychoses and other diagnostic labels. Other participants worked in a variety of other volunteer work: Marie as a volunteer in a soup kitchen, Elaine as a ‘soul coach’ for people struggling with life, Denise as a worker and peer support trainer in a crisis center, and Nancy, as an author hoping to help other with psychosis to “give birth to their divine self” through her website writings, paintings and poetry. Regardless of their particular form of volunteer work, all of these participants stressed the importance of “giving back” as an essential aspect of their ongoing recovery process.

Post-Recovery Challenges

For the majority of our participants, recovery from psychosis was an ongoing process, and struggles with the process did arise. Interestingly, two of the struggles that participants described were somewhat unexpected: the ongoing struggle between forces of good versus evil, and attachment to the feeling of being special.

The ongoing struggle with the forces of good versus evil As discussed previously, many of our research participants experienced during their psychosis a sense of battle or struggle between the forces of good versus evil (or light versus darkness)—a relatively common occurrence among those who experience psychosis. However, even after claiming to have recovered from psychosis, a number of our participants stated that they continued to experience a struggle between the forces of good and evil in their lives, and life in general. That is, the participants continued to understand life events, situations, energies and sensations as the result of either good or evil forces, and felt these forces directed influenced their behavior and/or events in their lives. For many of these participants, this constant entwinement with good and evil forces left them confused, weary, and occasionally fearful. As Angela described:

It [evil] was getting at the part of my brain that controls your fear. And it was also interfering with my ability to protect myself. I felt like if I started to do Reiki, and if I wasn’t careful, I would call down all the hounds of hell on myself.

Another Reiki practitioner, Pam, also described the relationship between her Reiki energy work and her attempts to keep evil energy at bay. For Pam, even after her recovery she continued to fight an “evil black cloud,” and explained how she had to “call in the troops every night” through her Reiki practice, to avoid “the yuck getting the better of me.” Similarly, Elaine had to occasionally call upon the services of a shamanic healer to perform a ceremony to keep her heightened awareness of “evil forces” in her home at an acceptable
level: “...she (the healer) made me put salt in certain corners of the place and do a prayer.... to cleanse and protect my home.”

Therefore, despite having self-identified as having recovered and being psychosis-free, several of our participants found themselves overwhelmed and frightened by their increased awareness of energetic forces around them—particularly evil and/or darker forces—and felt compelled to “fight” against them. Participants identified this fighting and struggle against evil forces as something that impaired their ongoing recovery and complete integration into day-to-day life. Ultimately, these participants expressed a desire to adopt a nonjudgmental and accepting stance towards evil energetic forces around them, but were having difficulty doing so.

The attachment to being special All but two of our participants felt it was important to reject any diagnosis or label given to them by mental health professionals, as they felt the stigma associated with such labels was detrimental to their ongoing recovery process. However, many participants appeared to have rejected one label in favour of another—a label of specialness. That is, having experienced and integrated the profound insights and psychic openness that can accompany psychosis, many participants now felt they were no longer normal, and in many cases felt their existence now had divinely unique qualities. For example, Pam explained that “I just absolutely felt that God had planted me in this experience for some higher purpose in my life.” Similarly, Arthur stated that, “sometimes I feel I am on a mission from God,” And Angela described how she constantly had “a sense of walking between two worlds” and that she was “...not exactly divine but not down there either.”

Throughout the interviews, these participants stressed that their experiences of psychoses elevated them into a special category where few were “blessed” enough to co-exist alongside them. As Pam tried to explain, “My mind is now extremely powerful, and other people are quite fascinated by how my mind works and how I gain information and how I can express information.” Denise said that “there are a number of people who see me as a mentor” as a result of the insights she now had after recovery from psychosis, and further expounded:

And I find that when they (people) meet me and when they learn about who I am and what I do they’re—first of all—they think it’s very important. They think my story is important and they think what I do is important because they can’t do that.

Similarly, five other participants (Pam, Denise, Yvonne, Angela and Elaine) all stated that they held little interest in listening and/or speaking with those who lacked, by their estimation, experience with the paranormal, psychic realm and/or holistic healing methodologies. As Elaine described a recent interaction with her mother:

I am a healer! I can laugh at my mother now. I say to her, “Look at you, you have no idea what I am!” I feel like telling her, “Do you have any idea how powerful I am? Who are you to talk down to me?

In a similar vein, Lauren, as a result of her extensive post-psychosis studies in philosophy, employed her specialness to exclude those whom she felt were her intellectual inferiors. During her interview, Lauren described her specialness in the following manner:

The only thing I can think of calling it (her specialness) in sort of the Timothy Leary sense is it’s higher intelligence, being smarter, being more capable, having deeper, more meaningful relationships with people and I see that, not as something that is happening to me, but something that I am consciously doing.
Nancy’s sense of specialness had a distinctly divine sense to it, and openly called herself a spiritual “elitist”:

I believe that I have given birth to my divine self. And my mission is to facilitate the birth of the divine self in woman. The birth of the Goddess self... I don’t really share my vision with ordinary people because I don’t think much about ordinary people’s capacity to understand. And most people are pedestrians and I fly.

Overall then, it appeared that while participants had recovered from psychosis in the sense that they no longer had many of the traditional symptoms of psychosis, many participants clung to a sense of specialness related to their psychosis. In many ways, this sense of specialness appeared to actually hinder participants’ ongoing recovery, in the sense that it appeared to further isolate participants, and prevented them from fully integrating with people and the inevitable ordinariness of day-to-day life.

Discussion

The themes presented in this research show that there is much opportunity for a person dealing with psychosis to embrace the recovery process. Self-empowering themes point to the opportunity of working with traditional and non-traditional healers, to embrace creativity and spirit, and to reach out to others. Our participants reported an emerging sense of creativity and renewed optimism in day-to-day life. All of these themes suggest a turn to holistic healing approaches in which the individual addresses his or her recovery as a multi-dimensional concern.

Interestingly, when the recovery struggles of this group are examined, we see the issues that emerge and differentiate this group of group of persons that had merely recovered from psychosis as opposed to a smaller group of person who had transformed psychosis, as presented elsewhere (Nixon et al. 2009). In the “transformers” group, we noted a key theme of transformation was detachment and mindfulness, leading to serenity, choiceless awareness, and little or no panic in the midst of unusual experiences or altered states of consciousness. Judgments and fighting perceived “evil” or “dark” energy were noticeably absent as this group moved beyond a dualistic perspective. “Transformers” learned they can handle just about anything by staying mindful. This awareness mirrors a growing body of literature on mindfulness in the field of mental health. Mindfulness, that is the ability to cultivate consistent and open-hearted, non-reactive, non-judgmental, present moment-to-moment awareness, is seen as a key tool in the therapeutic process for clients and is now a central aspect of emerging therapies such as Dialectical Behavioral Therapy, and Acceptance and Commitment Therapy, as well as being used in conjunction with established therapies such as Cognitive Therapy (Kabat-Zinn et al. 2002; Kabat-Zinn 2005; Koener and Linehan 2000; Wilson and Dufrene 2008).

In contrast, our participants who had merely experienced recovery were still mired in the dualistic conceptions of good and evil and preoccupied with fighting off evil, which often then left them in a state of panic. This may have greatly impacted their lives in several ways. Because some of our participants perpetually created and mired themselves in a conflict between good and evil, their ability to socialize and integrate with others may have been significantly hampered—a possible reason why many of our participants were not actively seeking employment. In a work environment, individuals are not often positioned to choose the people with whom they daily interact. Marie, for example, had not moved beyond her volunteer work at soup kitchens as she remained attached to the notion that
volunteers and the needy were “good,” whereas those employed otherwise in society were potentially “bad”.

As a result of seeking save havens, many participants lacked adequate balance in their lives due to their limited exposure and narrow breadth of knowledge. Expanding their social networks to include individuals who might have offered a reframed perspective of good/evil and an education on the role played by fear in day-to-day life could have helped participants achieve a more joyful, well-balanced existence, as opposed to their current state, which could be described as “managing” or “coping”.

While some of our participants were slowly integrating themselves back into society, the majority struggled with these challenges of good versus evil. As well, a self-perceived specialness label persisted in their day-to-day lives, leading to withdrawal from connections with others felt to be less special. The invitation becomes for these people to take their recovery to the transformational level reached and recalled by the “transformers” group (Nixon et al. 2009), in which mindfulness, detachment, and ego-death became part of a person’s day-to-day existence.

Overall, this study points to the need for mainstream mental health professionals to see that there are many advantages to going beyond a medications and maintenance approach in helping people who have had a psychotic episode. As narrative therapy points out, people are veterans of their own lives, and naturally will want to strive beyond the potentially warehousing effects of mental illness stigma (Nixon 2000). Much can be realized by inviting clients to embark on a proactive journey of recovery in which people reach out to peers, community networks, family members and even embark on volunteer work as they embrace creativity and spirit in an active way in daily life. As well, people in recovery from psychosis, as this study shows, will turn to a combination of both conventional and alternative helpers, and mental health professionals need to be accepting of this treatment diversity.

Limitations

Because of the relatively small sample size, no claim to universal generalization can be made (Nixon 1992; Osborne 1990). Following protocols to ensure validity does not render a total objective reading and data analysis of the transcripts. In addition, the potential for bias cannot be avoided. As Heidegger (1962) observed, we are already coming from a place of being-in-the-world. The validity thus cannot be guaranteed in advance but must be conferred by the reader in that the themes resonate with the experience of people who have had similar recovery from psychosis experiences (Young and Collin 1988). It is our hope that in this research project we have given a sensitive reading of the stories and the resultant themes which will resonate with readers who are in a similar recovery process.

As well, it is of note that in this study the vast majority of the research participants, fifteen of seventeen, were female. This was not our original intention as we merely wanted to recruit males or females who were on a journey of recovery from psychosis. Groundbreaking work of female psychologists such as Gilligan (1982) and Miller (1977) point to the fact women tend to view the world as a network of interpersonal relationships, comprised of empathy, mutuality, and connectedness. This “self-in-relation” orientation points to what was seen in this study and that was the female need for an interpersonal shared journey of recovery as well as giving by participating in a study such as this one. Because this is a small pilot study, caution should be taken in detecting gender trends as there were, for instance, only two males in this study. Further studies need to be done on the
whole recovery process as well as looking at specific attributes such as gender, socio-economic, and cultural aspects of recovery.

Conclusion

This research study points to the fact that there are a significant number of people who are on a recovery journey from psychosis. While leading proponents of the recovery from mental illness perspective like psychologist and psychiatric survivor Ron Bassman (2000, 2001, 2005, 2007) have effectively brought media attention to the recovery journey, this research presents the reality of the recovery journey in the lives of ordinary individuals. A promising sign stands out from this research: there is hope for recovery for people who have experienced psychosis.

While it is obvious that significantly more research needs to be done to both qualify and quantify the growing recovery from mental illness movement, this research, when combined with our previous study (Nixon et al. 2009), also points to a fascinating new area: how do we move people in recovery from psychosis into a deeper transformation from psychosis? It seems key themes such as detachment and mindfulness, ego-death, and moving beyond dualistic conceptions of good and evil might be helpful in the transformational journey.

In any event, it is clear that recovery from psychosis, as well as making psychosis a transformational experience, are exciting and hopeful new areas of research. It is our belief that our research has served to further promote a holistic approach to mental health as the emerging paradigm of true and whole healing.

References


Breeding, J. (2008). To see or not to see “schizophrenia” and the possibility of full “recovery”. Journal of Humanistic Psychology, 48(4), 489–504.


