Models of Madness
SECOND EDITION
PSYCHOLOGICAL, SOCIAL AND BIOLOGICAL APPROACHES TO PSYCHOSIS
PUBLISHED FOR ISPS THE INTERNATIONAL SOCIETY FOR PSYCHOLOGICAL AND SOCIAL APPROACHES TO PSYCHOSIS
MODELS OF MADNESS

This second edition of Models of Madness challenges the simplistic, pessimistic and often damaging theories and treatments of the ‘medical model’ of madness. Psychiatric diagnoses and medications are based on the false premise that human misery and distress are caused by chemical imbalances and genetic predispositions, and ignore the social causes of psychosis and what psychiatrists call ‘schizophrenia’. This edition updates the now extensive body of research showing that hallucinations, delusions etc. are best understood as reactions to adverse life events and that psychological and social approaches to helping are more effective and far safer than psychiatric drugs and electroshock treatment. A new final chapter discusses why such a damaging ideology has come to dominate mental health and, most importantly, how to change that.

Models of Madness is divided into three sections:

• Section One provides a history of madness, including examples of violence against the ‘mentally ill’, before critiquing the theories and treatments of contemporary biological psychiatry and documenting the corrupting influence of drug companies.
• Section Two summarises the research showing that hallucinations, delusions etc. are primarily caused by adverse life events (eg. parental loss, bullying, abuse and neglect in childhood, poverty, etc) and can be understood using psychological models ranging from cognitive to psychodynamic.
• Section Three presents the evidence for a range of effective psychological and social approaches to treatment, from cognitive and family therapy to primary prevention.

This book brings together thirty-seven contributors from ten countries and a wide range of scientific disciplines. It provides an evidence-based, optimistic antidote to the pessimism of biological psychiatry. Models of Madness will be essential reading for all involved in mental health, including service users, family members, service managers, policy makers, nurses, clinical psychologists, psychiatrists, psychotherapists, counsellors, psychoanalysts, social workers, occupational therapists and art therapists.

John Read is a Professor of Clinical Psychology at the University of Liverpool and is Editor of the scientific journal Psychosis: Psychological, Social and Integrative Approaches. He is author of numerous books and over 100 research articles. In 2010 Professor Read was awarded the New Zealand Psychological Society’s Hunter Award, presented, every three years, for excellence in scholarship and contribution to the profession.

Jacqui Dillon is a campaigner, writer, international speaker and trainer specialising in hearing voices, psychosis, dissociation, trauma, abuse, healing and recovery. She is the national Chair of the Hearing Voices Network in England, a Board member of Intervoice – the International Network for Training, Education and Research into Hearing Voices. Jacqui is an Honorary Lecturer in Clinical Psychology at the University of East London. This is her third co-edited book about psychosis.
ISPS (The International Society for Psychological and Social Approaches to Psychosis) has a history stretching back more than fifty years during which it has witnessed the relentless pursuit of biological explanations for psychosis. The tide has been turning in recent years and there is a welcome international resurgence of interest in a range of psychological factors that have considerable explanatory power and therapeutic possibilities. Governments, professional groups, people with personal experience of psychosis and family members are increasingly expecting interventions that involve more talking and listening. Many now regard practitioners skilled in psychological therapies as an essential component of the care of people with psychosis.

ISPS is a global society. It aims to promote psychological and social approaches both to understanding and to treating psychosis. It also aims to bring together different perspectives on these issues. ISPS is composed of individuals, networks and institutional members from a wide range of backgrounds and is especially concerned that those with personal experience of psychosis and their family members are fully involved in our activities alongside practitioners and researchers, and that all benefit from this. Our members recognise the potential humanitarian and therapeutic potential of skilled psychological understanding and therapy in the field of psychosis and ISPS embraces a wide spectrum of approaches from psychodynamic, systemic, cognitive, and arts therapies to the need-adapted approaches, family and group therapies and residential therapeutic communities.

We are also most interested in establishing meaningful dialogue with those practitioners and researchers who are more familiar with biological-based approaches. There is increasing empirical evidence for the interaction of genes and biology with the emotional and social environment, and there are important examples of such interactions in the fields of trauma, attachment relationships in the family and in social settings and with professionals.

ISPS activities include regular international and national conferences, newsletters and email discussion groups. Routledge has recognised the importance of our field in publishing both the book series and the ISPS journal: *Psychosis – Psychological, Social and Integrative Approaches* with the two
complementing one another. The book series started in 2004 and by 2013 had 15 volumes with several more in preparation. A wide range of topics are covered and we hope this reflects some success in our aim of bringing together a rich range of perspectives.

The book series is intended as a resource for a broad range of mental health professionals as well as those developing and implementing policy and people whose interest in psychosis is at a personal level. We aim for rigorous academic standards and at the same time accessibility to a wide range of readers, and for the books to promote the ideas of clinicians and researchers who may be well known in some countries but not so familiar in others. Our overall intention is to encourage the dissemination of existing knowledge and ideas, promote productive debate, and encourage more research in a most important field whose secrets certainly do not all reside in the neurosciences.

For more information about ISPS, email isps@isps.org or visit our website, www.isps.org.

For more information about the journal Psychosis visit www.isps.org/index.php/publications/journal

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After obtaining his PhD in Clinical Psychology in the United States in 1983, Dr Read worked as a Clinical Psychologist and a manager of mental health services in the United States, the United Kingdom and New Zealand. Most of his work has been with people who experience psychosis and are diagnosed as having ‘schizophrenia’.

In 1994 John joined the Psychology Department of the University of Auckland where, apart from undergraduate teaching and the professional training of postgraduate clinical psychology students, he has published numerous research papers, with psychiatrists and other psychologists, documenting the link between childhood adversity and psychosis. He has also published research about the infrequency of abuse inquiry by mental health professionals and the reasons for that, leading to a training programme on how and when to take trauma histories and how to respond to abuse disclosures. His other research publications include studies demonstrating that, contrary to the approach taken by most destigmatisation programmes, biological causal beliefs about mental health problems are related to increased fear and prejudice. He has also published research about the influence of the pharmaceutical industry.

In 2010 Professor Read was awarded the New Zealand Psychological Society’s Hunter Award, presented, every three years, for excellence in scholarship and contribution to the profession. John is on the Executive Committee of the International Society for Psychological and Social Approaches to Psychosis [www.isps.org] and is the Editor of the ISPS journal Psychosis: Psychological, Social and Integrative Approaches [www.informaworld.com/psychosis].

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PREFACE TO THE FIRST EDITION (2004)

In June 2000 I was sitting outside my hotel in Stavanger, Norway, preparing the seminar I was to give later in the day, about child abuse and schizophrenia, to the 800 or so people who had come to the 13th International Symposium for the Psychological Treatments of Schizophrenia and other psychoses. I will be forever grateful to Jan Olav Johannessen (the ISPS President) for inviting me to Norway, not least because of what happened next. At a nearby table three people were talking about how hard it is to get psychiatrists to realise the obvious fact that people are driven crazy by bad things happening to them. I overcame my usual shyness to introduce myself with some comment about ‘Now I won’t need to give my seminar – I’ll be preaching to the converted’ or some such nonsense. The three were to become good friends of mine before the conference was over. One was Volkmar Aderhold, a German psychiatrist with whom, a year later, I would be exchanging Dad stories in his Hamburg apartment (his was in the weapons branch of the S.S., mine was a British fighter pilot – so we both understand the intergenerational effects of bad things happening). The second was Petra Hohn, who gave a remarkable talk the next day – full of warmth, humanity and common sense – about her work in Sweden with people diagnosed ‘schizophrenic’. The third, by far the shortest despite his hat, was Loren Mosher. When he said his name I had to stifle one of those awful ‘not the Loren Mosher?’ comments (although Loren would have loved it!). For 20 years I had been citing his work to any poor sod who would listen as evidence that people who go crazy need other people more than they need medical-sounding labels and tranquillizing drugs.

The point of this story is that after four days in Stavanger I plummeted from an enormous high (partly jet-lag, partly short Norwegian nights, but mostly the excitement of finding so many kindred spirits in such a short time) to an exhausted low in my one-night Oslo hotel, missing my new friends already. (I remember thinking I was too old to get bi-polar disorder.) Anyway, the next morning I found the solution to my ‘low affect’. I decided to try to capture the spirit of Stavanger in a book and laid out, over breakfast, the first of many subsequent outlines and possible authors.
Soon after Routledge contracted the book I met Richard Bentall in Manchester: another hero from my younger days. His *Reconstructing Schizophrenia* was a gem. Richard was coming to the end of writing *Madness Explained: Psychosis and Human Nature*, a magnificent wide-ranging and scholarly treatise — a draft of which he let me read. I was delighted when, a few months later, in New Zealand, he agreed to come on board as a third editor, joining Loren Mosher and myself: a cooler head than either of ours, for sure. Now we had a Brit, a Yank and a Kiwi.

I am exhausted now, writing this last little bit of what has taken three years — mostly in two- or three-hour stretches between work (thank you, Fred and co. in the clinical programme, for being so understanding for so long) and being with my partner, Emma, and our two young children, Jessica and Ben. Well, they were young when I started. They have missed out at times. And so have I. Thank you, Emma, for all the ways you make my work possible and my life meaningful.

In 1994 I had left behind twenty years of trying to help people through madness in the face of a system that often didn’t want to know and entered the no less bizarre world — to me — of a University. On a good day I really enjoy preparing the next generation of helpers. On a bad day it seems utterly futile. I know what they will be facing. So this book, in a way, is for them. The purpose of all these seemingly endless hours is to try to weaken the awful stranglehold that simplistic biological ideology has in the world of mental health, so that the thousands of people around the world trying to use their humanness to reach out, in the face of madness, to the humanness of others might be valued and nurtured in their work, rather than marginalised or scorned.

I end with three stories, from my very first mental health job, thirty years ago, as a nursing aide in a New York psychiatric hospital. I tell them to first-year undergraduate students, so they understand where my ‘biases’ come from (and probably to second- and third-year students as well — but they are too polite to tell me).

He had been on the ward for three days without opening his eyes. No mean feat. The doctors had been trying to figure this out, but ‘eye-closed behaviour’ just wasn’t anywhere to be found in the *D.S.M.* One night, at about 2 a.m. I asked him, more from boredom than clinical judgment, why he kept his eyes shut. He immediately opened them, put his face uncomfortably close to mine, and said, ‘It’s about fucking time one of you idiots asked me that! I was put in here to get “insight”, so that’s what I’m fucking well doing!’

Just before my very first chance to help run the weekly group therapy session, an old woman approached me to explain that she wouldn’t be talking in the group because she thought that whatever she had said in the past in the group had always been turned in to a ‘symptom’ and used against her. She didn’t want me to be offended by her silence, she explained (I think she could see I was a little nervous). After the group I retreated to the staff team where
the patients’ performance in the group was evaluated. The woman’s not speaking was taken as a sure sign of her paranoia.

I was ‘specialising’ a teenage girl. This meant being locked in with her in the ‘quiet room’ (usually the noisiest place on the ward) to make sure she didn’t try to harm herself. She hadn’t spoken for weeks. A ‘catatonic schizophrenic’. Having had no training, I tried: ‘It’s OK if you don’t want to talk, but if you want to, I will listen.’ Nothing. The next day she said one word: ‘My’. The next day she said ‘father’. The next day she didn’t speak. The next day she said ‘me’. The missing word, I learned later, was raped.

Thank you to all the people psychiatrists call ‘schizophrenic’ that I have known, for trusting me enough to teach me what being mad is like and about its many causes. Thank you to the many people (‘patients’, ‘carers’ and ‘mental health staff’), including the wonderful contributors to this book, who, against all the odds, have not given up on the truth that when we are mad, we need other people to be people.

John Read
Auckland, June 2003.
The 23 of us who put together the first edition of *Models of Madness* could not have predicted how popular it would be. It has sold over 11,000 copies and, thanks to kindred spirits around the world, been translated into four other languages. Thank you, Jorge Tizon and Raimund Herder (Spain), Zeng Yong (China), Christer Skoog (Sweden) and everyone at PRO-PSY (Russia). I have been very fortunate to have been invited to talk about the ideas and research in the book at conferences in 16 countries (counting them just now produced some lovely memories). The most common reaction, everywhere, has been ‘We sort of knew all that, but we didn’t know there was so much research supporting our beliefs.’ And that, really, is the main point of all the hours we have all put into this book – to provide people with the knowledge to be able to respond authoritatively to silly claims about it all being biological and everyone needing drugs.

The fact that a second edition is necessary is a mark of the progress that is being made – at least in the research world. The knowledge base around the social causes of madness, and the most effective social and psychological responses, is growing fast, including in areas, like childhood adversity, that were virtually taboo until recently. Indeed, some of the contributors who had got their chapter in early had to update the research again a year later.

Thank you so much to the 37 contributors to this edition, from ten countries and a range of disciplines (including 12 psychiatrists), for sharing your knowledge and experience. It was a labour of love (and one free copy!). Thanks also to everyone at Routledge for supporting the book and the rest of the wonderful ISPS book series.

I especially want to express my gratitude to Jacqui Dillon for her help, as co-editor, and for all her truly inspiring work (and that of all her colleagues in the international Hearing Voices network) helping the world not to be scared of voices or the people who hear them and educating the world about the origins and meanings of ‘psychotic’ experiences. I will always remember sitting on stage behind Jacqui, in London, in 2008, at the first training day on abuse enquiry for British psychiatrists after the launch of the new NHS guidelines. I had bombarded the 100 or so psychiatrists with endless research
findings and techniques for asking about, and responding to, child abuse. Then Jacqui told the story of her life. From the tears in almost every eye, I think I know which part of the training they will remember most.

Sometimes I focus too much on the barriers to change and don’t see the progress we have made. I was sitting with friends in a Copenhagen restaurant during the 2009 ISPS Congress moaning about the ‘hypocrisy’ of a prominent geneticist who had initially been among the most scathing deniers of the trauma-psychosis hypothesis but who had just put his name on the latest of the many papers confirming the hypothesis. My good friend Richard Bentall replied, ‘For god’s sake, John, you’ve won and you’re still bitching!’

Thanks to everyone in ISPS for providing me with an international family, however fractious at times – like most families – within which I feel supported and nurtured in my efforts.

Thanks, again, to Emma and my two beautiful children, Jessica and Ben, just for being who you are and for sharing your lives with me.

Just before completing this edition, I was signed up by Liverpool (the University, not the football club). So, as Emma and I prepare to bring our 20 years in New Zealand to a close, it is time to acknowledge just a few (at the risk of offending others) of the many Kiwis who have inspired and sustained me: David Semp, Jim Geekie, Debra Lampshire, Vanessa Beavan, Jeremy Clark, Judi Clements, Thom Rudegeair, David Codyre, Ingo Lambrecht, Leigh Murray, Fred Seymour, John Thorburn, Arana Pearson and Jeffrey Masson.

This second edition of *Models of Madness* is dedicated to Loren Mosher, a co-editor on the first edition, who died shortly after its publication. You are still remembered and missed, Loren. It is also dedicated to everyone engaged in the international struggle to free madness from the frightening and pessimistic ideology promoted by biological psychiatry and the drug companies and to create more humane, evidence-based approaches. Remember, there are thousands of us!

*John Read*
*Auckland, January 2013*
As a practicing psychiatrist who has been working full-time for a number of years in a psychosis service, the second edition of this popular and most important book is a source of both considerable pleasure and some discomfort to me.

The pleasure is that so many chapters resonate with and validate many of my – often private – observations and beliefs about the limitations and sometimes even harmfulness of some of the ideology and practice of contemporary mental health services. The discomfort comes from the profound difficulties, and sometimes loneliness, in trying to effect change for the better and the exacerbation of personal guilt when some of the problems I encounter are so starkly portrayed, as they are in this book.

In the *Structure of Scientific Revolutions* (1962) Kuhn caused something of an outrage by suggesting that paradigm shifts result from a mixture of social forces, enthusiasm and the availability of an alternative paradigm. It is to be profoundly hoped that mental health services in some parts of the Western world do undergo a ‘scientific’ revolution in the not too distant future. This book contains many of the building blocks needed for such a revolution. It certainly takes a social perspective, and it contains many chapters that express enthusiasm and passion as well as many challenges to long-held ‘scientific’ beliefs and practices that hold centre stage in mainstream psychiatry. The theories that are challenged include genetic theories and the very concept of ‘schizophrenia’, as well as practices that involve the domination of powerful medications and the sidelining of involvement with the family in therapeutic services.

It is very satisfying that the questioning of well-established ideas or even beliefs is followed by alternative ideas and explanations that focus mainly on giving much greater emphasis to formative experiences, including difficult family problems and communication disturbances and trauma. The fact that there is personal meaning and history disguised to varying degrees in the symptoms of psychosis sadly still needs stressing, as many chapters impress on the reader.

A profound change is gradually taking place in the increasing exposure of the often corrupt science and marketing that leads to the excessive dominance
of the pharmaceutical industry in the mental health field. However, I think that many psychiatrists will only fight these pressures if during their training they have acquired other useful effective therapeutic tools that they are confident in using and if they have access to staff who also have good therapeutic skills and the time to use them.

The greatest leverage for change will probably be the increasing maturity and sophistication of organisations of families and experts-by-experience working in close cooperation with, and within, organisations like ISPS, which is composed of many members who are very sympathetic to many of the challenges raised in this book.

The book is written in a style that is fully accessible to professionals, service users and family members. I anticipate that it will play a part in generating an insistence that all members of staff teams working with psychosis have regularly evaluated competence in the psychological approaches to psychosis and that each team has available a range of psychological approaches, relevant to needs. This contrasts with the sad fact that at present such availability is often exceptional. One would not tolerate it in a surgical service: why do we do so in the mental health field?

We need a radical but common-sense shift to services that match patient and family needs, rather than the latter having to accommodate to inadequate service provision. These goals are at the heart of the objectives of the International Society for Psychological and Social Approaches to Psychosis (www.isps.org).

Some will say that it is easy enough to challenge existing practice and beliefs, but another thing to be sure one has better solutions. There is plenty in this book – and the other books in this ISPS series – to point the way. As well as those chapters challenging the conceptual basis for much practice in psychosis, I would like to highlight the intervention chapters, especially those that include reference to much more sophisticated thinking and practice in working with families, the importance of developing further the early intervention in psychosis frameworks, the need to retain the insights of the psychodynamics of psychosis and their incorporation into everyday practice, as well as retaining specialist practitioners, and the increasing evidence base for CBT approaches. If I were to forecast the future, I would envisage a rapprochement between CBT, psychodynamic and systemic approaches. This is already hinted at in the CBT chapter that emphasises the importance of core beliefs formed as a result of life experience. If core beliefs really are important, then what is needed is a move towards skills in providing longer-term interventions and therapies that tackle developmental disturbances and traumatic experiences that have deeply affected the security of the ‘self’.

I am delighted that these days there is a much greater emphasis on competence in the professions. I hope that part of the revolution that is on its way will be for all mental health practitioners to be able to demonstrate expertise in areas determined by the needs of service users and their families. It is my
experience that this is a difficult area to speak about but that the variations in standards and competencies are very worrying.

I am confident that this edition will be as popular as the first. Congratulations to John Read and Jacqui Dillon for their leadership in bringing this second edition of *Models of Madness* to completion.

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It was with some sadness that, because of the burden of other commitments, I was unable to accept John’s invitation to contribute as an editor for this second edition of *Models of Madness*, but I have followed its development closely and am delighted to see it finally appear in print. Loren Mosher was also unable to contribute, for more compelling reasons. He is sorely missed, not least because it will be difficult to find anyone able to fill his role as a forceful advocate of a more humane psychiatry and a challenging voice in psychosis research.

Happily, the first edition of *Models of Madness* proved to be more influential than the original editorial team had expected. Perhaps this was not only because the contributors were experts in their fields, but also because they argued passionately against the conventional approach to understanding madness which has so poorly served patients and their carers (although it has sometimes served professionals and the pharmaceutical industry very well). The first edition chimed well with the changing times, capturing the moment when the limitation of outdated, naively reductionist models of psychosis were becoming obvious, even to many working within the field of biological psychiatry.

The fact that a second edition is necessary at this stage reflects the exciting developments in our understanding and treatment of psychosis that have continued over the past few years. So many widely accepted assumptions about the nature of madness have been shown to be wanting that it is difficult to list them all. Whereas clinicians once saw patients with psychosis as almost a separate species, we now know that psychosis exists on a continuum with healthy functioning. Whereas it was once assumed that genetic factors dominate in the causation of psychosis, the past decade has yielded a massive amount of research on social factors (exposure to urban environments, social deprivation, migration and discrimination, and, of course, childhood trauma) that are, without doubt, causal. Whereas psychosis was once seen as an almost life-ending condition, shattering hopes and ambitions for the future, we now know that many people can lead happy, productive lives with persisting psychotic experiences and without the need for either psychiatric or psychological intervention. Truly, a revolution is occurring in our understanding of severe mental illness.
This time round, John and Jacqui have done a wonderful job in bringing together most of the original contributors, persuading them to update their original material, and integrating their work into a coherent whole. This volume will serve as an inspiration, not only to established clinicians and researchers, but to the young people who will develop better services for people with psychosis in the future. It will also offer further hope to those people who matter most when we debate the nature of mental illness – the millions of experts by experience living in the world today, many of whom have contributed to our understanding, not only by participating in our studies, but also by sharing their stories of triumph over adversity.

Richard Bentall