
from www.larsmartensson.com

San Diego Psychological Association and
Friends of Mental Health Present

The Road To Recovery

This conference will present current research on the forms of intervention that best promote recovery from mental illness as well as current research on mental illness and the elderly, issues with incarceration of the mentally ill, and recovery and the role of the faith community.

Lars Martensson, M.D., whose research was an impetus for the formation of Swedish therapeutic centers, will be the first of six speakers.

Registration will include a buffet luncheon.



Lars Martensson, M.D. "Love, Hope & Brain Science: Cornerstones of a New Psychiatry from Sweden"
John Bola, Ph.D. "Neuroleptics and the Natural Course of Schizophrenia"
Alan A. Abrams, M.D., J.D., FCLM "Criminal Justice, Mental Health-Co-dependent No More"
Hugh Pates, Ph.D. "Prevention and Recovery for the Elderly: A Life and Death Challenge"
Loren Mosher, M.D. "Optimum Treatment for First Episode Psychosis"
Rev. Jeannette Keil, Ordained Minister "A Message of Hope: Working with the Faith Community"

What did you think of this paper? Send your comments to
larsmartensson@yahoo.com

Love, Hope, and Brain Science

*Transcript of speech by Lars Martensson at seminar
"Road to Recovery", San Diego, April 2nd, 2004:*

Love, Hope and Brain Science. What does Love and Hope have to do with Brain Science? Simply, that a human mind, a human consciousness, cannot arise and cannot exist without Love and Hope. Therefore a science of the human brain, a science that seeks to understand and explain the characteristic human functions of the brain, the functions that distinguish us from other species, the human mind, human consciousness, – in such a brain science Love and Hope must have a central place.

Birth of Consciousness

Consider a baby with its mother. The baby kicks and screams like mad, oblivious of everything, oblivious of the caring mother above. But suddenly the baby quiets down, the eyes of the two meet, the baby laughs and coos. Now the baby sees the mother and, most importantly, it sees itself through the eyes of the mother. The two are together in a common world. This is how we are born, how we are mentally born, this is the birth of our human consciousness. We are born through Love with an Other.

At that moment the highest functions of the human brain centered in the Frontal Lobe are activated. The baby takes a Leap to a View outside itself. We go on to develop this function and learn to take all kinds of viewpoints. D.R. Hofstadter said: "The Self comes into being the moment it has the power to reflect itself". Thanks to this outside perspective we are able to develop an inner world separate from the outside world, where we can do our thought experiments, a world where we ourselves are the Creator.

Archimedes said: "Give me a fixed point outside and I will move the world!" Similarly we get a new power to move our own world, our inner world, when we make the leap to a point outside ourselves.

The highest function of the human brain, the self-reflective function centered in the frontal lobe which gives us an inner world, an inner light, and power over ourselves – is thus activated in interaction with another human being.

Breakdown of Consciousness: Psychosis

Now, let us move 15, 20, 25 years forward. The baby has become a teenager or a young adult. In the meantime his consciousness, his frontal brain functions, has developed tremendously in richness. At the same time unresolved stresses, strains, inconsistencies may have accumulated in his inner world. Perhaps he or she is very idealistic and finds the world and people simply too corrupt and ugly, and for this reason, or for some other reason, he withdraws more and more. Unwittingly he deprives himself of the empathic interactions that maintain and strengthen his consciousness. Life becomes more and more lonely and hopeless. Anxiety and despair rises. He feels he has an impossible life to live. He breaks down. Becomes psychotic.

This breakdown means that the separate inner world that was created by a view from the outside through empathy with another, breaks down. The inner world merges more or less with the outer world. When inner and outer are no longer distinct, fiction and fact, thought and perception are confused. In short, delusions and hallucinations and other psychotic symptoms are due to the breakdown of the frontal brain function that maintains a separate inner world and that depends on empathic interactions with other people.

Now we see, not a baby, but a young adult person that kicks and screams, maybe not literally, but figuratively speaking, kicks and screams like mad. When the superordinate control of mind and behavior by the frontal brain is lost in a person with all the physical and mental powers of a young adult the ensuing chaos is, of course,

much more threatening and problematic than that of a kicking and screaming little baby. But, the point is that this young adult, despite appearances, is helpless in essentially the same way that a baby is helpless and as much in need of Love and Hope in order to emerge from the psychotic chaos.

Human Responses to Crazy People

When we see or hear a baby cry we, as human adults, are programmed to want to comfort, to feel tenderness and love. Our instincts help us to respond appropriately. Our genetic programming makes us try to give the baby what it needs.

But how do our instincts make us respond when we are faced with an adult person who is unreasonable and out of control because of a breakdown in frontal brain functions. We are apt to respond with anger. Our impulse is not, what it would be with a crying baby or child, to approach, to hold, to comfort, to cherish. We get out of the way, if we can. Everybody withdraws.

Normally young people have a rich and intense social life, but when a young person breaks down and becomes psychotic, he or she very soon finds himself in a social vacuum.

If you cannot withdraw, for example, because you are in the same family, you may quite naturally respond with overt or covert anger, and thus worsen the loneliness, hopelessness, and lovelessness that caused the psychosis. Thus, this young person may be trapped in a vicious circle.

Neuroleptic (Anti-psychotic) Drugs

Now, remember the baby kicking and screaming like mad. We saw the transformation when the eyes of baby and mother met in love. The baby turned happy and quiet, just cooing and laughing.

There is another way we can quiet babies. We can give them a tranquilizer, a so called antipsychotic drug, a neuroleptic drug. Give such drugs to children. Surely crying and other troublesome behaviors will be reduced. Maintenance neuroleptic treatment is also effective in preventing relapse into troublesome behaviors.

Yet we are all convinced that with drug free care after a few years the children will be in better shape than if they are given drugs. Similarly, people in psychosis will be in better shape if they are given love and understanding rather than drugs.

The main effect of these drugs is to inhibit the reward system, the pleasure system, of the brain by blocking dopamine receptors. The drugs deprive a person of the emotional energy that drives crazy behavior. By the same token, however, the drugs deprive a person of the emotional energy that drives any creative activity. For example, we saw how the crazy little baby turned happy and quiet, just cooing and laughing with mother. That transformation could not have occurred if the baby had been given a neuroleptic, an antipsychotic drug.

In other words, the drugs prevent activation of the frontal brain. In short, the drugs suppress troublesome behaviors, but at a high price. They suppress trouble at the price of blocking recovery.

Reverse Psychiatry

But is recovery possible? Isn't schizophrenia a chronic, lifelong disease? Yes, in general, at least with the drugs. Almost everybody who gets the diagnosis is stuck both with the diagnosis and the drugs for life. But is recovery possible without the drugs?

I will return to that question. But first we will make a trip to the Swedish city of Falun and talk with Goran Andre, a psychiatrist. In the early and mid 1990s he was head of psychiatry in Falun, and responsible for psychiatric services for a population of about 60,000 people.

During a four year period 1992 to 1996 all first time psychotic people in this area were taken care of in a novel way that is also practiced, more or less, at some other psychiatric centers in Scandinavia.

Goran describes the four cornerstones of the Falun method as follows:

1. Psychosis is seen as a crisis. A crisis to be overcome.
2. A session with the whole family is arranged within 24 hours.
3. Neuroleptic drugs are avoided. In fact, hardly ever used.
4. Hospitalization is avoided. In fact, hardly ever necessary.

Each one of these principles is contrary to the usual routine in psychiatry. In normal psychiatry a psychotic patient is hospitalized, separated from the family, and finally, after some time, released with maintenance neuroleptic drugs. The family is "educated" to help make sure the patient takes the drugs she "needs." In short, the psychiatry in Falun is an upside down, a contrarian psychiatry, a REVERSE PSYCHIATRY.

What happens in Falun is that the people around the patient, the "family," are gathered as soon as possible for a session with the team. The team consists of the psychiatrist, Goran Andre, a psychologist, and two other people. They meet in a living-room type setting. By family is meant whoever is significant in the life of the patient. The experience of the team is that people will come, even if they have to travel from far away.

In this situation, everybody, not only the patient, is filled with anxiety and despair. Together with the team the family gets an increased capacity to contain and solve problems. It is often found that the patient emerges from psychosis during this first family session. The patient is almost always able to return home with the family the same day. If needed, one of the team members may come along home and stay the night with the family.

Psychosis Outcome with Reverse Psychiatry

Now the remarkable outcome. During these four years the Falun team took care of 37 first time psychotic patients. Normally about half of first time psychotic persons get stuck in their psychosis, become chronically psychotic, and get the diagnosis schizophrenia. You do not get that diagnosis right away; you get it after some time when you seem stuck in psychosis. The remarkable outcome is that during these years there was not a single new case of schizophrenia in the Falun area.

In a population of 60,000 people in four years you expect about 30 new cases of psychosis out of which about 15 graduate to schizophrenia. In Falun there were ZERO, instead of 15 cases of schizophrenia. This fact indicates that most, if not all people, who become schizophrenic with normal psychiatry, would overcome the psychosis with the Falun REVERSE PSYCHIATRY. In other words, with the right help at an early stage the development from psychosis to schizophrenia may be prevented.

Since in normal psychiatry most patients would receive neuroleptic drugs, I asked Göran how many of the 37 patients got the drugs. He estimates that perhaps 1/4 of the 37 patients have received a neuroleptic drug some time or times, when, he said "we have thought the drug might be of help."

By 1998 one or two of the 37 patients were taking the drugs. In normal psychiatry, typically about 20 of the 37 patients would be getting neuroleptic drugs at that point in time. In other words, all or almost all of the Falun patients had escaped the usual fate of psychotic patients, the fate of being stuck in the neuroleptic drug trap.

Because GA was chief of psychiatry these years in Falun he was able to ensure that ALL first time psychotic patients were directed to the psychosis team. Thus, there was no selection of patients. Therefore we can be sure that all those 10 or 20 young people in Falun who were destined to become chronic schizophrenics if they had been treated by normal psychiatric methods, were saved from this terrible fate – we can be sure they were among the 37 patients seen by the team.

"We were all wrong!"

You would think these results should have been written up in a proper research paper. Of course. Goran and his team are dedicated professionals, but they are not academic people writing research reports. Obviously, if the academic psychiatric establishment had been truly interested, the continued work of the team would have been protected and the data would have been evaluated and published in the psychiatric literature. I am sorry to say, that did not happen.

The Falun results vindicated views I had presented a decade earlier, in the mid80s, when I argued, among other things, for a legal right to drug free care. Let me quote Loren Mosher, whom you will hear later today. He said "In psychiatry, the powerful, established gate-keepers - a group composed almost entirely of academic - conservative - psychiatric - research mafiosi - can be relied upon to reject unfashionable research." What is true in America is true, also in Sweden.

A senior psychiatrist, my friend, who also knew what made his colleagues tick, said to me in the mid80s: "Lars, you have to realize, if you are right, all they have done all their life is wrong." When did you hear the people in power admit: "We were all wrong!"

The Problem with Psychiatry and Psychiatrists

What was happening in Falun? Why was there no schizophrenia? Even the members of the team are wondering. Goran told me that "What we are NOT doing may be more important than what we are doing." Ulf Wamming, the psychologist explained: "Never leave a first time psychotic patient alone in a room with a psychiatrist!"

Why? What is it about a psychiatrist that is destructive? What does a psychiatrist do?

Let us think for a moment about what typically goes on between a doctor, the expert, and a patient, the non-expert. The doctor tries to understand what the patient's words suggest about the disease. The doctor has ideas and thoughts that he does not share with the patient. With a psychiatrist, while the patient is talking the doctor is really looking for psychotic symptoms. He has ulterior thoughts. This professional attitude may be OK when the concern is a disease of the body. But it is very problematic with a psychotic person.

Let us compare the relation between doctor and patient with the relation between the mother and the baby at the moment the baby is mentally born by the leap to an outside viewpoint. That leap, we understand, is only possible because of the empathy, dedication, openness, total presence of the mother. There are no ulterior thoughts, no manipulation. This is love. Human consciousness is born in Love.

The task with a psychotic person is, as we noted, similar to the task with a baby. The task is to activate the frontal brain function that underlies human consciousness. When the psychotic person makes the leap to an outside viewpoint through a fully empathic mutual relation with another, at that moment the psychosis is overcome. The person is whole again.

We noted that human beings are programmed to respond appropriately with care and love to a crying baby. But with a crazy adult our spontaneous reaction is not care and love, rather it is withdrawal or anger. The professional attitude is not the answer. The professional attitude is also a kind of withdrawal, a kind of anger management.

If we understand the task that the psychotic person faces in order to become whole again, and if we want to make it possible for him or her to get the faith to dare that vital leap, the recipe is: Be there, but not aloof and observing, and not intrusive, but fully present with a pure and open mind.

So, what the patient needs is more or less the opposite of what a psychiatrist is trained to give.

Some 20 years ago when I had been giving a speech in Denmark a psychiatrist in the back of the room asked: It is nighttime. I am on duty in the emergency room and I have this very strong, big, violent, psychotic man. Do you say I should not give him a neuroleptic drug?

The answer that came out of my mouth was: "Let us start with the problem, not with the system." Within the existing system, of course, the psychiatrist may have no alternative.

In our society we expect to do our jobs with a professional attitude and between 9 and 5. Maybe there will be some overtime etc., but still, our involvement is limited. We can do a lot of things this comfortable way. But there are essential tasks that demand more. For example, in wartime we may be expected to risk our lives. If a person is drowning in the river, the only way to save that person may be to jump in and share the danger. If it is my child, or someone else I love, I probably will jump in.

There are tasks for which our system, our way of doing things is inadequate. Doing psychiatry the way we do other kinds of medicine is totally inadequate.

Conclusion

It is an unbearable horrible tragedy when a young person, often a gifted, sensitive, creative young person is drowning in psychosis. Today I have focused on the experience in Falun, but time permitting I could have marshaled much other evidence that most, if not all, these young people can be saved, saved from the psychosis, and saved from the drugs – saved to live the lives they were born to live.

They can be saved. Therefore they must be saved. If we understand and face up to the actual problem we will have no patience with the existing system of psychiatry.

Love opens the road to recovery: Love instills the Faith to dare the vital leap. Love gives the Hope that the impossible life IS possible, after all.
