



‘PSYCHOSIS’ AND ‘SCHIZOPHRENIA’: THE IMPORTANCE OF UNDERSTANDING THE SOCIAL DETERMINANT OF TRAUMA AND ADVERSITY TOWARDS SUPPORTING PERSONAL RECOVERY

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Psychosis and schizophrenia are still generally considered biological disorders; there is, however, an increased understanding of the role trauma and adversity have in the development of a person’s experience of voices, vision and other realities and the likelihood of a person ending up with a medical diagnosis of a psychotic disorder. Adversity, trauma and other social determinants are often present for people labelled as suffering from ‘psychosis’ or ‘schizophrenia’. It is important to support a person to make sense of and understand the social and environmental experiences that have contributed to the development of the so-labelled psychosis. Literature demonstrates that adverse events can precipitate the occurrence of altered states, but the traditional model seeks to ‘treat’ or ‘cure’ the potentially meaningful response (‘psychosis’), rather understanding meaning towards the empowerment of the individual.

The old story

Much continues to be written about the biological hypothesis of schizophrenia. Despite years of research, no clear biological answers have evolved. Sir Robin Murray, a researcher and protagonist of the biological and gene focussed understanding of schizophrenia, recently acknowledged the mistakes he has made in this respect:

‘In the decades following 1976, I spent more time and energy than I like to recall, trying to find what caused the

brain changes in schizophrenia. Sadly, I did not realise that the effects of other risk factors... on brain structure and function, which can be readily seen in nonschizophrenia samples, are obscured in people with established schizophrenia by the effects on antipsychotics and other nonspecific factors’. (Murray, 2016)

The focus on the biological discourse has taken us away from understanding the potential for meaning and recovery in relationship. Mental Health Nursing has offered conceptual frameworks that focus on humane and relational alternatives (Schwing, 1954, Peplau, 1952, Travelbee, 1971) for many years, including prior to medical psychiatry disappearing down the 1970’s rabbit hole.

It is vital to understand the whole person and their broader experiences that has precipitated the label of psychosis to avoid dehumanisation by professionals. Pavos and Reas (2017) identify ‘alarming dehumanisation that the biological conceptualisation of a person’s distress can generate in health professionals’. Understanding the impact of trauma and adversity from a range of social determinants may provide relief from such practices.

Mental health nursing and psychotherapeutic approaches can complement the need for peer informed non-pathologizing milieu to nurture environments in which an individual can continue to utilise the resources and skills that have they have already employed in overcoming trauma

and adversity prior to contact with mental health systems. This milieu can support individuals to make sense of the determinants that have shaped their [psychotic] realities.

Social determinants - value to a person and their supporters understanding their realities?

The impact of adversity and trauma on children occurs both in relational and neurodevelopmental terms (ASCA, 2012, Read et al, 2014) and has an impact on health across a range of domains (Felitti, 1998). The dose response relationship between significant adverse events (Felicetti, 1998), the dose response between trauma and psychosis labels (Verase, 2012) and an understanding of the impact of social and bibliographical experiences (Longden, 2012) is now well understood. Living in urban environments, being part of a migrant group (including intergenerationally), being part of an indigenous group in countries that have removed or reduced autonomy for first nation people, reduced time in education and employment and reduced time in personal relationships appear to mean a higher likelihood of diagnosis. Understanding of the impact of power, threat and meaning (Johnstone. & Boyle, 2018) in speaking speak to social determinants and systems of iatrogenic harm highlights the responsibility of nurses to remain focused on humane and ethical principles (ACMHN, 2013).

Conceptualising childhood adverse experiences, as social determinants of health, supports understanding of the 'psychotic' reality, as being relatable to a person's own narrative of biographical and social experience (Corstens and Longden, 2013). Trauma-informed understanding of how the social determinants might be expressed as 'psychosis' is vital in placing the person as the arbiters of their experience and locates the legitimate and common human experience of 'psychosis as a 'sane response to an insane world' (Laing, 1967).

Understanding the impact of the social determinants provides an opportunity for a hopeful and meaningful construct towards understanding pathways to recovery. Understanding and working through social determinants can reduce the iatrogenic harm caused by failing to recognise the determinants when 'treating' and potentially re-traumatising through a psychiatric diagnosis and treatment approach.

What can we do to understand and support the impact of social determinants?

Understanding the narrative and impact of the determinants demonstrated to be of significant value in personal recovery from psychosis (Romme et al., 2009). A formulation approach focussed on value and meaning to an individual and support network, towards recovery rather than arbitrary diagnostic formulation is important.

In the absence of reasonable evidence to support the biologically driven and pharmaceutical industry-funded research into the primary genetic link in psychotic disorders, making sense of social determinants are a valid alternative in returning the power to individuals and their networks of support.

Witnessing what has happened and not what's wrong with a person can facilitate understanding of the skilful, resourceful and powerful, unique human being. Understanding the impact of social determinants in the lives of people who



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have been labelled, by others, as 'psychotic' and inviting individuals to embrace their strengths and qualities towards their own paths to recovery is consistent with United Nations', in a statement by Danius Purius(2017) the Special rapporteur on right to health :

'Coercion, medicalisation and exclusions which are vestiges of the traditional psychiatric care relationships, must be replaced with a modern understanding of recovery and evidence-based services that restore dignity and return rights holders to families and communities'.

Nursing and psychotherapy in response to understanding the impact of the social determinants

Within the human to human relationship, changes can occur, as a person begins to meet a fellow human, seeing themselves as they are, acknowledging their own complexities and vulnerabilities, and acknowledging they are no different from the person in front of them, and acknowledges that with all their complexities and vulnerabilities, they are no different from the person in front of them. Through this encounter, within a safe relational environment, where the individual is free to make sense of and process their understanding, their experiences of their internal world and relationships, along with their external knowledge of relationships begin to change. This new way of seeing themselves and the other begins to reduce the burden of past adversity.

Understanding and overcoming the social, so often relational, determinants can provide metaphor and meaning for a person with a label of a psychotic experience. This can be especially true when we find healing in human to human relationship - as Carl Jung said "We don't get wounded alone and we don't heal alone" or more explicitly, the wounds that were inflicted in relationships can only be healed in relationship.

References available upon request

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