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Does Psychotherapy Have Anything to Offer The Current Paradigm Shift Occurring Within Clinical Psychiatry?

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CONTENTS

CHAPTER 1: 1
Introduction 1

CHAPTER 2: 2
Data Review 2

CHAPTER 3: 12
Discussion 12

CHAPTER 4: 17
Conclusion 17

CHAPTER 5: 20
Bibliography 20

Abstract

This body of research seeks to examine the current debate calling for a paradigm shift within clinical psychiatry. A group known as the *Critical Psychiatrists* are at the centre of this debate; formed out of a recognition that the current mental health system is failing the service user. This debate has raised questions as to why clinical psychiatry is currently relying solely on the use of medication for serious mental illness; such as schizophrenia and psychosis. The current debate argues that an over reliance on medication is failing the service user; essentially ignoring the human experience found at the root of these illnesses. This body of research proposes that psychodynamic psychotherapy offers a new way of treating schizophrenia and psychosis; a concept that has been adopted amongst the Scandinavian States for the past three decades. Furthermore; this research paper is of the opinion that each of the paradigms involved can gain a new understanding and mutual respect through enhancing their knowledge of what each discipline can offer this debate.

CHAPTER 1:

Introduction

The purpose of this body of research is to examine the current debate that is ongoing within clinical psychiatry; a paradigm shift. Simultaneously, a shift is occurring within the field of psychotherapy; a change in attitude towards the use of psychotherapy as a treatment option for serious mental illness such as schizophrenia and psychosis.

As stated, this body of research seeks to examine the current debate within clinical psychiatry; the shift against the preference for the sole use of medication in treating serious mental illness; a method which is claimed to be failing the service user; the most important group at the centre of this crisis. The rise of service user movement have come about due to the dissatisfaction and disillusionment of psychiatric patients and their families. A further response toward the failings of clinical psychiatry has come from a group of psychiatrists themselves; known as the *Critical Psychiatry Movement* (Thomas, 'What is Critical Psychiatry?', 2013). This movement is searching for a new way of practicing, while simultaneously, remaining within the paradigm of psychiatry.

After an exploration of current relevant literature; this body of work proposes that the answer to the critical psychiatry debate; may be found within psychodynamic psychotherapy. Furthermore it is proposed that in order to bridge the gap between the disciplines a pooling of knowledge and a way to build respect between the technological and psychological paradigms needs to be examined.

The following chapters of this research paper will explore the issues raised in this introduction in detail. Chapter two is comprised of a review of current literature, chapter three is a critical analysis of the findings of the review, concluding in chapter four while

acknowledging areas for possible further research and chapter five contains a bibliography of sources used during research

CHAPTER 2:

Data Review

The following section contains a review of the current literature, relevant to the question being examined. A critical analysis of the findings will be carried out in the subsequent section. This is a desk based research dissertation; using library databases such as *PsycInfo* in conjunction with works of literature from several theorists from the paradigms of psychiatry, psychoanalysis and psychotherapy.

The first article to be reviewed is the work of the Critical Psychiatrist Philip Thomas. In his 2013 article *Mad in America*, Thomas explains the origin and purpose of the Critical Psychiatry movement. It is important to make the distinction that *critical psychiatry* is not *ant -psychiatry*; critical psychiatry is a movement that has evolved over the past two decades, as a result of the questioning of traditional psychiatric methods. The Critical Psychiatrists' are clinical psychiatrists that have become disillusioned with traditional psychiatry.

According to Thomas, three areas are central to this debate; the problem of psychiatric diagnosis; the issue of evidence based medicine which is also influenced by the pharmaceutical industry and finally the issue of context and meaning in psychiatric work (Thomas, 'What is Critical Psychiatry?', 2013). Thomas explains that the issues are linked thereby, having a direct effect on each other. The issue of diagnosis in psychiatry is contentious from a critical psychiatry perspective, having both a scientific and moral issue. Thomas cites the work of Joanna Moncrieff (Moncrieff, 1997), a fellow critical psychiatrist; when she claims that despite years of research no strong evidential link has been found

between a biological cause for either depression or schizophrenia (Thomas, 'What is Critical Psychiatry?', 2013). For Thomas, this fact raises questions over the validity of the use of medication that claim to cure this *biological disease* (Thomas, 'What is Critical Psychiatry?', 2013).

Thomas believes that the lack of consensus internationally amongst psychiatrists in relation to schizophrenia has hampered research. Thomas goes further on this point as he compares British and American psychiatric diagnosis, claiming that the USA had a broader diagnostic criteria, however; Thomas further claims neither side used the *monoamine* or *dopamine* theory for depression or schizophrenia until after the development of pharmaceuticals *designed* to treat these disorders (Thomas, 'What is Critical Psychiatry?', 2013).

A strong theme throughout Thomas's work is the subject of social justice and its importance to psychiatry. Thomas believes that the increase in serious mental illness is due to experiences of racism and discrimination that occur frequently towards black and ethnic minority groups. According to Thomas, psychiatry is failing on both theoretical and moral grounds.

Philip Thomas expands on his critical psychiatrists view in his 2014 book *Psychiatry in Context* (Thomas, 2014).Thomas feels that psychiatry is asking the wrong questions. Expanding on issues raised in his article for Mad in America, Thomas explores his theories in detail.

Thomas argues that biology and genetics are a small aspect in the overall story of mental health; the most important factor to consider would be the context in which the individual's life is unfolding; their environment and its influence over the development of the individual. The story of that person's life up to the time when they present for treatment; can place a

context on their suffering and development of their illness. These are factors not explored by the current paradigm of clinical psychiatry.

Thomas proposes to bring a *narrative solution* into psychiatric treatment (Thomas, 2014).Thomas sees a solution for suffers of schizophrenia and psychosis through a treatment that allows them to use their own narrative to place a context on what they are experiencing. This helps the individual to achieve an understanding of what has brought them to that point. Thomas sees the benefit of this approach as having a double effect; firstly, helping the service user and secondly, developing a greater understanding by which the wider establishment can realise the impact of social inequality on mental health. Thomas is of the belief that, if psychiatry is to progress, it will have to begin listening to the narrative of its service users, in order to be effective at a community level (Thomas, 2014).

Thomas accepts that sometimes medication is necessary to allow an individual to engage with treatment, however only in the short term. Thomas warns of the danger of an over reliance on neuroscience which, he believes, has given rise to an increase in the use of medication in psychiatry. Thomas argues that neuroscience is incapable of explaining psychosis and further argues that due to imaging technology, we can now see *voices* (Thomas, Psychiatry in Context, 2014); fMRI technology allows for observation of the processes activated in the brain when a patient is experiencing a psychosis. However it is impossible to understand what the experience of hearing voices is like unless you are the sufferer; neuroscience cannot explain the experience of consciousness (Thomas, 2014).Thomas concludes by sharing his concern that, if neuroscience is continued to be given pride of place in psychiatry, the value of human experience will be lost. Thomas calls for a psychiatry that has the service user's interest at its heart (Thomas, 2014).

The second review is of the work of Patrick Bracken, a contemporary of Philip Thomas. Bracken also a critical psychiatrist, like Thomas he has written and co- authored many works on the subject of a paradigm shift in psychiatry. The following article; *Towards a Hermeneutic Shift in Psychiatry*, published in the *Journal of World Psychiatry* (Bracken, 2014).

Bracken discusses what he describes as a *crisis* currently being experienced within psychiatry. In fact, according to Bracken, the crisis is occurring on several fronts, calling into question the credibility of the profession. Bracken's main argument is that a shift in the epistemological view of psychiatry may be the answer to the crisis.

The article cites the current negative response that the DSM method of classification of has received in recent times coupled with evidence of corruption within the pharmaceutical industry; a driving force behind the development and manufacturing of psychiatric medication; resulting in much of the neuroscientific evidence for the development of psychiatric medication being called into question (Bracken, 2014). Bracken further highlights the damage that has been caused to the discipline of academic psychiatry by the large amount of resources being allocated to the effective rebranding of the disciple as a type of *applied neuroscience* (Bracken, 2014).

Bracken is aware of the problems faced by psychiatry reiterating that the entire field is in crisis, however, the most pressing according to Bracken, is an epistemological issue. Bracken raises the questions over exactly what type of knowledge can psychiatry claim to have on mental illness; what type of knowledge is in fact possible? Due to the dominance of the *technological paradigm*, psychiatric knowledge has been based on biological causation of mental illness; giving rise to the existing preferred method of medication as the only explored

treatment option. By approaching mental illness in the same way as a medical doctor approaches the body in effect *de-contextualises* mental illness; a process that will never be able to give satisfactory results (Bracken, 2014).

Bracken sees the reluctance of clinical psychiatrists themselves to move away from medical epistemology as the problem; refusing to accept that the medicine has gone as far as it can in the area of mental illness. Bracken's answer is to ask for an epistemological shift from reductionism towards hermeneutics (Bracken, 2014) ; allowing a deeper meaning to be explored.

Bracken is of the same opinion as Thomas; a reductionist approach towards mental health is inadequate to explain human experience and context when trying to understand and treat mental illness. Bracken further states that a psychiatrist's job is to understand the human experience; to create a therapeutic space for the patient so they can begin to explore the causes behind their delusions or psychosis; this can only be by the empathic exploration of contexts (Bracken, 2014).

Bracken believes that in order for psychiatrists to move away from medical epistemology, they must become comfortable with the ambiguous nature of a dialectical process of understanding mental illness (Bracken, 2014). Bracken interestingly makes the comparison between art analysis and psychiatry; in order to understand a painting, the context under which it was created must be known; the same is true of a psychiatric patient's illness (Bracken, 2014). Bracken concludes the article by reiterating his opinion; the adoption of a hermeneutic approach to epistemology would yield a more progressive effective psychiatry.

The critical psychiatry movement is not the only body of mental health professionals that are disillusioned with the treatment of serious mental illness. This third review examines the

work of theorists associated with *The International Society for Psychological and Social Approaches to Psychosis* (ISPS); an organisation born out of this disillusionment with traditional approaches towards schizophrenia and psychosis (ISPS, 2012). The organisation is comprised of prominent psychiatrists, psychoanalysts and psychotherapists based across many countries. The following paragraphs will review the work of Bent Rosenbaum and Ira Steinman both prominent ISPS members. Rosenbaum is also the former chairperson of the Danish National Schizophrenia Project (DNS). Steinman a clinical psychiatrist, practices an out patient's psychiatric service in San Francisco.

Bent Rosenbaum, a Danish psychiatrist and psychoanalyst, has been an advocate of the use of psychodynamic psychotherapy for schizophrenia and psychosis over the past three decades (ISPS, 2012). In his 2007 paper describing the evolution of what he calls *Supportive Psychodynamic Psychotherapy* (SPP) (Rosenbaum, 2007), Rosenbaum details the use of a form of SPP in Denmark since the 1960's and the establishment of the Danish National Schizophrenia Project in the early 1990's (Rosenbaum, 2007).

Rosenbaum is clear that SPP is not claiming to cure schizophrenia, however, through SPP suffers can began to manage their condition; finding the possibility of social adjustment (Rosenbaum, Vanggaard's Pioneering Work, 2007). The Nordic countries of Denmark, Norway and Sweden have all adopted a national policy of using SPP alongside treatment as usual for schizophrenia and psychosis, developing a *manual* containing guidelines on the practice of SPP (Rosenbaum, 2007). The article also states that schizophrenia and psychosis patients undergoing SPP treatment only need to be admitted as out patients in psychiatric hospitals (Rosenbaum, 2007).

Rosenbaum and his colleagues at the DNS have worked extensively to provide quantitative results to prove the effectiveness of using SPP alongside treatment as usual for psychosis. The following paragraphs is a review of a study published in the British Journal of Psychiatry; *The Danish National Schizophrenia Project: Prospective Comparative Longitudinal Treatment Study of First Episode Psychosis* (Rosenbaum, Valback, & Harder, 2005)

The study was carried out during the first year of a patient's treatment as part of an early intervention programme. SPP was offered to a group of patient alongside treatment as usual; results being compared with that of a group offered treatment as usual alone.

The study included 562 patients, in treatment over two years, all being admitted with first episode psychosis. The first group were offered SPP alongside treatment as usual, group two was placed in a programme of an integrated psychosocial educational treatment and the third was offered treatment as usual alone (Rosenbaum, Valback, & Harder, 2005). The results showed a non-significant improvement in the first and second groups, given SPP or integrated psychosocial treatment; the least improvement was observed in group three, offered treatment as usual (Rosenbaum, Valback, & Harder, 2005). When drug and alcohol misuse factors were taken into account, a significant improvement was found in the responses to SPP of groups one and two (Rosenbaum, Valback, & Harder, 2005). This study by the Danish National Schizophrenia Project on the effectiveness of SPP, concluded that SPP was shown to improve out comes for patients admitted with first episode psychosis (Rosenbaum, Valback, & Harder, 2005). Rosenbaum and his colleagues at ISPS advocate the use and further development of SPP at an international level with the goal of being adopted into mental health systems at government policy level (Rosenbaum, Martindale, & Summers, 2013).

As previously stated, Ira Steinman, a clinical psychiatrist, practices an out patient's psychiatric service in San Francisco. Steinman has been using his method of intensive psychoanalytic psychotherapy in the treatment of schizophrenia and psychosis for over three decades. Steinman has written and lectured extensively on the subject of the use of intensive psychoanalytic psychotherapy for psychosis. The following paragraphs are a review of relevant chapters from Steinman's 2009 book; *Treating the Untreatable* (Steinman, Treating the 'Untreatable', 2009); describing how intensive psychoanalytic psychotherapy can work for schizophrenia and psychosis.

Steinman highlights the fact that services available for mentally ill patients currently offer no type of therapeutic intervention that looks into the meaning behind the patient's delusions and hallucinations. Steinman feels that medicating mentally ill patients with no therapeutic intervention is effectively objectifying them; rather than treating suffers as an individual with a real meaning behind their illness (Steinman, Treating the 'Untreatable', 2009). Steinman a sharing similar view as both Thomas and Bracken, believes in the *judicious* (Steinman, Treating the 'Untreatable', 2009) use of mediation if necessary, with a therapeutic program.

According to Steinman in the case of a patient suffering with chronic delusions or schizophrenia, treatment of their condition with psychotherapy contains many stages. Steinman acknowledges that behind delusions and hallucinations lies deep pain, fear or suffering; sometimes coming from a *preverbal* stage (Steinman, 2009). Steinman describes the loneliness, sadness even depression that the delusional patient will experience while they begin to process their past. Steinman believes that it is a therapist's goal to work with the patients strong defences in the transference relationship; the relationship that exists at an unconscious level between a client and therapist; through which the client shifts emotions

associated with a relationship from their early life onto the therapist during the therapy session.

The therapist must be acutely aware of their own counter-transference in the relationship also. Steinman gives examples of the difficulties experienced by therapists due to the intensity of the psychotic patient's transferences. Steinman states that the therapist must be confident in the knowledge that even the most dramatically intense reactions by the patient can be worked through using the exploratory techniques of psychotherapy to allow understanding of these reactions by the patient (Steinman, 2009).

Steinman demonstrates through case studies the possibilities that patient suffering with serious delusionary and schizophrenic symptoms can achieve through *intensive exploratory psychotherapy* (Steinman, 2009). Steinman warns that as the patient starts to understand the root of their delusions, their journey is far from over. This is the stage of their process that can bring the most distress as the fear and trauma underlying their condition is realised. Steinman believes that this is when the patient is possibly at their most vulnerable. The containing space of therapy is vital at this point to allow the patient to be able to work through the feelings that arise from this particular stage of their process (Steinman, Treating the 'Untreatable', 2009).

The fourth review examines the work of Mark Solms, a psychoanalyst and lecture in neuroscience and neuro- psychologist Oliver Turnbull. In their book entitled Th*e Brian and The Inner World* (Solms, 2002), Solms and Turnbull explore the relationship between psychoanalysis and neuroscience.

Solms et al (2002) explains how neuroscience has helped our understanding of prefrontal lobe activity and its relationship to psychoanalysis and psychotherapy. According to the authors, the prefrontal lobes the part that distinguishes us from primates; the frontal lobe is the centre of the brain that gives us the agency of choice; *the tissue of humanity*.

Neuroscience has literally shown psychotherapy that emotional attachment is shaped and formed in the prefrontal lobe. This formation of the prefrontal lobe is directly related to the experience of the individual within their external environment. What occurs for the individual in early childhood will determine the overall structure of the prefrontal lobe (Solms, Chapter 9 'The Self and the Neurobiology of the Talking Cure', 2002); specifically a parent's language and actions. Solms et al (2002) further makes the connection between the *mirrors neurons* found in the outer surface of the prefrontal lobe as possibly being the base for the neurobiology of empathy; the capacity for internalisation; again the development of which are directly impacted by the external environment.

According to the authors; *repression* can be described as anything that distorts the mechanism of information from previous experience travelling to the prefrontal lobe for assimilation into conscious memory (Solms, Chapter 9 'The Self and the Neurobiology of the Talking Cure', 2002).FMRI scans show that psychotherapy has a direct effect on activity in the prefrontal lobe; actually displaying specific changes to the frontal lobe in tandem with therapeutic outcomes (Solms, Chapter 9 'The Self and the Neurobiology of the Talking Cure', 2002).

Solms et al (2002)outline how they believes this take place; language has been proven responsible for the creation of connections between environmental understanding and memory; directly shaping behaviours. As the mechanism of internalization takes place within the prefrontal lobe, having a crucial formation period in the early years; a disturbance in the

capacity for internalization can be readdressed through the feelings and emotions that will arise in the transference relationship of the therapy.

Solms et al (2002) draw parallels between the neuroscientific and psychoanalytic divide as mirroring the separation between the internal processes of feelings and emotions; the conscious workings of the brain, from the brain as an organ (Solms, 2002). Solms et al (2002)refer to the mind as much as a part of nature as any other part of the body, questioning why it's treated differently. Solms goes further to state that as human beings we are given a *unique perspective* of what it means to have a mind; questioning as to why this knowledge isn't explored in conjunction with the scientific study of the brain (Solms, 2002). According to Solms et al, the only difference between cognitive neuroscience and Freudian psychoanalysis is the language being used. Solms et al (2002) proposes that psychoanalysis and neuroscience use each other's strengths to come up with a deeper understanding of the brain; *testing the observed against the felt.*

CHAPTER 3:

Discussion

The work of Philip Thomas is an example of the questions being explored amongst the critical psychiatrists. Thomas's work outlines perfectly the issues at the heart of the current debate within clinical psychiatry. It can be argued that while Thomas raises many serious issues within clinical psychiatry, his main concern is regarding social justice. Thomas makes

a strong case as to why the mental health system needs to be reassessed, as it is clearly failing the service user. It can be further argued that Thomas's work shows the reluctance to explore further possibilities in the treatment of mental illness can possibly be attributed to a lack of interest towards the vulnerable and marginalised social groups by the governing bodies. It would appear that the over reliance on medication has come from this same source, as heavy sedation of psychotic symptoms has become a cost effective exercise, however at the peril of the service user.

There is a strong moral argument for a shift within clinical psychiatry, as it is very apparent that the current methods are in fact exacerbating the current mental health crisis. Thomas's call for the development of a *narrative* psychiatry not only proposes the possibility of a humanistic mental health system but also can be seen as a beginning of new pattern of connections between the current existing paradigms of clinical psychiatry and psychodynamic psychotherapy.

It can be argued that the work of Patrick Bracken has added a further dimension to the paradigm shift called for by Thomas. Bracken has, by calling for an epistemological shift; allowed for a new exploration into how best the paradigm shift may be accepted by the wider clinical psychiatric community. By allowing an epistemological shift, the concept of exploring contexts and experiences for individuals suffering with their mental health can be addressed in a manner that allows clinical psychiatry to retain its current neuroscientific methods, however at the same time, creating an opening for new ways of understanding and learning to emerge.

The epistemological shift called for by Bracken further facilitates the possibility for the introduction of the use of psychodynamic psychotherapy in the treatment of serious mental

illness as a hermeneutic approach towards mental health would call for a deeper exploration and understanding of each individual's experience.

In conjunction with an examination of the current debate within psychiatry, a further purpose of this essay is to investigate the possibility of the use of psychodynamic psychotherapy in treating serious mental illness, such as; schizophrenia and psychosis. While it has been proposes in the previous paragraphs that psychodynamic psychotherapy can be answer in the search for a narrative psychiatry the work of the ISPS theorists add the real merit to this claim.

Looking at the evidence of research carried out by Rosenbaum et al (2005), a strong argument for the use of SPP when treating schizophrenia and psychosis is clearly evident. The fact that SPP can be given as an outpatient treatment makes it a versatile and cost effective method for psychiatric hospitals. Also studies such as the one carried out by Rosenbaum et al (2005), give credibility to the possibility of supportive psychodynamic psychotherapy being adopted by psychiatric hospitals outside of the Nordic countries as common practice.

The fact that the Nordic States have been using Supportive Psychodynamic Psychotherapy for over thirty years stands as a strong testament to its effectiveness as a treatment for serious mental illness. The adoption of Supportive Psychodynamic Psychotherapy by the national governments of some of the Nordic States allows the question to be asked as to why the same has not happen elsewhere. Again the issues raised by Thomas and the critical psychiatrists over the involvement of the pharmaceutical industry at policy making level are perhaps highlighted as part of this question. The use of psychodynamic psychotherapy for psychosis is clearly not a new concept as is shown by the work analysed above.

The work of Steinman, the American branch of the ISPS and publications such as *Mad in America* further highlight the possibility of an over involvement of the pharmaceutical industry within clinical psychiatry. Despite psychiatrists such as Steinman successfully treating patients with psychosis through intensive psychodynamic psychotherapy, while at the same time lecturing and discussing this fact over the last three decades, national psychiatric policy has been very slow to recognise this fact.

Upon analysis of Steinman's method as outlined in his book, parallels can be drawn between Steinman's theory and those of both Bracken and Thomas; the context behind a patient's delusions and hallucinations must be explored. It is the context behind the mental illness that is important so the patient can find meaning and understanding of their illness. This review is relevant and valuable to the overall argument of this paper as it describes in detail how intensive psychoanalytic psychotherapy can work as a treatment option for schizophrenia and psychosis. Steinman address both the patients journey as well as what will be asked of the therapist in this relationship. This book review has further relevance as it directly address the questions raised by Thomas and Bracken as a possible answer to what is missing from psychiatric treatment.

The final question being examined within this body of research was how can understanding and respect be achieved between the opposing paradigms? From a review of the current literature; the strongest argument for developing respect between the paradigms is proposed to come from further education and training, according to the critical psychiatrists. It can be reasonably argued; that while the current literature calls regularly for a closer connection between psychiatry and the narrative therapies; no questions have been raised to call for a deeper understanding of the usefulness of the technological paradigm in relation to narrative therapies. It may be suggested that the absence of an equal understanding of each paradigm will still cause friction between the disciplines.

An answer to this problem may be found in the work of Mark Solms and Oliver Turnbull. Their work demonstrates the importance of neuro-scientific theory in relation to psychoanalysis and to psychotherapy. It can be argued that psychotherapy would benefit from an understanding of the relationship between itself and neuroscience. At the very least a basic knowledge should be gained as opposed to dismissing the paradigm of neuroscience as irrelevant to that of psychotherapy.

Solms et al (2002) has based their theories on extensive research and knowledge of neuroscience and psychoanalysis; perhaps knowledge of this kind can help towards bridging the gap between the paradigms; showing that a fresh approach may help to breakdown resistances and increase awareness between the current disciplines. Perhaps a new approach to the training of all mental health professionals is needed.

CHAPTER 4:

Conclusion

The purpose of this research paper was to examine the paradigm shift currently ongoing within clinical psychiatry; a debate which claims contemporary psychiatry is failing the service user through an over reliance on medication for serious mental illness; a treatment plan which has shown to be one dimensional at best.

It is the opinion of this body of research that the work of the Critical Psychiatrist's; Philp Thomas and Patrick Bracken; have a strong argument for calling on psychiatry to reassess how it approaches the treatment of serious mental illness. The question of social justice as being a central element to this debate is clear; the most vulnerable; marginalised groups of society have evidently borne the brunt of an ineffective mental health system. This current; unsatisfactory situation most certainly creates a strong argument for an epistemological shift within psychiatry; towards a hermeneutic approach; so an emphasis can be placed on the importance of narrative and context when treating serious mental illness.

A clear strength of this research is that the call for a paradigm shift has come from within the discipline of psychiatry; those seeking change are highly qualified mental health professionals; supplying weight to the validity and urgency of this argument.

However, this debate is still to a certain degree in its developing stages; thus acting also as a limitation to this research due to the theoretical nature of the argument posed by the critical psychiatrists. There is an absence of empirical evidence from a policy making perspective; the proposals for a new approach to training of all mental health professionals has yet to be examined.

This research paper concludes; there is overwhelming evidence for the use of psychodynamic psychotherapy; as an effective treatment for schizophrenia and psychosis. The ISPS would not be in existence today if psychodynamic psychotherapy was not a successful treatment option for schizophrenia and psychosis. The global network of the ISPS organisation

demonstrates the collective desire for a progressive shift towards the use of psychodynamic psychotherapy in the case of serious mental illness.

An additional strength of this research lies in the fact that; the work of Bent Rosenbaum and his colleagues at the DNS project have proven the effectiveness of Supportive Psychodynamic Psychotherapy for schizophrenia and psychosis through evidence gathered from longitudinal studies. Also SPP has been implemented at a national level in Denmark, Norway and Sweden; standing as a testament to its effectiveness as treatment option for serious mental illness.

Finally, this paper concludes that a shift within the paradigms must also coincide with a shift between the paradigms; creating a link between the disciplines through a shared respect; combining knowledge that recognises the value each paradigm can offer the debate; how to create an enlightened mental health system that is based around the needs of its service user.

Areas for Further Research:

During researching on this topic, two aspects came to light; if examined in greater detail will further enrich the research begun by this paper.

Firstly; a study into the possibility of a training programme using the techniques of SPP for schizophrenia and psychosis, as outlined by Rosenbaum at the DNS project; being implemented at a national level for both psychiatrists and psychotherapists. Secondly; a study into how a re-evaluation of training methods for all mental health professionals could be adopted; fostering a more in depth understanding between the paradigms.

CHAPTER 5:

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