# 1

# The Tyranny of Psychosis



*"I always thought I heard voices because I was a nasty, horrible person, just not a human being, not worthy of not having voices. I was lost in a different world, scared and fighting voices all the time, just trying to survive. But with the help of the group, I've come to accept that I have voices, that it's no good fighting them all the time. I feel in control more, more confident, and have started setting myself goals. Now when I go out, I'm aware of where I am and the people around me—it feels good. I realize now that there is good in everybody, that hearing voices doesn't make us awful people, we are the same as everybody else."*—SANDRA

The impact of psychosis on the person and their family and friends is profound and far-reaching. Indeed, it is hard to overstate the degree to which many people feel overwhelmed and tyrannized by their psychosis. People describe being tormented by experiences such as voices and paranoia, defeated by self-criticism and low self-esteem, and undone in losing a coherent sense of themselves. This can leave people feeling powerless, traumatized, utterly alone, and scarcely able to cope. For some, the impact of psychosis, often compounded by trauma and stigmatized societal reactions, can lead people to feel less than human. This is the challenge that inspired the development of mindfulness for psychosis: Might mindfulness be a means of supporting people to find some peace and freedom from the distress, tyranny, and dehumanization of psychosis?

## Schizophrenia and Psychosis

Perhaps more than any other mental health diagnosis, *schizophrenia*, or *psychosis*, can seem terrifying, devastating. Clinically and culturally, since first recorded accounts, schizophrenia and psychosis have been conceived as beyond comprehension (Woods, 2011). Jaspers (1913/1997) described schizophrenia as lying on the other side of the *abyss* that separates what can from what cannot be understood. More recently, Lacan (1993) assumed that psychosis lacks coherent meaning, leading nowhere: "At the heart of the psychoses there is a dead end" (p. 184). In many societies, schizophrenia is arguably the most feared and stigmatized of all mental health diagnoses.

It is hard for us not to internalize and fear this *otherness* of psychosis, this pervasive sense of incomprehensibility. It is therefore understandable when mental health professionals and mindfulness facilitators who are considering working therapeutically with people with psychosis feel some apprehension and self-doubt. These reactions arise for most of us at times, and we do not need to judge or avoid acknowledging them. As you read this book, if anxiety or self-doubt should arise, try to hold these lightly. Simply by opening this book, you are expressing your curiosity about this work and compassion for people with psychosis, and this is a wonderful place to start.

## The Tyranny of Psychosis: Omnipotent, Malevolent Voices

While not everyone finds psychosis experiences distressing, people coming to mental health services and mindfulness for psychosis groups typically come with highly distressing and disturbing voices (*auditory hallucinations*), thoughts (*delusions*), or images (*visual hallucinations*).

Lee heard three powerful, evil voices, all male. The voices were almost constant and always seemed to be nearby, talking about him to one another. Sometimes the voices would trigger traumatic memories from his past. The voices threatened to harm him and his parents and sisters, and used foul language to refer to deeply distressing past events. Lee was in a state of intense fear most of the time and convinced this was happening only to him. The threats to harm his family caused a great deal of fear and fueled his paranoia. Lee had lost his job and

separated from his partner. He spent much time alone and felt isolated and depressed. There was no one he believed he could talk to about what was happening. The voices were not people he knew or recognized. Lee was not religious but thought the voices must be some kind of evil spirit. He believed he was being punished but was too frightened to make sense of why they were tormenting him—he was frozen with fear much of the time. Lee often ran up and down the stairs in the tower block where he lived, trying to escape the voices. On a few occasions he tried to confront them, knocking on the doors of neighboring flats where he thought the voices might be hiding. Once, he fled London and ended up in an unfamiliar town many miles from home. He briefly thought he was free of the voices but described how they had followed him a day or so later. Lee was sure they would kill him one day soon.

While some voices can be benevolent, most of the people we work with hear voices that are experienced as extremely powerful or omnipotent and malevolent (Chadwick & Birchwood, 1994). Voices are usually experienced as *not me* and as coming from other people or beings—the typically tyrannical relationship with voices is inherently interpersonal. Some people recognize their voices as people from their lives, past or present, whereas for others the voice's identity is unknown. People often attribute a God like or supernatural quality to voices and perceive malevolent voices to be a type of evil spirit or devil.

Voices may comment on what the person is currently doing or thinking, and often seem to know all about them (Chadwick & Birchwood, 1994). They commonly allude, or even refer directly, to people's most private, shameful, and traumatic experiences, and memories, thoughts, and fears, leading the person to believe that the voices can read their mind. This apparent *omniscience* leaves people feeling exposed and vulnerable, and erodes a sense of having a private self. Voices' omnipotence is often reinforced by upsetting or fantastic images over which the person also believes they have little or no control. This gives voices an apparent *superhuman* quality and leaves people feeling powerless and overwhelmed (Chadwick & Birchwood, 1994). As Martin said, *"They've got a hold over you, these voices. They will make you very angry, they will make you distressed, angry, you can even start crying. It won't let you go, it just won't let you lie there and rest, they're always at you. They're at you 24 hours of the bloody day."*

Many people feel that voices rule their lives. Many resist and fight back, or seek to somehow appease their voices, but these coping strategies

are exhausting and do not work well. If there is any respite, voices usually return and once again overwhelm the person, leaving them feeling trapped and helpless, with no means of escape. People experience themselves not only as having no control over the voices but as having lost control and agency over their own lives. When offering mindfulness for psychosis groups, it is crucial that we keep in mind the common felt sense of voice omnipotence, omniscience, and malevolence, and to recognize that most people experience their voices as being qualitatively different from the distressing thoughts, images, feelings, and other unpleasant sensations that we all have.

## The Tyranny of Psychosis: Paranoia and Persecution

Paul was tormented by a sense of persecution, not voices. He believed he was the victim of a vast conspiracy involving thousands of people. This paranoid belief (or *persecutory delusion*) had become all consuming. He rarely left home, and when he did, it seemed to him that every person he saw was part of the conspiracy and was giving him a personal, coded message through their choice of clothing or body language. On returning home, he would spend hours recalling people he had seen, their clothes and mannerisms, searching for clues as to what they had been communicating.

Paul would notice unusual physical sensations in his body and believed these were caused by his persecutors using some kind of satellite to observe him, test his body, and read his mind. He was convinced that this "*emotional and psychological torture*" was damaging his brain and body. There were days when all he could do was hide away for hours on end and "think and think and think"—trying to figure out what was being done to him and why. Although this unhelpful repetitive thinking was exhausting and frustrating, he persisted, clinging to a hope that if he could work out what was behind it all, perhaps he could somehow put a stop to the persecution.

Paul had dropped out of college around the time his paranoia emerged and had not worked nor studied since. He had lost contact with his few friends, and stopped meeting his mother and sister, who he thought must know what was being done to him even though they denied this. He felt a near constant sense of threat and exposure. He trusted no one; mistrust and suspiciousness had become his default mode. Paul

felt powerless, trapped, and more than anything, frightened. At times he became suicidal, no longer able to bear the persecution and desperate to bring it to an end.

## The Tyranny of Psychosis: Images and Other Experiences

It is important to recognize the impact of psychosis experiences other than voices and paranoia. Images are common and often linked to and reinforce a voice's power and omniscience. Kaitlin found the many images that intruded into her awareness to be even more distressing and more difficult to live with than the omnipotent, malevolent voices she heard threatening and criticizing her, and commanding her to harm or kill herself.

Distressing voices, images, and beliefs, particularly paranoia, are among the most widely recognized and characteristic experiences, or *symptoms*, of psychosis. These are certainly among the most common psychosis experiences reported by people attending our mindfulness groups, though people may also experience grandiosity, confusion, and impoverished thinking, feeling, and motivation. For many, the voices, images, and paranoia are linked—for example, centering around a powerful, malevolent other—as was the case for Joseph: "*These experiences, they're kind of persecutory . . . I'll hear and sometimes see them, the three evil men. They torment me and sort of deride me. They destroyed my life, I was in and out of psychiatric wards, I was in hospital three times in one year. Some of the darkest moments of my life.*" Additionally, most people joining mindfulness groups also describe distressing non-psychosis experience, such as loss, depression, intrusive thoughts, trauma memories, and anxiety.

## The Impact of Psychosis

For the people we see in mindfulness groups, psychosis impacts every aspect of their lives through frequent moments of debilitating fear, struggle, and despair. Many people like Lee live lives heavy with trauma and loss *before* the onset of psychosis, which then becomes another ongoing source of trauma that affects all areas of their life.

As the experiences of Lee and Paul illustrate, *devastating losses* often lie at the heart of psychosis (McCarthy-Jones et al., 2011). These include the loss of consensual reality, a coherent and acceptable sense of self, personal agency, physical security, and relationships with family and friends. Even individuals' inner worlds no longer seem private.

People with psychosis commonly perceive themselves to be viewed as less than human by others: their voices, perceived persecutors, past bullies and abusers, and society as a whole. Mental health care services can exacerbate these effects, whether through forced hospital admissions, medication, or denial of autonomy and choice (*epistemic injustice*; Larkin & Hutton, 2017). Health care staff and mindfulness facilitators can also internalize societal prejudice, fear, and dehumanizing attitudes toward people with psychosis. This process occurs even in relationships with family and friends:

> *"Once I told my best friend about the voices and images I get. She told me that I was mad, that no such things existed, and stopped being my friend. It really broke me. I had no one else that I could talk to. It made me feel the things I see and hear are not something a normal person would experience. I locked myself away from people, gave up work and study, lost my life. I felt like I don't have what it takes to be part of things that normal people do and like I shouldn't be existing."*—JOHN

The most profound loss effected by psychosis may be the perceived loss of common humanity. Psychosis, trauma, stigma, and isolation can result in people losing a sense of being a person at all and coming to view themselves as *less than* or *no longer human* (*self-dehumanization;* O'Brien-Venus et al., 2023)—that is, to place themselves on the far side of the abyss, separate from and unconnected to all others (Jaspers, 1913/1997):

> *"The thing is how the psychosis completely destroyed my sense of self, you know, my self-esteem, or my self-confidence. I lost my sense of self-respect and my sense of dignity and my sense of having human rights."*—JAY

In summary, people with psychosis experience devastating losses, often over many years, and can finally come to experience themselves as less than human. These effects are felt not only by the person with psychosis but by their families and friends. At times, professionals and

others seeking to help can also feel at a loss when faced with the full impact of psychosis on all aspects of a person's life and self.

## Might Mindfulness Bring Some Freedom from the Tyranny of Psychosis?

The answer to this lies in the nature of suffering and freedom from suffering. Some 2,500 years ago, the Buddha observed that suffering (distress) comes from a particular attitude and way of reacting to present-moment experience. Similarly, over 2,000 years ago, the Greek Stoic philosopher Epictetus reasoned that *people are disturbed not by the things that happen to them but by how they make sense of and react to what is happening.* In 20th-century Europe, Viktor Frankl arrived at the same conclusion while living under unimaginable tyranny in concentration camps—that the last of the *human freedoms* is to choose how to react in any situation.

The first contemporary secular mindfulness-based intervention, mindfulness-based stress reduction (MBSR; Kabat-Zinn, 1990), is based on this key observation. Working initially with people with severe and chronic pain, Kabat-Zinn explained that extremes of suffering were not inevitable consequences of physical sensations of pain in the body, but reflected a particular way of relating to pain, driven by non-acceptance, resistance, avoidance, and fear. This groundbreaking approach to Western mental health care showed that it is possible through mindfulness training for people to be free of suffering and despair, even when the physical sensations of pain remain.

It is important to recognize that to be mindful is not to stop responding emotionally to life; it is not to become cut off, unfeeling, or robotic. By letting go of reactive habits—such as avoidance, repetitive thinking, and resistance—we experience our lives *more fully*, and this includes moments of pain and sorrow, as well as moments of joy and connection.

While emotional and physical pain are part of human experience, we can learn to free ourselves from the additional burden of extremes of distress and suffering. Cognitive-behavioral therapy (CBT) and many other psychotherapies are built on exactly this premise (e.g., Beck et al., 1964, 1979): that while we do not get to choose all that happens to us in our lives, we can learn to choose how we respond. Life events and sensory experiences can bring pain and loss, but it is our enduring beliefs,

attitudes, and reactions to our experiences that generate sustained extremes of distress and suffering, such as major depression and persistent anxiety. Segal, Williams, et al. (2002) developed mindfulness-based cognitive therapy (MBCT) initially for recurrent depression, by combining the principles of MBSR and CBT, demonstrating that it is possible to reduce relapse by learning to respond mindfully to transient low mood and streams of self-critical or hopeless appraisals that commonly arise.

CBT for psychosis is based on this same understanding of the origins of extreme distress and disturbance (Chadwick et al., 1996; Garety et al., 2001; Kingdon & Turkington, 2022; Morrison, 2001; Nelson, 2005). For example, an early cognitive model of voices showed that linked distress was predicted by *beliefs* about voices (that they were omnipotent, malevolent, and controlling) and *resistance* (e.g., efforts at distraction and avoidance, or fighting with them), indicating that reevaluation of beliefs and alternative reactions to voices could reduce distress (Chadwick & Birchwood, 1994). How people react to psychosis experience makes all the difference.

Mindfulness for psychosis stems from this same premise about the nature of suffering. This approach does not aim to *get rid* of voices, images, paranoid thoughts, and other psychosis experiences. Instead, we seek to foster alternative responses that ease distress, reconnect people with family and friends, and regain a sense of common humanity. There is now compelling evidence from both qualitative and quantitative studies that learning to relate mindfully to psychosis can ease distress and suffering (Abba et al., 2008; Ellett, 2024; Hodann-Caudevilla et al., 2020; Jansen et al., 2020; Liu et al., 2021; McGlanaghy et al., 2021).

Mindfulness for psychosis offers people a way to reduce distress and overwhelm, nurture self-acceptance and self-efficacy, and feel empowered to take steps toward personal recovery—that is, to free themselves from the tyranny of psychosis. In mindfulness for psychosis groups, change is based on trust and acceptance of people as fundamentally human and of intrinsic value.