**Psychiatry’s failures and holistic treatments: towards a new paradigm of madness**

**An interview to Dr Di Lorenzo by Dr. Ewa Carlton, UK-based psychologist and psychology professor (published on the December 2012’s issue of the Polish journal Powiatowa, online at** [**www.Powiatowa.com.pl**](http://www.Powiatowa.com.pl)**)**

**Why have you decided to follow an alternative approach to conventional psychiatry?**

I believe it all began when I was working as a psychiatric counselor in a locked psychiatric-rehab facility in Sacramento, California, back some 13 years ago. Most patients there were people with a variety of severe psychiatric diagnosis were brought in after attempting to live independently in society. Some stressor had hit them and they had decompensated (their mental health had regressed to levels that needed intensive professional intervention and support). Although the facility followed a strong behavioral model and at that was quite progressive, they still relied heavily on medication to treat people, and demanded adherence to the medication regime, with the consequence that, often, neuroleptics were involuntarily administered. I believe that ultimately this model failed to deliver, as people could never really focus on emotional processing of their trauma and crisis and hence on real recovery, because of the medications, which, in addition, perpetuated as well as generated, unhealthy health and psycho-emotional patterns. I want to clarify something: As an holistic psychologist, I don’t believe we can isolate the word "bio", "psycho" or "social" or for that matter “spiritual”, or any of the components that make up the whole human being and explain his/her functioning in his environment, and relate effectively to a person. We are made of all of these “pieces”. Anything that we do behaviorally has a neurobiological substrate. Neurobiology and genetics are in turn affected by behavior and social environment, and what I call “spiritual health” (a healthy, clear relationship to what is considered higher and sacred, which is present in all of us) is definitely affected by upbringing, culture and relationships. I believe clinical psychiatry has gone severely off balance, by focusing on the biological model of mental illness, to the detriment of all the other aspects of the person; I believe this approach is causing widespread harm to the persons treated, and, as a consequence, to society as a whole.

**Why do you think that there still so many psychiatrists who do not follow this alternative approach?**

The medical model that dominates in the US is heavily biased by the pharmacological treatment of illness, and brainwashes students and physicians in training into believing that psychiatric illness is a biologically-based condition. I am sure everyone heard about how, in the medical model, depression is compared to a physiological disease (a typical example used is diabetes) that should be treated with medications. Depression and anxiety are also “advertised” as the “common as the cold” of modern times and a wide and enticing variety of medications is available to “treat” these conditions . This big scam also includes schizophrenia, bipolar disorders, and a host of other ailments being sold as brain diseases based on genetics and chemical imbalances, and as such in need to be targeted pharmaceutically for the “imbalance to be adjusted”.

**Do you reject the biological part of the aetiology of schizophrenia?**

There is really no strong evidence that it is so. Robert Whitaker, a highly respected scientific writer, explores this topic extensively in his book “Anatomy of an Epidemic” , in which he presents data on the substantial lack of evidence regarding the three current major hypotheses of the aetiology of schizophrenia: the brain disease hypothesis, the dopamine hypothesis and the genetic hypothesis. Let’s consider, for example, the still widely accepted dopamine hypothesis. Whitaker points out that : "..Evidence of the importance of dopamine in schizophrenia comes, in part, from the discovery that anti-psychotic drugs that reduce dopamine activity in the brain may also reduce the symptoms of this disorder.” (see e.g. Cardwell et al, 2007:591). In fact, the effectiveness of the phenothiazines highly correlates with the extent to which they bind to D2 receptors." So the question arises: why is it that not before drug trials was dopamine really implicated in Schizophrenia? Apparently, it was the testing of dopamine inhibitor drugs that made researchers conclude that these patients' supposedly overactive dopamine circuits were the culprit; but isn't this a fallacious assumption? It seems to me as if correlation was quickly transformed into causation, to the benefit of many, but certainly not most of the patients.

**Do you believe that “talking” therapies are able to address every mental disorder?**

Therapy can be very useful in the treatment of many disorders, including schizophrenia. When we learn new information we form new neural pathways, we strengthen neural responses and circuits hence literally changing the structure of the brain. During psychotherapy, our patients learn new ways to relate to themselves and others, develop insights into their behavior and learn new habits, all of which effect their memory, brain, and functioning. There are many types of therapy and talk therapy is only one mode. Talk therapy can be useful for a variety of life situations and challenges, mostly when the person function from a neurotic level, and hence can participate fully and willingly in the therapy and can handle the discomforts real changes cause without falling apart. In the case of schizophrenia, this is not the best therapeutic approach, as the person has not enough ego strength to undergo changes without decompensating and regressing and ultimately be more susceptible to a psychotic crisis. But talk therapy can be implemented, when possible, in the context of a multimodal approach that includes interpersonal and behavioral emphasis, together with social skills training.

**What kind of therapy do you use?**

For the treatment of schizophrenia, I implement much more than just talk therapy, as, as I point out above, as people with this condition need much more support and intervention than that, but certainly this support includes the development of a genuine, authentic and honest therapeutic relationship, which provides the basis for everything else.

I personally provide an alternative, comprehensive, holistic and integrative treatment that may also include the family if appropriate. We may do art therapy, stress reduction including some type of meditation, and deep breathing. I implement Acceptance and Commitment Therapy for Psychosis, a mindfulness-based approach which entails helping the client defusing from his private experience and the content of his mind, and stop over identifying with it. I do social skill training with, painstakingly examining, together, the obstacles in the ability to take care of self, daily, to work and have fulfilling relationships, and in so doing we slowly build resilience and self-agency. Certainly the psychodynamic piece is there and is important, although it is just one piece of the equation . This long-term, passionate, patient and caring work is very involving, but very gratifying.

One of the important things for us therapists is being humble and self-aware, and avoiding throwing our own unexamined emotional messes onto the patients. The antidote to this faulty treatment approach? Ongoing self-work, self-care, and high quality training. For me, Self-awareness of my internal status, body tensions, stance, and my presence in the here and now, helps me remember that the "mentally ill" person in front of me is neither my lab rat nor my emotional garbage can. My hope is that I succeed at this, at least a bit more than I fail.

**Don’t you think that there will always be some patients that require psychotropic drugs?**

We invented the drugs, and we also invented the need for “some patients to require drugs for the rest of their life”. It is a matter of changing this flawed assumption. This said, and as I have already pointed out above, a judicious (contained in dosage and time-limited) use of psychotropic drugs at the beginning of treatment has been found helpful by many patients (See Patrick Williams' book "Rethinking Madness"). Again, the problem arises when the drugs continue to be administered after the episode has passed, because the prevailing notion that "you need them for life, to control your symptoms" still too rooted in the western clinicians' mind. But again, this notion is a lie, and it is causing unspeakable suffering and damage. Of course that is so because of the dominant medical model’s poisonous philosophy, which is fueled by material interests (clearly the one that stands up most is the powerful pharma groups’) and the need to have a constant supply of prescribers and customers.

**What is your vision for the future mental health?**

Thankfully, just like everything on our planets keeps evolving, so is our rationale. We are the whole, essential Self that “have” a mind and personality, but are not “it”. And the less we identify with our mind and the more we identify with our Self, or our real Essence, the better off we will be as humans, and the better will our attitude be towards those who we now label schizophrenics. In addition, the aforementioned author, Paris Williams, talks about how, throughout the ages, people with anomalous beliefs and behaviors have been seen by their social groups as especially intuitive and even as healers, and hence able to contribute to society in a very important and unique way. This is a much healthier approach than seeing this condition as illness, and medicate the host to suppress the symptoms. Of course it will require a paradigm shift for our western society to appreciate and cultivate this approach, and my hope is that it will happen.

**CITED REFERENCES**

Whitaker, Robert: Anatomy of an Epidemic: Magic Bullets, , Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America. Random Huse, New York, 2010.

Williams, Paris: Rethinking Madness: Towards a Paradigm Shift in Our Understanding and Treatment of Psychosis. Sky's Edge Publishing; 2012.