

“A Brain by any Other Name is not the same”: How psychiatric diagnosis impacts Self-perception



Abstract:

The purpose of this literature review is to explore self-perception and social stigmatization regarding mental illness. Using personal narratives of advocates of a new therapy models I reveal the harrowing journey though recovery. How does a diagnosis or naming convention help or hinder the patient on their road to recovery? By using this methodology I will find common themes of socially and self-imposed stigmatization by those with first had knowledge of various mental illnesses. I will discuss ways that conventional methods of therapy have failed sufferers and in what ways these protocols can be enhances. With the use of memoirs and updated psychology journals. My intent is to reveal a new less judgmental way to understand mental illness that allows the sufferer respect and the autonomy to affect change in their lives.

Succumbing to mental angst is a common theme in most people’s lives. However, there is a moment when one wonders if they can mentally extricate themselves from this disturbance, and how has that changed their understanding of themselves. There is a struggle to come out the other side of this angst a fully functioning e person. However, those that do get stuck and lose themselves along the way, that population informs my interest on the topic of self-perception and

mental illness. The memoirs punctuated by scholarly articles, manuals and theoretical framework, These personal accounts will serve to provide real life interpretations of symptoms, perceptions of mental illness from the inside out. Also allowing me to show how clinical diagnoses impact the notion of self and how those suffering from acute mental illness cope with the social aspects of stigmatization. The need for these authors' to hide their symptoms of their illness an intrinsic sense that they were different for having these impulses.

The overarching theme of this literature review is the culturally salient theme of mental illness, where a stressful event or life change triggers a re-evaluation of self. The Self evolves as the individual navigates theory mental illness.

Using these texts I will lay these selves side by side to expose the journey through recovery. The recovery process is an evolving one; there have been small advances in progressive therapy protocols that denounce traditional methods. I will discuss these methods as espoused by the individuals that have founded various recovery theories and the individuals who attest to them.

Eleanor Longdon began her life in the UK and having a horribly tragic event this then led to an eventual psychotic break in her college years. Eleanor is a vocal and very firm supporter and believer in the hearing voices network. All throughout this memoir she cites user networks such as HVN as almost a personal Savior and language is very adoring and the tone is you saved my life. her memory is enjoyable however it seems very antiestablishment in her discussions about psychiatric institutions granted this negativity which due to her experience is absolutely warranted considering her treatment there or maltreatment and the fact that medicinal therapies did not work for her she actually has gained control over her auditory hallucinations and paranoia and is able to make a meaningful life, returning to academia after her disability forced a

hiatus. Longdon is currently working on her doctorate in psychology which is phenomenal. however my only contention is the tone when she discusses the field of psychiatry and where she doesn't support the point of treating acute mentally ill people with medicine first. And the opinion that some clients may need more medical support. Let's consider a combination of medically based treatment and a person centered treatment or holistic approach that work best because it seems as though she's not recognizing that not everyone has the same capacity is her not everyone can get control of their auditory hallucinations and manage them and not everyone has the resources to do so or is introduced to individuals that can think outside the box and also there are people that had more complicated psychosis than her and the tone of this book is no sufferer should be medicated.

Elyn Saks, a renowned Professor of Law, Psychology and Psychiatry. She is married and is a chronic schizophrenic. She has experienced auditory hallucinations, severe delusional thinking. Saks had a pretty mild childhood until an episode of childish drug experimentation and subsequent teenage bravado frightened her parents enough for them to have her go to a boot camp style drug rehabilitation center. Operation Re-Entry. Here Elyn experienced such abrasive treatment by counselors that she stopped speaking. "What my experience at the center primarily did was drill into me an unflinching attitude towards illness or weakness: Fight it. You can fight it and you can win. To be weak is to fail; ... The fundamental flaw in all of this, though, is that it neglects something intrinsic to the complex real world and complex real human beings. In fact, it is not necessarily true that everything can be conquered with willpower..."(Saks, The Center Cannot Hold). In her college years she was diagnosed as a chronic schizophrenic with grave tendencies. She had spiraled into not eating or speaking suicidal thoughts that terrified her. "I have a full bottle of Inderal... I' also given some thought to touching the bars of the electric

heater in my dorm room and electrocuting myself..."

She struggled through college" what was real what was not? I couldn't decipher the difference, and it was exhausting I could not concentrate on my academic work. I could not understand what I was reading, nor was I able to follow the lectures. & I certainly couldn't write anything intelligible. So I would write something unintelligible just have a paper to hand to my tutor each time we met."

Saks eventually spent 5 months in a psychiatric ward where she was restrained these experience in psychiatric wards in America and abroad, dictated Saks view of the importance of redefining mental illness and the subsequent treatment of patients. A reevaluation of therapeutic protocols. Saks utilized various anti-psychotic medications over the years. "In spite of my intelligence indication, in spite of all the doctors and psychotic breaks and hospitalizations and the lessons so searingly learned, I'd never the less managed to hold on to the belief that basically, there was nothing unusual about my thoughts. Everyone's mind contains the chaos that mine did; it's just that others were all much better at managing it than I was." (Saks, *The Center Cannot Hold*) She arrived at this realization after 20 years of suffering; Elyn finally had a medication that had a profound positive effect, Zyprexa. Saks recovery is ongoing and she cites the importance of talk therapy. What has been successful is the combination of holistically centered talk therapy, with medicinal therapy included.

Ron Coleman's *Recovery an Alien Concept* is a step by step manual to recovery. I appreciate how he uses some of his personal experience as a basis for what he feels recovery is about. his book is laid out in a clear manner so that at any point the reader can go back and pinpoint areas

recovery or an area of interest and really delved into it which made understanding schizophrenia and holistic recovery process used much easier he has kind of do's and don'ts to recovery the message that he details I feel can be helpful in dealing with and understanding a multitude of acute mental illnesses. He understands the point of autonomy the importance of agency for the sufferer or is he causing the client and the frank language and clarity is much appreciated. Traditionally people having extreme suspicious thoughts or those hearing voices inaudible to others, are identified as having mental illness. Labels that are used for those experiencing psychosis; hallucinations, delusional thinking, thought disorder and other elements of acute psychosis are usually patients or sufferers. Such labels almost always allude to the assumption that people diagnosed as mentally ill are powerless, or are abnormal. These individuals are seen as unable to harness the debilitating elements of their mental struggles that in most cases came to the surface as coping mechanisms to function through a severe trauma. The terrors or manic episodes that mark your daily existences have now been categorized into something that can be managed by a prescription pad. The hope to soothe the internal demons, the voices the self-harming and outwardly erratic behavior. What that does have been shown to encapsulate the sufferer in a different darkness from the initial mental turmoil that are drowning in pre diagnosis. Although modern medicine hopes to help alleviate the devastation of living with mental illness, using various narcotic cocktails seems to not be the key to management and certainly not recovery.

The notion of insanity has historically been an area of the human condition that has garnered mixed opinions and strong beliefs. Theories concerning the validity of mental illness, its origins and measurability have clogged the senses of humanity for many years.

Theoretical framework

Many philosopher and scientist have opinions and have mentally gesticulated over the concept of the validity of mental illness, and how and if it is part of the cultural temperature of any given time period. Ian Hacking seems to have an understanding that I can dress with my own claims of the importance of recognizing how naming mental illness codes the individual. Hacking's background in the history of science. A theme that is prevalent in all of his work is that science is a human enterprise that is historically situated.

Hacking makes it clear that he will not be painting pretty pictures of mental illness. In fact he will question the validity or realness of many mental illnesses. He reveals his skepticism of neurosis that is seemingly ambiguously based. The unexplainable behaviors that have no real physiological or scientific explanation.

“What counts as evidence that a psychiatric disorder is legitimate, natural real and entity in its' own right? “ (p 10)

Major issues that I felt are quite relevant in the discussion of mental illness where illuminated by Hacking's piece. Mental ailments have been associated with societal and cultural issues; some neuroses serve as scapegoats for the ills of society at that moment in history.

Ian Hacking is a skeptic of neurosis that is seemingly ambiguously based. Now wouldn't that refer to most mental illnesses diagnoses, because there is no tangible impetus, of the onset, or psychosis?

He sees unexplainable behaviors as having no real psychological or scientific explanation, to be questionable. Hacking questions the realness of mental illness because the symptoms can survive without a name. What does a name do for the sufferer or patient? Hacking suggest that certain

mental illnesses must meet four conditions or vectors. These vectors anchor the diagnosis, the tenets are diagnosability, the symptoms must be marked enough to be able to be classified. They must lie between the cultural polarity (the behavior garners sympathy or damnation from the masses), Observability and the provision of inevitable release.

If the behaviors fall within this guideline, the illness is “real”.

Antonio Demasio, a neuroscientist whose theories on the mind and self-permeate various modes of social psycho and cultural asserts that self is designated in the interplay between biological subject and object. Individuals that have detailed their lives with mental illness through various creative media have created a particular engagement between their biological subject matter and the outer object. So understandably there will be an inevitable conflict between understanding self and how the self is perceived especially in cases with schizophrenia when reality is elusive during times of psychosis.

In "Understanding Psychosis" there is a focus on the continuum from normality to psychosis, the idea is that everyone vacillates between good and poor mental health stressful life events dictate when and where you fall at any time. This framework also speaks to the idea of everyone experiencing voices yet the degree that these “interruptions” occur is why can determine poor mental health. Romme and Escher have based much of their therapy y model of accepting and making sense of voices

The therapeutic modalities utilized in the treatment of acute mental illness have evolved in ways that allow patients to retain or acquire a sense of agency in managing their illness.

These newer methodologies have proven to actually increase recovery rates of those who only need medication to quell symptoms and are more functional. The use of person center therapy is optimal and preferred by patients and now some clinicians. Allowing patients to be part of their

recovery and not just feed them neuroleptic medications. Therapies that have a systematic approach as defined by Romme and Escher; key figures that have worked to be pioneers in creating the Hearing Voices Network, established and supported alternative roads to recovery for those that inordinately hear voices.

Traditional therapy methods vary; many are based on the premise that there is a biological abnormality that is the impetus for maladaptive symptoms of hallucinations, auditory and visual as well as manic or depressive behavior. The use of neuroleptic medications like Clozapine, ECT therapy, which actually damages the brain in an attempt to “jumpstart” it to eradicate unsavory behaviors.

In an effort to structure an organized network can INTERVOICE (The International Network for Training, Education and Research into Hearing Voices) which is a nonprofit company created in 2007 by Marius Romme and Sandra Escher. This company is headed by Romme and the governing body consists of voice hearers and mental health professionals. The creation The Hearing voices Network was to implement a meaningful dialogue and create an empathetic environment to aid in the formulations of more holistic person centered therapy models.

Recovery Themes based in achieving autonomy and control over voices and using these voices to help cope with the underlying trauma. These therapeutic frameworks focus on quality of life and are goal driven. Coleman and Longdon agree that the following points need to be integrated to create a successful recovery plan.

- Holistic Model
- Responsibility
- Informed risk taking
- Alternative therapies
- Core beliefs and team members

- Rights and advocacy
 - Social inclusion
 - Social networks
- Empowerment/ choice
- Self- determination
 - Interdependence
 - Coping Strategies
- Potential to exit services

(Coleman, Recovery an Alien Concept)

These elements are essential to the recovery process. There is fluidity to a recovery model that allows for personal responsibility and agency. The individual can no longer blame their “illness” or succumb to the melancholy intrinsic to living a life with an illness. Succumbing to the misery of mental illness is a shared experience that many sufferers have difficulty extricating themselves from. This concept will be explored in the following section.

Transformation of Self:

“I am terrified by this dark thing that sleeps in me: All day I feel feathery turnings, its
malignity.”

— Sylvia Path *the Bell Jar*

This section will illuminate the common link in how self transforms when confronted with a proposed abnormality or illness. How do sufferers view themselves pre diagnosis, post diagnosis and in recovery.

In Eleanor Longdon's Memoir *Learning from the Voices in My Head* and subsequent TED talk. She details the events leading to her psychotic break and what she believes was the precipitant to her schizophrenic diagnosis.

Longdon's pre diagnosed self, experienced prolonged and horrific sexual abuse as a child. 'it left behind a tiny child whose mind broke and shattered into a million pieces' After surviving this ordeal young Eleanor buried this unspeakable trauma. She became regimented and overly controlling of her body and environment. She was the "archetypal good little girl." (Longdon, Kindle) This behavior typifies the experience described by many that eventually develop some sort of disassociation. In *Recovery and Alien Concept*, Ron Coleman has a similar account. As a youngster he was drawn to the Roman Catholic Church and unfortunately a beloved priest sexually assaulted him the prolonged abuse tainted his childhood and ruined his spiritual self. It changed him to a distrusting loner and dashed his hopes and calling to pursue theology as an adult. This experience left Coleman broken and adrift. Colman's matter of fact tone in describing his path to illness is comforting in an odd way it reveals his acceptance. "My own journey to illness, far from being a series of biological or chemical events, was in simple words a culmination of personal events that I never dealt with." (Coleman, *Recovery an Alien concept?*) For Coleman the molestation he endured was sublimated and he was coping with life as a young adult he experienced another trauma. His first love Annabelle committed suicide in their home and she found her. "When she died a large slice of me died also, like many others I suppressed all of my emotions about Annabelle and her death..."

These tragic events set these individuals on the inevitable road to dissociation of some sort. The coping mechanisms employed as children could not possibly be sustained in adulthood. So, in my understanding of human capacity there is a true breaking point in all of us. When this point

is reached people either implode or explode. Psychosis occurs when the center literally cannot hold the horrors experienced the stresses endured and people break.

In November 2014 the British Psychological Society released a document “Understanding psychosis and schizophrenia.” The contributing authors assert that hearing voices and feeling paranoid our common experiences to most people indeed there are no strict divides between psychosis and normal experience. This report reveals that there is a continuum between normalcy and psychosis throughout everyday interactions or stressors... this document validates my intention that most people experienced dark periods in their lives and traverse the edge of psychosis however in the case of those that eventually suffer from acute mental illness, they are incapable of bringing themselves back from the edge, they are predisposed biologically or otherwise.

“Understanding Psychosis and Schizophrenia" is a document that logically recognizes that mental illnesses are complex individual responses to perceived traumas. This compilation of research, individual interviews and bits of case studies proves in a coherent manner the significance of the social experience of clients.

Stigma: Cultural and self-imposed

Exploring stigmatization among people diagnosed with either bipolar disorder or borderline personality disorder: a critical realist analysis. "This study explores experiences of stigma and discrimination amongst people diagnosed with bipolar disorder or borderline personality disorder, using thematic analysis along with abductor and retroductive inference experiences in anticipation of stigma and discrimination for participants with one of the two diagnoses in various contacts and social interactions with found to coincide with four faces of oppression:

cultural imperialism powerlessness marginalization and violence such experiences implied and range of antecedent social and cultural structures." Bonnington and Rose use socio-demographic and clinical characteristics to perform this qualitative study. With highly deductive reasoning the researchers argue how cultural expectations place a huge part in the process of stigmatization. Investigates the socio-cultural structural context and how those diagnosed with bipolar disorder and borderline personality disorder are marginalized.

In more basic terms Bonnington and Rose reveal that due to the incongruous social behavior of those diagnosed as mental ill as well as social conditioning they incur elements of cultural imperialism. This leads to feelings of powerlessness, marginalization and most damaging. Self-stigma... "Participants in both sub-samples reported that their subjectively normal psychological and behavioral states were intrinsically labeled pathological which they believed constituted an act of discrimination." (11)

This study based in the UK is extremely relevant to by implication that post diagnosis people that suffer from mental illness experience tremendous transformation within themselves. diagnose use appear to lead to a sense of *I am my illness* this is indicated in Eleanor Longdon's journey as well as Ron Coleman's , Jacob Glidewell's and Elyn Saks's . The most damning element of being diagnosed as mentally ill, in my opinion is the self-stigmatization that occurs and as evident by the qualitative and quantitative data provided in this article that stigmatization is normative in our current culture.

Life after diagnosis

Eleanor Longdon declares in "Learning from the voices in my head" some people find diagnosis an helpful and explanatory framework, however diagnoses can also be stigmatizing and pathologizing and they don't adequately capture the complexity and value of patients' live and

experiences.” (Longdon, Learning from the Voices in My Head) As treatments evolve key indicators of mental illness will be given less prominence in the DSM-V.

Recovery: an alien concept? Is a necessary text in the importance of collaboration between care givers and clients during the recovery process. Ron Coleman uses a multidisciplinary approach to give readers a look into the recovery processes. He prefaces his third edition of his book with his own experiences as a diagnosed schizophrenic. The background he provides serves as a sort of testimonial to his theory on recovery. Coleman then integrates his experience as a professional and a client living with an acute mental illness to prove his point of the validity of utilizing a holistic person center therapy approach and how this type of therapy, which focuses on personal agency and socialization can serve to make mental health care systems worldwide actually help clients regain entry into society. Coleman’s motive is “to embrace not just the theory and concept but the practice and reality of recovery”

Coleman’s experience in the British mental health system provided him with a basis on what recovery model, seems to work best for “clients” (this term is used throughout his text in an effort to remove the stigma of helplessness attached to the terms sufferer or patients, in reference to acute mental illness). For Coleman, the system (mental health institutions) was “far from being a sanctuary and a system of healing, the psychiatric system became for me.... a system of fear and continuation of illness.”

For those experiencing extreme mental distress maintain a firm sense of self is paramount, getting mired in the dark moment is not a safe place. People with acute symptoms have lost themselves to hallucinations, delusions, muddled thinking. The goal of the therapy method

discussed here is to; bring back the self not exactly the original self, but a new perception of self that is not drowning in the quicksand of mental illness.

Coleman concludes *Recovery: an Alien Concept* with his thoughts on the progression of recovery models and the emphasis on health care professionals weaning themselves off the traditional therapy emphasizing difficulties, diagnosis and symptoms. A person centered recovery plan stresses the significance of coping, control, goal achievement, skill development, and personal responsibility.

By offering the reader solutions to improve the current psychiatric system, Coleman makes the concept of recovery for those with acute mental illness more tangible. He discusses choice, the notion of adding options, agency and community support. Here a support system is established from clinicians and nurses to people in the lives of the client to keep them on track. The layout of this recovery model is inclusive, and is similar to the management approach of addiction therapy.

Jacob Glidewell's memoir takes a different look at schizophrenia and that all the others in this essay. A 300 pound Texan with a certificate in Theology, this narrative gives the reader an actual look into how auditory hallucinations as well as visual hallucinations manifest.

In " Different shade of Normal: a journal of schizophrenic thoughts" the author takes you through his struggle with a mental illness, Glidewell can be seen as a functional schizophrenic he is married with two daughters has a job, yet his symptoms infiltrate every aspect of his seemingly average existence.

Glidewell does a thorough job of detailing his hallucinations. And I found his description of auditory hallucinations perfect.

Pre diagnosis, Jake was a child with a vivid imagination who was more or less a loner in his family. He did experience some intense fears as a child but those were brushed off to imagination games. As the paranoia and hallucinations worsen Glidewell. "I fit the simple definition (of schizophrenia) in that I've never had a full psychotic breakdown." (Glidewell, Different Shade of Normal) Like all the authors reviewed here Glidewell also identifies certain life pressure points that incite symptoms. "Certain voices get louder... The Third Voice; the voice that sounds like my own thinking voice, is the most powerful for that reason: he sounds like me..."

What I appreciate most about this memoir was that Glidewell paints a very clear picture using the characters in his head to show the reader the exact mental metamorphosis that occurs during acute mental illness. A description of auditory hallucinations that helps the reader actually visualize empathize with what simple schizophrenics go through. His explanation of the noise in his head was very telling.

" imagine you're sitting across the kitchen table from someone, a friend or family member you're talking with him or her and you're really into the conversation. Imagine now that another person, two actually, come in and stand behind you they then start talking at the same volume as you and other person seated at the table. Their topic is you, what you're doing, saying, how you're sitting and what you're thinking. They don't address you directly, but narrate everything you do and think as well as speculate why you're doing and thinking what you are... In the room behind you

someone left the radio on to a song you know and the music sounds equally loud as the TV. Both the movie and the music play at the same time while the two people behind you keep talking about what you're doing and saying and thinking - including them!..."

This colorful description helped me truly envision what is happening in his mind. His perception of his split -mind self. This passage actually gave more clarity to the psychotic breaks offered by Longdon, Coleman and Saks.

Glidewell after diagnosis: "what kind of man is it who can't differentiate between green and red, true and false, reality and fiction? Something has gone wrong with my brain it's- abnormal"(Glidewell, Different shade of Normal :) Glidewell was prescribed anti-psychotic and anti-anxiety medications. This cocktail worked for a while his visual hallucinations subsided, however he lost his persona. His edges were dulled. This medicated effect is what Longdon fought against. As well as Saks whose fear of anti-psychotic drugs actually had a role in her paranoia "Pills? Something chemical to go into my body in muck about with it? No, that would be wrong that's what I've been taught at operation re-entry that's what I believed."(Saks, The Center Cannot Hold)

Glidewell had the support of his wife to help monitor his symptoms and medications; along with professional psychological assistance his story proves that there are indeed different measures of recovery for different people.

Recovery networks

"Hallucinatory voices are a form of inner speech shaped by the dialogical organization of human experience" (Romme & Escher, Intervoices)

This organization has been characterized as a “user organization”, a loose support network, with little involvement of health care professionals. The international movement of voice hearers and their allies was initiated by Marcus Romme; a professor of social psychology and his patient Patsy Hoge, In Maastricht Netherlands. He discerned that Hoge had developed a stable relationship with her voices. Longdon utilized this method with her therapist as well.) This type of talk therapy helped the client to integrate and recognize these voices as helpful in understanding their trauma she found a means to integrate the voices into her life as oppose to the voices taking over her life. As indicated in Romme & Escher’s *Coping with voices: an emancipatory approach (1992)*. Ignoring or disregarding the hallucinations and the situations behind their manifestation did not work. Actively engaging voices during talk therapy sessions (Coleman utilized this

A key feature to recovery is to not allow isolation. Mental illness in itself polarizes people there is an innate fear of those that do not fit the social mold caste for them. So creating comforting and supportive communities those with extreme mental distress is a huge help. HVN is one of the larger communities that allow “voice hearers’ an open forum. There are online blogs that create an empathetic community for people diagnosed with various mental illnesses. One I found particularly interesting is <https://recoverynetworktoronto.wordpress.com> . This blog allows for personal expression, artistry and tongue in cheek commentary on coping. This forum is a platform to share information on medical protocols as well as therapy alternatives. Members give feedback and create a comforting on line community. The tone is light and allows for a less tragic view of schizophrenia.

The dark and unwieldy terrain that marks the experience of mental illness has been poked prodded via those memoirs I have reviewed in this paper. These authors and clinicians served to illuminate the harrowing journey of losing one's self and fighting that same self to gain a foothold in building a better, more structurally sound version. The theoretic framework dancing in the background of my inquiries into how self-perception evolves or is defined and eventually redefined

I believe that the authors are hopeful that psychiatric recovery is achievable by many if there is a significant overhaul of how mental illness is perceived socially and clinically. The enormity of this task will certainly have set backs certainly in the US where the big Pharma institution most feeds out capitalistic belly. The mental health system has been a slowly evolving goliath, but it is clear that the influx of social support network can help the system evolve to be more person centered recovery focused.

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Additional material:

Website: <https://recoverynetworktoronto.wordpress.com>