

Understanding psychosis - and - what is a meaningful renaming of the so-called schizophrenias ?

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My 'Warrington-lecture' at ISPS UK

Chris Burford has kindly commented on my key-note lecture and my two workshop-supervisions on September 28 in Warrington near Manchester organised by ISPS UK: a conference on psychotherapeutic approaches for psychosis. The "two very impressive case-supervisions" (quotations from Chris) were made possible only with great help from brave and brilliant British workers in psychiatry. Thank you very much - once again - to the case-presenters and my co-workers at this conference in the UK.

In relation to the ongoing discussion about "classifications" and "renamings", I have decided to send some more words in writing about the parts of my work, presented in UK in Warrington. They are of course a small glimpse into part of the content of my 5 books about relationship-treatment in psychiatry¹, in which Eivind Haga from Stavanger, Norway, is co-author of volume 1.

The books are written in the Danish language and published in Norway. They can be read by Scandinavians. I would welcome a translation into English very much. These words now are not a paper prepared for publication. I had no written notes in Warrington. These comments are a contribution for use in our "discussion-club" in the ISPS.

I am at the moment writing on a paper in Norwegian on the same topic to be published in the SEPREP journal called "Dialog". The plan is that my psychologist friend Arnhild Lauveng, with whom I have also already had the opportunity to co-work creatively, will be a co-writer of that draft, commenting on the ideas and models from her perspectives. I hope then to receive responses from this first draft in English to this work, so that an English paper can be written and published later, hopefully.

The PowerPoint-slides from Warrington are available on the ISPS-UK homepage and on my website (www.lars-thorgaard.dk → News → Warrington-lecture. ISPSUK Sept

¹ "Relationsbehandling i psykiatrien", Vol. 1-5. Hertervig Forlag, Stavanger, Norway, 2006 and 2007. My friend and mentor psychiatrist Eivind Haga is co-author on the first volume (the basic book).

2009). Some of the slides could be helpful for the reader to look at, while reading some of the following key-notes from my presentation.

What is psychosis ? Is understanding ² possible ?

The name "psychosis" does not tell us anything at all about aetiology or pathogenesis. There can be thousands of possible and different causes and complex interactions of causes behind a person's psychotic ailment, and such causes are inter-woven in very complex pathogenetic processes.

Thus: there are many possible models of understanding psychosis and madness. And yet understanding (verklären) is possible !

One of my most favourite models is dynamic in its nature, and it concerns one of man's greatest gifts: An instinctive capacity to survive, for self-survival and for self-healing. That is: to try to master !

We humans - whether more or less healthy or ill - are moulded for a great part by the results and consequences of our mastery strategies, more or less successful ones as well as more or less failed ones: and very basic, mastering of self-coherence, self-development, self-protection, self-preservation etc.

On the one hand psychosis can be understood as "something" which arises, when mastery is no longer possible. When one's attempts at mastering - for instance an extremely painful life situation and the consequences from that, and/or an intolerable mental state - necessitates giving up, either temporary or indefinitely.

Next, on the other hand and contemporary, the instinctively "creation" of a psychotic state *in itself* can be seen and understood as expressing attempts at mastery. But now a mastering in a new order – on an entirely different level and in an entirely different way (see my Madrid ISPS lecture at www.lars-thorgaard.dk →News). I am here using the name "order" as it is used in mathematics and physics: when something makes a quantum leap from one type of rules and systems into a new sphere of functioning.

The more sensitivity³ compared with sturdiness in a person's constitution, the more demand and call for mastery: for self-created attempts at mastery and mastering-

² In English the word "understand" is very often used. In Danish and German we can also use the word "explain" (German "verklären", Danish: "forklare". I think that these words are much better and more precise for our use. Because the human mind is occupied with "verklärung" from day one. See later in this paper.

strategies. One then has to look after the person's own attempts at mastery in both the subjective experiences and in the form of appearance (symptoms and signs).

The "Glassman": A human predicament

I illustrated the human predicament of sensitivity and fragility in both soul and body with lyrics from a song by the Danish poet, painter and singer Johnny Madsen at the Warrington conference (see my humble efforts of translating the lyrics into English in my PowerPoints at www.lars-thorgaard.dk or the ISPS-UK website). In the lyrics Madsen speaks and sings about "the Glassman" as a metaphor for this human predicament: He sings about having the Glassman on short visits in one's life and about the consequences of visits from "the Glassman" as the basis for the main thread in one's life ("On the quay stood the last bandit. "My name is Glass-man, I am here on a short visit. I am he, who span the red thread. I have a searing pain, that never ends in tears"). One of the points in the lyric - as I see it in relation to my theme and thesis - is that, when "the Glassman" is 'only' on short visits in one's life-time, only then one is able to sing the refrain, when one is in storms (crises): "It's felt like sunshine, it's felt like sunshine, standing in the eye of a storm".

But with the glass-man on very frequent and longstanding visits - and often a lifelong visit - we are in the sphere of the kind of sensitivity, I am talking about when the theme is psychosis. And then 'ordinary life' in itself and its consequences becomes much more traumatic than growth-promoting. In this respect, I also mentioned one of the aspects of what we (Thorgaard & Haga, 2006) called 'the Matthew effect'. "For unto every one that hath shall be given, and he shall have abundance: but from him that hath not shall be taken away even that which he hath.' Matthew 25:29 [

All consequences from the fields of love as well as from deceits and betrayals are remembered in the human mind

In my lecture in Warrington I quoted the beautiful writings from the Swedish writer Göran Tünström from his book "Famous men who has visited Sunne": "To say that her husband had been dead for fourteen years was a bad idea, it would perhaps simply be wrong, said Isabelle. Some people never die, the impressions they have made, is stronger than any physical destruction. *Love is living further. Like deceit* (betrayal), *Stellan*. Time is a plasma, unfold and fold, we exists in different folds and curves, soon on the outside, soon on the inside, we are behind all the corners of air and time, consequently Miss Bergren's husband is not dead. He lives, but one can not call on the phone; these lines are disconnected".

³ I have omitted the word vulnerability in relation to psychosis. I mean that this word is stigmatizing and not at all supporting ones self-esteem, but on the contrary suppressing it.

So: All the consequences of the fields of power of love as well as deceits, disappointments and betrayals are most strongly 'membered' and remembered, in the human mind.

And: In the mind of the person, who has had "the Glassman" on frequent and longstanding visits, there will be a strong tendency, that losses and their consequences instead are experienced as disappointments/betrayals in the inner life – and then not mourned! All humans have big life-expectations, and the more sensitivity, the greater risk that "ordinary losses" are experienced inside as disappointments and betrayals. And in a way: Everything is loss ! And losses can both stimulate and create integration (through healthy mourning-processes) and disintegrate, depending on the constitution of one's "Glassman".

Security as well as insecurity are remembered

In my Warrington lecture I asked the audience, if they wanted to hear a secret, and then I asked them to promise to tell! The "secret" was a model for understanding ('Verklären') all mental illness, but here especially psychosis.

My model – which is called "The model of security and insecurity" in my daily language in the Centres in Denmark and Norway, where I work, and where my work is more or less integrated in daily practice⁴ - is based on 3 premises, which have to be accepted, and then one conclusion is possible.

The first premise, which has to be accepted, is the following:

All kinds of mental ailment/illness are about anxiety that is far too great.

This means that we have to look much more broadly than narrowly into the so-called disorders of anxiety in our systems of classifications. We know that there is co-morbidity with anxiety in all categories in i.e. ICD-10. Anxiety is a dimension which is in all the categories.

⁴ In Denmark: NHS / Regional Psychiatry-Service Herning, Mid-Jutland; NHS / Regional Psychiatry-Service in South-Jutland (Haderslev and Augustenborg); NHS /Regional Psychiatry-Service in North-Jutland (Aalborg, Brønderslev); Forensic Psychiatry Service at The Psychiatric University Hospital Århus, Mid-Jutland; More or less systematically in different other areas in DK. In Norway: NHS / Regional Psychiatric Service in Stavanger. Stavanger University Hospital; NHS / Regional Psychiatric Service in Tromsø. Tromsø University Hospital; SEPREP, Norway: Center for Psychotherapy and Psychosocial Rehabilitation for people suffering from Psychosis. SEPREP is country-wide and state-founded competence-center for information, training and em-powerment. More or less systematically in different other areas in Norway. And has recently been introduced in Göteborg, Sweden.

This premise is in a way old wine in new bottles. It can for instance be found in the very best from the history of American psychiatry, aspects which are at great risk of being poured out and lost with the bathwater in the latest years (i.e. Sullivan, Fromm Reichmann and others).

And I am not here concerned about aetiology and/or pathogenesis, regardless the importance of these aspects.

The second premise is the following:

There are different varieties and configurations of anxiety

i.e.: disintegration-anxiety, mortal dread, separation-anxiety, anxiety to merge, paranoid-anxiety, depressive anxiety, fear/anxiety of sexuality, fear/anxiety of losing control, fear of relapse-anxiety etc.

The expressions of some of these different varieties and configurations, and the consequences of these, are expressed and able to be grasped in the different dimensions in my LTH-5 system⁵. As in the dimensions of my diagnostic system, there are also dynamic pathogenetic interactions between the different varieties and configurations of anxieties.

The third premise is:

Important consequences from this: Far too great anxieties create insecurities inside persons and between persons

If the 3 premises can be accepted, then it is possible to make a conclusion:

Conclusion: All kinds of mental illness/ailments are about far too great insecurity, inside and outside, the sufferer - and then also about the further consequences of this insecurity

A much more universal psychology than the existing psychology of attachment ?
This conclusion will give us the opportunity to make a quantum leap. We can move on from, and in psychiatry in a way leave behind us, a narrowing psychology about

⁵ See for instance my ISPS-Madrid lecture on www.lars-thorgaard.dk and results from my work in the chapter "Schizophrenia: Pathogenesis and therapy" in the ISPS - book "Evolving Psychosis"

attachment-disorders and the more narrow consequences of these⁶, and make a great step into a universal and fundamental psychology about the consequences of internal and external insecurities, concerning all mental illnesses. A much more universal psychology than the existing, and of course very important, psychology of attachment-disorders.

A radical rewriting of the words and concepts used in the object-relations theories and models is now also possible. Object relations theory (with M. Klein as one of the pioneers) is speaking about good and bad objects (objects are 'functions', in my view). These words – **good and bad** – have been widely used for more than a half century without any deeper discussions. We need new words. Partly because our use of these words very easily becomes expressions of a derailed philosophy of morals. Partly, but not least, because the words become stigmatizing, and especially become self-stigmatizing: for instance 'bad voices'.

We also now have an opportunity to rewrite and rename some words and concepts from cognitive therapy and CBT; i.e: **negative** automatic thoughts = now: **insecurity-creating** automatic thoughts. And **positive** automatic thoughts = now: **security-giving** automatic thoughts.

Finally - and especially - these words are distorting what it really is about: In all aspects of psychiatry and daily language in our professions, and especially also the words used by patients and their relatives⁷, the word 'good' shall be replaced by the words 'secure/safe', and the word 'bad' shall be replaced by the word 'insecure'. When one feels secure and safe, it is 'good' and one feel 'good'. When one feel insecure, it is bad' and one feel 'bad' (and begins to experience one self as bad /evil. But you are neither good nor bad. You are feeling more or less secure or insecure. Just like when we are speaking about splitting/idealization/devaluation: all is about preserving inner security and safety as well as possible.

Two inner "functions": "The internal safety-giver" and "The internal insecurity-creator".

In my books I have described these functions in detail⁸.

⁶ Personality disorders

⁷ Words which very often are influenced by, if not created by us, the workers in psychiatry and often by us psychiatrists who have been very "keen" to create stigmatizing words.

⁸ Especially in volume 2: "Empatiens bevarelse i relationsbehandlingen i psykiatrien". "The preservation of empathy in the relational-treatment in psychiatry".

Very, very briefly here: If my reader will look at diagram 50 in the PowerPoint-presentation from my Warrington-lecture, she will see, that I have illustrated these two inner functions as separated: 'the internal safety-giver' in green colour and 'the internal insecurity-creator' in purple colour. In reality one does not see them as separated, but as one ecologically functioning entity, where 'the internal safety-giver' - in a healthy state - is composed by much more 'green' than 'purple', and in this state, it is only very little influenced by splittings (spaltung) and deformations.

Dia 50 hence is an illustration of 'the internal safety-giver' in a person having "the Glassman" on only short visits in his life. And the consequences of visits of "the Glassman" are expressed only in the small amount of 'purple' compared with 'green'.

In first dia 51, called 'So sensitive – and thus "vulnerable" too', and then dia 54, some of the consequences of "the Glassman" on very frequent and longstanding visits - and often a lifelong visit - are illustrated. We are here in the sphere of the kind of 'sensitivity', I am talking about in psychosis, and then also about, when 'ordinary life' too, in itself and with its consequences, instead becomes much more traumatic than growth-promoting. In addition to all this, in the pre-psychotic predicament, there is also many (very often far too many!) experiences of both losses and events, which, even in the most healthy and robust, will be experienced as very serious and hard traumas with all their consequences for the nature of 'the internal safety-giver'. Then in dia 54, the green parts not only are much smaller than the purple, but also filled with 'bulges': 'dented'. 'The inner safety-giver' is now fragmented from inner splittings, distorted, infiltrated and done away. We are then in a world much more dominated by misconceptions, misrepresentations, failed recognitions and delusion. Where things can be turned upside down: what normally from inside creates inner security and safety now creates insecurity, and vice versa.

We are used to use the word "vulnerability" (Zubin et al, 1977) for such sensitivities'. I also have used the concept of vulnerability in my books too, but have since then stopped using the word in my practice. And when a new edition of my books is written, the word shall be replaced by the word 'sensitivity'; mostly because the word 'vulnerability' is stigmatizing. It is much more suppresses self-esteem than heartens it. It gives more inner associations to failures, defects and deficits (in genes for instance).

'Insecurity-psychosis',

Such sensitivities in the self, in combination with ambivalence (a human predicament!), from the beginning of life create very poor conditions for healthy

('green') growth in 'the inner safety-giver'⁹ and instead dominance of 'the inner insecurity-creator' part. Ambivalence is a human predicament, which is unavoidable.

In the so called schizophrenias - which should be called something else, I suggest the name 'Insecurity-psychosis' - we are confronted with such sensitivities in the self; a self in the most serious cases so sensitive and unprotected, that - as mentioned before - life-expressions from both inside and outside, with their consequences, become much more traumatic than growth-promoting. One such person said: "My life is God's dream....and, if then God wakes up...."

Here the inner sensitivity creates disintegration-anxiety, which is an extremely horrible fear of losing control: "The self is not at all self-evident". In such 'Insecurity-psychosis' the dissolution of the self is creating a primary anxiety of disintegration, which in turn creates secondary loss of control-anxieties which create tertiary loss of control-anxieties etc. And the consequences of anxieties are loss of inner security and creation of inner insecurity.

In short, we have:

1. 'Sensitivity', i.e. the part of 'sensitivities', which can be constitutional and/or genetic.
2. 'Sensitivity' from the early influences on the 'the internal safety-giver' from the predicament of ambivalence (internal splitting in the service of mastery).
3. 'Sensitivity' from the gradual infiltration, deformations, splittings and distortions in and of 'the internal safety-giver' from losses and traumas. And here 'ordinary' losses, which should have been mourned, instead are experienced as deceits, disappointments and betrays, and all losses and traumas and their consequences are giving plenty of 'food' to the purple part of 'the internal safety-giver' and making 'bulges' in the green parts too, so to speak.

⁹ In my books I have carefully set out for the importance of safety-giving internalisations in the creations of 'the internal safety-giver'. And I have set out for the influences of ambivalence, losses and traumas, on internalisations.

Now, some hypotheses about some so-called psychotic symptoms

Voices are intensified with growing inner insecurity, and are spontaneous efforts at self-calming (Thorgaard, 2007). This means a new way of thinking about symptoms and the classifications by symptoms. Psychiatry (the medical part) is today the only branch of medicine, where the symptoms (ICD 10, DSM) have been reduced to being signs and only signs. But symptoms are in all other branches of medicine also understood as expressions of attempts at self-healing and regulation in the organism. Most simply illustrated by fever - both a sign and an attempt at self-healing. Many other processes of bio-feed-back mechanisms and their symptoms/signs are understood in this way and have such functions. Symptoms should be understood as *both* signs *and* expressions of efforts of self-healing in psychiatry. If not: can mainstream medical psychiatry 2009 then still be called a medical discipline?

With my 'model of security and insecurity' we will understand ('verklären') symptoms and intensifications of symptoms as *both* signs of intensified insecurity inside (and outside) *and* instinctive efforts of self-healing. Later in this short version on my work, we will hear more about the "why".

But here very briefly: hearing as an organ has two main functions:

1. an organ for control and "supervision" in order to feel safe.
2. an organ for aesthetic experience.

Now:

Voices usually have a calming intention, but when inner insecurity is far too great, the consequences are the other way round.

'Voices' basically originate from the 'internal safety-giver', but changes in the equilibriums, 'upside down turns', infiltrations, splittings ('spaltung'), deformations and break-downs in the 'inner safety-giver' have taken place.

All my own and my co-workers' experience from clinical work shows us the above mentioned. And I have developed scales for 'measurements' of, and dialogues about, security/safety for use in daily clinical practice (both patients' measurements and staff measurements).

Disturbed perceptions/hallucinations in/about/from the body also have a calming intention, but the consequences are the other way round. The human body and the human skin are 'organs for calming', and are in a way 'created' for love and tenderness (and not for violence). But when changes in the equilibrium of the 'inner safety-giver', with 'upside down turns', infiltrations, splittings, deformations and break-downs, take place, the opposite is the reality. The skin can then instinctively be

treated violently. And in the body only disturbing and 'diabolic'¹⁰ sense impressions are 'created' (by the inner safety-giver in order to calm, but leading to the opposite effect.)

Visual hallucinations have a calming intention, but the consequences are also the other way round (vision also as an organ for control and "supervision" to feel safe).

'Voices', 'touchings' and 'sights' are "made for" calming, but occur when inner (and outer) insecurity is far, far too great. For all kinds of hallucinations it is the case that they are trying to solve one problem by creating a new and even worse problem

I shall recommend my reader to look at dia 62 now. This diagram originally had a drawing from Käthe Kollwitz¹¹, showing a young boy expressing extreme inner anxiety → insecurity! I have done it very simply - far too simply in this dia, imagining - and to illustrate - that we have an 'I am extremely insecure' button in our mind/body: a button – here as a joke called PB23C5 - to count on instinctively, when we feel far too insecure and unsafe. But when the human predicament is having the "Glassman" on very frequent, longstanding and even lifelong visits, the only self-calming 'inner function' to count on is the one, one has: one's 'inner safety-giver' with its "upside down turns", infiltrations, splittings, deformations and break-downs. So when pressing that 'button', to call one's 'calming apparatus' into 'action', one is unfortunately not getting inner calming 'voices' without words and sounds, but only what is possible: hallucinated demoralizing voices, expressing good enough efforts, but with an opposite result. See dia 63.

Daily practise and use

In daily clinical practice all this can be used very well. We use the words 'the internal safety-giver' and 'the internal insecurity-creator', and we 'plant' the words security and insecurity as soon as possible in all communications with patients and their relatives. We explain (verklären) our view on psychosis (and other ailments) in these terms. My model is used for both general and individual psycho-education with patients and families. We make drawings like my diagrams shown here. And we explain that all treatment – and treatment is defined as, as much help to self-help¹² as possible - is concerned to make secure and safe conditions for helping the 'green' - "the internal safety-giver" - to grow as much as possible, and create conditions for the 'purple' - "the internal insecurity-creator" - first and at least not to 'grow' larger than it is at the moment, and secondly to make it smaller and reduced. See dia 64. We explore the multiple factors – both generally known, and individually for the unique patient – that

¹⁰ About my use of the words diabolic and symbolic, see later

¹¹ These can be found on Google Pictures, but I have not put them into the diagrams on the internet here.

¹² That is mastery and mastering. In my books a manual for individual mastery and mastery in relationships is described.

will enhance the 'green' area and diminishing the 'purple' area. In dia 65 some of the most important factors are shown. It is very important to mention that individually early warning signals for factors, that will tend to enlarge the 'purple' area: "the internal insecurity-creator" can be analyzed and mapped. (see dia 65). The results then can be integrated in the patient's 'Plan for mastery' (Thorgaard, 2006, volume 4).

"Wirklichkeit ist was wirkt"¹³

- psychosis, mastery, reality and the break with reality

See now from dia 67 onwards. According to Edmund Husserl (1859 – 1938) "Reality is hammer-strokes, not the hammer". We experience and constitute phenomena from their nature of meaning. In short, this means that reality is constituted by "wirkung".

What becomes real is what works, no matter what the "wirkung" becomes (effects).

All realities are created from "the principle of bricolage"¹⁴. Both "diabolic" principles and "symbolic"¹⁵ principles are able to make sense of coherence¹⁶.

On the same lines as Husserl, Erich Kästner writes that "Es gibt nichts Gutes – ausser man tut es". A Danish writer Bettina Heltberg recently referred to Oliver Sacks from his book "A leg to stand on" (1984), "There is something called the source of life: This is the poetry that comes from reality".

Human beings are spontaneous, living creatures, before they interpret and evaluate. "Realization, recognition and judgement-passing on sentences are preceded by more archaic decisions - belonging to life itself. By Frederik Sternfeldt, this is called the "basic credo" of life-philosophy" (Støvring, K. 2007)¹⁷.

"The life philosophers" are Schopenhauer (1788-1860), Nietzsche (1844-1900) and Heidegger (1889-1976).

Especially the teaching of Schopenhauer about a blind and instinctual "will /volition to life and living" is important here: What I call "instinctive mastering strategies" (Thorgaard, 2006).

¹³ Reality is what works.

¹⁴ The principle of bricolage is about the use of what is to hand.

¹⁵ I am using the words symbolic and diabolic in the original use from ancient Greece for instance Plato: The symbolic brings together, diabolic brings apart.

¹⁶ See e.g. Kafka in 'The prisoners camp' in "Metamorphosis" and Thomas Mann in "Dr. Faustus".

¹⁷ Radikal kulturkritik: Doktor Faustus. I: Thomas Mann. I syv Sind (Bugge & Morsing. Eds.), København, Forlaget Anis, 2007, s. 163)

The universe of delusions becomes real in psychosis, because it takes effect against the consequences of the sensitivities in the self. There is created a reality, which works at least a little better than 'the one', and 'all that', which could not be understood at all, and where no coherence and meaning at all could be found: The meaningless, non-sense and extreme insecurity-creating in oneself must be filled with some kind of meaning and content (Thorgaard, 2008)¹⁸. And then according to my 'model of security and insecurity' explained above, insecurity and insecurities may be calmed with attempted help by means of explanations and understandings (natural science has its very basis in this, too).

"A missing link" between neuro-psychiatry and psychodynamic psychiatry *- about the connections between inner security and insecurity and dopamine*

Dopamine is a neuro-transmitter which mediates/transmits signals between nerve-cells. Antipsychotic drugs work, among other ways, by blocking postsynaptic receptors, especially dopamine-receptors. Antipsychotic drugs also bind to proteins located before the receptors, again preventing the action of dopamine here.

So dopamine receptor-blockade will calm and impede the transfer of "signals" / "traffic" in the synapses / the connections between nerve cells.

Dopamine mediates the "salience" of environmental events and internal representations (Kapur, 2003, Salokangas & McGlashan, 2008). And dopamine has a decisive role in our ability to differentiate between stimuli from inside and from outside (Kapur, 2003, Salokangas & McGlashan, 2008).

A hyper-dopaminergic¹⁹ state leads to an aberrant assignment of salience to ideas and objects in an attempt to 'create' salience – and by that security ! (Thorgaard, 2008).

This hyper-dopaminergic reaction is a response to growing insecurity.

When we are very insecure, salience disappears. Then we need a re-establishment of salience and clarity. The more need for re-establishment of clarity and salience, the more need for a salience-creating substance. The organism can then be flooded with dopamine in its own self-healing attempts at creating **security-giving** salience and clarity. Dopamine can now be understood (verklären) as man's self-created 'drug' for trying to calm far too great inner insecurity (Thorgaard, 2008).

¹⁸ My plenum lecture at 'The Schizophrenia-Days Conference in Stavanger'.

¹⁹ Whether much dopamine or an increased sensitivity to dopamine or both-and

Just as other spontaneous mastering strategies, when compelled through great despair and the pragmatic use of bricolage, will be used one-sidedly and excessively; so will dopamine have a Janus-face, and thus produce opposite and paradoxical effects (Thorgaard, 2008).

This happens when insecurity is far, far too great. The organism then must try to solve this problem by relying on the creation of more and more of the same kind²⁰. But with the opposite result to that intended. Clarity, salience and 'supervision' are attempted to be created, but the result is the opposite: more insecurity instead of security²¹. Perhaps we should take note of the fact that dopamine is able to stimulate both delight/passion/lust and aversion/dislike/disgust in this respect too (Kapur, 2003).

The help from partial receptor-blockade by anti-psychotic drugs can here be understood (verklären) as an aid by means of breaking an inner circulus vitiosus (which in all its 'intentions' is OK, but in its results are making things worse); like cooling down at too high fever: fever which in its 'intention' is appropriate (to kill the virus), but in too large 'doses', can cause death.

Dopamine has a double and paradoxical action, like i.e self-harm and voices have. More and more intolerable insecurity demands more and more dopamine – more and more of the same. Dopamine is a self-created 'drug' for trying to calm inner insecurity, according to my model. This is a model for 'verklären' dopamine 'bottom up', and not – as usual in mainstream medical psychiatric research as 'top down' "verklärt". See dia 89 here.

Concluding remarks

Delusions, as well as hallucinations and very often self-harm in psychosis, can be understood as the result of prolonged despair, and of desperate, intensive attempts to calm oneself by trying to explain and understand one's own perceptions. Finding explanations and understanding are among man's very basic mastery strategies: Mastery efforts to try to calm one's much too great inner insecurity, which is the basic predicament in severe psychosis (Thorgaard, 2008). That is why I suggest the name 'Insecurity-psychosis' for the so-called schizophrenias.

²⁰ and sensitivization has happened over time

²¹ Small (and perhaps medium) is good security !; too much (large) and/or too much sensitivization, give rise to new or reinforced problems

In my five-volume work "Relationship Treatment in Psychiatry" it is possible to read more about the principles for treatment according to this way of thinking and working; and a detailed and complete list of references are available there too. The books constitute a manual for relationship workers in psychiatry. It is also possible to follow the principles for working together on the many 'cases' described, e.g. "John" whose relationship treatment can be followed through volume 3 and 4. When the patient's individual mastery strategies break down, (often very desperate and 'bricolage'-dominated just retaining and containing a bit of inner security), then the patient perhaps presents for treatment about relationships. And the new relational mastering strategies are decisive as self-help, and as transitional security-giving strategies on the road back to better individual mastery, than before the breakdown! That is one of the reasons why good relationship treatment is a sine qua non in psychiatry!

A few words