

# Psychosis and the Mission of Professional Psychology

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According to Ronald F. Levant, former president of American Psychological Association, wrestling with the big issues and large-scale solutions gives professions their significance and purpose. The mission of professional psychology should therefore be meeting society's most important needs. Levant (2005) emphasizes the importance of psychologists playing a major role in the treatment of individuals with serious mental problems, such as psychotic disorders. Science no longer hold that psychotic disorders is primarily a "brain disease" and therefore treatable only by biological interventions. The outcome research of psychosocial interventions in psychosis strongly indicates that although psychotropic medications can suppress the symptoms of serious mental problems, and although there has been progress in neurobiological and neuropsychological research in this field, psychological and social rehabilitation actually holds out hope for recovery.

It is important to confront the stigmatizing stereotypes of psychotic disorders. Accumulating evidence gives strong indications that many of these patients have a full or partial recovery through a combination of psychotherapy, psychosocial rehabilitation, consumer-run self-help programs and medications. This involves mul-ti-modal and multi-professional treatments and a rehabilitative model.

"Madness is when other people choose to stop trying to understand you," said Rufus May, clinical psychologist and former mental patient. "I was very confused and needed someone to make sense of my experiences with me", and he continues: "There's a lot of evidence to suggest that people's psychotic experiences, hearing voices, having unusual ideas, are actual responses to their environment and to their experiences and have an emotional meaning to them." (Laurance, 2003, p. 176). According to Max Birchwood, one of the contributors to this special issue on psychosis, patients like psychological treatment, they stick with it, they enjoy the dignity of being spoken to and taken seriously. There is a focus on distress and problematic thinking and behaviour, but also an emphasis on the normal which is important (Laurance, 2003, p. 177).

We need a health service that is user-directed, family-supported, recovery-oriented, socially-integrated, clinically and culturally competent and cost effective. New kinds of community care – early intervention, home treatment and assertive outreach – are important parts of this trend.

When you ask people with serious mental problems what they want, they list the things that anyone would want in an emotional crisis: someone to talk to – loneliness is one of the greatest burdens – a safe place to be, and meaningful activity. Mental health is not only about service delivery. It is not just about what people need, but what they can contribute. That is the meaning of citizenship. An important goal is thus to increase the autonomy and independence of people with serious mental disorders so that they become more involved in their care and engaged with their communities – as neighbours, friends, customers and employees – contributing as participants to society.

Levant, R. F. (2005). Unification of professional psychology through social relevance. In R. J. Stenberg (Ed.), *Unity in psychology. Possibility or pipedream?* (pp. 107–124). Washington, DC: American Psychological Association.

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### References

Laurance, J. (2003). *Pure madness. How fear drives the mental health system*. London: Routledge.