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# Editorial: systemic practice and psychosis; diversity and inclusion

nicola mccarry and karen partridge

In our practice as systemic supervisors and therapists at the KCC Foundation and Central and North West London Foundation Trust we are involved with people who are managing psychosis in their everyday lives and the professionals who work with them. We have a shared history of working in adult mental health institutions and a commitment to working with families and individuals with major diagnoses. This issue of *Context* marks a time of transition in the provision of services for people diagnosed with psychosis, in a context of discourses of recovery, service-user feedback, carer support and recognition of the importance of family, work and social networks in promoting mental health.

In commissioning articles we realised that we had not invited deconstruction of the term psychosis, which remains part of the medical discourse dominating thinking and treatment in this area. We have taken the stance that it is important for our clients and referrers that we both embrace the medical discourse and elaborate alternatives to it. This helps us to join with the different professionals involved with families where psychotic experience is part of everyday life. We have also found many of our clients choose to define their experience in terms of 'illness', 'psychosis' or 'schizophrenia'.

## nicola

I had understood psychosis to be 'madness' and a breaking down between what might generally be accepted as 'real' and the stuff of dreams or nightmares. I was influenced by the powerful imagery from Dali's surreal dream sequence in Hitchcock's film, 'Spellbound'. I had a friend in the sixth form with a 'schizophrenic breakdown' and a family friend, both of whom were admitted to the 'mental hospital' on the hill. In the last three years someone precious to me was admitted to the same hospital with a 'psychotic breakdown'. Her psychiatrist was excellent but there was no service to support her and her family, to provide forums to discuss what language or actions may help or hinder, what behaviours should be challenged or supported, or when to encourage risk-taking and when to advise caution. I witnessed her distress when she believed herself to be dead or living in a purgatory world: I saw at first hand the stress and exhaustion that psychosis created in her relationships with her carers and the uphill battle over two years to regain some normality of life.

My understanding of what was most helpful was finding the right medication (challenging some of my beliefs), the loving support of her family and friends and her strong professional identity and earning power. She was also psychotic at a time when disability rights offered some protection for people returning to work. I also work at the South West London and St George's NHS Mental Health Trust which offers service user employment schemes and positive action in recruiting people with a history of mental distress. Yet, stereotypes of people with psychosis remain closer to the murderous character of Norman Bates in Hitchcock's 'Psycho'



Nicola McCarry and Karen Partridge

than to John Nash, noble laureate (*A Beautiful Mind*), Paul Merton, the comedian and writer, and Alistair Campbell, who was Blair's media chief.

Twenty years ago as a newly qualified social worker I worked in Friern hospital, London, a Victorian asylum. In the mid-1980s 'Violet' was 84 and had lived there since she was 18, perhaps due to psychosis, perhaps because of wider cultural beliefs in segregation and systemic hopelessness, inertia and institutionalisation. At the end of her life a combination of economics and philosophy resulted in 'care in the community'. At the same time, younger people were being admitted from multi-racial inner city London to acute wards experiencing culture shock and institutional racism in addition to their mental distress. Even when people were ready to be discharged from hospital, invisible walls impeded their hopes for their lives and made relapse more likely. Fear, stigma, debt, poverty, unemployment and homelessness were the life-stopping realities with which they were faced and which I attempted to address as a social worker. Many of the people referred to me seemed distanced from their families or was it that I failed to encourage those resources or that those with supportive families were less likely to need the intervention of social workers?

## karen

I was 17 when I came across some research that shook my understanding of the world in terms of what was 'real' and what it meant to be 'insane'. Rosenthal's 1973 experiment, 'On being sane in insane places', was a small scale project where eight 'stooges' gained entry to psychiatric institutions in America by reporting that they were hearing voices saying, 'empty', 'hollow' and 'thud'. They were all admitted with a diagnosis of schizophrenia but showed no further symptoms after admission. During their stay they

made notes of their experiences, which were interpreted by nursing staff as symptoms of their diagnosis, although the other patients were quick to identify them as 'sane'. They were finally discharged as having 'schizophrenia in remission'. The label had stuck and had become defining. Over the next few months hospitals were informed that further 'pseudo-patients' would attempt admission, and staff were asked to detect them. Out of the next 193 admissions, staff identified 41 stooges, when in fact there were none. The experiment was criticised for not being scientific, but the power of labelling had been demonstrated. This was my first strong encounter with the idea that context determines meaning and sparked a long-lasting interest in the way that organisations influence behaviour.

As an undergraduate at Leeds University I was privileged in being taught by Don Bannister. He had worked with George Kelly to bring Personal Construct to the UK and focused on understanding those diagnosed as schizophrenic in terms of their structuring of interpersonal meaning. He saw the psychology of personal constructs as an approach to the person that was empowering, democratic and pragmatic. I caught his passion about the construction of 'madness', labelling the effects of institutionalisation. This led me to carry out my PhD research into organisational change in hospitals. I became intimately acquainted with the hospital as an institution when I lived for a year on the domestic's corridor in St Edward's hospital, Leek. I was interested in the ecology of the hospital and the way in which 'chains' of actions, like the provision of laundry and meals, bent around innovations and snapped back as soon as the change agent retreated. I discovered first hand the power of homeostasis in large systems. A shift to community care was needed to create lasting change. In the process of this research I encountered the systemic literature on interventions into organisations. Eventually I completed my systemic training and became interested in the narratives constraining and enabling staff, families and individuals in their experiences of living and working with psychosis.

### this issue of context

The rich contributions to this issue demonstrate the diversity of systemic thinking in influencing clients and services at different levels. Val Jackson and Gemma Elks describe an early intervention project in the urban setting of Leeds, including reflections from a carer who has used the service. Cathy Clegg and Margaret Cogan describe the challenge of developing a rural family intervention and include the families' perspective. Alex Reed and Kevin Hawkes outline supporting systemic thinking in an Early Intervention team while Jo Bownas describes the way in which staff in a secure inpatient setting have made use of systemic ideas.

Other articles address the challenge of integrating different theoretical approaches. Julia Bland describes a personal perspective in integrating systemic and biological models in her family therapy team, while Dan Pearson, Frank Burbach and Roger Stanbridge propose a training strategy, combining both systemic and psychoeducational approaches. Sara Meddings, Debbie Owen, Frank Burbach and Mair Thomas describe three journeys towards integrating these models.

The following authors inspire by harnessing systemic and narrative techniques in therapeutic work. Nicolette de Villiers, Che Rosert and Annie Turner describe family therapy taking place on an acute ward with the family of a young woman on a section. Mark Hayward and Jelena Manojlovic illustrate the contribution of narrative thinking to their work with clients. Brian Cade's cartoons bring these ideas alive with his usual wit and twists of irony.

We welcome a piercing new visual perspective from Australia in the cartoons of mental health activist, Merinda Epstein. We would like to thank Louise Norris for her patience and professional help in putting this issue together.

The contributions by Lillian Robins, Allan Haj, an 'Aspire' carer, Maric and Anonymous offer first-person accounts of their experiences. They speak from the positions of parent, mother, carer, sibling, social worker, family therapy student and as people who have lived through and beyond psychosis. The theme of love and the importance of connection seem to us to be conveyed through Allan Haj's image on the front cover. His poems and two other pictures communicate some of the joys as well as the more painful aspects of psychosis. Allan has chosen to publish his art and poems using his own name, and has offered to contribute to further issues of Context. Allan's mother Lillian, tells her story as a carer, which has provided inspiration to others through conferences. This is echoed in the carer's account from the 'Aspire' service. Maric's eagerness to share an approach that she has found helpful resulted in the inclusion of the leaflet on page 24. The hope, which inspires all of these contributions and this issue, has been addressed from a theoretical perspective by Dan Pearson.

### reflections

We noticed that a high proportion of contributions came from psychologists, which we speculate is indicative of the lack of designated family therapy posts in adult mental health. Despite the increasing recognition of the importance of families and carers in mental health policy and practice, NICE guidelines referring to 'family interventions' are variously interpreted by Trusts and developments are often constrained by tight budgets. AFT is currently mapping the number of designated posts and will be sharing the results shortly. Our experience of providing systemic therapy and training in adult mental health shows that families, trainee therapists and referrers find it beneficial, as demonstrated by feedback, commitment to appointments, a continual flow of referrals and frequent requests for supervision and training.

We wanted our subtitle of 'diversity and inclusion' to draw attention to the social exclusion experienced by people with psychosis and the double jeopardy for those who are also members of other marginalised populations. We sought out contributions by people who have experienced psychosis, their carers and people from Black and ethnic communities to give a diverse range of accounts. We approached members of different cultural groups and invited contributions on the IFT cross-cultural forum. We appreciate the help from other professionals in making contact with clients and carers. However, the fact that our success was limited in eliciting contributors from Black and ethnic minority groups is indicative of the work that remains to be done: to bring forward the voices of people who remain over-represented on the caseloads of psychiatrists and under-represented in our profession.

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