



**Recovery from “schizophrenia” and other “psychotic disorders” – *New understandings of the mind and of madness can open new doors to full recovery* – Ron Unger**

**(Background:) Where were you born and raised? What did your parents do for a living? Do you have any siblings? What was life like growing up for you?**

I was born and raised in Michigan, USA, mostly in the little town of Big Rapids. I was the third out of 11, nine brothers, one sister! My dad worked as a car mechanic, and my mom not surprisingly stayed home with the children. While I had some good experiences as a youngster, my family life was often traumatic. This led to me becoming socially awkward, and my trauma was compounded when my awkwardness and low self esteem made me a target for bullies.

**What is the earliest childhood memory you can remember?**

My earliest recollection is of when I discovered how to climb out of a crib in which I had been placed for a nap, alone in an upstairs room. I then wandered away from the crib and the room, and when my mom came up to check on me, she found me missing and panicked. I imagine I had climbed out partly to go looking for her and the others, but my efforts led to everyone getting upset. Looking back, I can see this as an early example of me discovering that my acting in an autonomous way, even if I was seeking connection, could be perceived by others as dangerous and wrong!

**Which University/College did you go to? What course of studies did you follow? What happened next?**

My college experience was very much complicated by the fact that I was undergoing a sort of mystical and creative exploration into the nature of self and reality, at the same time I was pursuing “formal education!” This exploration was triggered by my need to challenge the defective sense of self that I had formed as a result of childhood trauma, but it became much more than just that. My experiences and perspectives commonly teetered on the edge of what the mental health system calls psychosis, and not infrequently crossed completely over that edge! But I was lucky enough to get all the help I needed from books, peers, and other sources, and to avoid any coercive “help” from the mental health system. As a result, overall my journey became very positive for me, even though it was often chaotic and at times disrupted my college trajectory.

My first year of higher education was in my home town, at Ferris State. I was studying psychology. My favourite teacher and I had long and interesting conversations, though he did inform me that he had been asked to watch for students who might be having a psychotic break, that he currently was watching two, and that I was one of them! This didn't offend me however, as at the time I often self identified as a





person going through schizophrenia, which I saw as a good thing, as suggested for example by R.D. Laing whose work I was reading at the time.

I focused on psychology for one more year at Wayne State University in Detroit, then dropped due to my dissatisfaction with the narrowness of what I was being taught, and due to the fact that my own quest for a completely different way of living and being in the world was intensifying.

The next school I “attended,” though it wasn’t accredited, played a key role in my education. That school was Communiversity, and I was especially influenced by its most infamous “class,” the [San Francisco Suicide Club](#)! This group taught me the power of people coming together to support each other in the “pursuit of experiences beyond the pale of mainstream society” as the [Cacophony Society](#) (a follow-up group to the Suicide Club) described it. Finding companions who were also creative misfits really helped me reconnect with society after periods of profound alienation: I believe that if I hadn’t discovered peers and groups like this, my alienation could have intensified and I might eventually have ended up as a patient, and quite likely a victim, of our mostly dysfunctional mental health system.



A few years after dropping out of Wayne State I attended UC Berkeley for a year, where I was allowed to make up my own major, which I designed to follow my interests which at the time I conceptualized as “[pataphysical](#).” I then dropped out again, became a father, did forestry work, and helped manage a construction company. It wasn’t till 15 years later that I returned to college with a mental health focus, completing my undergraduate education through correspondence courses and then obtaining a masters degree in social work at Portland State University, graduating in 2000.

### **Where did it all start for you - to become a therapist and help others diagnosed with schizophrenia/psychosis?**

My interest began with my own experiences, which I found to be really positive overall, though also dangerous. Later I saw many of my younger siblings go through their own extreme states, which often didn’t go as well, and many of them were caught up in the mental health system with often unfortunate results. Why, I wondered, couldn’t we have a system that knew how to help young people safely handle and even benefit from the unusual perspectives and experiences they often encounter or create, rather than define these as nothing but illness and try to drug them into oblivion?



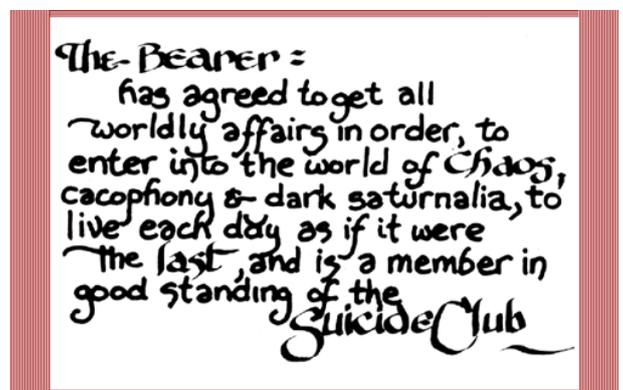
In the 1980's, I met David Oaks who was just starting to organize the group now called [MindFreedom](#), and I became involved in protesting the mental health system's misinformation and its lack of humane, non-coercive alternative forms of assistance for people seen as "psychotic" or "mad." I went to social work school hoping to learn how to provide such alternatives, but didn't learn anything that could be directly applied, as the social work establishment seemed to have entirely swallowed the bio-psychiatric belief system when it came to "psychosis." So I was really happy when a couple years after my graduation I heard about work Paul Chadwick was doing in the UK with groups of voice hearers, using cognitive therapy for psychosis. Paul was kind enough to send me a detailed description of how to lead such a group, so I started a group myself and began specializing in cognitive therapy for psychosis. Then in 2005 or so, I began teaching others how to use this approach.

### What does cognitive therapy for psychosis entail?

The key idea of cognitive therapy is that people can learn to think about and respond differently to "psychotic" experiences and that when they do, their problems can be resolved. This perspective is very similar to that of the hearing voices movement, which notices that voices are a problem only when people have not yet discovered a good way of relating to the voices.

Cognitive therapy for psychosis emphasizes normalizing, or understanding even very "psychotic" experiences as just variations on understandable human reactions to circumstances, even if they are more extreme and look different as a result. Cognitive therapists are interested in the whole complex individual story of how a person's problems developed and then were maintained, and typically see so called "symptoms" as having resulted from very understandable attempts to cope with distressing situations, which then had unintended consequences that compounded problems. Cognitive therapists don't insist they know exactly what is going on and what should be done, but they collaborate with people in exploring what is happening and helping people develop options for themselves that might work better.

Not everyone practices cognitive therapy for psychosis in the same way, and there are some who fail to follow its principles in a sufficiently radical way and who still perpetuate the destructive misinformation and dogma of the bio-psychiatric paradigm. But I think at its core cognitive therapy is a really decent approach. And while I believe that a really complete approach to helping people seen as psychotic requires a team of mental health workers and interaction with the person's whole social network as does [Open Dialogue](#), I think cognitive therapy for psychosis is very compatible with broader approaches and has the advantage that it can begin with just one mental health worker who wants to provide services in a new way.





My latest interest is “compassion focused therapy” which seems to build on cognitive therapy, teaching people how to shift their consciousness from an over-emphasis on threat to a focus on self acceptance and compassion, drawing from both Buddhism and modern research. (Incidentally, our whole mental health system could benefit by shifting from a focus on threat to a focus on real compassion!)

I write a lot more about my ideas on the nature of psychotic experience, help with recovery including therapy, and how to get help relying less on medications, etc., on my blog, <http://recoveryfromschizophrenia.org/>

**Do you have any ‘coping strategies’ that you engage in, in your daily life?**

In my view, everything we do is some form of coping, or at least attempting to cope, with situations in which we find ourselves! But one recent strategy of mine worth mentioning involves deliberately being friendly with all of my experience, including parts of myself that seem to generate bad feelings and/or nasty automatic thoughts, and also the parts of myself that seem to suffer from those feelings and thoughts. This really helps me come together as one whole person despite the daily stresses that otherwise would be tending to pull me apart. This strategy is my own variation on the approach described at <https://chrisgermer.com/>

**What does the future hold for you? Where can people see you next?**

In the coming months, I plan to be doing webinars on psychological approaches to “psychosis.” These will offer continuing education credits for professionals and will be free to non-professionals. You can sign up to be notified about when these will occur at <http://eepurl.com/cMAgl>.

I will also be teaching a seminar on trauma and psychosis in Seattle on 2/22/13, and then on cognitive therapy for psychosis and on trauma and psychosis in San Francisco on 4/5-6/13. I have [a webpage](#) which has details on my upcoming presentations.

**Ron Unger Favourite Quote:**

*“...All statements are true in some sense, false in some sense, meaningless in some sense, true and false in some sense, true and meaningless in some sense, false and meaningless in some sense, and true and false and meaningless in some sense...”*

- from [THE PRINCIPIA DISCORDIA](#) by Greg Hill and Kerry Wendell Thornley.

That quote helps me remember that there are always other ways of looking at things, and that all ways of looking at things have some truth in them, as well as error, depending on your perspective or on how you relate to them!

You can catch all this and more of Ron Unger at: <http://recoveryfromschizophrenia.org/>



**PsyCope 'Coping with Psychosis'**  
Feature of the Month – January 2013  
Ron Unger

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Ron Unger co-wrote [MindFreedom's Truth Injection Brochure](#) to combat misinformation commonly spread by the mental health system.