Article

Dissociachotic: Seeing the Nonpsychosis We Share

Journal of Humanistic Psychology
2023, Vol. 63(2) 229–236

DOI: 10.1177/0022167821993668
journals.sagepub.com/home/jhp
SAGE

Matthew Ball[1] and Sharon Picot[2]

Abstract

The potential for growth within a relationship between individuals experiencing "psychotic" and "nonpsychotic" realities is based in acceptance of a shared human vulnerability. Through the human-to-human relationship, acceptance of the mutual experience of ontological insecurity and fear of nihilation can facilitate the emergence of a "nonpsychotic" reality. Interconnectedness, that occurs through the process of growth within a loving, nongoal–orientated relationship, leads to a negation of the need for an altered state to exist to defend the threat of nihilation in the person experiencing "psychosis," and the person in a "nonpsychotic" state to resist the attempt to change the legitimate reality the other person is experiencing. The ensuing changes to the liminal space occupied by a person said to be in a "psychotic" state, when being together in a coexisting same experience, can lead to mutual growth and the evaporation of the so labelled "psychotic" state. This demonstrates the "psychotic" experience is more consistent with a dissociative response to threat in relationship and could be reframed as a "Dissociachotic"—a form of dissociation that has been mislabelled as a unique condition of "psychosis" due to its specific representation of creating safety for a person experiencing threat in relationship.

Keywords

Dissociachotic, coexisting, nonpsychosis, shared expereince, ontological, human to human

[1]Humane Clinic, Adelaide, South Australia, Australia
[2]Flinders University, Adelaide, South Australia, Australia

Corresponding Author:
Matthew Ball, Humane Clinic, 198-200 Main South Road, Morphett Vale, South Australia 5173, Australia.
Email: matt@humaneclinic.com.au

Introduction

When human connectedness is fostered with a person who is experiencing extreme states often labelled psychotic, the recognition of their "being" facilitates potential for developing a shared social connectedness. This article will use the concept of the liminal space to explore how the human-to-human relationship (Travelbee, 1971) facilitates growth between the person said to be experiencing "psychosis" and the person with whom they relate.

Growth will occur within a loving, nongoal orientated relationship. When a person listens, without agenda to change, in relationship with another who is experiencing a "psychotic" state, it will inevitably lead to the emergence of the "nonpsychotic" state. The interconnectedness facilitates an existential experience which negates the need for an altered state to defend the threat of nihilation (reduce to nothing) in response to ontological insecurity.

Jackson (2012) states that the existential imperative is crucial to the human psyche in that people need to tell others that they exist, otherwise they disappear into existential oblivion.

In addition, any psychological crisis needs to be quickly addressed. The psyche cannot be in a nonequilibrium state for too long. Ontological security needs to be retrieved.

In the 1960s, Laing articulated the emerging and evolving intensity of ontological insecurity that can lead to altered states and ultimately a person experiencing nihilism within the "psychotic" state. Recent authors including Romme et al. (2009), Corstens and Longden (2013), (Mosher et al., 2004) have demonstrated that personal meaning can be found in understanding alternative realities in relation to the events in a person's life within human relationship.

This article identifies "right understanding," understanding of the person's reality, as the process by which any listener can "meet" the "psychotic" person in their state of reality. In Buddhist philosophy, "right understanding" is a state of accepting the reality of "what is," understanding without intention to change, without a goal and with acceptance that the moment will, by the law of nature, change (Sumedho, 1992). The listener's action of right understanding contributes relationally to the person being able to observe a "nonpsychotic" state. This theory is consistent with Rogers (1967) description of a "very paradoxical thing": "that the degree that each of one of us is willing to be himself, then he [*sic*] finds not only himself changing; but he finds that other people to whom he relates are also changing" (p. 22).

Conceptual Framework

The importance of the listener holding the space of nonintention provides recognition of the person as a "being" that can exist as part of human

interconnectedness. This relational dynamic allows the Dissociachotic moment not to exist and facilitates the individual rebuilding their sense of being, safety and identity; thus, the individual has an experience of reclaiming their sense of self from the liminal space.

Turner (1969), described "threshold people" or liminal personae. These are individuals who elude classification and who are neither "here nor there," they are "betwixt and between." They are temporarily stripped of worldly status and privilege, consistent with the labelling of a person as psychotic. Liminal spaces are ambiguous and creative.

Liminality provides a space of empowerment for the individual. Liminality offers a space for transformation and healing. Both individuals in a relationship could be considered to have developed something of a communitas, a contributor to the emergence of the "nonpsychotic" experience and cessation of threat to nihilation.

Compassionate nonintentional interrelating of individuals creates the conditions in which sense of one another's realities can be made, when sharing a liminal experience.

Only when the intention to dispute or change a person's reality is removed can the needs of both be shared and accepted and in accordance with each person's reality.

Discussion

What if an altered state is an understandable way of being? Not an out of control, dangerous or unsafe "symptom," but a legitimate expression in the context of ontological insecurity and a fear of being nihilated.

If we cease to have goals, objectives, intentions, and needs for outcomes and instead, value the sharing of the two realities of the individuals in the therapeutic encounter, over time, the "psychotic" or dissociative person will at some point not require the altered state to make the (inter)relationship safe. This phenomenon highlights that once the person in an altered state of reality experiences the other as not seeking to change his or her state, but to be in accord with the relationship between the two people, the alternative reality can become experienced as legitimate and acceptable. Being in accord with one another's individual reality and the experience of each other, offers the potential for the alternative reality state to subside as the safe ontological experience emerges.

In other words, the subsiding of "psychotic" or alternative reality occurs through the process of both individuals sharing a safe space of "nonpsychosis." The individual no longer needs to defend their existence by unconsciously producing a "Dissociachotic" reality. When both parties become aware of the coexisting same experience of safety, the so-called "psychotic"

person has experienced a new reality in the relationship with another. This experience of safety can form the basis of the person moving away from the fear of becoming nihilated.

As safety and feeling of security emerges in the person's consciousness, so the "nonpsychotic" experience can continue to be explored and experienced by the individual both within the self and within relationship. The following story of Mick will demonstrate this process.

The Clinical World

Mick was admitted voluntarily to an acute hospital. He was placed, involuntarily, in a secure ward when reporting voices telling him to kill people.

A nurse who was curious about the individual context and meaning of ''psychosis'' as a functional need of the individual in distress, spoke with Mick.

As the human-to-human relationship evolved, Mick began to describe the phenomena. He articulated the range of voices, visions, and auras he was experiencing, referring to the voice directing him to kill the nurse that was relating with him. The nurse, recognising his own feelings, was not experiencing any sense of threat, but was interested to understand more about Mick's experience. The nurse articulated his sense of feeling safe to Mick. Two significant considerations were made by the nurse and explicitly explored with Mick as the nurse sought to understand more of Mick's realities to find a coexisting shared experience. (1) Do you (Mick) want to kill me? (2) What does it feel like to hear a voice stating you should want to kill someone, when you do not want to hurt that person?

Mick was clear in stating that he did not wish, or intend to, kill the nurse. He became distressed and upset that the nurse might think Mick would want to harm him. Mick began to weep and expressed feeling guilt and shame in hearing a voice instructing him to kill the nurse. In this example, Mick's response demonstrated his ability to manage his fears in the interrelationship and did not need to maintain being in a state of "psychosis."

The nurse was not seeking to change any aspect of Mick's "psychotic" phenomena. His human response was to offer himself as a listener and witness, with "right understanding" of Mick's realities. The nurse facilitated the sharing of the experience with one another. The observation from both individuals, having accepted the respective invitation, was the natural development of a bridge: a place across which the two individuals could travel to find a shared experience within the interrelationship. In doing so, the experience facilitated movement from the distressing and disabling sense of being "psychotic" toward sharing a loving and accepting space.

The nurse enquired as to whether Mick would value a hug. Mick stood up, cried more overtly and then embraced the nurse. Sometime later Mick and the nurse reflected on the connection within the human-to-human relationship. Mick identified the lack of "psychotic" phenomena in that moment of connectedness.

The "nonpsychotic" experience became a river through which the transition might flow towards deeper interconnectedness with an inevitable emergence of "nonpsychosis." A ritual of moving toward human connection could be enacted and the process of emergence from liminality could begin as Mick walked outside of the social (non)structures of being psychotic, toward more readily embracing a coexisting same experience.

Considerations

First, the label of "psychosis" is not of value because it implies that it is a disease state that needs treatment, especially to make the other ("nonpsychotic" person) feel safe. This creates a "goal" and thus does not allow the very experience of safety of "being" that we have suggested underlies the need for the altered state labelled as "psychosis."

There is a need for a paradigm shift that sees an alternative reality as a primary function to resist nihilation, rather than being classified as an illness. This allows us not to have "goals" or consider "treatment" and allows the person to be seen as functionally responding to unconscious threat of nihilation. It places the "psychotic" person as having the same basic human insecurity, and response, that is shared and navigated by all beings.

Second, the "psychotic" and "nonpsychotic" person share the same primary insecurities in the form of fear and the need for safety and protection against nihilation.

The "psychotic" person may be in a state of feeling unsafe due to the actions or "being" in relation to another person and can be better understood as the experience of a dissociative "psychotic" state or Dissociachotic experience.

Dissociachotic theory explains that it is the role of the supporter to be in connection with experience being expressed by the person in distress. The emergence of a Dissociachotic reality is a response of the individual in distress seeking to create separation from threat. The expression can be understood as an animated expression and thus can appear different to a typical shut down dissociative response.

The Dissociachotic state is experienced as being between the person in distress and the person from whom they feel threatened. As such the person

has set themself at variance from their threatened self and also from the person from whom they experience threat.

The supporter can avoid "going toward" the person in distress, avoiding pushing the person into further liminality, instead making contact with the Dissociachotic state. In this process of nongoal orientated mutuality, a coexisting same experience can evolve when the courage of both people expressing their different experiences of the same moment provides a bridge to connection. Dissociachotic framework can be understood as; "The experience of animation and giving life to being at variance of companionship to self in order for the survival of self in relationship to interpersonal threat from other" (Ball & Ritchie, 2020, p. 7).

As the individual cannot change the fact of another person existing, they change their own state (unconsciously). The energy of this state serves to stave off complete nihilation of their existence and soul, but does leave them in a liminal space in the world. At this point the "psychosis" can become exacerbated as the individual navigates the liminal space of existence and nonexistence. As with all people, the "psychotic" person can experience their own sense of sanity and a semblance of security in "being," but cannot feel it available or present at that time in relation to other beings and begins to fall outside of society's norms as a consequence.

Finally, the goal simply becomes being able to experience ontological insecurity, without experiencing the threat of being nihilated and without seeking to "change" the experience of the other, but to get into accord with one another. This is the coexisting shared experience. For this to happen, he experiences the fear of nihilation as the other person experiences the same. This representation of the process as an extreme state is often viewed as psychotic, with significant potential for harm and negation of the potential for growth of the meaningful reality for both individuals.

Conclusion

Accepting the vulnerability of the coexisting shared experience is an experience of the same threat to both the "psychotic" and "nonpsychotic" person. However, accepting and simply "being" in the relationship can facilitate each of the individuals to create the opportunity to self-define and self-determine a new perception of the reality of the shared insecurity and vulnerability. It is within the coexisting shared experience that the "psychotic" person can experience "nonpsychosis," and the other person can experience a genuine acceptance of the other person's state, not as a "psychotic" disorder, but a unique and functional response to the often unspoken, unacknowledged coexisting

shared vulnerability of all beings. The place of acceptance offers a glimpse of a "nonpsychotic" person's own potential alternative reality—managing a sense of being in a liminal space.

The ultimate shared reality for the "nonpsychotic" person is the risk of being considered, by self or by others, to be in a potentially "psychotic" state. By taking the position of a shared experience and acceptance of the person labelled as "psychotic" as not as having an illness, but as a response to a common shared reality, the vulnerability and fear is overcome in the interconnected human relationship.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

ORCID iD

Matthew Ball https://orcid.org/0000-0003-2187-3049

References

Ball, M., & Ritchie, R. (2020). Suicide narratives. *Humane Clinic*. Retrieved December 7, from https://www.humaneclinic.com.au/suicide-narratives

Corstens, D., & Longden, E. (2013). The origins of voices: Links between life history and voice hearing in a survey of 100 cases. *Psychosis*, *5*(3), 270-285. https://doi.org/10.1080/17522439.2013.816337

Jackson, M. (2012). *Between one and one another*. University of California Press. https://doi.org/10.1525/9780520951914

Laing, R. D. (1960). *The divided self: An existential study in sanity and madness*. Penguin.

Mosher, L. R., Hendrix, V., & Fort, D. C. (2004). *Soteria: Through madness to deliverance*. Xlibris Corporation.

Rogers, C. R. (1967). *On becoming a person: A therapists view of psychotherapy*. Constable.

Romme, M., Escher, S., Dillon, J., & Corstens, D. (2009). *Living with voices: 50 Stories of recovery*. PCCS Books.

Sumedho, B. (1992). *The four noble truths*. Amaravati Publications, Amaravati Buddhist Centre.

Travelbee, J, (1971). *Interpersonal apsects of nursing* (2nd ed.). F. A. Davis Co.

Turner, V (1969). *Liminality and communitas, the ritual process: Structure and anti-structure*. Aldine Publishing.

Author Biographies

Matthew Ball is a nurse practitioner, psychotherapist, and founder of Humane Clinic, Adelaide, Australia (www.humaneclinic.com.au). He is a former recipient of Australian Mental Health Nurse of the Year. Informed by his professional and lived experience, he has developed the Dissociachotic framework and coauthored Suicide Narratives approach. In 2021, he will lead the Humane Clinic in opening a volunteer-led community alternative for people in distress and crisis called Just Listening Community.

Sharon Picot has been a nurse practitioner for 11 years. Prior to this, she worked as an organisational development consultant, a manager of multidisciplinary staff development team, and was also a nurse educator for a number of years. She is currently a nurse practitioner. Her focus of care is around palliative care in the adult population. Hence, she has a passion for the promotion of physical health for individuals with a mental illness. She believes strongly in the value of the therapeutic relationship and that this should be the basis of all interactions. She is currently a PhD candidate at Flinders University and her work is in exploring the spiritual needs of individuals with mental illness who are facing death from a comorbid physical illness.