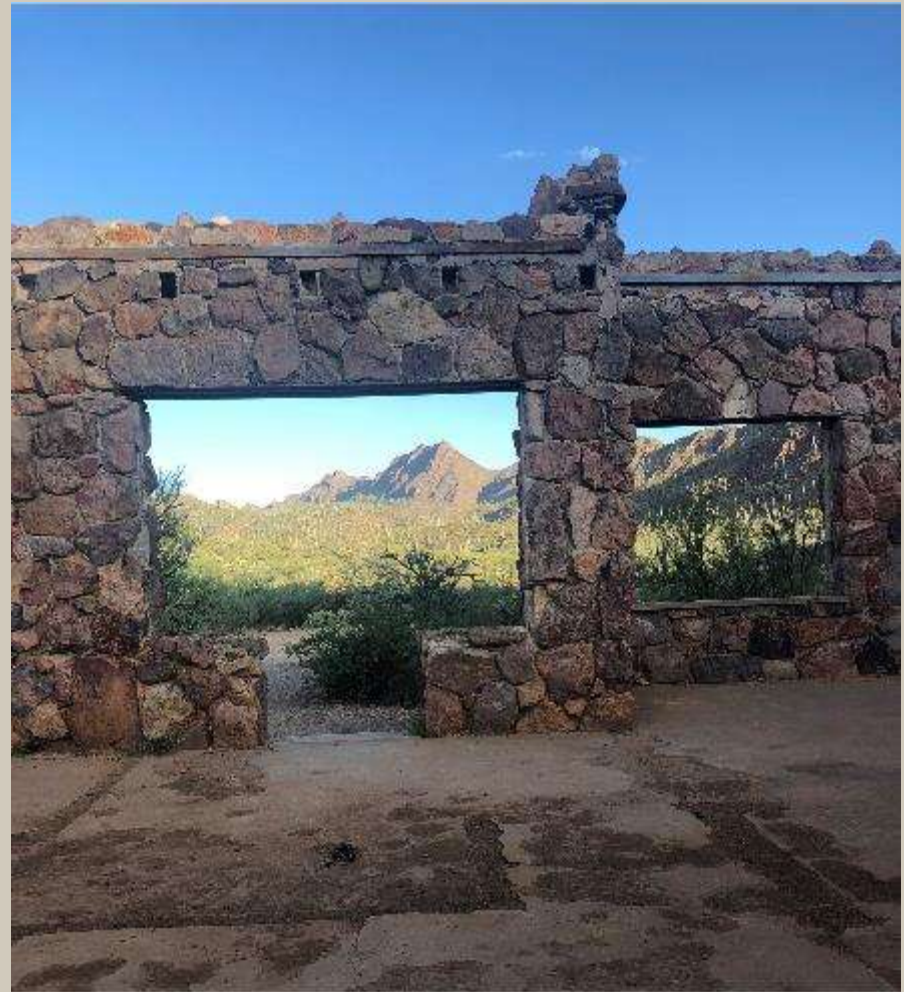


TRAUMA AND PSYCHOSIS

Colin A. Ross, M.D.

Higher Thought Institute Webinar

July 10, 2021



A background image of a calm lake shrouded in a thick, light-colored fog. On the left side, there is a dense line of dark evergreen trees. In the middle ground, a small, rocky peninsula or island is visible, also covered with trees. The water reflects the misty atmosphere. In the bottom left corner, the out-of-focus branches of a pine tree are visible.

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In *The Genetics of Schizophrenia*, Dr. Ross provides a detailed analysis of the literature on the genetics of schizophrenia. He proves by logic and review of published data that, contrary to widespread belief, schizophrenia is at most only a little bit genetic. Hundreds of millions of dollars are being diverted from research on the psychological and social causes of mental disorders by psychiatry's over-emphasis on the role of genes: Dr. Ross also reviews the genetics of depression, alcoholism and eating disorders to make this point. *The Genetics of Schizophrenia* is not an example of 'anti-psychiatry' – Dr. Ross is a practicing psychiatrist and his goal is to correct logical and scientific errors in psychiatry.



Colin A. Ross received his M.D. from the University of Alberta in 1981 and completed his psychiatry training at the University of Manitoba in 1985. He began writing about the logical and scientific errors in biological psychiatry as a medical student and has published a total of 230 papers in peer-reviewed journals, many of them dealing with trauma and psychosis. Two of his previous books focused on critiques of biological psychiatry and psychiatric genetics: *Pseudoscience in Biological Psychiatry* (1995) and *Schizophrenia: Innovations in Diagnosis and Treatment* (2004).



The Colin A. Ross Institute
For Psychological Trauma
www.rossinst.com

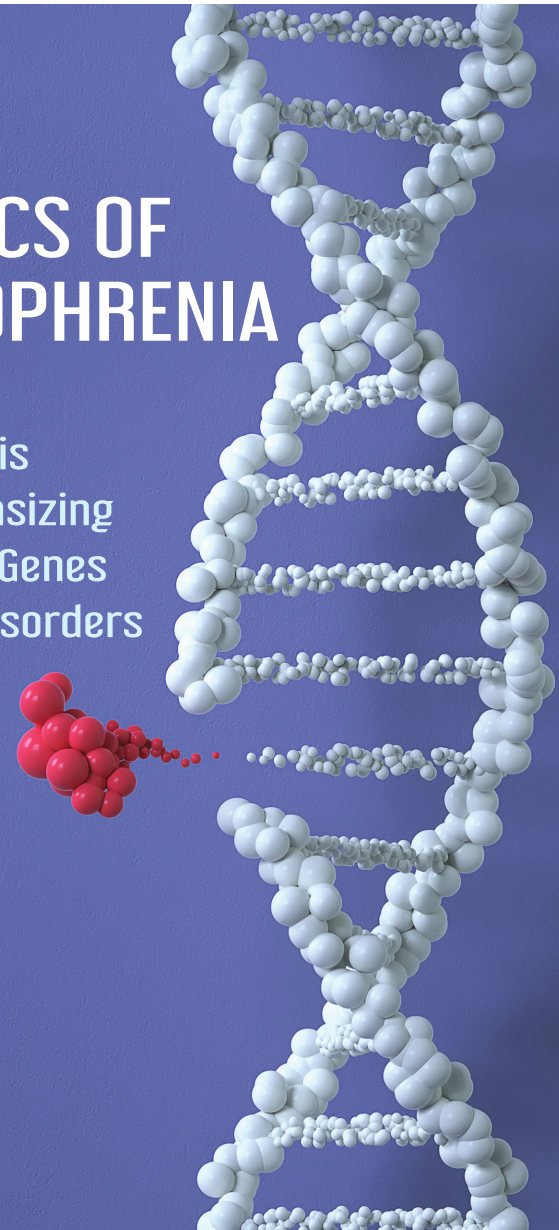


THE GENETICS OF SCHIZOPHRENIA

COLIN A. ROSS, M.D.

THE GENETICS OF SCHIZOPHRENIA

Psychiatry is
Over-Emphasizing
the Role of Genes
in Mental Disorders



COLIN A. ROSS, M.D.

TYPICAL CASE DESCRIPTIONS OF DID

The delusion of being possessed is very commonly seen as a specific type of “double personality.” (p. 123)

Single emotionally charged ideas or drives attain a certain degree of autonomy so that the personality falls to pieces. These fragments can exist side by side and alternately dominate the main part of the personality, the conscious part of the patient. However the patient may also become a definitely different person from a certain moment onwards. (p. 143)

TYPICAL CASE DESCRIPTIONS OF DID

When specific “persons” speak through the patients, in various cases of automatic speech, each “person” has his own special voice and distinct manner of speech. (p. 149)

Thus the patient appears to be split into as many different persons or personalities as they have complexes. (p. 361)

The blocking of the recall of memories is a common occurrence during the examination of these patients... (p.60)

TYPICAL CASE DESCRIPTIONS OF DID

Naturally such patients must speak of themselves in one of their two versions or they may speak in the third person of the other two... Usually he designates himself by one of his several names. (p. 144)

The splitting of the psyche into several souls always leads to the greatest inconsistencies. (p. 129-30)

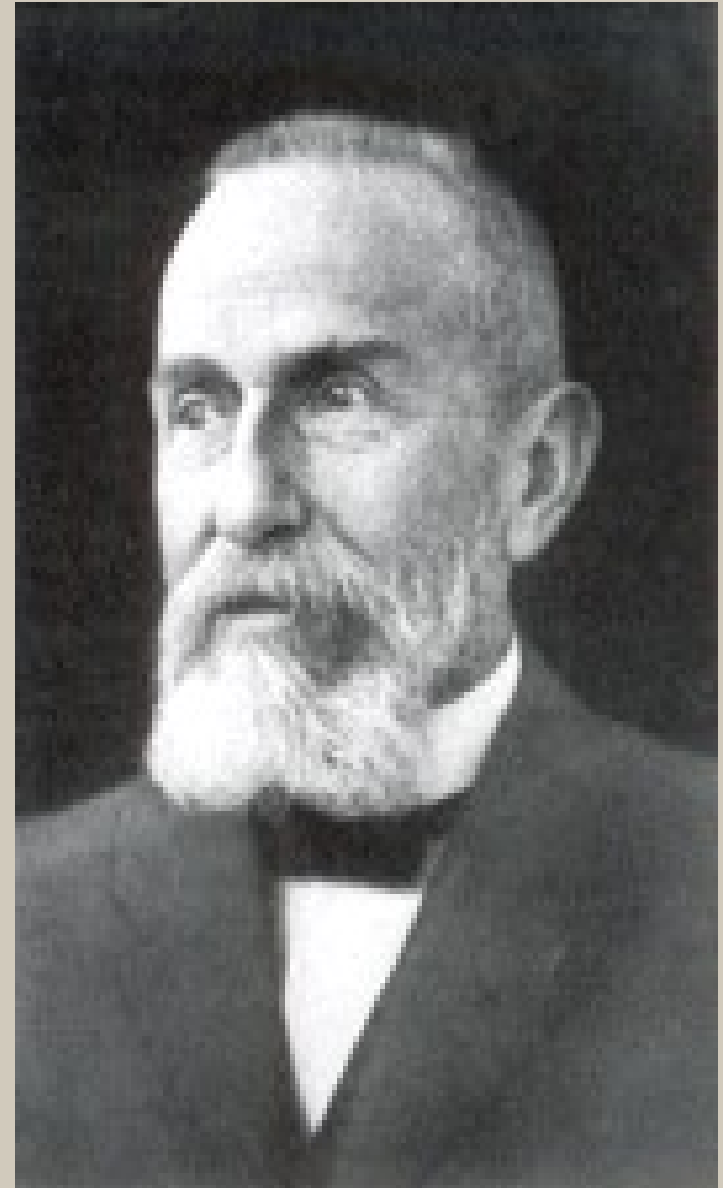
In a few cases the “other” personality is marked by use of different speech and voice... Thus we have here two different personalities operating side by side.

The preceding quotations were from Bleuler's book:

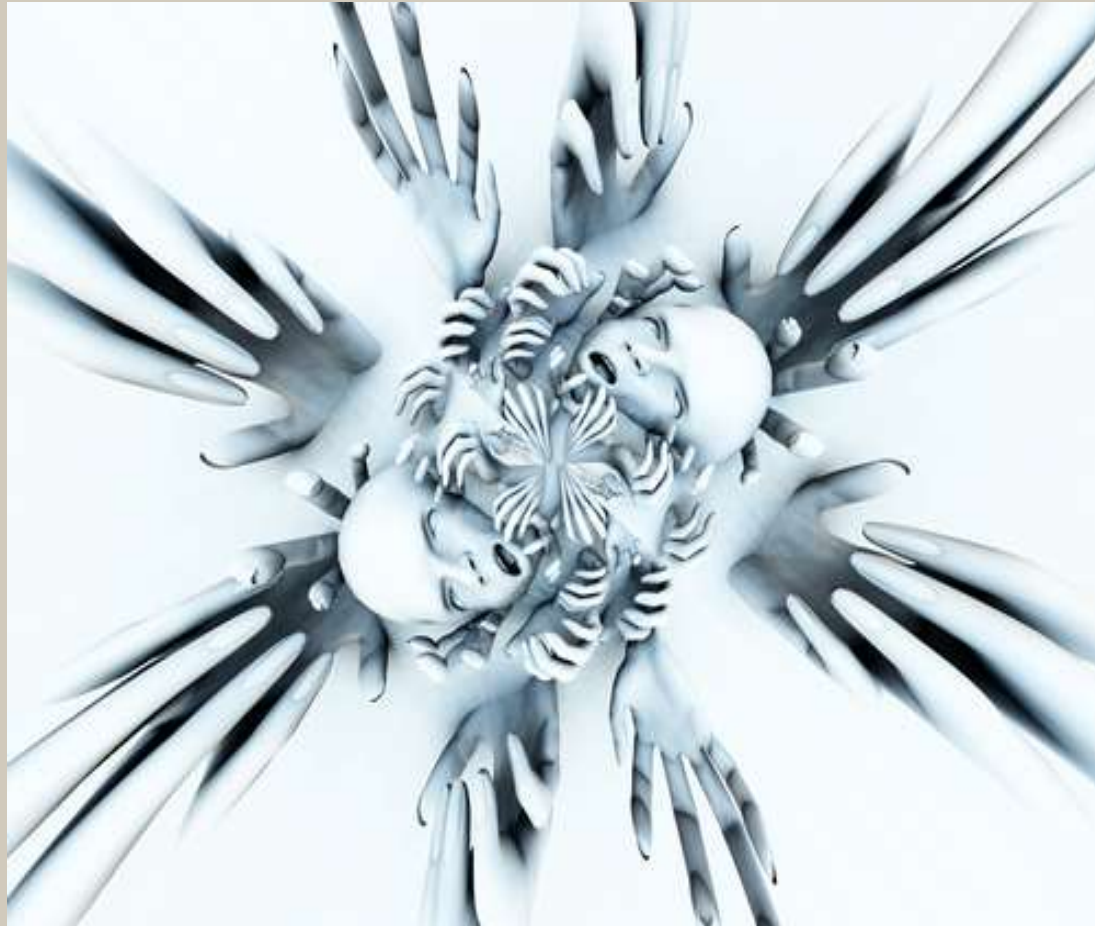
Eugen Bleuler (1911/1950).

***Dementia Praecox
or the Group of Schizophrenias.***

**New York: New Universities
Library.**



THE DISSOCIATIVE STRUCTURAL MODEL



A Structural NOT An Etiological Model

THE DISSOCIATIVE STRUCTURAL MODEL

Dissociated compartments

Part-selves

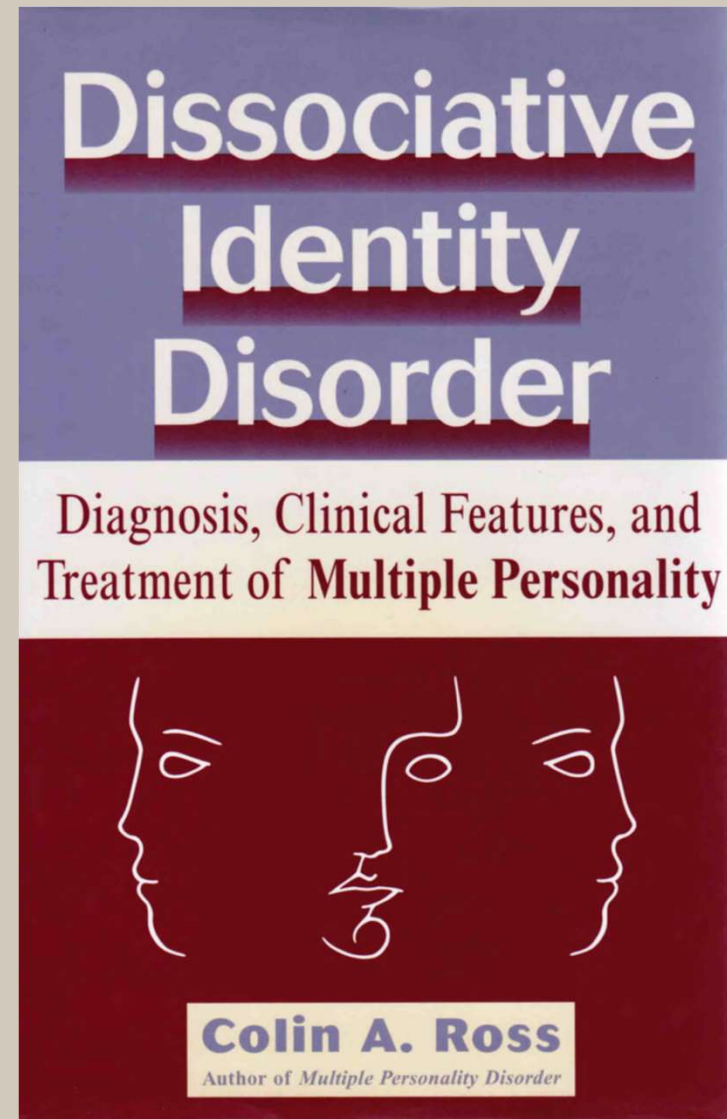
Ego states

Modules

Alter personalities

Identity states

Part-object identifications



THE DISSOCIATIVE STRUCTURAL MODEL

**Personification/elaboration
of modules is secondary**

Name

Age

Gender

Hair color

Full switching

Full amnesia

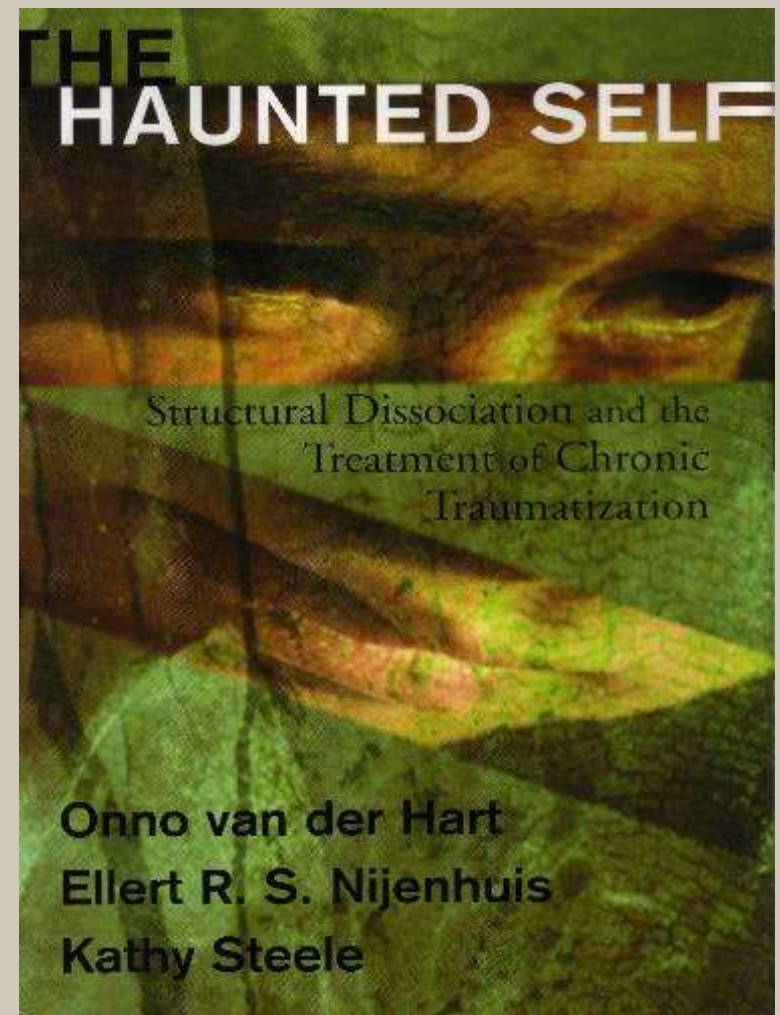


THE DISSOCIATIVE STRUCTURAL MODEL

Intrusions and withdrawals

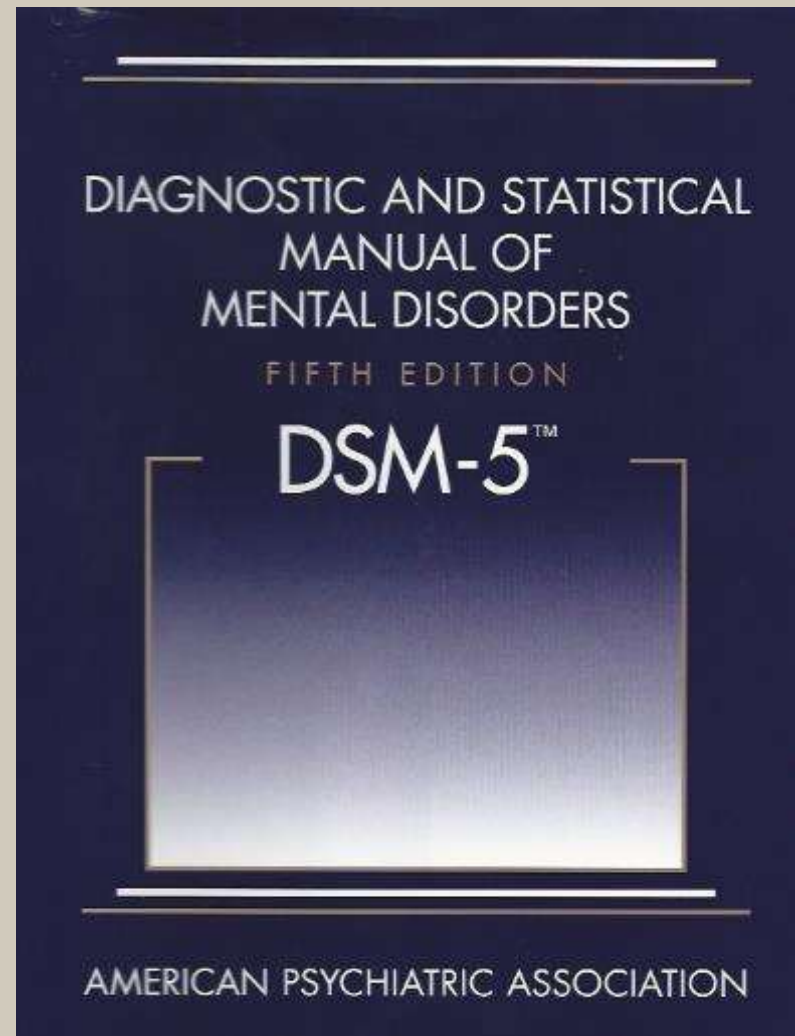
**Apparently normal
personality (ANP)**

Emotional personality (EP)



THE DISSOCIATIVE STRUCTURAL MODEL

Dissociative identity disorder
Posttraumatic stress disorder
Obsessive compulsive disorder
Impulse control disorder
Borderline personality disorder
Dissociative schizophrenia
Somatization disorder



SCHIZOPHRENIA

Core Symptoms

Auditory hallucinations

Ego-alien – “not self”

Made thoughts, feelings, actions

Thought withdrawal

Thought insertion

Thoughts out loud

Thoughts ascribed to others



SCHIZOPHRENIA

Treatment

Talking to the voices

Voices make sense

Voices speak English

Voices = disowned parts of self

Negotiating with voices

Suppression vs integration



TALKING THROUGH TO THE VOICES

Ask the voice a question – the voice answers inside the head – the ‘person’ passes on the answer

Do therapy ‘as if’ there are two or more people involved – even though there is really only one person

Negotiate, identify needs, problem solve, make deals

Model communication between ‘the person’ and the voices

After 5-6 questions, the voice may slide out to the front – acknowledge that and continue

