

# Interpreting signs in psychosis: A semiotic approach to self-management and treatment

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This critical praxis-based study of psychosis aims to offer people additional tools to self-manage their condition. One of the conceptual tools to be considered involves the use of “signs” in semiotics and language. The concept of “signs” has been around for a long time. For instance, classic philosophers such as Plato and Aristotle studied these terms. The terms are now associated with semiotics, which is derived from the Greek root *seme*. Saussure, as well as certain American philosophers, made use of these terms in historical, rhetorical, and communicative contexts. Saussure created the terms “signifier” and “signified” to analyse the composition of a sign and made a departure from traditional approaches to language studies; at the level of language, the concepts of “signs” and the “signified” are central to understanding and interpreting the world. In the context of mental health, theorists and researchers conjecture and surmise what psychosis is, while often overlooking the significant commonalities between individuals’ extreme states. Researchers must shift the focus to effective treatments, be it psychotherapy or some other modality. There are observable “signs” of change in the disease process, which tends to move towards a higher degree of chaos and instability. Measuring distress tolerance to such changes is also necessary for the research to add new meaning to understanding how everyone’s unique experience shares commonalities.

Keywords: language; self-manage; semiotics; sign; psychosis

The escalation in the intensity of psychotic symptoms and the aggravation of psychosis can be fundamentally attributed to the alteration in the perception and interpretation of various signals or “signs” within an individual’s cognitive framework, often referred to as the “system of signification” (Phillips & Seidman, 2008). The term “universal”, intrinsically connotes a “collective phenomenon” (when used as a noun) or possessing the characteristic of being “relevant or applicable in all instances” (when used as an adjective). The probability of witnessing a collective phenomenon, especially among individuals grappling with mental anguish or undergoing the initial episodes of psychosis, is likely to escalate (Somasundaram, 2010).

Considering the forecasted exacerbation of symptoms related to psychosis, coupled with the idiosyncratic nature of each individual's experience, it becomes highly improbable for two individuals to perceive, hear, sense, or smell stimuli in an identical manner (Casados, 2017). Nevertheless, despite this diversity in perception, there is a conspicuous thread of commonality woven through the myriad ways these signs are construed and experienced by different individuals. This commonality may serve as a basis for understanding and approaching the complexities of psychosis. It is imperative to recognize that while experiences may vary, the underlying cognitive processes involved in the interpretation of signs are influenced by a similar set of factors. Thus, medical and psychological interventions need to be designed keeping in mind the dual challenge of addressing the unique experiences of individuals while also acknowledging the shared elements that underlie the manifestation of psychotic symptoms.

The accumulation of psychotic symptoms and the worsening of psychosis are rooted in the “changing of signs” within a person’s “system of signification”. The term universal, by definition, means “common effect” (noun) or “applicable to all cases” (adjective). The odds of a common effect being experienced by people in crisis and going through the throes of first-episode psychosis increase. Given the projection of worsening psychosis symptoms and the uniqueness of each experience, the chances of any person seeing, hearing, feeling, or smelling something the same way as another person is implausible. Moreover, there is an ever-present commonality in the diverse ways that signs are interpreted and experienced (Throop, 2003).

Psychosis symptoms can serve as the body’s response to a life adjustment and, in doing so, may create a maladaptive coping mechanism to cope with damage to the brain. However, the way the body compensates and handles the change in brain function is, in essence, both a method of coping and an adaptation to an adverse condition. This response involves both dealing with a brain disorder and creating a unique reality by changing or challenging a person’s interpretation of their signification system, and can be considered a healthy coping mechanism. Sometimes, in order to cope with regulatory dysfunction, the mind needs to systematically change its signs (Leyro et al., 2010).

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### **The psychological impact of psychosis on human body**

During the initial psychotic symptoms, it is posited that the early moments of a person’s break are generally experienced as more systematic in the composition of the changing sign itself (Parnas, 2000). As psychosis symptoms worsen, there is a shift from more systematic sign changes to more disruptive, arbitrary, and altogether difficult-to-follow changes within a person’s system of signification and interpretation of the world.

Building on the notion of the transformation in the composition of signs during the early stages of psychosis, it is imperative to consider the physiological implications and repercussions of this shift. As the patient’s system of signification becomes increasingly erratic, this disarray is not confined to the cognitive and perceptual realms but also has profound ramifications on the neurological front. It

is here that the connection between the evolving nature of signs and the underlying neural changes assumes significance.

The transition from systematic sign changes to a more chaotic pattern mirrors the deterioration taking place in the brain itself. The alteration in signs is not merely a consequence of the shifting cognitive landscape but is concomitant with the disarray of neural pathways and brain tissue. The brain's ability to process information is compromised as neural connections misalign, which in turn exacerbates the distortion in the person's system of signification. Consequently, it is critical for therapists to be vigilant of these parallel developments, as they offer an avenue for timely intervention that might mitigate the spiralling impact of psychotic symptoms on an individual's cognition and neural integrity.

As brain tissue becomes more damaged, neurons and their pathways become more misaligned, and signals become more chaotic and dysfunctional to and from the brain. Therapists can measure the rate of change before it becomes unmanageable and introduce interventions for symptoms by charting and mapping the rate of change within the person's signification system.

### **Clinical significance**

The clinical significance of these claims has potential. If we assume that my claims regarding the experience of psychosis can be measured, mapped out, and analysed for degradation between the linkages of signifiers, the usefulness of this approach becomes apparent. Further analysis will need to investigate the correlation between sign linkage and the experiences of individuals with psychosis.

Having established the potential of measuring and analysing the degradation between the linkages of signifiers, and understanding its clinical significance, it's essential to take a step back and recognise the broader context of psychosis as a disorder. It is crucial to acknowledge that psychosis is not a monolithic experience but a multifaceted phenomenon.

The heterogeneity of psychosis warrants an examination of the myriad of symptoms that can manifest in individuals. The degradation between the linkages of signifiers should not be studied in isolation but should be considered within the context of the diverse and dynamic nature of psychosis. This holistic perspective is vital to comprehending the intricacies of the disorder, as the symptoms of psychosis are neither static nor uniform. As we dive into the rich tapestry of experiences that characterise psychosis, it becomes clear that the interplay between various factors and their influence on the individual's symptoms is highly complex and individualised. The analytical framework focusing on sign linkages should, therefore, be integrated into a larger understanding that encompasses the array of symptoms and the factors influencing them in order to formulate a more comprehensive approach to understanding and managing psychosis.

Psychosis presents a constellation of related yet distinct symptoms that can vary among individuals. These symptoms can interact in complex ways, sometimes influencing each other, and at other times, appearing unrelated. The intensity and nature of these symptoms often change over time, especially after the onset of the condition. The variety of psychosis symptoms reflects the diverse ways in which the condition can affect individuals. Factors such as triggers, age, developmental circumstances, and life contexts are important, but their effects can differ on a case-by-case basis.

The intensity of related symptoms, their manifestation in behaviour, and their potential impact on an individual's mood are all highly individualistic (Maercker & Horn, 2013). Almost every aspect of how someone experiences psychosis is unique to the individual going through the episode. Consequently, the current approach to clinical treatment is often too generalised to address the highly individualised nature of the disorder's impact.

### **Forgive new treatment pathways ahead**

The otherworldly nature of psychosis often manifests itself at the onset of the condition, lending it a certain mystique. Indeed, psychosis distorts how we perceive reality and alters our level of attachment to the world. People in extreme or unusual situations, facing new or recurrent crises, or encountering bizarre circumstances, often develop new perspectives or worldviews to cope. These new angles can sometimes be intriguing and are necessary to break free from stagnation. At times,

the impact of the symptoms on an individual may seem welcome, timely, and essential for experiencing change.

Bridging the exploration of psychosis's mystical allure and its intricate relationship with an individual's life changes, it is vital to consider the deeply personal nature of this condition. This uncanny allure is not merely a by-product of altered perceptions; it often corresponds with periods in an individual's life where change, adaptation, or new perspectives are required. In the realm of personal experiences, such as the one shared, the manifestation of psychosis can be seen as the mind's response to the necessity for change, or even as a means for survival. It's crucial to recognise that as the symptoms of psychosis emerge, they might initially provide a cushioning effect or a fresh lens through which individuals navigate their challenges. It is here that the complexity of the human mind is exhibited, as it employs varied strategies to maintain its equilibrium in the face of adversity. However, as we delve deeper into the personal dimensions and understand how the emergence of psychosis is intertwined with life adjustments, it is critical to approach this with caution. Recognising these symptoms as maladaptive coping mechanisms signals that while they may offer temporary relief or novel perspectives, they are not sustainable solutions. This leads us to reflect on the dual-edged nature of psychosis and how its symptoms can be both adaptive and maladaptive in an individual's journey of grappling with changes and challenges in life (Farber, 2015).

In my own experience, my psychosis symptoms emerged when I needed a shift and adjustment in my life, in how I interacted with the world, and in how I understood it. An individual's need to adjust or make significant life changes increases the potential for the emergence of psychosis symptoms. I suspect that these symptoms are maladaptive coping mechanisms of the body. They recolor the world in a more palatable way and may even alter your perception enough to identify new solutions to existing problems.

Periods of adjustment can sometimes pave the way for more complex issues if problems remain unresolved for extended periods. The brain may activate psychosis symptoms to enable the body to tolerate change more comfortably and with less emotional intensity (Das & Relajo-Howell, 2021). There is a reason why homeless individuals with psychosis often become psychotic after losing their homes and having to adapt to life on the streets. Individuals undergoing significant life adjustments may find solace and comfort in the initial stages of psychosis. However, psychosis can become extremely distressing when symptoms intensify. This disruption in thoughts and perceptions can be all-consuming, and the altered reality often outpaces one's ability to understand and connect with the world. Consequently, individuals may see, hear, and believe things that are not real, often accompanied by bizarre and persistent thoughts, behaviours, and emotions. Those of us who have experienced psychosis, or cared for a loved one who has, know that this mental health symptom is challenging to navigate (Gagani et al., 2016; Morris et al., 2023; Pinto-Coelho & Relajo, 2017). Managing psychosis effectively involves medication, therapy, support, and education. To better understand or manage this symptom, it is important to keep these aspects in mind.

### **Identifying psychosis and seeking help**

People experiencing psychosis often deal with a group of interrelated symptoms. Many people dealing with psychosis, especially those whose symptoms are rooted in schizophrenia, are unaware that they have disconnected from reality. This lack of insight and self-awareness is called anosognosia. Others who experience psychosis are aware of their distance from fact and the distortions that complicate their connection to the world. Regardless, it can be challenging to recognise when something is "wrong" with your thinking (Patterson et al., 2011).

Between the broader understanding of psychosis and the specifics of its symptoms and the necessity of intervention, there lies the crux of how individuals perceive these symptoms and their progression. It is critical to comprehend that the realisation of the symptoms and their severity can vary significantly among individuals. Some may perceive their altered state as a natural evolution of thoughts, whereas others might recognise something is amiss but cannot pinpoint what.

This variation in perception can have significant implications on how the individual responds to the changing mental landscape. For those who view the changes as natural, the urgency to seek help might be diminished (Barton & Pretty, 2010). Conversely, individuals who are perturbed by the alterations in their thinking might be more inclined to seek assistance. However, the common thread

that binds both scenarios is the escalating nature of psychosis, which underscores the imperative of professional intervention. This escalation not only affects the individuals but also their immediate surroundings and relationships. The gradual or sudden intensification of symptoms necessitates an informed approach that integrates professional guidance with supportive networks. With this understanding, let's delve into the necessity of immediate intervention and the role it plays in managing and potentially mitigating the progression of psychosis.

Delusions and other cognitive distortions can make it seem like these are natural changes in your mind's perception (Bowins, 2004). While there are rare cases in which psychosis stabilises without professional help and medication, most people will find that their psychosis intensifies without medication and therapy. People generally need immediate psychiatric intervention to slow down and interrupt the cognitive distortions; therefore, it is essential to talk to a professional if you notice this type of change (McNally et al., 2003).

If your medical professional determines that you are experiencing psychosis, it will be essential for you to self-evaluate the impact of psychosis on your life and ability to function. When psychosis activates, different thought processes are interrupted and derailed. With the help of mental health professionals, you and your treatment team will learn how to identify these blocked and broken aspects of your thinking and cognitive functioning (Acharya & Relojo, 2017).

### **Self-monitoring psychosis**

There are methods you can practice to self-manage – or at least monitor – psychosis symptoms. After all, you won't necessarily have constant access to a therapist or psychiatrist for counselling or support. Indeed, learning how to self-manage psychosis symptoms as best as possible without the help of a professional is vital to making gains in your recovery. Through ongoing mindfulness and self-reflection, you will be better prepared to self-manage active psychosis symptoms in your living environment (Muralidharan et al., 2021).

As we transition from understanding the broader aspect of self-management to delving into the practical steps of monitoring one's interactions and habits, it's essential to recognise the dynamic nature of managing psychosis symptoms. Being self-aware and proactive in observing the minute details of one's daily life is a form of empowerment. It is a skill that can be honed over time and serves as a first line of defence in monitoring the progression of psychosis. This hands-on approach of observing oneself is akin to being an inner detective; it involves acute awareness, and yet, it is also important not to be overwhelmed by the details. Hence, striking a balance in observation is vital. While maintaining this delicate equilibrium, the support system, including friends and family, can often serve as mirrors reflecting the state of one's mental well-being (Glass & Rose, 2008).

Incorporating the feedback from these external sources provides a more rounded perspective, aiding in the early detection of any anomalies in behaviour that might signal a change in mental status. This multi-faceted approach not only helps in self-regulation but also ensures that the support system is actively involved, contributing to a more holistic management strategy. Now, let's explore how to actively engage in these practices and what to look out for as indicators of changes in mental state. You can begin by paying closer attention to your patterns of interactions and habits on a moment-by-moment basis. Take notice of even the slightest changes or interruptions in any of these behaviours. Shifts in your behaviour can indicate changes to your thinking and sometimes worsening psychosis. This kind of observation requires being attentive to the world around you. How do others evaluate your mental status? Checking in with friends, allies, and peers is also an excellent litmus test for assessing the quality of your thinking. If friends and family seem concerned or baffled by your speech or the quality of your thoughts, consider alerting your prescriber and therapist. This self-reflective process is complex and may require changing your thinking, so pace yourself. If every detail seems important, that can signal an issue called "referential thinking." If you find yourself zeroing in on every behaviour, try taking notice of your patterns of thinking across your day or week instead.

It is important for individuals to conduct a reflective self-assessment by posing the following questions: (a) Am I communicating effectively? (b) Are others comprehending my verbal expressions? (c) What can I say about the quality of my thought processes? (d) Are my behaviours aligned with my goals and actions? The answers to these questions will be crucial in gauging the meaningfulness and effectiveness of one's interactions.

## Risks and hazards

When individuals experiencing psychosis are impacted by additional stressors, the symptoms can worsen and become unmanageable (Jones & Fernyhough, 2007). Initially, a gradual shift in perception might feel welcome. However, if stressors continue to aggravate, agitate, or persist, one should expect an increasing detachment and a sharp departure from reality in the near future. For someone adjusting to life on the streets or going through a significant loss, any coping mechanism that helps them handle their new reality is adopted by the mind during a crisis. However, the mind doesn't function as it should. In cases where psychosis is activated, this altered state might appear functional for some time (Revonsuo et al., 2009).

As the thread of discussion evolves from the coping mechanisms employed by the mind during a crisis to the escalating intensity of psychosis symptoms, it is essential to discern the tipping point where the altered state of perception, initially a solace, becomes a tumultuous whirlwind. The trajectory of psychosis is not linear, and as the external stressors continue to exert pressure, the cognitive faculties are increasingly strained. The delicate balance that the mind had initially adopted begins to fray.

This juncture is pivotal; as the mind is unable to sustain its previous adaptive mechanism, the symptoms cascade into a storm of confusion and detachment. The internal mental landscape is increasingly unmoored from the external reality. The perceptual alterations that were once a refuge now morph into an overwhelming surge, obfuscating the clarity of thought and affecting one's ability to manage day-to-day affairs (Kauffman, 2013). This crescendo is marked by an imperative need for external intervention and support. It is at this critical juncture that the importance of establishing a communication bridge with family, friends, and medical professionals becomes paramount (Ferguson et al., 2004). Navigating the tempestuous waters of severe psychosis requires a concerted effort, and timely communication and intervention can be the anchors that prevent the ship from capsizing.

Ultimately, the symptoms become so overwhelming and profound that life can turn unrecognisable, making it difficult to live without incident. Initially, a slight alteration in our perception of reality might seem appealing. Still, as the symptoms worsen and become more extreme, the interplay between our stress and our body's response to it can be overwhelming, disturbing, and frightening. People who are prone to experiencing psychosis, whether acutely or chronically, understand the strange way our bodies react to situations we want to escape from or forget, especially if they are traumatic. Despite your efforts to self-manage psychosis, there may come a time when you experience a complete break from reality. In such cases, it is vital to communicate your situation and needs effectively to those who can help. This could involve alerting your family and the appropriate medical professionals or your treatment team if you have one.

In general, stress exacerbates symptoms, so the best time to communicate with your support network is when you can focus and articulate essential information about your treatment clearly. However, certain situations might require you to communicate while symptomatic. For instance, you might need to take antipsychotic medication to reduce symptoms, which involves speaking with a pharmacist. Reflect on your experiences. Ask yourself if there were ways the task could have been accomplished more efficiently or with less distress. For example, when you had to travel to the pharmacy, did you go directly, or did you make stops along the way? Would it have been less distressing to obtain your medication immediately instead of putting it off? Consider how your interaction with the pharmacist went. Was obtaining your prescription smooth and seamless, or did the pharmacist express concerns about your behaviour? Were they required to intervene in your care, comment on your behaviour, or ask you to leave the premises? Being familiar with the outcomes of your past behaviour and interactions will allow you to accomplish tasks with the least risk of harm.

## Conclusion

As Ogden (2004) argued, ultimately, psychosis is a multifaceted and enigmatic phenomenon that individuals may grapple with over the course of their lives. It is of paramount importance for those who experience it to cultivate a repertoire of “survival skills” that are both adaptive and preventive in nature. This journey commences with comprehensive education and an in-depth understanding of the intricacies of psychosis, its manifestations, and underlying mechanisms.

Further, it necessitates introspection and critical evaluation to ascertain how psychosis uniquely impacts an individual's cognitive functioning, emotional well-being, and social interactions. Additionally, it is vital to identify the support structures and resources required to bolster resilience and enhance quality of life. Establishing and maintaining a collaborative relationship with medical professionals is a cornerstone in managing psychosis. This alliance should be complemented by engaging with peer support networks, which serve as conduits for shared experiences and insights (Relajo, 2017). Together, these connections foster a sense of preparedness and equip individuals to adapt to the unpredictable nature of psychosis. It is also crucial to recognise the importance of safety and harm reduction. This entails developing a nuanced understanding of one's vulnerabilities and triggers, and establishing a personalised crisis management plan. This plan should be predicated on early intervention, the mobilisation of support networks, and clear communication strategies.

In conclusion, managing psychosis is an ongoing process that demands a multidimensional approach. Through education, introspection, collaboration with healthcare professionals, engagement with peer networks, and an unwavering commitment to safety, individuals can empower themselves to navigate the tumultuous waters of psychosis. Moreover, by fostering resilience and honing adaptive strategies (Roncaglia, 2019), there is the potential to transcend the challenges posed by psychosis, ultimately contributing to personal growth and the actualisation of a meaningful life.

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