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If your voices tell you not to paint, then paint and the voices will be silenced

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The articles are the views of the contributors and not necessarily those of NPN
The National Paranoia Network

What we do

The network aims to normalize paranoia and unusual beliefs, we believe that this will lead to a greater tolerance and understanding of these experiences. This can be achieved by promoting more positive explanations of paranoia and beliefs and giving people a framework for developing their own ways of coping.

To further this aim the network has set up self-help groups to bring together people with similar experiences who have not needed psychiatric services with people who are experiencing distress so that people can share experiences and discuss strategies for coping.

We have developed a range of non-medical ways to help people make sense of what at times can be a confusing reality.

Although the network is open to many diverse opinions, we accept everyone’s explanation for their belief systems. Traditionally, the usual treatment for paranoia and beliefs has been major tranquilizers, administrated to reduce what is seen as delusions and hallucinations.

However not everybody responds to this treatment. There are some psychiatrists and psychologists who now work with people in a more open way using talking therapies and exploring the meaning of the beliefs and paranoia.

Although this is not yet ‘the norm’, this practice is increasing. As the improvement in individuals who are encouraged to talk about their experiences becomes more apparent, an increasing number of health professionals are beginning to understand that the key to understanding beliefs and paranoia is the normalizing of the experience.
The History of NPN

The Paranoia Network was originally launched in 2004.

It is run by Peter Bullimore, Kate Crawford, and Shaun Hunt, the organization aims to raise awareness of how disabling paranoia and unusual beliefs can be and to breakdown social taboos.

The Network runs training sessions globally to professional bodies and all interested parties on how to understand a person's paranoia and beliefs to help them make sense of it.

The first Australian Paranoia Network was launched on the 5th April 2010 in Perth Australia following the work of the Paranoia Network in Melbourne, Sydney, Perth, Brisbane, and Cairns.

Training available from NPN

Working with Paranoia & Unusual Beliefs

Making Sense of Voices

How to use the Maastricht Interview for Problematic Thoughts, Beliefs & Paranoia

How to use the Maastricht Interview for voices

Starting & Support Paranoia & Voices Support Groups

Working with Childhood Trauma
What can family and friends do to help with paranoia?

Controllable factors

If the person is also hearing voices, try to help them get control of the voices as they could be reinforcing the paranoia.

Foresee difficulties

Try to anticipate problems rather than wait for them to happen. For example, is there a stressful event coming up? Is it a certain time of year?

Don't be confrontational

Telling the person, they are talking rubbish is never effective as it damages self-esteem and looks like you don't care.

Allow independence

Try not to be overprotective or over involved. Give the person space to live their life and show them love and respect.

Sharing beliefs

It is acceptable to say to a person I do not share your beliefs but what do they mean to you. This helps us understand where the person is at this time in their life, it also helps them make sense of what can be a confusing reality.

Avoid negativity

People who experience paranoia are often intelligent, sensitive and perfectionists. They can also be very imaginative. On occasions the paranoia can be an unfortunate misuse of the imagination. Try to look beyond the paranoia and try to identify the person’s qualities outside of the paranoia.
Lived wisdom on panic, worry and isolation: stories to support the community amid the COVID-19 crisis, from mental health service users, survivors, and ex-patients.

Many of the experiences commonly navigated by folks who have had some experiences with mental distress mirror some of what’s going on around COVID-19, experiences that might be called panic or worry, which for many in the world may be new. These characters seem to be present in most media descriptions of the public right now as well as increasing instances of strongly enforced isolation. The latter many of us who have had contact with mental health services have experienced along a spectrum from discrimination induced lack of social contact to full on compulsory treatment, these are very different to what’s going on for folks self-isolating.

So we called out for contributions of special knowledges around these things from our c/s/x community. This document contains the wisdom of people’s experience with panic worry and isolation. We have been pretty moved by people’s contributions, they’re really generous and rich descriptions of experience and skills. There is such a sense of care and wanting people to know they can get through in the words that were shared, we hope you find a snippet or two of these words educational, validating, inspiring or maybe a little comforting.

We considered how the mental health consumer/survivor/ex-patient (c/s/x) community doesn’t often have the chance to share the hard won expertise learned through traversing challenging life experiences with folks in other contexts where it might be useful.
On what we have known to be useful when facing Worry or Panic

Reflecting on what makes me feel safe When I notice feelings of worry or panic, I check in about what I am scared of, and what I need to feel safe. If I'm in panic mode, I need to be able to call on my inner resources, focus on stopping, making things still, whatever feels right for that time, whether it's meditative, walking, drawing, music. We each need to have our own reserve of these ways to calm. Hold tight to any feeling that is known to be good

Sharing the experience with others Sometimes I find talking to a trusted mate is great to help put things in perspective and reduce my fear. Ring friends. My tip is trying to get a hold of someone who is able to help plant my feet on the ground... Worry is reduced if I can pull myself away from my own head and talk out my concerns with someone, a person who cares and will listen all the way through, a person who can smile, offer reassurance, relate, and offer some steps to help me sort out all that I'm fretting over. Be with trusted people and avoid arseholes. What helped was when I found a way of being listened to, where all feelings were welcome. Keep in touch with other people, remember that the best that we can hope for in this life is to be the narrator of our own story. Reaching out to like-minded people. Spending time with animals.
Knowing it comes and goes

Remembering that it passes like a wave and delaying action on anything important when I can think panic might be around is how I get through with minimal effects. This too will pass. Do not approach cliffs, real or metaphoric where it is only one step over the precipice. Cos there is no backward step. Ride the wave think like a canoeist on moving water - as long as I move slower or faster than the water, I will be ok. Ride the wave think like a canoeist on moving water - as long as I move slower or faster than the water, I will be ok.

Acknowledging things are hard and you are not overreacting

Sometimes there have been pretty good reasons to feel scared, so then it's more about making some changes in my life.

Taking action on injustice that makes us feel scared

Increasingly over the years, I find I'm less interested in accepting things that are not OK, and I find getting politically active is a great way to tackle my fears, by trying to help create a world that is safer for all of us. I'm turning my energy to things like #The Kindness Epidemic, because it reminds me of all that's good in humanity, and to using the little political power I have as a citizen, to help hold our governments to account.

Take up some sort of cause for yourself. If you are sick, try to help others who may be affected as you are.
On getting through periods of isolation
Connecting to the importance of being isolated right now

I was forcibly isolated in psychiatric services, and frankly it was terrifying for me. I do not feel that way about the need to isolate for Covid19, in fact I do not think I would mind if we are all required to isolate ourselves at home. I am not sure why it feels different. In both cases, the choice is not in my hands, so it cannot just be that. Maybe it feels different because being isolated in a mental health service felt both unnecessary and abusive. It certainly did not keep anyone safe if anything it caused harm. But I think isolating ourselves because of Covid19 is a sensible step. It may help to keep all of us safer, especially many people with vulnerabilities like disability or age, and that seems damned reasonable. Think of the greater good - how my behavior will be most helpful to others.

Being grateful Cherishing the slowness and the quietness. Bringing myself into myself. I am tired of noise, light and business in any case! being isolated in my own home is a safe space for me - I have my adored cat, Angus, my art materials, my books, and my favourite pillow. Of course, not everyone has a safe space at home, or even a home... Being isolated can suck! When I have been forced to be in hospital I would sleep or make art as it was the only thing, I could do to pass the time. Luckily in COVID isolation, we might the chance to indulge in things you otherwise would not get
to do but enjoy. I might even watch my favourite movie that I like to watch over and over again, for me it is The Blues Brothers, my favourite part is all of it, what’s there not to love, the singing, the dancing... ah! See the good in it. Time to be with self for repair. Get sunlight.

**Increasing feelings of agency and choice**

The worst bit about it is the fact that someone is telling you that you can or cannot do something. Finding ways to feel like you have control over what you do in these times can be counter-affirming, like deciding when you sleep or eat, organizing objects or furniture or making something like art or food. I wonder info folks in COVID isolation might find trying something like this helpful. Remind self to do something with what one can control and not worry about what one has no control over.

**Staying connected in inventive ways**

Depending on what forced your isolation, you can reduce impact. If it is because you were was losing friends, family that supported you, find online community. That really helped me. We had commonalities. Always have somebody to contact tomorrow, also, because completely cutting yourself off from others will slowly make you feel like you no longer exist. And you do.
Exploring how deaf people ‘hear’ voices

A new UCL study, published in the July 2007 issue of Cognitive Neuropsychiatry, systematically explores the perceptual characteristics of voice hearing in deaf people with schizophrenia for the first time.

UCL’s Dr Joanna Atkinson (Deafness, Cognition & Language Centre) has generated data from 27 deaf participants with experience of voice hearing, to try to determine how they experience their voices, depending on the individual’s hearing loss and language background. Earlier research had suggested that born-profoundly deaf people might experience true auditory hallucinations. However, the collection and interpretation of data had relied on non-native signers or hearing researchers using sign language interpreters. This study breaks new ground by using more ecologically valid methodology to confirm that true auditory hallucinations were confined to deaf individuals who are some point in their lives had experienced hearing.

Dr Atkinson, who is herself a deaf British Sign Language (BSL) user, aimed to elucidate the variety of voices perceived by deaf people: “Particular attention was paid to deconstructing concepts that might be misconstrued as truly auditory to those unfamiliar with the subtleties of BSL and deaf conceptualizations of sound-based phenomena. Deaf people frequently use signs such as
‘heard’, ‘shout’, ‘voices’ and ‘talk’ without necessarily bestowing the auditory qualities assumed in English. Concepts such as ‘loud’ may be understood as being highly intrusive and difficult to ignore rather than as high auditory volume. Therefore, it was imperative that questions about auditory phenomena were appraised to create an accurate picture of their voices.”

All the participants had a primary medical diagnosis of schizophrenia, had permanent deafness (either congenital or acquired) and clear recollection of their voices over the past two years. Hearing loss among the participants ranged from mild to profound. They were shown a series of 94 cards describing and illustrating possible voice hearing perception – such as ‘voice uses sign language’ and ‘voice is in front of me’ – and asked how closely they matched their experiences.

Dr Atkinson’s team then collated the results into five factors according to their perceptions. Participants born profoundly deaf reported non-auditory, clear, and easy to understand voices. They were all confident that they did not hear any sounds but knew the gender and identity of the voice. They reported seeing an image of the voice signing or lips moving in their mind.

By contrast, only participants who had early experience of hearing speech described their experiences in
auditory terms. Others with partial awareness of sound were uncertain whether they were really hearing sound when the voices were present. Individuals with severe language deprivation and incomplete acquisition of either speech or sign, were remarkable in that they did not experience either auditory characteristics or perception of sub visual imagery of voice articulation, suggesting that language acquisition within a critical period may be necessary for voices that are organized in terms of how spoken or signed utterances are articulated. The only two participants able to make extensive attributions about auditory properties were partially deaf and able to communicate fluently in spoken English.

Dr Atkinson concluded: “The results support the notion that the perceptual characteristics of voices map closely onto an individual’s real-life communication preferences and experience of language and sound. The methodology demonstrates that the diversity of the voice hearing experience reflects the variety of experience with language and hearing loss among deaf individuals. While these findings may appear intuitive and unsurprising, it does represent a significant shift away from the incongruent notion that individuals born profoundly deaf might hear voices despite a lack of experience with sound.
Life

Life is an opportunity, benefit from it.
Life is beauty, admire it.
Life is a dream, realize it.
Life is a challenge, meet it.
Life is a duty, complete it.
Life is a game, play it.
Life is a promise, fulfill it.
Life is sorrow, overcome it.
Life is a song, sing it.
Life is a struggle, accept it.
Life is a tragedy, confront it.
Life is an adventure, dare it.
Life is luck, make it.
Life is too precious, do not destroy it.
Life is life, fight for it.

-Mother Teresa-

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Yesterday is history,
Tomorrow is a mystery
And today is a gift,
That is why we call it
the present