



NPN

September Edition 2020

**World Hearing Voices Day
September 14th**



Limbrick Centre, Limbrick Road, Sheffield, S6 2PE,

Tel: 07590837359

Email: enquiries@nationalparanoianetwork.org

Website: www.nationalparanoianetwork.org

support@nationalparanoianetwork.org

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World hearing voices day

World Hearing Voices Day celebrates hearing voices as part of the diversity of human experience, increasing awareness of the fact that you can hear voices and be healthy. It challenges the negative attitudes towards people who hear voices and the incorrect assumption that hearing voices, in itself, is a sign of illness.

Inspired by Louise Pembroke, a voice hearer and psychiatric survivor from England, the hearing voices movement have celebrated World Hearing Voices Day since 2006. Without core funding, World Hearing Voices Day relies on the creativity, energy, and passion of our members. Thankfully, the HVN membership is overflowing with ideas and they have witnessed an impressive array of events and activities across the world. These events have included celebrations, social media campaigns, poetry/music events, conferences, marches, stalls, and gatherings. Everything you do to help HVN raise awareness of hearing voices is appreciated if we all do one small thing, we can collectively make a big difference! If you are able to host an event maybe online if you could send pictures, comments, feedback we would be happy to put them in our newsletter as a thank you for supporting the hearing voices movement

What was it like being in the medical model?

- I felt that my problems and I were put in a box, given medication, and posted to the nearest dead letter office.
- I learned how to be a patient. I didn't learn how to be me.
- I could not differentiate what was me, what was my experience and what was my "illness".
Everything that I experienced was because I had an illness.
- I felt hopeless
- I felt unheard.
- When I didn't feel better on medication, I felt hopeless, but then feeling hopeless often fitted into having an illness.
- I was told I would never get better.
- I felt that somehow the doctors were the experts
- I didn't learn how to cope with difficult experiences or feelings

- I couldn't get in touch with difficult emotions and therefore I couldn't learn how to deal with them
- I believed I would never recover.

What was it like being in Hearing voices approach?

- I felt like a person
- I felt heard
- I became the expert on me, not the doctors!!
- I began to understand and make sense of my experience
- I learned to talk about what I was experiencing, and I wasn't made wrong when I spoke about difficult things
- I learned to cope with difficult emotions
- I began to trust myself my abilities and my decisions
- I began to experience life

Kelly

“How did you get here?”

The relationship between traumatic life events and serious mental health problems

In a discussion with the veteran Irish uses rights campaigner Ita O’Keefe, she explained to me how one of the comforts she found in her many years in the Irish psychiatric system was the sympathy and understanding she found on Irish admission wards, not from the staff but from other in-patients. She told me “someone would always come up to you and ask what’s happened to you”. This immediate recognition that the traumas of life are significant contributors to serious mental health problems is a common theme amongst service users. The conclusion to the many lectures I’ve conducted with Peter Bullimore from The Hearing Voices Network tends to follow the same pattern. Peter will end the lectures (usually delivered to staff), by telling them that the most important question you can ask anyone using mental health services is “How did you get here?”

This is not a reference to car, bus or taxi, the question is a simple one.

“What happened in your your life to bring you to this point?”

The situation in the health service is that the users of the service often want to talk about life events, whilst those in power are far more concerned with genetics, family history, biological illness, and medication. This state of affairs is not confined to the United Kingdom. John Read the New Zealand psychologist has collected some memorable quotes from service users in Auckland, New Zealand. “There were so many doctors, nurses and social workers in your life all asking the same thing mental, mental, mental, but not asking you why.”

“My life went haywire from thereon in. I just wish they would have said “what happened to you? What happened?” but they didn’t.” (Hammersley 2004)

The general public is in little doubt as to who they agree with when it comes to the issue of traumatic life events. In studies conducted all over the world asking the general public about causes of mental illness, environmental factors and traumas are consistently rated to be far more significant than biological or genetic factors. For example, a survey conducted with the American general public (Link 1999) showed that 91% cited stressful circumstances as a cause of schizophrenia, a finding that has been replicated in

countries as diverse as Ireland, Australia, India and Mongolia (Read 2006). To sum up, most service users, the majority of staff and most of the population of the world share the opinion that stressful life events are an important contributory factor in the development of psychosis. The answer is yes, and the evidence is growing. Much of the research evidence to date has focused on the relationship between child abuse and psychosis. Before reviewing this evidence two important points need to be made.

Firstly, child abuse is not the only trauma that an individual can experience. Traumatic events in adulthood can be equally significant, as can humiliation experiences such as bullying, or situations involving extreme loss. In addition, there is growing evidence (Bentall et al 2006), that those who experience psychosis are in a particularly difficult position, in that they can be further traumatized both by their own often terrifying symptoms, and also through the experience of repeated hospitalisation.

Secondly, it would be incorrect to suggest that the relationship between childhood trauma and subsequent adult psychosis is 1:1. Many people experience child abuse and do not develop psychosis, similarly many people who have distressing psychosis experiences

report no history of abuse. This research evidence should not be misinterpreted and used as a stick with which beat families.

There is little doubt in anyone's mind that child abuse can have severe and lasting consequences. There is robust evidence linking child abuse to a wide range of problems from depression and anxiety to alcohol and drug misuse. Until recently the dominance of bio-genetic models of psychosis meant that the analysis of child abuse in sufferers of adult psychosis was relatively unexplored. Some studies had been conducted (see Read 2006) for a review, but these were often small and poorly controlled, usually because of financial restrictions. However, as interests in the field grew some much larger studies with stronger scientific design were published. The first complete systematic review of the evidence linking child abuse to psychosis was completed by John Read and colleagues in 2006. (Read et al 2006), and the results were startling, and prompted Oliver James the British psychologist to state in the Guardian "The psychiatric establishment is about to experience an earthquake that will shake it to its intellectual foundations and may trigger a landslide."

The review of over 40 studies drawn from an initial sample of over 13,000 concluded.

1. There is a strong relationship between symptoms indicative of psychosis and child abuse and neglect.
2. This relationship is as least as strong as with other mental health problems.
3. There is a particularly strong relationship between sexual abuse and auditory hallucinations.
4. The relationship appears to be casual with a dose effect (i.e. the worse the trauma the more likely the psychosis).

It's beyond the scope of this article to cover all the findings of the original review. Instead I have decided to present in a little more detail finding from three o the more interesting papers.

Janssen et al (2004)

This study looked at a general population sample of 4045 people in Holland. One problem with attempting to analyze previous experience of child abuse in someone with a psychosis, is that there is a tendency for some scientist to question whether or not there can be believed and trusted to give an accurate account.

(Despite the fact that there is no evidence whatsoever that someone diagnosed with psychosis is more likely to 'invent' childhood trauma). To get round this the researchers interviewed people with no history of psychosis about their childhood experiences and then waited for two years before re-interviewing them. The authors had hypothesized that over the course of two years some people in the group of 4045 would begin to show some evidence of psychosis and thus they would be able to determine if it was the participants who reported child abuse who subsequently 'crossed over' into psychosis. The results were an unequivocal yes. It was indeed the participants reporting abuse, who made the transition, and there was a clear dose effect, men who reported severe abuse as children were 40 times more likely to develop psychosis than their non-abused counterparts.

Bebbington et al (2004)

This was a large-scale study of 8580 British adults conducted by Paul Bebbington and colleagues from the Institute of Psychiatry. The participants were asked if they had ever had any psychotic experiences and were also asked about child abuse in the form of nine different 'victimization experiences' including physical

and sexual abuse, bullying and time in a children's institution. The psychosis group was 15.5 times more likely to have suffered from sexual abuse than those without any mental disorder; in addition, abuse in childhood was more closely related to psychosis than neurotic disorders and drug or alcohol use. A very similar study (Whitfield et al 2005) was conducted with 17,337 participants from California which found almost identical results; the relationship between abuse and hallucinations in this study was so strong that the authors concluded that hallucinations should be viewed as a marker for previous trauma.

(Hammersley 2006)

I have selected this study not just because I have written it (honestly), but because it looks at a different group of participants. In this study just fewer than a 100 participants with a diagnosis of bipolar disorder were asked about adverse childhood experiences by experiences therapists, at the same time data related to psychotic experiences was collected by trained research assistants who were unaware that trauma data was being collected. The results in this vastly different group of participants were the same. Those reporting abuses were more likely to report psychotic symptoms, there was a clear dose effect and the strongest

relationship was between sexual abuse and hearing voices. Thus, it appears that diagnosis is irrelevant, the association between childhood abuse and psychosis in adulthood is a cross-diagnosis phenomenon.

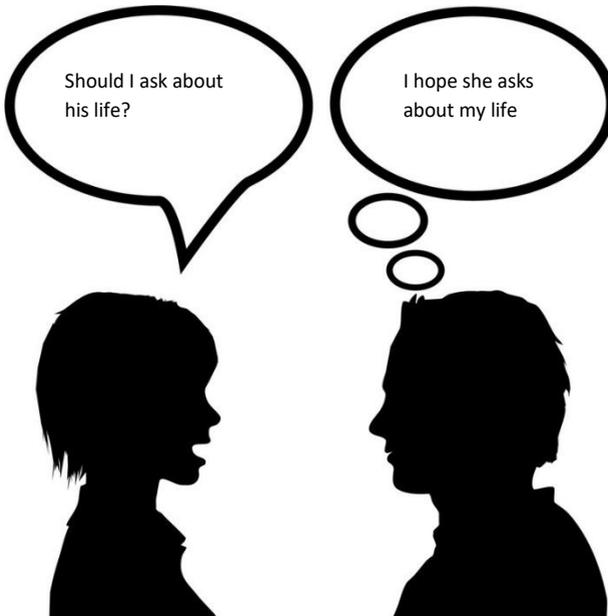
To return to the original point, the answer to the question ‘how did you get here?’ for many service users, who experience psychosis, is, via a series of highly unpleasant life events. The reluctance of the psychiatric establishment to accept this and respond appropriately is a scandal. Continuing to miss-diagnose and medicalize trauma and offer little more than medication as a response is no longer acceptable and is one of the reasons why we formed CASL (the Campaign for the Abolition of the schizophrenia Label).

Can things improve? I think so, consider the following quote. “There is widespread concern at the over-medicalisation of mental disorders and the over-use of medication. Financial incentives and managed care have contributed to the notion of a ‘quick fix by taking a pill and reducing the emphasis on psychotherapy and psychological treatments. There is much evidence that there is less psychotherapy provided by psychiatrists than 10 years ago. This is true despite the strong evidence base that many psychotherapies are effective

when used alone or in combination with medications...
If we are seen as mere pill pushes and employees of the pharmaceutical industry, our credibility as a profession are compromised.”

If that quote had come from a dissident radical practitioner or from within the service user’s movement, it would not be a great surprise in fact the quote is from Dr David Sharfstein when he was the outgoing president of the American Psychiatric Association. As Bob Dylan once remarked “Times they are a changing”

(Hammersley and Bullimore)



Strategies for Helping those with Beliefs about Alien Abduction, Spiritual Experiences & Telepathy

A collection of methods that may help people cope with spiritual experiences, as well as alien abduction and telepathy are given below. Many of these have been obtained from the excellent books Practical Psychic Self Defence, How to Defend Yourself against Alien Abduction, and The Alien Abduction Survival Guide. The initials after the name of the strategy indicate which book gives a more detailed description:

PP = Practical Psychic Self Defence

HD = How to Defend Yourself against Alien Abduction

AA = The Alien Abduction Survival Guide

Visualized shields (PP, HD) – This strategy involves visualizing a thick shield of light or colour surrounding oneself or another person. The purpose of a shield is to provide protection by keeping spirits, telepathic thoughts, and similar phenomena out. It takes time to create an effective barrier so individuals should perform regular visualizations, at least once a day, to maintain their shields. This is important as it is usually too late to create a shield from scratch once a spiritual or psychic attack has started.

Sending spirits to the light (PP) – This involves visualizing the problem spirit moving into a field or tunnel of white light. This can be enhanced by praying to God, angels, or

good spirits to take negative spirits away and into the light. As an alternative, a white glowing ball can be visualized and then 'launched' at the negative spirit, which will explode on collision.

Morphing visions (PP) – If disturbing or frightening images are seen it is possible to change them into something else more pleasant. Concentrate on the unpleasant image and imagine it transforming into something beautiful. For example, see a spider changing into a unicorn.

Focusing emotions (HD) – Focusing anger at an alien or spiritual being that is invading on one's space can be a powerful method of defence. Anger is centred on the fact that the alien or spirit is violating ones human rights. This technique is carried out by mentally shouting at the entity with messages such a 'go away' rather unfocused screaming out of fear or terror. A similar technique is taught in self-defence classes when training people to deal with street attackers.

T. Knight

Voices – Sandy Klien

Voices inside me, I hear them all the time.
Voices inside me they sound so sublime.
Talking so sweetly telling me what to do.
Voices inside me, do you hear them to?
Voices inside me taking control.
Voices inside me are sometimes too loud.
Voices inside me, I'M LIVING WITH A CROWD.
A crowd of people all wanting to come out
Why do they scream, why do they shout?
I thought it was common for them to be inside my head.
But now when I hear them, I listen with dread.
To the old man and the old woman
Who tut tut and frown?
And say why is her life so upside down.
To the perfectionist who won't leave me alone.
To the scared little girl who cries and moans.
Won't someone help me? Help me to choose.
If I go this way, will I win or lose?
Voices inside me, all claiming my time.
My time and attention they will not share.
Share me with anyone inside of my head.
They think if I ignore them, they will be dead.
An interesting situation, what do I do?
To the voices inside me, I SAY BOO!
Did I scare them? Are they gone?
No, they are still here, tagging along
Voices inside me, I hear them all the time.
Voices inside me they sound sublime.
Talking so sweetly telling me what to do.
Voices inside me do you hear them too?

Don't just accept your suspicious thoughts
question them.

Challenge the thoughts weighing up for and
against the evidence.

1. Is there anything that might suggest paranoid thoughts could be wrong?
2. What would I say to a friend who came to me with a similar problem?
3. Are there any alternative explanations for what seems to have happened?
4. If I were feeling happier would I still think in the same way?
5. Are my past experiences getting in the way of me seeing the present situation clearly?
6. What did I do in the past when this happened before?
7. When struggling with a suspicious thought, try to give it a percentage relating to its likelihood of being true. People find that when they start doing this, they are surprised at how low the average percentage was. It enables them to worry a lot less.

INSPIRED BY ART

My love of art goes back to when I started school it was the only thing; I was any good at as I was slow at learning to read and write. I still have a painting I did when I was ten years old it is on my bedroom wall a picture of William the Conqueror.

When I had my breakdown in 1987, I was extremely ill, and I did some abstract paintings which I have always wished I had kept in my time at the hospital.

To placate my parents, I tried to gain employment far too early after the life changing ordeal I had gone through. After being a glorified pot washer, I packed in my job and within six months I was on sickness benefit again. I moved out of my mum's house in 1989 and it was art that helped me recover little by little. I would do paintings and on Mondays I would take what I had done that week to my dad's house to show him and get his world-famous beans on toast for my troubles. The paintings were usually portraits and were good, bad, and indifferent but I felt inside I had achieved something, it basically gave me a sense of self-worth.

In time some of my paintings actually looked like the people they were supposed to be, even though I remembered doing Tom Cruise and it looked like Peter Beardsley the former England footballer. Slowly through art I rebuilt my life after the major breakdown and came to accept in some things I was what other people would term mad. I had never been a confident person but talking about my life at Carmel care center helped me understand my emotions and telling my life story to groups of people made me feel a better person and the thing in the back ground to all this development was me doing my paintings.

I had been a painter for the council which was the most intensely depressing period of my life, but I survived somehow. The night I was sectioned in March 1987 I daubed paint on the curtains before the police came to take me to hospital, paint seems to follow my life around and it certainly did the night I threw paint all over the room at my old school. The thing about me is I link work to being depressed so I know it is not for me which in this society is bound to cause friction at some point. Art is something which I wrote about once before it is what is held above us all and not our obsession of money. When man painted his hand on the wall of a cave that started the world we have now, which is a giant leap from daubing paint on a wall. I

myself did a leap with my run around Hillsborough Park but Mickey a work colleague was always saying Don't do the crime if you can't do the time my Dad called it the crime of the century!

To become a better person art has let me grow which is something we all need to do. In the last ten years I have done over ten thousand paintings which makes me feel great about myself. I have not always liked myself in fact in my time working for the council I hated everyone and the person I hated the most was myself. Of course, things in life are not always easy but there are only two paths to take constructive or destructive. In my case I chose constructive and that is why art means so much to me, it is always waiting for me to find it and enrich my life when I have done rubbish paintings I still get satisfaction out of just doing them and it's on to the next one. For me art is the greatest thing in the world and that is why I truly love art.

W.D. Clay

News



The UK Maastricht Alternative Approach Centre has been awarded funding from the Coronavirus Community Support Fund, distributed by The National Lottery Community Fund. The funding has helped us engage with more people and provide support including the Maastricht Interview and counselling for people across the UK. Thank you to the Government for making this possible.

If you or someone you know is interested in working through your personal Maastricht Interview or would like some support for your mental health, please contact ukmaac@purplebamboo.co.uk

Calling All Voices Hearers to Help Celebrate

WORLD HEARING VOICES DAY

September 14th 1pm-2.30 AWST Australia

3pm-4.30pm AEST Australia

Online Via Zoom Link

People have been hearing voices since the beginning of time, it's a common human experience that is not always negative. Join me online in celebrating our unique lived experience of voice hearing

MORE INFO CONTACT: AMANDA WAEGELI:

Email AMANDA.WAEGELI@GMAIL.COM

Join our online Hearing Voices & Paranoia
Support Group Meetings on ZOOM Every
Thursday 3pm -4.30pm Meeting ID
88460268952 Password 375878

Texas USA Meeting Every Saturday
4pm-5.30pm UK Time Meeting ID
83079149464 No Password Needed

During the Current Pandemic we are delivering
out training online if your organization would be
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Microsoft Teams & Zoom. The purchasing
organization would have to be the host for
Teams or Zoom

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