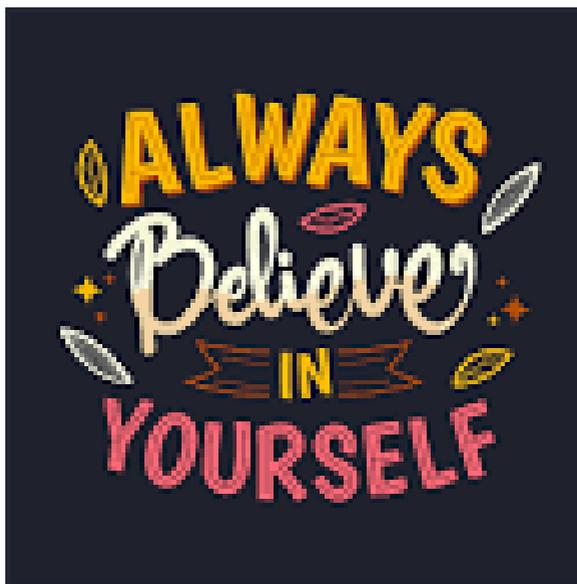




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The articles are the views of the contributors and not necessarily those of NPN.

Paranoia & Recovery

Is recovery from paranoia possible? If you ask a consultant psychiatrist, the answer's probably 'No' or 'Very unlikely and definitely not without medication!'

I often wondered how psychiatrists gained such control over our minds, when surely the best person to understand them is us, so ask again – is recovery from paranoia possible? The answer is a resounding YES! But what does recovery mean? The dictionary would have us believe that recovery is regaining of or possibility of 'regaining something lost or taken away the restoration or return to health from sickness.'

I wondered how those words were relevant to me or even if they were relevant. When I had a breakdown in 2000, I lost my job, I lost some friends, I lost my marbles, and I very nearly lost my life. Did I regain any of that? I don't think so. I never got my job back, but once I was well enough to work in the field of mental health, I never found those lost marbles, but I think I found new ones, and I made some new friends on the way. So, no I didn't regain anything, but I did gain a new life. During 2000 everything was going wrong. I heard voices of people who weren't there, I saw and felt things that weren't there, and I began to have more intrusive thoughts. I was confused, anxious, paranoid and suicidally depressed. I couldn't do anything at this

time. I was almost paralyzed by my madness. Washing and dressing was too much effort, and I lost the ability to make a cup of coffee. All I could do was sleep and when I was awake, fight to make myself feel safe in the hope that I would make it through the day without trying to kill myself. Somehow through all of this I managed to take my children to school and pick them up again: a blessing and a curse. The fact I had no choice but to get my kids to school made me focus on something else. However, I would struggle so hard to walk down the street and even worse, walk into the playground. It hurt physically and mentally to do this, but I had to do it. My legs used to turn to lead, and my usual confident stride seemed to have become the shuffle of an old woman, and I knew that everyone was looking at me. I felt that they could see my thoughts: that they were laughing at me I felt I knew that they knew I was mad! I believed that my husband was my best friend were talking about me on the phone, behind my back that they were plotting something and in my paranoid and medicated haze, I stopped trusting them.

By 2008, what's changed? I still get intrusive thoughts and my greatest fear in abandonment. I'm depressed and often suicidal and I believe that I should be dead. I see things, I know are not there and I become paranoia. I still do stupid destructive things, like impulsive spending when I have no money, I have disordered eating and occasionally I self-harm. I feel as bad as I did

eight years ago, and it would be easy to feel that nothing's changed. But that's not true, in my depressed state it took someone else to point out how far I'd come. I doubted them and just wanted to hide away and felt hopeless but when I started to reflect on that it hit me – actually I have come a long way. I may feel the same as I did then, but I am coping with it differently. Intrusive thoughts may tell me I'm a horrible person and shit at my job, but I know it's not true. Paranoia still grips me, and I can walk into a supermarket believing that everyone's looking at me or laughing at me, and I might hear people saying things to confirm that, but I still push through it and do the shopping. I can be suicidal one day and euphoric the next. Sometimes I still see things that are not there and believe bad things are going to happen. But through all of this, I go to work, I see my friends and I have a good time. Now I'm studying, and I cope with two children. I'm passionate about my work. I'm caring and compassionate and treat the people I work with as human beings, looking beyond their diagnoses to the real person.

So, to ask the question again – in 2008, what's changed? I have. What I do now shows me that I am in recovery. Yes, I still suffer, but recovery to me isn't about regaining lost health and a lost former life. It's about gaining a new life. A new life as a mad person, yes; but I am mad, and I am proud!

Freud's View on Paranoia & Sexuality

So, Freud recognized that every one of us is always prone to paranoia, especially when we feel under stress: this is a result of the normal conflicts of psychological and emotional development.

So far, so good, now we come to Freud's conjectures about the development of paranoia within the adult psyche. He considered that the ideal of heterosexual maturity emerges out of two preconditions 1, an original state of 'polymorphous perversity' (the desire for unlimited pleasure via every body surface and orifice) and 2, love yet hate and rivalry with both parents. The ideal of 'maturity' promises redemption from that deep, constitutive fear of and for the self which is conceived during those inevitable Oedipal conflicts experienced during the 'civilization (i.e., socialization or 'breaking in') of the child.

Doubtless, Freud's thinking about paranoia would have been conditioned both by the very strait-laced homophobia of respectable society one hundred years ago and by his own 'hang ups' Nevertheless what he had to say does follow a certain logic which makes a kind of sense, and certainly he poses the kinds of questions that preoccupy people and which they cannot sometimes keep from running through their minds.

In Freud's view, paranoia is specifically a disguised form of homosexuality. Given love of oneself, love of one's own sex, of the similar is inevitable. However, there is a taboo on the idea which makes it unbearable; hence it turns into hatred of the self for having the thought or feeling but it is also intolerable to hate oneself, and so the hatred gets projected onto others and returns as a feeling of persecution. This happens because when a boy moves towards the heterosexual desire of his maturity it is under the threat of castration (i.e., he is also forced to submit to authority) but if he refuses to acknowledge this threat it is repressed, along with his femininity and his desire for the masculine object; to the extent that it is repressed rather than sublimated into the male bond, his homosexual feelings always return. The defense against homosexual desire is paranoia; the man denies his desire and instead asserts his antipathy to it; this hatred finds its justification as the projection of an enemy. This, in turn, is generalized as a feeling of persecution. And 'it is the most loved person of their own sex that the paranoic fancies as their chief persecutor.'

Every Freudian agrees that dealing with anxiety is the basis to the development of the personality and that to be anxious is to be flooded with a feeling of dread and yet at the same time emptied to be overwhelmed and confused by unacknowledged or unnamable fear, and to

feel bereft of love and succour of the other of the (m)other.

However, in the light of their therapeutic work, some analytics came to believe that Freud's ideas needed modifying. Freud had already pointed out that the pain and anxiety are not differentiated during the first year or so; to escape pain one cannot at that early age 'remove oneself into an image'. At the same time the infant is at first completely egocentric and relates to that part-object which gives pleasure; he or she relates not to the mother but to the breast. It seemed to Melanie Klein that this gives rise to the primary paranoid schizoid attitude in which, due to painful yet inevitable interruptions in the flow of pleasure (first of all, milk) the infant cannot but project his own fears onto others conceived as persecutors; he develops and overwhelming fear of his own annihilation. Hence, paranoia is the result of the actual intolerable intrusions of another, whether deliberate or involuntary, conscious, or unconscious.

The infant responds to the anxiety caused by inevitable separations from the source of his pleasure by means of projects to re-establish the original unity with his mother. He learns to relate to whole objects, and to recognize his ambivalence towards them. Internal conflicts about these exterior objects (parents and others of significance to him) are then moderated but

only at the cost of adopting a depressive attitude in which the child fears that even though he contains his behavior, his destructive wishes will yet harm the loved object (the person who is loved and yet also hated). This development is traumatic and yet normal, and even when its resolution or more or less successful it leads to a residual tendency to depressive anxiety. Depression does not manifest as paranoia; it simply derogates the apparently worthless self. For the main school of revisionists within the psychoanalytic movement, then it is not sexual repression which is the prime cause of mental order and disorder. The object relations school of psychoanalysis based in England, conceived of the basic emotional trauma as 'the loss of the object'. It suggested that deprivation of warmth and love is the infants earliest experience of rejection, and that this leads to disturbances in the person's ability to recognize and react appropriately to the anxiety provoking circumstances he later encounters hence there is less interest in the classic Freudian questions of sexual-instinctual satisfaction.

It seemed to Klein that the development of psychosis is due to major disturbances in the person's earliest relationships and in the development of his active self (the ego). This idea focuses on the ego and processes of relating to the world, especially the world of near others (and the first object for the baby is the warmth and succour of the mother/breast.)

Ego-psychology is interested in the urge to fulfill the self by mastering or coming to terms with the environment, i.e., as psychopathology in these developments which inhibit personal autonomy. In particular it is concerned with questions around the impulse to relate, such as problems in relationships like blocking and imbalances in the child's (and later the person's) permission to be himself. The infant and growing child cannot experience the world as fundamentally kind and supportive if those around him do not tolerate the full expression of his emotional responses towards painful events, he is able to develop only by denying either the pain or the events, or both; he splits his energy in a form of dissociation, whereby the painful events are forgotten.

Hence ego-psychology explains paranoid (or schizophrenic) breakdown as unremitting panic at some moment of developmental crisis, such as adolescence. A person is susceptible to panic if some hidden, unacknowledged, or undisclosed trauma already causes him habitually to be visited by intense and overwhelmingly anxiety. Due to his conscious or unconscious preoccupation with his own persecution, the anxiety inhibits the development of his autonomy, and the child (and the person he becomes) develops a paranoid-schizoid retreat from the world. So as to cope with his life; the personality 'splits' and two separate identities develop; the individual alternates between being pleasant and capable ('normal') and then a

paranoid victim who identifies with his persecutor and is unreasonably angry and punitive towards others. His 'central ego' has to deal with the practical everyday world as it arises, and yet there is less energy for it to call upon since so much is invested in coping with his emotional pain. The 'antilibidinal ego' which results from such a severely neurotic or outright psychotic adjustment is not completely lost to awareness, but the 'libidinal [loving] ego' is lost because it suffered too much pain. The 'bad objects' (the images and voices of those who caused the pain) are introjected by the time a doctor is called in, or the police, the individual concerned is usually so agitated that it already seems too late for anything other than 'rubberstamping' a diagnosis of paranoia (usually 'schizophrenic'). In these routine, hasty, rule of thumb judgements about sanity and insanity, plausible complaints of persecution are differentiated from implausible mainly by polling the opinions and reasons offered by those who claim to know the individual very well: generally, by consensus, or at least the consensus of 'responsible persons', the person is already known as a paranoid whose fears are silly and quite unjustified. Of course, at this normal level of investigation there is no guarantee at all that the consensus actually knows or admits the whole truth of the matter.

Inner Fire Is the Only Place I Would Go for Emotional Distress

When I see programs working to support people to live their best lives, I recognize it because I know the work that I am doing. I am not claiming to have all the answers to living in loving awareness consistently, but I don't give up, and I share my journey on my website MitzySky.com and other social media platforms. I know that I learned from others and our stories are valuable, and someone could learn from me as well.

At first, when I reached out for help, I was labelled and given psychotropic drugs. The labels went from bad to worse because of how people judged my behaviours from the stories I told them about myself. Inner Fire is different because it looks at what happened to people rather than labelling them. It's about the possibility for people to transform their own lives and the support that might be necessary for them to achieve that. I visited Inner Fire in Brookline, Vermont, for one of their open houses. While I was there, I was in tune with the mountains, the trees, the open space outdoors, the grass, the bare Earth, the chicken living freely on the farm, and the brook flowing and swooshing. I felt like I was back on the island of Jamaica, where I grew up my first eight years of life. It was closer to fall or summer, so the cold hadn't set in. The program at Inner Fire nurtures spirit mind-body connections designed from experiences that have existed throughout the world for centuries. It is not an alternative; it is a way of life and

embracing all that could happen during our human life experience. To connect the mind and body whether you are too far out or too trapped inwards. Guides, the people who work at Inner Fire, get to know the seekers, the people who go there to get support for their overall wellbeing. Beatrice guides the seekers with art therapy, using watercolour and clay. There's a sauna to help nurture the physical body. People cook together, share a meal, take walks, hikes, clean, and garden; basically, people learn how to live again after being disconnected from others, nature, and our authentic selves.

My Experience

I left everything about psychiatric “mental illness” services behind me in 2014, and I have never looked back. I shared a bit of that journey in the first piece I wrote for Mad in America, called Just Me: A Series of Reflections on Trauma, Motherhood, and Psychiatry. I have experienced many life adversities in the last eight years with awareness; it is all been grist for the mill. Changing routines for the pandemic had me going outdoors more and connecting with nature, which has been remembering a natural part of my life experience. Self-care has been to speak up where I see injustices and have boundaries so that I have very few to no regrets.

I know Inner Fire is the only place I would go if I were experiencing emotional distress. When I say that, I'm talking about what people call "mental health issues," "mental illness," or "addiction." I just personally don't use that language because what I think about myself determines how I treat myself and how I teach people to treat me. I acknowledge that I've experienced suffering. Periods when I wanted better, but circumstances only got worse. I lacked awareness of the structure of society and how it was created, and instead blamed myself for internalizing the oppression. Inner Fire is the only place I would go because of my personal experience, the people I work with, and family members' experiences. I know what it is like to be having a difficult time and need time away from home. I know what it is like to get admitted into a psychiatric facility.

My experience in a psychiatric facility was to be drugged the first day to stop me from crying and allow me to get some sleep. Sleep is essential, so that part is not such a bad thing if that's the only alternative. But the rest—I was left alone on the first and second days, drugged, cried, ate, and slept in the assigned room. No one talked to me about what was happening in my life situation. I received a warning on the third day that I needed to join the groups and spend time in the lounge area with other people. If I didn't, I would not get "moved up" so that I could get discharged in a timely fashion.

Another time, I spent a long weekend at the community mental and behavioural health clinic. It was the same routine. I was given drugs that caused me to feel woozy, stop crying, and go to sleep. I remember wanting to lie down. Instead, I had to join a group of people in psychiatrist, psychologist, and therapist roles that I did not know in a large room around a conference table. Papers were placed before me with a pen, and they asked me to sign my name. Thank goodness God had set the universe to conspire to give me what I needed long before this incident. It was a painful lesson to learn never to sign anything without reading it first. I lost a lot of money. So, I knew not to sign the papers they had before me.

I didn't care how much pressure they were putting on me or how stubborn I looked at that moment. I was too drugged and incapacitated to read; therefore, I wouldn't sign. The people in the service provider roles at the table couldn't convince me otherwise. I learned sometime after that that the paperwork was to commit myself.

On Monday morning, the person in the therapist role I was assigned came and visited me on the ward. I told them I was good to go. She agreed, and the doctor discharged me to go home on Tuesday morning. If I had signed those papers, I would have given up my right to leave. Once the drugs wore off, I would have expressed anger to discover I was deceived. After all, I was battling

that same sense of powerlessness I had experienced in my childhood.

I wanted to go home to my kids. If they had kept me in the psychiatric facility, I would have expressed my anger. My fear and worry would have brought me backward to the feelings I had as a helpless child. My behaviour would have been judged “mental illness” by the people with authority in their roles. I would have had no voice to say any different than what they were saying about me. I would have pleaded, gone to court, and the judge would’ve decided in the mental institution’s favour.

I’ve witnessed this scenario happen. I’ve sat in rooms in an advocate role with people fighting for their rights just to go home and observed the judge decide to favour the people in the provider roles. There are a lot of stories like this. The power imbalance is excruciatingly painful and causes moral injury—the violation of people’s human rights (though, ostensibly, the intention is to do the best for them).

The WHO and the UN Support Massive Change in Mental Health

The World Health Organization (WHO) and United Nations (UN) have asked for a change in how mental health services operate. In 2017, Dainius Pūras, former

UN Special Rapporteur (2014 – 2020), wrote (Click here to read the full article, *World Health Day: Power Imbalances and Inequalities Big Part of Poor Mental Health*, in the Health and Human Rights Journal):

“The biased and selective use of research outcomes has negatively influenced mental health policies and services. Important stakeholders, including the general public, rights holders using mental health services, policymakers, medical students, and medical doctors have been misinformed. The use of psychotropic medications as the first line treatment for depression and other conditions is, quite simply, unsupported by the evidence. The excessive use of medications and other biomedical interventions, based on a reductive neurobiological paradigm causes more harm than good, undermines the right to health, and must be abandoned.”

Supporting Loved Ones

My loved one struggling to stop using substances brought more awareness to me about how I’m taking care of myself. I saw the oneness, and it also works to treat yourself how you treat people and not just treat people how you want them to treat you. I say that because we seem to treat others better than how we treat ourselves. I wrote a blog called *Take Care of Yourself When You Support Others to Help Themselves*” as that awareness came to me.

My loved one was working to help themselves by going into rehab, and they shared with me what happened. In February, they went down to Florida to a treatment centre and experienced sexual harassment by at least two staff after they came out of the shower. They filed a complaint, and the female staff also tried to victim blame and shamed them into preventing them from filing the report.

All their personal belongings, books, and phones had been taken away at admittance. They were offered a pack of cigarettes on arrival and flavoured vapes, as many as they wanted. They experienced people laying around and some shacking up together. They said one person followed them around because the younger person needed someone that would listen to them, and my loved one made themselves accessible. They spent a lot of time listening and supporting other people as the staff wasn't accessible.

They experienced the staff not following through with the paperwork they said they would complete to help them with the short-term disability to keep their job. The psychotropic drugs contributed to vivid nightmares. They were prescribed seizure medication, but they don't have seizures. It was causing so much pain in their body. When they read the side effects, it summed up what they were going through. They were given more drugs for the side effects. Finally, they were just kicked out of the facility with no plane ticket to go

back home because they followed through with filing the complaint to ask for disciplinary actions for the staff's behaviour.

One staff had a hard time with them and called me to learn about them. I told the person I couldn't speak about them without them. I later learned they had argued, so he was calling to learn about them to use it to manipulate them to have power over them. I'm sure it is normal for people to do, and scared family members open up and share stories about their loved ones because they fear for the lives of their loved ones.

I describe the low-income mental health and addiction treatments paid for by insurance companies. Psychiatry has made just about all human emotions a disorder. I know that the diagnoses are not scientific, as I learned from Dr. Paula Joan Caplan (July 7, 1947 – July 21, 2021). Dr. Caplan sat on the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM) committee. She shared her disappointment when she learned there was no science behind the diagnoses, but only people who have power get to decide who is normal.

Even worse, Dr. Caplan saw the injustices toward women and others discriminated against in our society. Therefore, she found it necessary to continue speaking up as part of her life's work. You could see her sharing

the modern myths of “mental illness” at the 2018 National Association for Rights Protection and Advocacy (NARPA) Conference in Baltimore, Maryland.

Dr. Caplan is not the only person in her field to have spoken up to ask for a different approach to supporting people experiencing emotional distress. You could check out the A Disorder for Everyone website and AD4E YouTube page. The list of people from Dr. Lucy Johnstone, Jo Watson, Sera Davidow at Wildflower Alliance, Dr. Akima Thomas (founder of HER, the Holistic Empowerment Recovery model), Robert Whitaker, Dr. Jacqui Dillon, Peter Bullimore, Dr. James Davies, Dr. Sami Timimi, Dr. Gabor Maté, Johann Hari, Prof. Mary Boyle, Ruth Dixon, Dr. Sanah Ahsan, Dr. Joanna Moncrieff, Laura Delano at Inner Compass Initiative and The Withdrawal Project, Noel Hunter, PsyD, Magnus Hald, Carina Håkansson, the body of work at PCCS Books, and many others speaking up advocating for change.

Why Inner Fire? Spiritual and Holistic Health Are Needed!

On March 7, 2022, looking forward to my birthday on March 21st, I decided to create a birthday fundraiser for the Support Seeker Fund at Inner Fire.

I know that Beatrice does her best at Inner Fire to offer some discounted rates, but for the most part, if I ever needed to spend six months to a year at Inner Fire, I wouldn't be able to afford it. The three-day offer to get a glimpse and make some inner connection is a gift, and I decided to fundraise for the Support Seeker Fund so that one person could have that experience. I learned from Beatrice that she didn't take pay for doing her work as the founder and Executive Director when I watched her interview with Dr. Kelly Brogan.

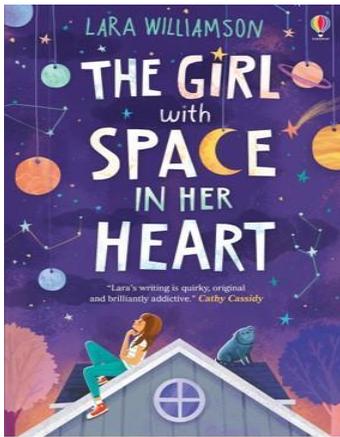
There are statistics to show the cost of psychiatric hospitals. People revolve in and out of those places with a bleak outlook on their human experience. Ram Dass (April 6, 1931 – December 22, 2019) said that if you are looking to fix the psychological before the spiritual, it will be a cold day in hell, a very long time. Gary Zukav says in *The Seat of the Soul* that psychology is about the study of the spirit, but it has never been that. It is about the five sensory personalities, and because of that, it could never heal at the level of the soul. (Paraphrasing both.)

The spiritual and holistic health practices are hard work, but with guidance, they are accessible. Insurance companies need to think about the people and the money. It makes sense to invest money so people get support to face what happened to them, have a wholehearted human experience, and not repeatedly

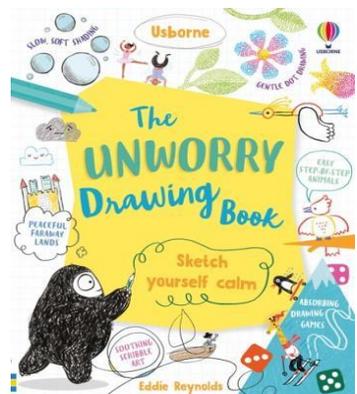
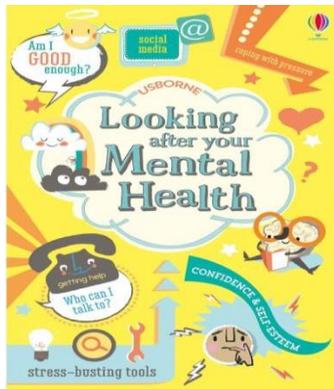
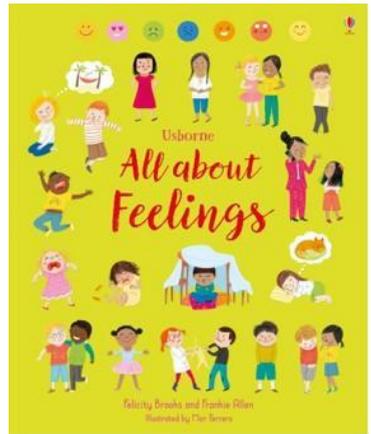
return to rehabilitation centres, prisons, and psychiatric institutions.

My loved one cannot afford to go to Inner Fire at this time in their journey. I know someone else could afford it, which motivates me to know that change is happening. I look at the oneness of how this life experience is unfolding. It is all working out for our good. I pray that "God's will be done."

I am optimistic at the same time because I understand what is happening in this world between poverty and mental health. I hope that someone reading this could donate to Inner Fire to support people with less economic wealth. Psychiatry has the drug companies backing them and spreading the disease/illness model of emotional distress, and the pain is roaming the Earth, and there seems to be no end to the power imbalance. The awareness of the work happening at Inner Fire needs to be known and multiplied at every corner of this Earth; that is my prayer and the primary reason I started the fundraiser to share awareness!



Great books
to help
Children
understand
mental health



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Maastricht Interview Training for Hearing Voices & Problematic Thought Beliefs & Paranoia Is available online and face to face from the National Paranoia Network. Other training available, Working through Paranoia, Making Sense of Hearing Voices & Working with Childhood Trauma It can be delivered across the world for more information and costings Email enquiries@nationalparanoianetwork.org

Online Hearing Voices & Paranoia Support Groups Join our online Hearing Voices & Paranoia Support Group Meetings on ZOOM

Thursday 3pm -4.30pm with Paul Meeting ID
88460268952 Password 375878

Sundays: HVN USA on ZOOM 6:30p - 8:00p USA Time
with Cindee 11.30pm – 1.00 am UK Time Meeting ID
827 5463 8654 No Password Needed

Saturdays Texas USA HVN Meeting on ZOOM 10am-
11.30 USA Time with Paul 4pm-5.30pm UK Time
Meeting ID 83079149464 No Password Needed

Monday Sheffield Hearing Voices & Paranoia
Support Group with Emma & Lyn on ZOOM 11am-
12pm UK Time Meeting ID: 558 685 8263
Password 6DyVca

**Online Hearing Voices Group in Ireland Facilitated by
Michael Ryan**

Hearing Voices Group Ireland

A group for people who hear voices or experience
paranoia and unusual beliefs, on Zoom

Facilitated by Michael Ryan

Every Sunday @ 4pm

Zoom Link <https://us02web.zoom.web/j/89201253186>

Email: vhmichael9345@gmail.com

With enquiries

Families/friends can contact

families@usahearingvoices.org

For support groups