



NPN

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The Word Schizophrenia

By Alec Jenner

Schizophrenia is a word; more it is questionably a thing. It was initially coined by a Swiss psychiatrist, named Bleuler. and It is made up from two ancient Greek syllables, *schizo*, perhaps best translated here as chaotic and shattered, and *phrenia*, mind, although it originally referred to the abdomen, where some in ancient Greece had thought the mind resides. The word which schizophrenia was produced to replace was dementia praecox, which was a German expression used by Kraepelin and the French. Those words were attempts to label an illness, but they did it so in slightly different ways, in terms of what was included. The problem for Bleuler was that those terms implied an incurable disease, a dementia. That was so despite the fact that at least a third of the people who were diagnosed recovered. Initially Bleuler saw the label to refer to a collection of abnormal mental states, and hence his word was in the German plural form *Schizoprenien*, (*schizophrenias*). To some extent Bleuler was influenced by Jung, whom he had been encouraged to spend some time with while away from Zurich studying with Sigmund Freud in Vienna. Freud actually thought that the schizophrenic person was too estranged to be helped by psychoanalysis and unfortunately, his original optimism waned, and this was revealed when for example when he told the desperate wife of Nijinsky

that little could be done for her husband, probably the most celebrated male ballet dancer in the world, as he had schizophrenia. By then he himself had for a long time also given up using the plural form of the word. It is now universally used in the singular, although probably mistakenly. To do that makes schizophrenia seem a more homogeneous and concrete thing and not just a tentative step towards a more useful classificatory vocabulary the essentially accepted much of Bleuler and but to an ecocide degree Kraepelin's general outlook remains dominant in the minds of most psychiatrists. Quite central was his distinction between Manic depressive (now bipolar illness) psychosis and schizophrenia. Much more modern work also shows vastly different responses of those diagnosed into different drugs. At post- mortem neither show any clear changes from those with normal brains, hence both are generally seen as functional disorders. This distinguishes them in this respect from the undoubtedly organic psychoses like senile dementia and cerebral syphilis (General paralysis of the Insane G.P.I.). Syphilis was quite common when Kraepelin was writing, and in fact until penicillin was discovered. Kraepelin is often ridiculed by modern radical anti-psychiatrists of course much of what he thought, was incorrect and heavily based on the perspectives of his time, and in particular the strong presumption in much contemporary German psychiatry of the physical basis of major mental disorders. The difficulty in distinguishing some obviously physical diseases from schizophrenia made a physical

explanation of schizophrenia seem likely. However, Kraepelin's was a very genuine struggle to get things right and his humility is a striking virtue. After a reliable physical test became available for the diagnosis of syphilis (Wasserman reaction) Kraepelin realised how often he had mistaken the diagnoses in both directions. Kraepelin's original work had to be based simply on the signs and symptoms presented by the patients. Even in distinguishing manic depressives and schizophrenic patients he himself said he had been too dogmatic. Many with greatly confident views on psychological matters could learn much from Kraepelin. Well despite the above what remains after Kraepelin's work on schizophrenia? Some might argue nothing, as there is no such thing as schizophrenia. So, we need another word, why not if you want one? If you just change a word though you have changed very little, Bleuler didn't. Nevertheless, words are important, especially if for example they limit our attempts to humanly understand as is always relevant and as far as possible mandatory. The above may be a too esoteric response to the request to which we were to respond, essentially asking what is schizophrenia? Perhaps we can end then by responding more succinctly by summarising the view of yet another very influential German writer, Schneider, he recommended a series of what he called first rank symptoms, he felt these were diagnostic. His list included hearing voices speaking in the third person (he or she), being convinced that their thoughts were being broadcast, believing their own movements are

being controlled by outside forces, believing that strange thoughts were being injected into their minds. That diagnostic approach plus Carl Jasper's, that the diagnosis must depend on that which one cannot understand as in the way for example we do understand characters in reading a play or novel, so one is left to try to explain the state in the language and in the age of physics and chemistry.



Professor Alec Jenner 1927-2014

Dealing with Inactivity and Shutdown in Psychosis by Hilary Mairs

Psychosis affects different people in different ways. Some people may hear voices or develop beliefs or ideas which are unusual or distressing. These experiences have been called ‘positive symptoms’ by researchers because these voices and beliefs were thought to be extra to normal experiences, although we now know that hearing voices and having unusual ideas is common in the general population.

Other people find that they lose interest in what is happening around them, stop doing things they used to find pleasurable/ are expected to do and no longer enjoy day to day activities. This inactivity may be accompanied by a form of ‘shut down’ where people experience few thoughts and feelings or find it hard to share what are described as ‘negative symptoms’ by researchers and mental health professionals. People with these problems report a lack of motivation and energy and sometimes a frustration that they are less active than they used to be. Whether it is helpful to think of these experiences as negative symptoms is questionable. Negative symptoms are recognized as an identifiable part of mental illness by health care professionals and knowing this can relieve some of the

self-blame and hopelessness that some people feel with these experiences. The idea that they are a medical illness does, however, pose some problems. For example, knowing that these experiences are negative symptoms suggests that there is one psychical cause, and that the most useful treatment will be a medical one.

Some studies have tried to find biological causes, such as changes in the structure of the brain, but there is still no overwhelming evidence to support this suggestion. What seems more likely is that there are a number of reasons why people become inactive, whether in thoughts, feelings, or activities. For some people ‘shutting down’ may be a way of coping after a stressful time, a bit like having time out after a physical health problem. For others, avoiding stressful situations may be a way of reducing other distressing experiences, such as negative voices. We know that people with mental health problems are often treated differently by other members of the general population and avoiding contact with other people may be a way of reducing exposure to stigma.

It is probably best to say we don’t understand this set of experiences very well at the moment and don’t really know how best to help individuals who are experiencing

them. This is largely because researchers have been more interested in positive symptoms, although there is renewed interest in negative symptoms and a number of studies are underway to help us understand them better.

There are a number of studies that have claimed that medication can help to reduce negative symptoms, but these are often conducted by the drugs companies that make them. Independent reviews of these studies suggest that they are not as effective as the drug company's claim. In fact, some researchers have noticed that these drugs can induce a state that resembles what happens when people have negative symptoms. A recent study in the United States found that giving people without mental health problems a single dose of some of the drugs often prescribed for psychosis causes them to experience negative symptoms. So, it seems that medication is unlikely to be helpful and may even make these experiences worse.

There are also some studies that have looked at whether talking therapies can help with inactivity and shut down. Although the evidence for talking treatments is only limited, there is a suggestion that understanding what may have caused negative symptoms for each person is important. For example, if

someone is recuperating after a stressful time which may have involved admission to hospital; it may be important to spend some time resting. If avoiding social events is a way of coping with voices, it may be helpful to find a therapist who can provide help with upsetting voices before attempting to return to socializing. But, for some people it may be difficult to find a reason why they are lacking in motivation and energy.

What may be helpful in this situation is to work with a therapist or friend to try to increase activity levels in a gradual and paced way. These strategies are usually called activity scheduling or behavioral activation in the psychological literature and were designed initially to help people who were depressed. They generally involved working through a series of stages. The first stage is to find out what a person's weekly routine looks like.

Sometimes people are surprised, when they record what they are doing on a day-by-day basis, by how much they are actually doing. The second stage is to think about which activities they would like to do more of and also what activities they are not doing but would like to include in their weekly routine. It is important that they include a mixture of things that are enjoyable,

such as meeting friends and those things that are essential, paying bills, going food shopping and so on.

In the third stage, these activities are put in a list with those thought to be most easily incorporated into a weekly routine at the bottom, with the more difficult activities at the top of the list. The final stage involves trying to introduce these activities in a graded way. What is important, is that people work through this process at their own pace and steadily increase participation in activities rather than attempting to do too much too quickly. We are currently undertaking a study at the University of Manchester to see whether this way of working with people who have become inactive/shutdown is helpful and acceptable.

It may also be helpful to talk to family and friends and share some information about inactivity and shut down. One study has found that providing information for family members can help reduce levels of these experiences. The key messages that would seem to be useful are that inactivity and shut are common in psychosis and other mental health problems and understandably can cause some distress. Being supported to increase activities and daily tasks can be helpful as well as allowing people to opt out for a while if becoming active becomes too stressful.

VOICES IN YOUR HEAD

They fill us up with lies
They pull down the blinds
And are the cause
Of our sad demise

These voices and their venom
Slowly poison us to death
And in time we become
The ghosts that hold no breath

“You’re a worthless piece of rag”
“You are so pitiful and broken”
“You are such an ugly hag”
“You don’t deserve to be listened”

You scream at them to end
But their tempos just get higher
Urging you to descend
To where your Self-Confidence gets lower

They won’t leave you alone
They are your constant source of tortures
And what you’ve always known,
They bring back with ruthless murmurs

“You don’t deserve to be living”

“You are a mistake of nature”

“You’re a doomed human being”

“You are nothing but a failure”

There’s not a second of peace

You’re stuck in unrest

Where those damn Voices are the fleece

That treat you like their fest

You try so hard to block ‘em out

But in the dark they crawl back in

Pain being what it’s all about-

The more you lose, the more they win

Gjillian Carter

Beginnings

By Ron Coleman

“What if we could recover from dementia think of the benefits to our society,

What if we could remember all we have forgotten think of the knowledge we would bring to our society,

What if we could remember our songs think of the joy we could bring to society”.

(Ron Coleman January 2018)

Some things happen immediately, others not so fast, but are still obvious to most of us, then there is memory loss, a creeping condition that can be almost undetectable as it stealthily stalks the mind of its unwitting victim. I am that victim of the memory monster who for the last couple of years has been silently stealing parts of who I am without ever asking my permission or even worse without my knowledge. In some ways it is a bit like being a voice hearer with the beginning stages being the startling phase the second stage continued attempts at trying to organize the experience the third stage being one of stabilization

{though most people believe that the third stage of dementia is the end stage} These three stages are for me the same ones identified by Romme & Escher within the voice hearing community.

The system in Dementia care is as bad as the psychiatric system for adults and I very quickly felt the need to get out and learn to live with what was happening to me the actual feeling of hopelessness within dementia care is really overwhelming. Then Karen and I along with two others went to Aberdeen traveling from the Isle of Lewis to a gathering organized by Deep it was at this meeting where I not only heard the phrase living well with dementia, but I met a group of people who are living well with dementia. The way they lived well really inspired me and over the next year I started exploring myself then I started some new projects. The first was a play called Caught in This Moment of Time.

“Caught in this moment of Time” is the first act of a two-act play with each act designed to be a stand-alone piece.

Act one, deals with some of the issues around the use of Artificial Intelligence in dementia (I use Alexa myself as a real personal assistant in keeping my Autonomy).

Act one also deals with Communication and how people perceive the capabilities of people with dementia comparing that with the non-judgmental approach of AI.

The second act deals with death and dying and follows how AI attempts to grasp the idea of emotional response through the experience of the person she is working for as their personal assistant as he struggles to come to terms with his imminent death. The first act was premiered at An Lanntair our local theatre in September 2019 to amazing reviews and we were going to take the play to the Edinburgh Festival in 2020 the festival was cancelled, and we are now planning to take it to the Festival in August 2021.

We created a not-for-profit company at the beginning of 2020 as we had started a radio station called Deepness Dementia Radio it was at this point that becoming a membership organisation seemed the only way forward.

From the outset Deepness and Deepness Dementia Radio has had a plan that has been designed to create an integrated program of projects that together create a whole life approach to dementia. We call this the mars bar approach of work, rest and play. The funding we have secured to date has funded the set-up of Deepness

Coffee Club, Deepness Dementia Radio and Dementia Education Program for Alexa and other technology. Our Zoom Education program is also part of our Radio as is our video research. our work program consists of the radio, research and education. Our play revolves around the coffee club and arts with night time being for rest. Even though the work is voluntary with any money we do receive going into the projects. The radio operates 24/7 and plays a mixture of music and chat the music reflects the fact that many of us have early onset and are fans of the 70's 80's and 90's moving the dementia sound away from the 40's 50's and 60's though we have shows' that covers this era the latest generation of people with dementias are more likely to come from punk glam rock and heavy metal than the sound of the Rat Pack or Tom Jones. Listen to the radio and see what else we get up to at www.deepnessdementiamedia.com

Why Guilt and Grief Go Together

1. Grief is a powerful emotional experience that fully engages the brain and the body. Grief is, essentially, the body's attempt to absorb a shock (all deaths are a shock even when you know they are coming). Grief is like a combination of an earthquake and a hurricane both occurring together. In your body, all systems are activated, and you are likely to feel many different feelings so it's not surprising that guilt would be one of them.
2. The death of a person, being the cataclysmic event described above, is an occurrence that carries great gravity. When someone leaves us forever, it is natural to re-evaluate not only what they meant to us, but also our relationship with them. We begin to ask questions about our role in their life and in their death.
3. Grief causes us to question ourselves. Was I there enough for them? Did I show enough care, love, concern? Did I miss their last phone call? What if I had done something just slightly differently, would they have felt better or lived longer? Could I have saved them? Could I have made them happier when they were alive? Does my secret wish for them to finally be relieved of their pain make me a bad person? These questions, plus many more variations on them, are ones that I have heard countless, blameless

people torture themselves with after losing a loved one.

Are Some People More Prone to Guilty Grief?

Yes, most definitely. Although I have seen that most people are vulnerable to guilty grief, there is a large segment of the population who are far more prone to it and can get more hung up on it.

These are the ones who have a general tendency to take excessive responsibility for things, too often blaming themselves for events and situations outside of their control.

They are usually folks who have a tendency to be hard on themselves and are perhaps even highly self-critical. If you are prone to self-blame and self-criticism, you can get stuck in your guilt instead of moving through it as others would.

And, even if you are not a self-blame prone person you can end up experiencing more discomfort than is necessary. When you are already suffering from a loss, why suffer more than is absolutely necessary?

What's the Solution?

An Ounce of Awareness + A Dose of Reality

1. The way you treat your feelings makes a big difference in how you experience and move through your grief. So, when it comes to grieving, it is extremely helpful to allow yourself to feel it. Yes, it hurts, and I know you want to escape it. But the more you escape it the more it lingers. It is a sad fact but a true one.
2. As you try to feel your feelings, pay special attention to guilt. Watch for it so that you can be aware of when you are feeling it. Being aware of a feeling is half the battle because awareness allows you to manage it.
3. Actively manage your guilt feelings by tempering them with a dose of reality.

Try to think about it this way. Wouldn't we all behave differently if we knew the future? It is simple. Yes, we would. This is a particularly important fact because some of your guilt is only happening because of your current ability to observe the past. "If only," "I should have," and "I shouldn't have," are all based on hindsight. Like the proverbial quarterback on Monday morning, everything looks different after an event than it does while you were living it.

Learning how to say “NO” to gain control

- Buy yourself the time you need to be assertive (or if you are not sure how you feel about a task). When someone asks you to do something say you will think about it.
- Do not make excuses and do not give reasons: just say no. For example, you could say ‘No, I am sorry, but I can’t’ or ‘No, I can’t do it this time’ or just ‘No, I’m sorry’. This is called the ‘broken record’ technique and is especially good for those situations where you are absolutely sure you do not want to do what you have been asked. Keeping your response this brief reflects the fact that you do not need permission for your decision. You do not have to persuade anyone that your decision is the right one.
- Sometimes you will want to show you appreciate being asked even though you are not able to help. So, you might say, ‘It’s kind of you to ask me, but I can’t’ or ‘Thank for thinking of me, but I’d rather not.’

- Be sympathetic and constructive. Tell the person you see their problem and help them to think through possible solutions – as long as they do not involve you, of course!
- Explain why you cannot help. But do not fall into the trap of sounding as if you are making excuses. Remember: you have a valid reason for your decision, and you do not need anyone approval.
- Sometimes you might want to meet the person halfway: ‘I can’t do x, but I might be able to help you with y.’



6 Mistakes People with Childhood Emotional Neglect Always Make

Believing that you are fundamentally different from everyone else

The fact that your life is governed by a powerful and fundamentally false “truth” does make you different in a certain way. Everyone else’s life is powered and enriched by their feelings, whereas yours are repressed and minimized. You may sense that other people have something unnamable that you are missing. You may look around and see people living a life in full colour, whereas yours seems to be in grayscale. This makes you believe that you are fundamentally different, but you are actually not. Your feelings are all still there, wired into your body. You only need to start treating your feelings differently.

The Mistaken Action It Causes You to Make Over and Over: Avoiding other people and assuming you do not belong.

Taking responsibility for things that are out of your control

Being out of touch with your own feelings makes you overly vulnerable to other people’s feelings as well as external events and circumstances. If you were more directed by your inner self (your emotions) you would

operate from your own truth and feel more confident and grounded.

The Mistaken Action that it Causes You to Make Over and Over: You continually try to “fix” things for other people. You put effort into controlling things you cannot control and feel guilty for things that are not your fault.

Believing people will be repelled or burdened by your emotions

When you view your feelings as a burden, you naturally want to “protect” other people from them. This makes it exceedingly difficult to have true, lasting relationships that are deeply personal, lasting, and strong.

The Mistaken Action It Causes You to Make Over and Over: You lock away your feelings and hide them. You act as if you are not upset, hurt, or angry when you are actually feeling those feelings for legitimate reasons. You try to sideline your own feelings, assuming they will cause people to reject you. You end up acting in ways that are not true to yourself.

Trying to have no needs

Just as you assume that having feelings is negative, you also assume that having needs is negative. So, while you push your emotions away, you also reject your own needs. You believe that having needs makes you weak

and that you should be able to do everything on your own.

The Mistaken Action It Causes You to Make Over and Over: Catering to others' needs before your own. Failing to speak up for your own best interests.

Passing up opportunities

Being out of touch with your emotions has you operating from a weakened position. You may lack the confidence in yourself and your own gut sense of things that would allow you to take risks. You are predisposed to operate from what feels safe instead of looking at possibilities as a positive thing.

The Mistaken Action It Causes You to Make Over and Over: Saying, "No," when you should say, "Yes." Your fear that you cannot do things leads you to pass up chances to learn and grow and strive to meet your full potential.

Clamming up when you are emotionally challenged

Everyone's life is punctuated by uncomfortable moments. Someone questions you or hurts you, yells at you, or asks you disagreeable questions. This may happen in your marriage, at work, in your friendships, or even with your children. When someone expects and needs you to respond to them, you do not.

The Mistaken Action It Causes You to Make Over and Over: At times of uncomfortable challenges, you put up your giant wall — perhaps thinking you are protecting them from your own feelings and/or needs — and you clam up. You deprive others of working through issues with you and of getting to know you on a deeper and more emotional level. It is a big mistake, and you keep on making it.

The Takeaway

The only way out of our mistakes is to fully accept that they are real. It is hard to face our mistaken ideas and take responsibility for how they have affected others, especially since often it is the ones who are closest to us who are hurt, saddened, or frustrated by them. But accept it, we must face it. Keep in mind that mistakes are not things we choose. They are not conscious decisions that we make. So, facing them does not mean that you are a bad or lesser person. In fact, it is just the opposite. Facing your CEN Mistakes actually makes you a stronger, better person and a better wife, husband, parent, worker, or boss. It allows you to open your mind to new possibilities and literally change the way you live your life. So, starting right now, begin to embrace this truth: Your feelings are an essential expression of who you are. They are valuable, meaningful, and useful. Once you begin to notice and value them, you can use them. Then, your pattern of mistakes will be halted forever

Christmas time can cause a lot of people to feel depressed

Tips for Overcoming the Winter Blues One Step at a Time

Depression drains your energy, hope, and drive, making it difficult to take the steps that will help you to feel better. But while overcoming depression isn't quick or easy, it's far from impossible. You can't just will yourself to "snap out of it," but you do have more control than you realize—even if your depression is severe and stubbornly persistent. The key is to start small and build from there. Feeling better takes time, but you can get there by making positive choices for yourself each day.

How do you deal with the blues?

Dealing with depression requires action but taking action when you're depressed can be hard. Sometimes, just thinking about the things you should do to feel better, like exercising or spending time with friends, can seem exhausting or impossible to put into action.

It's the Catch-22 of depression recovery: The things that help the most are the things that are the most difficult to do. There is a big difference, however, between something that's difficult and something that's impossible. You may not have much energy, but by drawing on all your reserves, you should have enough

to take a walk around the block or pick up the phone to call a loved one.

Taking the first step is always the hardest. But going for a walk or getting up and dancing to your favorite music, for example, is something you can do *right now*. And it can substantially boost your mood and energy for several hours—long enough to put a second recovery step into action, such as preparing a mood-boosting meal or arranging to meet an old friend. By taking the following small but positive steps day by day, you'll soon lift the heavy fog of depression and find yourself feeling happier, healthier, and more hopeful again.

Coping with depression tip 1: Reach out and stay connected

Getting support plays an essential role in overcoming depression. On your own, it can be difficult to maintain a healthy perspective and sustain the effort required to beat depression. At the same time, the very nature of depression makes it difficult to reach out for help. When you're depressed, the tendency is to withdraw and isolate so that connecting to even close family members and friends can be tough.

You may feel too exhausted to talk, ashamed of your situation, or guilty for neglecting certain relationships. But this is just the depression talking. Staying connected to other people and taking part in social activities will

make a world of difference in your mood and outlook. Reaching out is not a sign of weakness and it won't mean you're a burden to others. Your loved ones care about you and want to help. And if you don't feel that you have anyone to turn to, it's never too late to build new friendships and improve your support network.

How to reach out for depression support

Look for support from people who make you feel safe and cared for. The person you talk to doesn't have to be able to fix you; they just need to be a good listener—someone who'll listen attentively and compassionately without being distracted or judging you.

Make facetime a priority. Phone calls, social media, and texting are great ways to stay in touch, but they don't replace good old-fashioned in-person quality time. The simple act of talking to someone face to face about how you feel can play a big role in relieving depression and keeping it away.

Try to keep up with social activities even if you don't feel like it. Often when you're depressed, it feels more comfortable to retreat into your shell, but being around other people will make you feel less depressed.

Find ways to support others. It's nice to receive support, but research shows you get an even bigger mood boost from providing support yourself. So, find ways—both big and small—to help others: volunteer, be a listening ear for a friend, do something nice for somebody.

How to reach out for depression support

Care for a pet. While nothing can replace the human connection, pets can bring joy and companionship into your life and help you feel less isolated. Caring for a pet can also get you outside of yourself and give you a sense of being needed—both powerful antidotes to depression.

Join a support group for depression. Being with others dealing with depression can go a long way in reducing your sense of isolation. You can also encourage each other, give, and receive advice on how to cope, and share your experiences.

10 tips for staying connected

1. Talk to one person about your feelings
2. Help someone else by volunteering
3. Have lunch or coffee with a friend
4. Ask a loved one to check in with you regularly
5. Accompany someone to the movies, a concert, or a small get-together
6. Call or email an old friend
7. Go for a walk with a workout buddy
8. Schedule a weekly dinner date
9. Meet new people by taking a class or joining a club
10. Confide in a clergy member, teacher, or sports coach

Tip 2: Do things that make you feel good

In order to overcome depression, you have to do things that relax and energize you. This includes following a healthy lifestyle, learning how to better manage stress, setting limits on what you're able to do, and scheduling fun activities into your day.

Do things you enjoy (or used to)

While you can't force yourself to have fun or experience pleasure, you can push yourself to do things, even when you don't feel like it. You might be surprised at how much better you feel once you're out in the world. Even if your depression doesn't lift immediately, you'll gradually feel more upbeat and energetic as you make time for fun activities.

- Pick up a former hobby or a sport you used to like.
- Express yourself creatively through music, art, or writing.
- Go out with friends.
- Take a day trip to a museum, the mountains, or the ballpark.

Support your health

Aim for eight hours of sleep. Depression typically involves sleep problems, whether you’re sleeping too little or too much, your mood suffers. Get on a better sleep schedule by learning healthy sleep habits.

Keep stress in check. Not only does stress prolong and worsen depression, but it can also trigger it. Figure out all the things in your life that stress you out, such as work overload, money problems, or unsupportive relationships, and find ways to relieve the pressure and regain control.

Practice relaxation techniques. A daily relaxation practice can help relieve symptoms of depression, reduce stress, and boost feelings of joy and well-being. Try yoga, deep breathing, progressive muscle relaxation, or meditation.

Develop a "wellness toolbox" to deal with depression

Come up with a list of things that you can do for a quick mood boost. The more “tools” for coping with depression, the better try and implement a few of these ideas each day, even if you’re feeling good.

1. Spend some time in nature
2. List what you like about yourself
3. Read a good book
4. Watch a funny movie or TV show

5. Take a long, hot bath
6. Take care of a few small tasks
7. Play with a pet
8. Talk to friends or family face-to-face
9. Listen to music
10. Do something spontaneous

Tip 3: Get moving

When you're depressed, just getting out of bed can seem like a daunting task, let alone working out! But exercise is a powerful depression fighter—and one of the most important tools in your recovery arsenal. Research shows that regular exercise can be as effective as medication for relieving depression symptoms. It also helps prevent relapse once you're well.

To get the most benefit, aim for at least 30 minutes of exercise per day. This doesn't have to be all at once—and it's okay to start small. A 10-minute walk can improve your mood for two hours.

Exercise is something you can do right now to boost your mood

Your fatigue will improve if you stick with it. Starting to exercise can be difficult when you're depressed and feeling exhausted. But research shows that your energy levels will improve if you keep with it. Exercise will help you to feel energized and less fatigued, not more.

Find exercises that are continuous and rhythmic. The most benefits for depression come from rhythmic exercise—such as walking, weight training, swimming, martial arts, or dancing—where you move both your arms and legs.

Add a mindfulness element, especially if your depression is rooted in unresolved trauma or fed by obsessive, negative thoughts. Focus on how your body feels as you move—such as the sensation of your feet hitting the ground, or the feeling of the wind on your skin, or the rhythm of your breathing.

Pair up with an exercise partner. Not only does working out with others enable you to spend time socializing, it can also help to keep you motivated. Try joining a running club, taking a water aerobics or dance class, seeking out tennis partners, or enrolling in a soccer or volleyball league.

Take a dog for a walk. If don't own a dog, you can volunteer to walk homeless dogs for an animal shelter or rescue group. You'll not only be helping yourself but also be helping to socialize and exercise the dogs, making them more adoptable.

Tip 4: Eat a healthy, depression-fighting diet

What you eat has a direct impact on the way you feel. Reduce your intake of foods that can adversely affect your brain and mood, such as caffeine, alcohol, trans

fats, and foods with high levels of chemical preservatives or hormones (such as certain meats).

Don't skip meals. Going too long between meals can make you feel irritable and tired, so aim to eat something at least every three to four hours.

Minimize sugar and refined carbs. You may crave sugary snacks, baked goods, or comfort foods such as pasta or French fries, but these "feel-good" foods quickly lead to a crash in mood and energy. Aim to cut out as much of these foods as possible.

Boost your B vitamins. Deficiencies in B vitamins such as folic acid and B-12 can trigger depression. To get more, take a B-complex vitamin supplement or eat more citrus fruit, leafy greens, beans, chicken, and eggs.

Boost your mood with foods rich in omega-3 fatty acids. Omega-3 fatty acids play an essential role in stabilizing mood. The best sources are fatty fish such as salmon, herring, mackerel, anchovies, sardines, tuna, and some cold-water fish oil supplements.

Tip 5: Get a daily dose of sunlight

Sunlight can help boost serotonin levels and improve your mood. Whenever possible, get outside during daylight hours and expose yourself to the sun for at least 15 minutes a day. Remove sunglasses (but never stare directly at the sun) and use sunscreen as needed.

- Take a walk on your lunch break, have your coffee outside, enjoy an al fresco meal, or spend time gardening.
- Double up on the benefits of sunlight by exercising outside. Try hiking, walking in a local park, or playing golf or tennis with a friend.
- Increase the amount of natural light in your home and workplace by opening blinds and drapes and sitting near windows.
- If you live somewhere with little winter sunshine, try using a light therapy box.

Dealing with the winter blues

For some people, the reduced daylight hours of winter lead to a form of depression known as seasonal affective disorder (SAD). SAD can make you feel like a completely different person to who you are in the summer: hopeless, sad, tense, or stressed, with no interest in friends or activities you normally love. No matter how hopeless you feel, though, there are plenty of things you can do to keep your mood stable throughout the year.

Tip 6: Challenge negative thinking

Do you feel like you're powerless or weak? That bad things happen and there's not much you can do about it? That your situation is hopeless? Depression puts a negative spin on everything, including the way you see yourself and your expectations for the future.

When these types of thoughts overwhelm you, it's important to remember that this is a symptom of your depression and these irrational, pessimistic attitudes—known as *cognitive distortions*—aren't realistic. When you really examine them, they don't hold up. But even so, they can be tough to give up. You can't break out of this pessimistic mind frame by telling yourself to "just think positive." Often, it's part of a lifelong pattern of thinking that's become so automatic you're not even completely aware of it. Rather, the trick is to identify the type of negative thoughts that are fueling your depression and replace them with a more balanced way of thinking.

Negative, unrealistic ways of thinking that fuel depression

All-or-nothing thinking – Looking at things in black-or-white categories, with no middle ground ("If I fall short of perfection, I'm a total failure.")

Overgeneralization – Generalizing from a single negative experience, expecting it to hold true forever ("I can't do anything right.")

Negative, unrealistic ways of thinking that fuel depression

The mental filter – Ignoring positive events and focusing on the negative. Noticing the one thing that went wrong, rather than all the things that went right.

Diminishing the positive – Coming up with reasons why positive events don't count ("She said she had a good time on our date, but I think she was just being nice.")

Jumping to conclusions – Making negative interpretations without actual evidence. You act like a mind reader ("He must think I'm pathetic") or a fortune teller ("I'll be stuck in this dead-end job forever.")

Emotional reasoning – Believing that the way you feel reflects reality ("I feel like such a loser. I really am no good!")

'Should' and 'should-nots' – Holding yourself to a strict list of what you should and shouldn't do and beating yourself up if you don't live up to your rules.

Labeling – Classifying yourself based on mistakes and perceived shortcomings ("I'm a failure; an idiot; a loser.")

Put your thoughts on the witness stand

Once you identify the destructive thoughts patterns that contribute to your depression, you can start to challenge them with questions such as:

- “What’s the evidence that this thought is true? Not true?”
- “What would I tell a friend who had this thought?”
- “Is there another way of looking at the situation or an alternate explanation?”
- “How might I look at this situation if I didn’t have depression?”

As you cross-examine your negative thoughts, you may be surprised at how quickly they crumble. In the process, you’ll develop a more balanced perspective and help to relieve your depression.

It can be difficult but try and stay positive

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

About this Event

This training is limited to 24 seats and may fill up quickly!

This training has been split into four days to maximize the on-line learning potential.

Attendance at ALL four sessions is required to complete the class. Dates and times are as follows:

- Tuesday, January 19, 9am to 4pm USA Eastern
- Wednesday, January 20, 9am to 4pm USA Eastern
- Tuesday, January 26, 9am to 1pm USA Eastern
- Wednesday, January 27, 9am to 1pm USA Eastern

Ticket Price \$65-\$125 available from Eventbrite



Peter Bullimore talks about his experiences of hearing voices and why he doesn't believe in schizophrenia
(Click on the link below)

[https://open.spotify.com/episode/12FyRTdNgDBI1BFuf0jzA7
?si=gr9twWM5R3ics1uzJRBj6A](https://open.spotify.com/episode/12FyRTdNgDBI1BFuf0jzA7?si=gr9twWM5R3ics1uzJRBj6A)

Maastricht Interview Training for Hearing Voices & Problematic Thought Beliefs & Paranoia Is available online from the National Paranoia Network.

Other training available online 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

**The National Paranoia Network would
like to wish you all a safe and
Merry Christmas**

