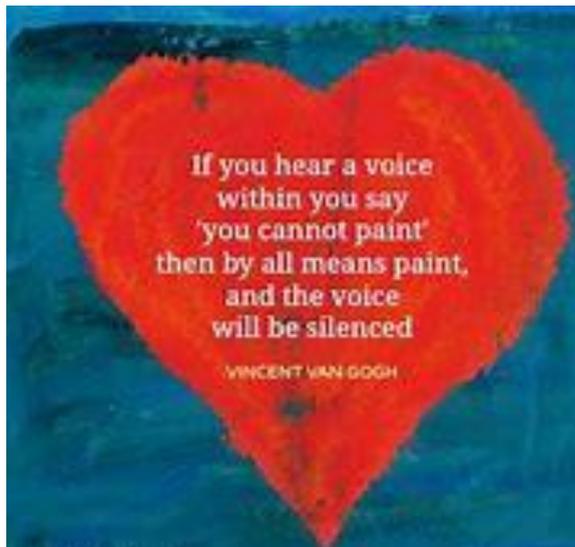




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The articles are the views of the contributors and not necessarily those of NPN

The Soteria Approach

The history of Soteria as an approach dates back to 1971 when Dr. Loren Mosher of the National Institute for Mental Health opened the first “Soteria House” in Santa Clara, California. Although Dr. Mosher’s radical ideas led to a resignation from the NIMH, his work has expanded across the globe, with houses in Hungary, Vermont, and Israel, to name a few.

Soteria is well known for its non-medical approach, providing first experiencers of acute psychosis a “safe haven” during such difficult extreme states. This non-medical approach includes a comfortable and home-like residence, layperson staffing, and involvement in everyday life relationships and activities as opposed to the artificial situation of a psychiatric ward.

Research from the original Soteria House pointed to positive outcomes, such as benefits related to psychopathology, work, social functioning, and discontinuation of psychiatric medication.

Soteria’s core principles were developed by Loren Mosher and Luc Ciompi over 30 years and include:

1. “The provision of a small, community-based therapeutic milieu (akin to a living community).
2. A significant proportion of layperson staff.

3. The preservation of personal power, social networks, and communal responsibilities.
4. A “phenomenological” relational style which aims to give meaning to a person’s subjective experience of psychosis by developing an understanding of it by “being with” and “doing with” the clients.
5. No or low-dose antipsychotic medication, with all psychotropic medications being taken by choice and without coercion.”

The current article uses phenomenology and an analysis of the social environment of the Soteria house to uncover the healing mechanisms of the treatment model. Many of the authors’ insights are derived from experience with the Soteria House Reichenau in Germany, as well as previously published accounts of the Soteria model. The authors describe a phenomenological understanding of schizophrenia, followed by an analysis of how the Soteria environment provides an opportunity for individuals to recompose a disordered sense of self safely.

Dr. Nischk and Dr. Rusch begin by explaining that some professionals view schizophrenia as a “disorder of the minimal or core self.” In other words, the underlying sense of being an “I” who is capable of thinking, feeling, and acting on one’s own is disturbed. This leads to a chaotic organization of reality, from fluctuating self-awareness to difficulty navigating a shared social world

with others. Anomalous psychotic experiences, such as delusion and paranoia, are described as an attempt to make sense of this fundamentally disordered self-and-world awareness.

“From these basic disturbances, a host of consequential and compensatory experiential alterations may develop, including an abnormal sense of consciousness and presence, altered bodily experiences, and a fragile self-other distinction.”

They also link this disturbed core self to social life, stating that the confusion of psychosis coincides with an inability to judge the boundaries between self and other. The core self is not merely “inside” but is related to difficulties establishing an “I-Thee” relationship that would allow an understanding of oneself as an “I” in the first place.

“The therapeutic challenge may thus consist in providing a social milieu that considers the fragile interpersonal boundaries while offering opportunities for engagement.”

One of the effects of this core self-disturbance is difficulty navigating complex environments. The authors explain that conventional psychiatric wards often have strange and alienating lists of rules and social demands, which can confuse people experiencing psychosis. The Soteria house, on the other hand, establishes a

“normal” environment. This can be as simple as a coffee machine, a table with chairs, and a deck of cards, all situated within a small and “cozy” setting with carpet to dampen excess noise.

Social roles are also well-defined, such as “guest” and “host” rather than the complex hierarchy of a psychiatric hospital. The authors argue that this “normal” kind of environment is less confusing and can allow a more relaxed and familiar world for individuals to navigate, ultimately reducing emotional tension.

One of the pillars of the Soteria model is what the authors call “being-with.” This is described as similar to the original caretaker-infant relationship, out of which the core self is established developmentally. Because psychosis is marked by difficulties with the self-other relationship, it is believed that sharing space with individuals experiencing psychosis can help them begin to develop a sturdier core self. This is achieved through a caring, attentive form of relating, corresponding to what the authors call “synchrony” or “intercorporality,” explained as the natural rhythm of “gazes, gestures, and affective responses.”

Individuals with a disturbed core self can begin to safely probe and test against the boundaries of the people spending time with them, leading to a stronger ability to self-reflect and see oneself as an individual. This may

look like the natural engagement of sitting and talking, taking walks together, or performing mutual tasks.

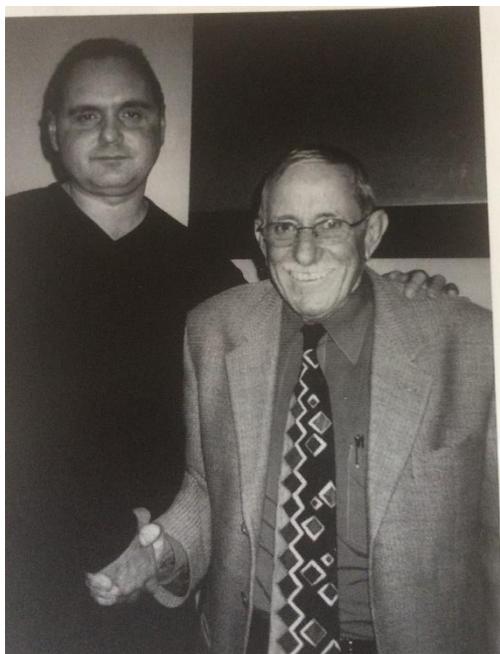
“This may prepare the ground for other acts of selfhood, such as exchanging first- and second-person accounts, distinguishing fantasies from perceptions, verbalizing diffuse self-disturbances, or contextualizing experiences with respect to time and place, again approximating the corresponding process during infancy and childhood. Eventually, a third-person perspective may re-emerge, from which the individual can reflect on his or her assumptions and experiences.”

A second pillar is called “doing-with.” This is described as an extension of “being-with” in the context of the Soteria social environment. Cooking, cleaning, and other mutual tasks provide an opportunity for further social engagement and consolidation of a stronger core self, in addition to building essential life skills which are often impaired in individuals who have a schizophrenia diagnosis.

The effects of “doing-with” cover everything from strengthening these necessary social and life skills to building a more coherent “motor schema,” as individuals experiencing psychosis often struggle with a sense of fragmented body and mind. Bodily repetition and problem-solving, grounded in a safe social environment, can provide a healing space for this fragmentation. These tasks can help to re-train

concentration and memory skills, rebuilding the social, cognitive, emotional, and bodily foundation of the core self.

“Therefore, doing-with as a holistic way of mutually assigned communal responsibilities offers multiple pathways of promoting the restitution of a vast array of aspects of selfhood underlying many higher skills, both motor and social,” the authors write. “Within a broader context, this daily collective practice might support people with the schizophrenia syndrome in re-establishing commonsensical ways of interacting and thereby in re-inhabiting their social world



Peter Bullimore the Co-founder
of the National Paranoia Network
With Loren Mosher in Bradford in
2003

Psychosis as a developmental disorder:

Dr Bob Johnson

Everyone is born with a healthy mind. For some, a 'catastrophe' happens, and a brick is thrown into the works, which then stops the sufferer thinking straight. Being prevented from 'thinking straight', allows this 'catastrophe' to persist – but only in the sufferer's mind in the real world, it's long gone, it's over. Therefore, the remedy is to gain the person's trust, so as to bring their thinking up to date. Whatever this 'catastrophe' might have been – it could have been anything from a misplaced frown, through abuse, to parental death the key fact is that it's now over. This is simple to say, if it weren't, I couldn't understand it but hard to do trust can take decades to build. Once trust is broken, it can be exceedingly hard to restore, and that is the crux of the matter. It pays the infant to not-think-straight – something which only trustworthy support can even begin to repair. Drugs prolong it, encouraging zombified withdrawal, ever further from reality.

Adult emotional requirements differ radically from a child's. Parenting keeps infants alive and adults insane. Let's take two examples. A dad is away from home on business for a week or so. On greeting him on his return at the airport, his 2-year-old daughter runs across to greet him, "Daddy, daddy" she says. But then she stops abruptly, halfway. A 'catastrophe' has intervened and

so prevents her delivering her warm emotional welcome. The dad brushes this off, the child buries it. It doesn't matter what the 'catastrophe' was, what matters is that it has thrown a brick into her emotional life – a brick that then becomes too painful to contemplate, to think about, and so to see it's out of date. Which is tragic, because while parental love and support are vital in infancy, and were probably never absent in this case, some sort of miscommunication has gummed up the works. Something and I'm no longer interested in what, stops the child running towards what she desperately wants, and in infancy cannot survive without. Thinking straight would have allowed her to continue running gleefully towards dad, who was absent before, but now returned. This is the reality, the not-thinking-straight distorts that reality, a distortion which the individual sufferer is quite unable to correct, precisely because, you've guessed it, and it's the one topic they cannot think straight about. This is such a grievous 'injury' to our mental world that all sorts of misapplications can follow, including, in worst cases, the incredibly painful symptoms of psychosis.

So, what should a parent in such a case now do? Or indeed any health professional asked to help? There are unfathomable mysteries here which can keep investigators busy forever – I prefer to focus on what makes most sense, and what works most often. Here my advice to dad is to provide open understanding of this 'catastrophe' model. To insist, and indeed never

doubt, that there is a healthy mind hidden behind the exotic symptomatology, and to provide infinite patience to wait until it reveals itself, mouthing meanwhile the above 'simple' account – frozen terrors prevent thinking-straight. Suicidality can occur because the outside world keeps contradicting the not-thought-through mental world. And suicidality does require coercive intervention, or can do – other than that, consent and persuasion are indispensable if mental health is to grow.

The second case is a 40-year-old who cannot 'say' that her mum is dead. Well, she can sometimes, and not at others. Here the not-thinking-straight comes and goes. The therapeutic objective is to ensure that it is discarded altogether. How do you do this? Well, consent is the absolute pre-requisite for any and all treatments, and here is especially vital – you are not changing their mental world, you are outside it, looking in, trying to persuade them to.

What's wrong with persisting in the belief that mum is alive? Many adults happily keep pictures; figments of their beloved parent in their heads all their lives and are none the worse for it. It may even help many survive troubling times. However, that's not what happens in this case – when pressured at the supermarket she looks for her mum in the distance – a standard 2-year-old survival mechanism, now doubly obsolete. When stressed, she keeps a space in her mind where her mum

is alive, and she can go for comfort. These are not mere daydreams; these are psychotic beliefs – clung to with the same tenacity a 2-year-old would cling to a parent – not for fun, but so as not to die.

Vital then, desperately vital, but out-of-date today, and decidedly counter-productive. Nor are such ‘fixed’ beliefs open to standard logical argument – they arise because their owner is not-thinking-straight – they can only be removed when that thinking becomes more in tune with today’s challenging reality. Human minds are there to help us cope, to survive – hamper them with a brick or two, and they become decidedly lame. The point being made here is they were not born that way and deserve to be given enough support and trust to heal.

Of course, it doesn’t work if you don’t expect it to, or if you expect people in deep pain to explain why, to talk them out of it, when they don’t know themselves. But it makes sense, and it gives an entirely understandable rationale to underlie the success of the Soteria Project, Open Dialogue, Geel, and The Retreat until 1850 – and when it works it’s awesome.

How Childhood Emotional Neglect Can Make You an Avoidant Adult

Childhood Emotional Neglect (CEN)

When your parents fail to respond enough to your emotions and emotional needs.

What happens to a child whose parents too seldom say, “What’s wrong?” and then listen with care to their answer. How does it affect a child to have parents who are blind to what they are feeling? Parents who, through probably no fault of their own, fail to offer emotional support, or fail to truly see the child for who they are? Childhood Emotional Neglect teaches you, the child, to avoid feeling, expressing, and needing. You are learning to avoid the very thing that makes you the most real and the most human: your emotions.

When you grow up this way, you grow up feeling invisible, and believing that your emotions and emotional needs are irrelevant. You grow up feeling that your emotional needs should not exist and are a sign of weakness. You grow up to feel ashamed that you have feelings and needs at all.

CEN is a breeding ground for shame, low self-worth, and yes, avoidance.

Five Important Points About Avoidance

1. Avoidance is actually nothing more than a coping mechanism. If you avoid something that scares you, you do not have to deal with it. That feels like success.
2. You developed this coping mechanism for a reason in your childhood. You needed it, and it probably, in some way, served you well in your childhood home. It may have been the only coping mechanism you could learn if no one was helping you learn other, more effective ways of coping.
3. When you use avoidance enough as a way to cope, it eventually becomes your “signature move.” It becomes a solution that you go to over and over again. It becomes your style.
4. Avoidance feeds fear. The more you avoid what you fear, the more you fear it. Then the more you avoid it. And so on and so on and so on, around, and around it goes in an endless circle, growing ever larger.
5. All of the symptoms of avoidance you saw at the beginning of this article have one common denominator that drives them. It’s a feeling and also a belief. It is this: a deep, powerful feeling that you are not as valid as everyone else. Somehow, on some level, you just don’t matter as much. This is one of the prime consequences of Childhood Emotional Neglect.

It is very difficult to take on challenges in life when you don't believe in yourself. It's hard to be vulnerable in relationships when you don't feel on equal footing with the other person. It's hard to put yourself out there when you feel so secretly flawed. This is why you must not let avoidance run your life. You must turn around and face it. Not later. Not tomorrow. But now.

You Can Become Less Avoidant

1. Answer this question for yourself: What did you need to avoid in your childhood home?
2. Accept that your avoidance is a coping mechanism that can be replaced by far better, healthier coping skills.
3. Start observing yourself. Make it your mission to notice every time you avoid something. Start a list and record every incident. Awareness is a vital first step.
4. Look through the list and notice the themes. Is there a trend toward avoiding social situations? Risks? Goals? Feelings? Needs?
5. Start, little by little, one-step-at-a-time, facing things. How pervasive is your avoidance? If it is everywhere of everything, I urge you to seek a therapist's help. If you have success on your own, be persistent. Don't give up, no matter how hard it gets.

Self Help for Paranoia

Conventional treatments with antipsychotic drugs and talking therapies often only provide part of the answer and for many people with who struggle with paranoia it is still a very painful part of their life despite the medication. It is at this point that self-help techniques can play an invaluable role in promoting a fuller recovery and help the person with back to a mainstream lifestyle.

Try to Sleep Well

Sleep problems (called insomnia) are not only a problem for people who experience paranoia in fact about one in four of the general population experiences problems with sleeping well. However, with paranoia the problem is more significant since long periods without sleep or with insufficient sleep will lead to an increase in paranoid thinking. This is no great surprise since sleep deprivation is known to cause paranoia even in people who do not have any mental ill health. Many people with paranoia comment that periods of sleeplessness often cause their thought to become more difficult to control.

Tips to help with sleep

Avoid alcohol, caffeine, and nicotine for six hours before bedtime. Street drugs and some prescription drugs may also interfere with sleep, so ask your pharmacist for advice. Large meals and strenuous exercise in the evening may also keep you awake. Make sure your bedroom is a calm, quiet place to sleep, that your bed and bedding are comfortable, that the temperature and light levels suit you, that you have enough fresh air, and that your curtains are thick enough to keep out early morning light. Only use your bedroom for sleep and don't go to bed unless you are tired. Exercise during the day can help with sleep. Try to keep to a regular routine, relaxing and winding down, going to bed, and getting up at the same time each day. Some people find relaxation techniques useful, for example deep breathing or progressive muscle relaxation. Don't try and force yourself to sleep; that will only make you more anxious. Importantly, no matter how tired you are, don't sleep during the day. Have a regular routine, for example having a bubble bath and a soothing non-caffeinated drink before bed every day. Some people use calming, comforting fragrances such as lavender, for example, spraying them on their pillow.

Social activities like walking can help to enlarge your circle of friends.

Try to broaden your circle of friends and acquaintances as soon as your paranoia improves sufficiently for you to do so. Many people find that joining social groups such as a gym or a local walking group, adult education classes or doing voluntary work for a local good cause is an ideal way of doing this.

Reality Testing

Every time the person with paranoia has a strange thought or idea, they will often question it with the carer or relative to ascertain whether it is accurate.

The carer or relative should take the time to respond to the concern in a matter of fact way and provide reassurance that the idea or thought is not true.

The technique can only work really well if persons courage and honesty is met by a correspondingly responsible attitude in the carer". either colluding with their thinking or ridiculing it.

This may of course be difficult at times and will require great patience and understanding but has clear advantages over the other options of either colluding with their thinking or ridiculing it.

When you develop more understanding of your paranoid thinking you may notice that the way your paranoid thoughts attack you is very intricately linked to your own self view. For example, your paranoid thinking may attack your sexuality because you feel guilty over some homosexual experiences you had during adolescence. Or the paranoid thinking may focus on your family members because of some previous conflicts you have had with them. This type of thinking can often be just as difficult to deal with as it often has a link to actual experiences and is therefore based in reality

Learn to Manage Anger

Anger is an important issue for people suffering from paranoia. After all, if you genuinely believe that someone is spying on you or deliberately harassing you it is a quite normal reaction to feel angry towards them? It is for this reason that some people suffering from paranoia do become violent when their fear is at its height. However, although anger may be impossible to control when there is no understanding of their experiences, later when some understanding begins to develop the person with paranoia may be able to understand and control their anger in such a way as to be able to avoid conflicts with others

It is important not to make excessive demands on the people around you or to put yourself in competitive

situations in which you cannot succeed. Likewise, avoiding stressful situations is also important. Learning to recognise triggers to your anger and to have in place mechanisms for controlling it are useful skills to have.

Common Strategies for dealing with anger towards others

- Impulse control (Think before acting)
- Meditation
- Learn breathing techniques
- Use relaxation strategies
- Personal reflection (Was the person making an observation or a criticism?)
- Think before you speak
- Take time out
- Do not hold a grudge
- Know when to seek help
- Use humour to release tension
- Once your calm express your anger productively
- Get some exercise
- Draw your anger so others can see what your angry about if cannot express it calmly
- Mentally escape find a quiet place close your eyes and visualise yourself in a calm relaxing space

Body Flashbacks: Helping with this unusual phenomenon

Many people experience tactile experiences, that is, a feeling that someone or something is actually touching you. In some cases, this touching can seem to be of a sexual nature and can be extremely distressing. We have received several letters on this subject; one of our members discusses this in an open letter.

It is perhaps, understandable that for each individual or set of circumstances there is no right or wrong way of coping with what is happening to a person. However, I can say I had similar experiences with the sensation that were spirits entering me in a sexual way, I can perhaps discuss what helped get rid of them.

Bear in mind that voices, thoughts, and feelings are individual to each person. They are your thoughts and feelings and individual to you. It is of equal importance to recognise that if you believe this then it is in your power to switch them off.

I will at this point stress that medication helped me enormously. However, it can only do so much. I did have to work extremely hard at believing I was responsible for the thoughts or feelings in the first place. Looking back, I can see how I invited these sensations of “tactile spirits” into my being. I accept that to begin with I enjoyed what was happening to me and how I felt afterwards; sexually, emotionally, and physically, it felt good and I felt okay with it. However, I also felt bad and guilty. Sex is a taboo area. I found it too sensitive an area to talk about with others. There were times I felt out of control by what was happening. It had begun as a useful way of exploring my sexual being. Sometimes harmless and sometimes fun; it then became unnatural and uncomfortable. I wanted it to stop. It had become intrusive. I began having sexual feelings when I didn’t want them. I felt hot and cold areas on my body, and I felt “things being done to me”. The more I panicked about this the more tactile they became. By now I could hear what they were saying and the names they were calling me. The voices told me I was a “pervert” etc. If I told a doctor all my sexual thoughts, it would be in my notes for all to see. What would my friends and family think of me? The more I tried to get a hold over this the worse I

thought of myself. Talking to friends who understood about my voice hearing experiences assured me I was quite “normal”. But there were issues around sex and my own sexuality I needed help with. I took the plunge and went to a psychologist in relation to these and other difficulties.

My belief system is such that if the voices are tormenting me about certain issues. These could very well be unresolved issues coming forwards in times when I am most vulnerable. I have a choice. I can deny the experience is a part of me and suppress it. Or I can open it up in a safe environment by myself or with a person who has relevant training, or a close friend I can trust, or both.

I kept a private diary/journal to keep note of issues that came up over and over again, I showed this nobody. Issues that I could not control or could make little sense of I talked about it with people I trusted including the psychologist. If I felt sexual feelings I did not want (usually these happened when I was in bed) I physically changed the position I was in. I put the TV, radio or Walkman on. I kept the journal going at night. I didn't listen to the thought; I also took my medication. I felt that the

medication prescribed was going to help me. It had done in the past and there was no reason why it shouldn't in the future. If you can think positively about all types of coping strategies (even medicated ones) the chances are it will help. When you decide to take responsibility for your own recovery medication can assist in the process. The mind does play some horrible tricks. For me, it seemed worse after an occasion when I stopped taking the tablets. My beliefs system was such that these so called "spirit voices" told me really good and interesting things to start off with. They led me to believe I was spiritual and that were from spiritual realms. A lot of the stuff was in fact informative and extremely helpful and boosted my level of self-esteem. However, "bad voices" can deceive in a way that make you think they are "good voices", it's a way of bringing you in to make you listen, be more attentive. As I have found out this can in fact change to something less desirable. I had to stop giving this process credit and recognise it as my own subconscious. That's was hard because I wanted to believe the good stuff was from a higher realm and not a way of boosting my ego.

A good friend and spiritual advisor helped me sort out a lot of issues I have mentioned. She felt that it, what I perceived as “the good guys” were “helpful influences” assisting me in a spiritual way they would not be evasive or intrusive. If they are harmful or hurtful, they are not “helpful influences”. Also, if you asked the “good guys” to leave they would go. However, they would not feel hurt or rejected by you. They would know or understand. Other suggestion that may also help is essential oils (not altogether) flicked on the bedclothes or around the room. For example, as a calmative and aid to sleep try 3 drops of yellow mandarin and one drop of benzoine in an oil burner. Do not use oils meant to be used in burners in the bath. It must be pure essential oil for the bath.

Some tips that may help include:

Keep your sleeping area relaxed and calm. Open the window during the daytime; close it at night to stop you getting cold and if it feels like a relaxed atmosphere you have a better chance of dozing off. If getting off to sleep is a problem, try and keep busy during the day so you feel physically more tired at night. Do not doze during the day. Also buy some relaxation tapes and play them at night or have the radio on quite low. Do not drink stimulants such as tea or coffee after 6pm/ Drink alternatives such as de-caffe or a warm glass of milk. Friends that you can perhaps talk to during that day may also help or ring up a support network. If I found myself worrying about my thoughts, I tried to distract myself by thinking really nice thoughts about others or myself. My friend once told me if you think positively you bring positivity to yourself. Vice versa if you think negatively about yourself. There are other things such as doing a job for somebody else, so you feel nicer inside. It could be going to post a letter for a neighbour who cannot get out, or cleaning for others. Do not wear yourself out to the bone though. There are loads of things like writing a letter or going for a walk in the park you could try.

Dealing with voices

One sufferer's tips on how to cope with hearing voices

I just want to share with you a bit about my voice hearing experiences. This is my experience, but it might be different for you – as all voice hearers are individuals and we all cope with things in different ways.

It took me a long time to work out who my voices were. I thought I recognised them but was not sure exactly. Because I was given a label of schizophrenia for a while, I thought that meant that the voices were just anybody but then the more I worked through my issues I realised that those voices were known to me.

The voices that haunt me are the voices of people who have hurt me in the past adults who I can no longer trust, and I feel would still try to hurt me.

I find that staying at home and cutting myself off is the worst thing I can do because the voices have a captive audience. If I switch the TV on to distract myself, I find that it emphasises all the things that do not help like stories about rape and abuse of small children. It's like the TV makes me hear and see stuff I do not want in my head I cannot get away.

So, I need to be active, to distract myself by doing things like cleaning the house or getting out and about.

When I first go out after a period when I have been stuck at home, I find that the voices get worse for a bit before they get better. They tell me to go home so that they control me or tell me how to take an overdose of self-harm. However, I know that if I keep going out the voices will get less.

Its horrendous though because there is more of them, they shout louder than me and they trigger me back into issues of my childhood. They can cause me to dissociate so that I feel like I go back to certain times when I was a child when my abuse was at its worst. So, I start to think, and I act as if I were 5 again. This makes it difficult for me to cross roads, I feel frightened of the adults around me, they don't feel trustworthy and I don't know how to get home or to get to someone where I know I can be safe.

This is a very scary experience that can sometimes just last for a short while or up to 4-5 hours or more.

In that time, it is important for me to contact people that I trust because hearing the voices of real people

that I trust, that will not lie to me and believe in me, really helps. The more input I get from other people the less airtime the voices get. It is scary to do this and to keep going out but the more I do it the more chances I have got of getting rid of the bad voices.

Trusted people can tell me if what the voices are saying is true and they remind me that I am an adult now and that these voices can no longer hurt me – they are only voices from the past.

I am too scared to speak back to the voices I hear because when I have tried it, they seem to speak back with greater ferocity. I need other people to speak back to the voices on my behalf because the voices cannot punish them.

The voices can be very threatening when I do reach out for support, but I have to ride the storm.

So, these are the things that I have worked out that help me with my voices:

- Meeting with people that understand me and with whom I can be real helps, so I can talk if I want to or not if I choose.
- Also, it is good for me to have friends who do not talk about survivor issues/voices at all – who I can just be silly with and have ‘time-out’
- I have put all my ‘safe-people’ on speed dial on my mobile phone so I can contact them easily.
- I have got little cards in my wallet with statements that my trusted people have said which contradicts the voices. They remind me of positive things about myself. They are there for those times when I cannot get hold of anybody on the phone.
- I try to ground myself. Sometimes it helps if I am needed, I have to be responsible for someone else e.g. a dog, a child, a friend in need – because it helps me to stay adult. When I am adult, I can tackle the voices better and make sense of what they are saying. When I am not grounded the voices just get worse and if I go into child mode, I think the voices are coming from the real person they are still around this gives the voices greater power.

We all need to remember that although our experiences can vary, we can all empathise with each other because we can all relate to the experiences of hearing voices.

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

STILL RECRUITING

Do you experience psychosis?

Have you tried to get help for your mental health?

Would you be willing to take part in an online study?

If so, I would love to hear from you about the potential barriers to your recovery.

You can follow this link to complete the study:

[http://staffordshire.qualtrics.com/jfe/form/SV_2926Z52
DU6i8JM1](http://staffordshire.qualtrics.com/jfe/form/SV_2926Z52DU6i8JM1)

or you can contact me via email
l024471i@student.staffs.ac.uk to ask any questions or
chat about it. Philippa Lawton

It will only take approximately 30-40 minutes to
complete but you will need a laptop or tablet to do it
on.

If you would like to
contribute to our
newsletter with a story,
article or poetry please
forward them to

enquiries@nationalparanoianetwork.org