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More on Words like Paranoia

By Alec Jenner

Paranoia is almost the oldest unchanged word still used in psychiatry; however, its meaning and use has altered quite regularly. It originally meant mentally disturbed in general, or out of mind. That was so in ancient Greek at least five centuries before the birth of Christ. In modern day English the reference is, as in most European and several other languages to a belief that one is being persecuted. In modern everyday Greek however, it now means detached. The incredibly famous 20th-century philosopher Wittgenstein ultimately concluded that the meaning of a word is its use. To some extent he is asking us to consider the social, indeed political, significance of our need for a word and language itself. As we are always uncertain about what another person is really thinking and intending, we must take much on faith usually based on our past experiences. It is obviously natural to entertain suspicions, as we all do. Hence, we need a word to indicate that. In many situations we are paranoid. Often it hardly matters as we do not do much about it. We know we cannot be sure. However, we can make fools of ourselves if we are not careful. Nevertheless, a profound state of paranoia can certainly, if very rarely lead to homicide. Psychiatry has been given by society several rolls, not least to separate badness from illness. As the famous Portuguese poet Pessoa put it perhaps too starkly. "The psychiatrists are no more able to do so than other people. However, the

Job needs to be done and the psychiatrist has been appointed to do it what better support can one have? " Psychiatrists usually begin by attempting to distinguish between very humanly understandable even if mistaken sensitivity and something which seems overtly mad. If an immigrant feels there are neighbours who are against him, it seems possible that they are, and one can understand his situation and his assertion, if in fact it is true or false. However, if an ordinary person from Sheffield says that "the Freemasons in Brazil are doing something to him because he is the rightful heir to the Royal throne in Venezuela!" It sounds mad, and it is difficult to understand in terms of his background and life. That tends to lead the psychiatrist to assert that the person is mentally ill, indeed psychotic. The psychiatrist will then tend to go still further to decide that there is a physical or chemical disorder in the brain. Anti-psychiatrists see that jump as often one made by people lacking in imagination. The more fundamentalist medical view asserts that the activity of the brain is anyway fundamental to all of our mental activities. Of course, in many ways that is true, but it does not go very far in explaining why for example some of us speak English or have specific fears etc. often understandably explicable in terms of the history of our lives. In support though of the strongly medical case, the psychiatrist can point out that drugs like amphetamines are well-known to lead to paranoia. Many drug addicts know this very well. It also has to be recognised that major tranquillisers are often highly effective in the treatment

of paranoid ideas. Yet everybody agrees that we think more clearly when we are relaxed. Our ideas are stranger when we are aroused, angry, frightened, or jealous. Clearly, we can be stimulated by the content and meaning to us of our thoughts and interpretations of other people's behaviour, as well as chemically by drugs etc. Whatever is causing paranoia we do need to remember it can as is mentioned above lead to serious assaults on others. In that case the law has to decide between guilt and illness. That is so if we want to preserve any concept of justice. Clearly in that case one can only be guilty if one could have acted otherwise. To the degree we are controlled by the chemistry and physics of our brains it is impossible to do otherwise than we did, and it is equally so under the influence of powerful emotions. Perhaps some arguments are simply due to using two types of language to describe the same thing. It is interesting to recall the origin of the word ill. It actually comes from Old Norse word meaning wicked. The law now uses the word with the opposite meaning. It also has to pretend that we can tell how free an individual is to act as he does. In the case of paranoid persons, it is also so that we need to consider how he will act in the future. In as far as it is possible, we must try to understand him. As far as drug treatment is concerned, we should try to ask him to agree to try them for an agreed period. A negotiated contract is ideal, but that not always so easy to achieve. Sometimes heavy-handed treatment is very unfortunately unavoidable. I think that when it is used the situation

should subsequently be reviewed. Of course, a paranoid person should be listened to with as much time and with as much empathy as is possible. To jump to the conclusion that he is for example schizophrenic because he must have a cerebral defect is seldom justified. At an early stage of 20th-century psychiatry a condition called pure paranoia was described by Kraepelin, which was when a person had one particular very strange delusion of persecution or grandeur while everything else about him was quite normal. Kraepelin did try to separate this from what was to be called paranoid schizophrenia in which the delusions of persecution and grandeur were associated with other symptoms of what was to be called schizophrenia, for example hallucinations, insertion of thoughts, thoughts becoming allowed etc. This of course raised all the issues of genetics etc. The truth is that we need to be humble and humane in our approach to the problems presented to us by the human reflex of paranoia. Much is quite understandable. However, we need to be cautious the imaginative mind of a paranoid person and of many psychotherapists and anti-psychiatrists can be as dogmatic as the most fundamentalist medically oriented psychiatrist. It is interesting perhaps to know that the word psychiatry (*Psychiatrie*) and the modern medical use of the word paranoia originate at a fairly similar time in European history. Both words were in particular used and coined and used in the early phase of the increasingly importance of the German language and research into psychiatry. This was also a period in

history of considerable scientific advance in medicine and other fields of enquiry challenging alternative humanistic approaches, perhaps to the cost to some degree of human empathic understanding. The introduction of the word psychiatry was clearly an attempt to make psychiatry a respectable branch of German medicine. That was arguably helpful or not. It is certainly encouraged the development and use of drugs to treat mental difficulties, making treatment so much easier for the doctor. The word alienist was used in France for what we now call psychiatrist. This deflected attention away from sociological factors. However, it is necessary to mention the fact that the word sociology was initially a French word produced in the same period. While discussion of the issues I have considered somewhat randomly above are presented of some randomly selected aspects of history and the modern use of the word paranoia it is more interesting that you have a group of persons agreeing about their paranoia. It is important to note that when the problem is greatly discussed it is almost impossible to agree, so that is the experience of most psychiatrists. The degree to which you can show that is not necessary it would be remarkable and an important contribution to everyone's understanding of the word as it is used today. It begins to demonstrate greater possibility and value of trying to do so. I obviously support the efforts involved by the National Paranoia Network in establishing support groups for people who struggle with their paranoia to help them gain support and a better understanding of their experiences

Healing Fear and Stress

We all have some idea of what happens to us when we're fearful or scared; dry mouth, shallow and/or rapid breathing, tightness around the neck, chest and abdomen, nausea, loss of appetite, tearfulness, clammy skin, trembling, angry outbursts, even loose bowels. Physical aches and pains, including headaches can also be triggered by fear. They are many possible combinations, and they vary from person to person and from situation to situation. The other significant effect is that we can't think straight! We become irrational, our attention is distorted, our minds wander or switch off, we can't focus or concentrate, we may even panic. Being scared itself scares us; it feeds on itself and spins out of control. We may get isolated and find it hard to notice if we have people with us. Some of these things may happen spontaneously even when nothing scary seems to have happened. They may occur when we are trying to sleep, or we may wake up with them. They may pop up when we're

relaxed, pleased and even happy. Naturally all this can be very confusing, especially when we are the ones being affected. But it can also be equally confusing when we are witnessing these things happening to someone else. As well as confusing it can be very scary, Fear can be very infectious. It spreads.

But it doesn't need to be this difficult, a few simple understandings can make fear and all its confusing effects much easier to deal with.

Signs of healing

Because we are self-healing organisms it is important to distinguish between the symptoms of fear and the healing of fear. Tension, dry mouth, nausea, pain etc are symptoms, they are indications that we have just experienced a fright or that some old fears have been re-triggered or have re-surfaced in some way or other.

But shaking, sweating, and crying are not just symptoms. In the right conditions they can all be part of a healing process. They are mechanisms for the release of fear, for

draining away tension. Shaking or trembling and sweating from either a warm or a cold skin will often relieve the nausea, relax tense muscles, and heal the fear in the mind. Laughter can also help release lighter fears. Our minds want to be free of the effects of fear as soon as possible. But even many years after a fearful incident our minds will use any opportunity that arises to find a release for the fear. When we feel safe and relaxed is often when the old feelings come up. Lying in bed before sleep we may worry about current difficulties but sub consciously there may be old fears attached to the current worries. It seems we do this in order to get some of the old fear to release. During sleep our minds tend to organise our old fears into dreams, some of which may be nightmares. Again, we are trying to work through old fears in an effort to get some release. Often, we wake from nightmares sweating and sometimes shaking and occasionally crying too. Usually, we just want it to stop when we wake up, so we do all sorts of things to stop the shaking and sweating and to distract us from the feelings.

Welcoming feelings

Because crying, shaking, and sweating are ways we release and drain away fear it makes sense for us to welcome them and see them as “healing opportunities”, to encourage them, to keep them going. Just as crying relieves grief and enables us to feel less sad when we are finished, shaking and sweating relieves fear. We are more relaxed afterwards. And most importantly we can think more clearly. Also, the more we release the less we will need to do it later through nightmares, flashbacks and unexpected shakes and sweats at awkward moments.

Getting Help

But it is hard to welcome and encourage the release of fear on our own. It works much better if we have the support of someone, we are close to or feel safe with. When they are able to stay relaxed and pleased with us while we work through the feelings and release the fear, we will be able to keep going for longer and release more of the fear.

Our lives go better when we aren't carrying old fears around with us. We think better, we feel better, we are more in the 'present'. And we can respond better to whatever is happening around us in appropriate and productive ways. We have better relationships and can trust and get closer to other people. So, it completely makes sense to welcome the release of old fear in the sure knowledge that our lives will go better if we do!



Normalising Hearing Voices

Traditional psychiatric notions of the phenomenon of hearing voices need to be questioned as does the belief that psychiatric drugs are the first resort to cope with voices which are experienced as distressing. There is a meaning in the voices people hear and what they say which is often understandable in the context of someone's life. I think it is important to focus on the social contexts that can give rise to voices (e.g., abuse, powerlessness, racism etc.)

Many current approaches to helping people who hear voices focus on an individual level are based on the idea that people are wrong in their beliefs about their voices. What we need instead is a greater appreciation of the variety of experiences of those who hear voices research of the 'normal population' suggests that many more people hear voices than psychiatric textbooks might have us believe. Some people are not distressed by their voices and may not go anywhere near mental health services or they may even regard them as gifts (e.g., spiritual mediums) Others may hear Voices in the context of an upsetting event in their life (e.g., bereaved people hearing the voice of a deceased loved one.) Some may hear a mix of positive and negative voices, whilst others may hear extremely distressing voices.

Instead of a pathologizing approach we need to help people find a better fit between these experiences and the lives they wish to lead. People need a forum where they can consider the best way of understanding their voices that fits for them and learn ways of coping from others with first-hand experience of voices. There's also a need to reduce the distress which often comes from a sense of isolation when hearing voices and the self-help groups like those facilitated by people with lived experience of hearing voices are excellent at meeting this need.



Controlled by the Voice

By Roy Vincent

I sought not these voices that enter my head,
Nor this physical 'other' that escorts me to bed.
'Innocence', it seems, then, was my middle name
When first I tried dowsing - but 'twas not a game.
Curiosity drove me. But most curious I found,
Were voices that spoke without making a sound.
With my mind wide open – no barriers in place,
I sat one bright day, gazing, lost in my space.
Unprepared, as a 'presence' that I couldn't see,
Moved out of my 'space' and right into me.
At first it was friendly; at first it was kind,
But soon it had plans to take over my mind.
Was it one? Were there twenty? Still, I don't know
How such vile intrusions could grow and yet grow?
While my head became such a huge circus tent
With tricksters and jugglers all fully Hell bent
On creating Hell; such a Hell without cease
Inside a clear mind that had known only peace.
If I listened and followed their every intent,
Why soon I be lost up my own fundament.
Do it this way, no that way, not 'other, they'd say.
If I let them, I'd stand in a dither all day,
Bereft of all power to make my own choice
Becoming a puppet - controlled by The Voice.

Helpful Hints - For Carers & Family Information to help reduce the distress that can be associated with hearing voices

Being the carer or family member of someone who hears voices can feel confusing, frightening, and isolated. Many carers/families tell us that they receive little information about how to be helpful and feel greatly frustrated by this. This fact sheet aims to provide some practical help in these areas. Using the philosophy of the hearing voices approach, we recommend two important and fundamental ideas of thinking about voices.

1. Accept that the voices are real

Why? Most importantly, because for the voice hearer; they are. Brain imaging studies show that the brain's primary auditory cortex responds in the same way to voices as it does to noises, we all can hear. In other words, it's a real reception. Denying their reality or advising the voices hearer to ignore them promotes denial – whereas acceptance of their reality gives permission to start actively dealing with them. Denying the reality of voices is almost like a colour-blind person insisting that red and green are exactly the same colour. It is more helpful and realistic to accept that perceived reality can differ for different people.

2. Focus on helping the person to try to reduce distress, rather than get rid of the voices.

The distress is the real issue, not the voices. In fact, many people who hear voices lead fully functioning and successful lives. Many people hear and focus on their positive voices, while others have developed strategies to change the power balance with the voices, or set strong boundaries with them, or found new ways to interpret and make sense of what the voices say – often to the point that the voices become helpful guides or indicators of life issues. In mental health, we used to think that thinking about suicide with clients would increase the risk of someone acting on their suicidal thoughts. We now know that the best thing we can do is ask about suicide and encourage the person to talk, offering them support.

It is not that different with voices. Many people still mistakenly think that talking about voices will increase the chance of someone becoming lost in their psychosis. The reverse is true. This is a deeply significant and often highly distressing experience which people need to share and explore. Not to do so, is simply to leave the person alone and in private torment. It may be more comfortable for non-voice hearers to avoid opening up these conversations – but it is not in the interest of real recovery.

Self- Care

Perhaps though, the most important message we have for carers is that of self-care. No person can do the recovery work for another, no matter how much we love them. Carers/family – just like mental health workers – need to be sure to have adequate supports for themselves and people with which they can debrief, an ability to let o and a healthy, balanced life.

Practical & Helpful Ideas for Carers & Family Members

- Don't be afraid to talk about voices.
- It can help to think of the voices as just other people in your loved ones life.
- Support the person to make sense of the voices in their own way. It does not matter what explanation someone has for their voices – it just matters that each person has a way to make sense.
- Encourage the person to set limits with their voices – as they would in any other relationship; for example, only listening at set times. This takes time and practice, and it doesn't work for everyone.

- Encourage the person to challenge the truth of what the voices say – sometimes they lie.
- Encourage the person to join a group and share their experience with others (this will reduce feelings of stigma). Hearing Voices groups are popping up all over. Contact Hearing Voices Network or the Paranoia Network for more information.
- Ask about the voices – how many do they hear? What gender are they? How old? Are they all frightening or are some of them helpful? Profiling the voices helps to build understanding and control.
- Encourage the person to enlist the support of voices, particularly if they hear positive voices.
- Remember it can be extremely helpful for the person to talk with their voices – as long as it doesn't take over everything else. Some people hold up a mobile phone when talking to their voices – this is a great way to normalise the experience.
- Remind the person that often-what voices say is symbolic rather than literal. This can take some of the fear out of the situation and help to make sense of confusing messages.
- Often voices can be associated with something traumatic in a person's life; also remember that trauma can mean quite

different things to different people. Often the content of the characteristics of the voices will relate to these traumas. If this is the case, encourage and support the person to seek counselling for whatever the trauma may have been.





Are you a Voice Hearer?

Would you like to explore an innovative new approach to gain a greater insight into your unique experience? Advocacy Unlimited inc, USA is offering the Maastricht Questionnaire to those who hear voices, experience paranoia, or have other unique experiences.

Completely free, Voluntary, Accepting of Diversity

Peer Delivered, Non -Medical, Non- Judgmental

Contact Maggie Taylor 8607064760

mtaylor@advocacyunlimited.org

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