NATIONAL PARANOIA NETWORK

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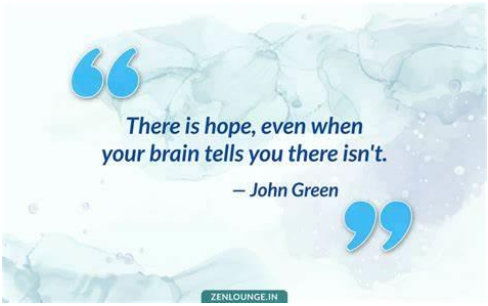

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Recovery

I was just 10 years old,

When my dad's mental health journey began to unfold.

Precipitated by childhood abuse and stressors at work,

The demons from the past came out of the shadows, where they had lurked,

He quickly fell into the darkness of psychosis and despair,

Fearful of the world and hiding from his tormentor behind the living room chair,

Myself and my siblings were always ushered upstairs,

Told to go to bed, look away, do not stare

He had multiple hospital admissions, held against his will,

He didn't look like my dad then, shuffling, sedated taking too many pills,

Unable to work, he lost his business, lost his house,

Didn't see his children, then lost his spouse

He was lost to the system, given no hope,

Told ‘You’ll never work again’ was his Drs unhelpful quote,

Recovery didn’t seem possible, he didn’t dare dream,

Stuck in hospital, scared, lost, unseen.

But with the help of a new worker, he began to see a future,

Now on the road to recovery, he dreamed of a new adventure,

One in which he wasn’t held captive by his past or the system,

One in which he would help countless others with his wisdom,

Now he dedicated his life to helping us learn,

That recovery is possible, no matter where our path in life does turn,

So never lose hope when darkness descends and things seem bad,

This man is proof that things get better.

(Peter Bullimore. My Dad.)

6 Traits to Look for in Adults with Childhood Emotional Neglect

1. The topic of conversation is seldom about them. Perhaps you ask your friend or family member questions about themselves and they respond with brief answers or change the topic. You may notice you do most of the talking.

2. They minimize their own needs. They are attentive to the needs of others but seem to neglect themselves. Self-care may be a struggle.

3.They have trouble showing and communicating how they feel. You often wonder what they're thinking or feeling and find yourself attempting to guess. It may sometimes seem impossible to know if they're angry or hurt.

3. They don't share their preferences, likes, or dislikes. You may feel like you don't know this basic information about your loved one.

4. They're conflict avoiders. They rarely disclose issues they're having. Or, if a problem arises in your relationship with them, they have difficulty talking about it so issues go unaddressed.

5. When people around them openly express their feelings, they grow uncomfortable. They may freeze up, apologize unnecessarily or leave altogether.

When parents ignore or reject emotions, the child learns that their feelings don't matter. So, they do what they need to do to survive: wall off their emotions so they are not a burden to themselves or others.

While this may have been helpful in childhood and the environment they lived in, they now live a life out of touch with the emotional world. They have difficulty identifying and understanding their feelings, their preferences, and what they need. Deep down, it feels like they don't matter and are less valid than everyone else.

When folks with emotional neglect wall off their emotions, they unintentionally wall off essential aspects of who they are. They are then separated from their emotion, the deepest, most personal expression of who they are. They may appear fine to everyone else. But it's just a matter of time before someone comes inside their house and notices the cracks.

What to Do if You Think Someone Has Childhood Emotional Neglect-

Take an interest in who they are and validate what they have to say. Ask them questions and give them a chance to think about themselves for a change. This can guide them toward reflecting upon their own feelings, desires, and needs.

Offer support and compassion when there's conflict. Remember that conflict is especially difficult for someone with emotional neglect. Use your best communication skills and acknowledge their discomfort.

If you feel it's right, talk to your loved one about emotional neglect. You can kindly share information you have learned or guide them to helpful resources.

Use caution. Your job is to be a supportive friend or family member, not to take on the job of repairing cracks in their foundation yourself. They need to do this work on their own time and when they are ready.

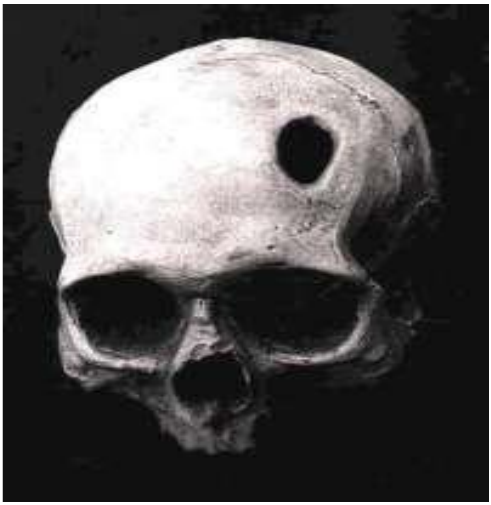
Your friend or family member with childhood emotional neglect did not receive emotional education or emotional validation or feel it was safe to be in touch with their emotions growing up. You are able to give them something they never had before: emotional acceptance and safety.

Treatments for mental illness & schizophrenia from pre-history to today

Schizophrenia, originally Schizophreniam, was a term coined by the Greek Aristotle.
Schizo, meaning chaotic and shattered. The Greeks who were interested in the mind thought the brain was in the stomach near the diaphragm thus coining the term Schizophreniam.

In the beginning

It is thought that in early human history (before the creation of large cities and settlements) mental illnesses were believed to be the result of possession by spirits or other forms of supernatural entities. Treatments for mental illnesses during this time are hence thought to have involved a variety of methods which attempted to remove such spirits. One commonly cited example of this is the 'treatment' of trepanning. Human skulls dating back to around 10,000BC have been found with holes in them (below), which it is commonly believed reflects an early medical intervention aimed at releasing evil spirits from a person.



In early civilizations such as Babylon and Assyria (around 2000-1000BC), a distinction was made between medical illness (such as dysentery, worm infections, lung and eye diseases) which were seen to have natural causes, and mental illnesses (such as hallucinations and delusions) which were thought to have supernatural causes. Mental illnesses were often referred to as having been caused by being touched by the hand of a god. The two types of illnesses were treated by different people. Medical illnesses with natural causes were treated by an *asutu*, who used a range of herbal cures or surgical techniques. Mental illnesses were treated by an *ashipu*, or medical exorcist, who may be regarded at least in part as history's first psychiatrist.

By the time of Ancient Greece (around 500BC) the view of mental illness shifted to a medical view, with medical practitioners treating both physical and mental illnesses, and treating them within the same explanatory framework. A key figure in ancient Greece was the physician, Hippocrates (~460-377BC). Hippocrates (pictured below) moved strongly away from the idea that mental illnesses were caused by spirits or supernatural entities. Instead he explained it using the Greek theory of humors. This proposed that the body was made up of four basic substances (black bile, yellow bile, phlegm, and blood). It was proposed that illnesses in general, including mental illnesses, resulted from an imbalance in the humors. Mental illnesses would be treated by the physician creating a plan for the patient's diet, surroundings, exercise, and sleep. If this didn't work more severe herbal drugs were used.

Some specific examples: In Ancient Greece depression (melancholia) was thought to be due to too much black bile. Black bile was associated with earth and being cold and dry. As such a regime of food and exercise was devised to restore the balance, with the use of herbs or foods associated with hotness and wetness. Mania was thought to be due to too much yellow bile. As yellow bile was associated with fire, and being hot and dry, mania would be treated using herbs and foods that were cold and moist, as well as activities such as cold baths. This is to oversimplify things slightly. In fact,

treatments took place in several stages. Firstly, the acute attack itself would be treated. Then post-episode treatment would occur in two steps. There would be a restorative part designed to build up the patient's strength, and a further part to change the patients' constitution to prevent reoccurrence. For example, if the patient experienced an episode of mania, then during the attack itself the physician would prescribe rest, gentle massage, and a limited diet. After the attack, the physician would suggest more rest, dietary changes, massage, music therapy. Then, to change the person's constitution, the doctor would advise violent purging (through giving the patient drugs such as hellebore, which caused vomiting and sickness), sun-bathing, hot and cold baths, and then travel, particularly sea voyages.

What seems to have been the case in Ancient Greece, is that the physician was allowed to prescribe whatever he thought sensible. For example, a man who had the delusion he had no head, was made to wear heavy head gear. Similarly, a woman who believed she had swallowed a snake was given an enema, and the physician quickly placed a small snake in her faeces. It is also interesting to note that the Greeks also used music in the treatment of mental disease and suited the type of music to the nature of the case, employing, for example, pleasant music for those suffering from depression.

In the Middle Ages, the belief that mental illnesses could have supernatural causes resurfaced, although the causes of mental illness were understood to still also potentially have natural causes. As with the Greeks, the natural causes that were understood to be able to cause madness, included poor diet, alcohol, overwork, and severe grief. However, in Christian Europe supernatural causes were also employed including as sin, or demonic influences. Yet, as Kroll and Bachrach (1984) have argued, sin was only rarely employed as an explanation, and when it was this was mainly because the person was an enemy. During this period, treatments were varied ranging from purges, bloodletting, and whipping, fasting, prayer and exorcism.

The birth of psychiatry

From the nineteenth century onwards, medical psychiatry became the main paradigm for understanding and treating mental illnesses. Psychiatry was firmly committed to locating the cause of mental illness in the body and brain. At the start of the 1900s Dr Henry Cotton, at the New Jersey State Hospital, tried to test the theory that mental illness resulted from toxins released by disease in the body, which ended up in the brain. He did this in a truly horrific way. First, he removed patients' teeth. If it failed he went on to remove the patient's tonsils, their testicles / ovaries,

their gall bladders or other body parts. As many of 45% of those treated in this way died (Bentall, 2009).
In the first half of the 20th century a series of other radical, invasive therapies were devised for mental illness, including, prefrontal leucotomy, insulin coma, and ECT.

1) Prefrontal leucotomy

The idea of prefrontal leucotomy, a brain operation in which the nerve fibres leading from the front of the brain to the back are cut, was devised by Egas Monitz, a Portuguese neurosurgeon (pictured on a banknote below). This idea was then taken up by Walter Freeman, who performed a similar, though less precise, procedure termed a lobotomy. He stunned patients with an electroshock before inserting an ice pick through the bone near the eyeball and moving it roughly from side to side. He travelled round the USA in a van he nicknamed the 'lobotomobile'. His most famous patient was Rosemary Kennedy (JFK's sister). She was left incontinent and able to utter only a few words. She remained in an institution for the rest of her life (Bentall, 2009). Monitz received the Nobel Prize for Medicine for the development of this technique. It has been described as "perhaps the least deserved Nobel Prize of all time" (Bentall, 2009). Monitz was shot by one of his patients in 1939 (though he survived).

2) Insulin coma

This ‘treatment’ was devised for use with patients with schizophrenia. In the treatment, patients are put into comas using the drug insulin to starve their brains of sugar. In early studies it was claimed that 88% of patients responded well to it. However, not only did some patients die from undergoing the technique, but the evidence for it was eventually shown to be flimsy (Bentall, 2009).

Leonard Roy Frank, an American survivor of 50 forced insulin coma treatments described it as "the most devastating, painful and humiliating experience of my life".

Why did such a brutal therapy get employed? It has been argued that it was used because “It meant that psychiatrists had something to do. It made them feel like real doctors instead of just institutional attendants”

The question can then be raised as to why psychiatrists were allowed to get away with such barbaric techniques? Bentall (2009) has argued that the many abuses of treatment which can be seen in the history of psychiatry have resulted from patient’s objections being ignored because their mental illnesses were said to disqualify them from offering a reasoned opinion about their experiences. The need for a strong service-user movement is hence vital.

3) Electroconvulsive therapy (ECT)

Electroconvulsive therapy was first discovered as a method of treatment for depression in the 1930s. The roots of this procedure are in the abattoir. The process was invented after psychiatrists had observed electric shocks being used to stun animals in their local abattoir.

There is evidence that ECT is effective in relieving depression in the short-term, i.e., over a period of a couple of weeks (UK ECT Group, 2003). However, as Bentall (2009) notes, when patients are followed up over longer periods of time, the relapse rate can be over 80%.

Bentall (2009) has concluded that its use as a psychiatric technique remains "questionable" (p. 213). Given that the side-effects of ECT include memory loss, confusion, headache, nausea, emotional shallowness, it has a high relapse rate, no-one knows how it actually works, and that its benefits are short-term, this seems a fair conclusion. Also, worryingly, a 1998 audit reported that only a third of ECT clinics met the standards of the Royal College of Psychiatrists (Duffett & Lelliott, 1998). It should also be noted that the use of this technique has been severely limited in Holland, and Italy, due to campaigning pressure groups.

The use of ECT appears to be in decline. For example, a survey by Bickerton (2009) found an overall decline in the number of ECT applications and the number of patients treated in the United Kingdom over the 7-year period between 1999 and 2006. Worryingly, however, an increasing proportion of patients were treated whilst detained under the Mental Health Act (1983).

Leucotomy and insulin coma 'treatments' are no longer used, thankfully, and ECT use is on the decline. This leaves the two major treatments of mental illnesses today as drugs and talking cures. These are discussed in turn,

Pharmacological drug therapies

a) Pharmacological drug use in depression: the drugs don't work

Drugs, for example Selective Serotonin Reuptake Inhibitors such as Prozac, have been found to be effective in around 65% of cases of depression (Davey, 2008). Relapse is a common problem when medications are stopped though (Hellerstein et al., 2000). It has hence been argued that it is more effective to combine drugs with CBT (Kupfer & Frank, 2001).

The above is typical of what is stated in contemporary textbooks (e.g., Davey, 2008). However, this picture is not entirely accurate. More recent meta-analyses (which consider results from a large number of studies) have found that there is no overall clinical effect of antidepressants (Kirsch et al., 2008; Kirsch & Sapirstein, 1998). This is not to say that patients do not show improvements in their symptoms when they take antidepressants, they do. But the majority of this improvement appears to be due to the placebo effect, as patients that take placebos also see their symptoms improve by a similar amount (Kirsch et al., 2008; Kirsch & Sapirstein, 1998).

b) Pharmacological drug use in schizophrenia: the drugs do work, but…

Around 30% of patients with schizophrenia will experience no relief at all from their symptoms through taking antipsychotic medications (Kane, 1989). For the remaining 70% of patients there is evidence that antipsychotic drugs can help them in the **short-term** with experiences such as hallucinations and delusions (Bentall, 2009). However, the drugs appear to work, not by making such experiences go away, but rather on making the patients less bothered by their symptoms (Bentall, 2009). Furthermore, the therapeutic effects of the new generation of antipsychotics (such as Olanzapine) have been found to only be “moderate” (Ross & Read, 2004)

In the **long-term**, things are not as clear. Bola (2006) looked at patients who had their first episode of psychosis and who were followed up a year later. Patients who were given mediation did no better than those who were not given medication.

This needs to be considered in the context of the extensive side effects of such antipsychotic treatment such as:

- Lactation in women, and swelling of the breasts in men
- Skin rashes and sensitivity to sunlight
- Weight gain (particularly with Olanzapine), and associated blood pressure and heart problems. As well as diabetes
- Agitation and restlessness

Bentall (2009) concludes that "first-episode patients may do well with only a brief period of antipsychotic treatment, or without any drug therapy at all" (p. 234)

There is also other evidence which argues against the effectiveness of antipsychotic drugs. Richard Warner in his 1985 book Recovery from Schizophrenia: Psychiatry and Political Economy, concluded that the introduction of antipsychotic drugs had not improved the outcomes for patients with schizophrenia. Although interestingly, he noted that economic factors might be important, patients recovered less well during economic

recessions, that during economic booms. Furthermore, a study of patients with schizophrenia by the World Health Organisation found that patients in developing nations (e.g., India & Nigeria) had better outcomes than patients in the industrialised nations (e.g., USA & Britain). This was so surprising that the World Health Organisation ran another study… and found the same results. Although it is still argued what the findings of this study actually mean, it clearly shows that the countries with the highest availability of antipsychotic drugs (the industrialised countries) had worse outcomes than those countries where drugs were less available.

Psychotherapy. The talking cure.

Social skills training, cognitive-behavioural therapy, mindfulness-based cognitive therapy all seems to provide some benefit for a range of mental illnesses (Ma & Teasdale, 2004; Hensley et al., 2004; Leichsenring, 2001; Fine et al., 1991). CBT is the most studies of these talking cures, and there is evidence that CBT is effective for both psychosis (e.g., Wykes et al., 2008) as well as bipolar disorder (Scott, Colom, & Vieta, 2007), but only moderately so (Bentall, 2009). However, Buddhist meditation techniques have also been found to be useful for patients who have not responded to more traditional forms of psychotherapy (Segal, Williams, & Teasdale, 2002).Bentall (2009) raises the interesting point that it doesn't appear to matter what

type of 'talking therapy' is used, what appears to be important is the therapeutic alliance between the patient and the therapist. (Bentall, 2009). Not only this, but the therapeutic alliance appears to predict the patients quality of life, how much time they spend in hospital, and social functioning. (p.260)
Possibly one of the best examples of this is the Soteria House study of Loren Mosher (*Soteria* from the Greek meaning 'Salvation'). Mosher ran a study in which he took a two-storey house in a poor area of California, filled it with staff with no formal training in psychology or psychiatry, who worked long shifts, effectively living with residents. What was the treatment? In posh terms it was called 'interpersonal phenomenology'. In reality this simply meant staff trying to put themselves into the patient's shoes. No drugs were used (except in a handful of cases). The study was designed in a scientific way and met all the criteria for a scientific study. A two-year follow up of the patients found that 43% still hadn't used psychiatric drugs, and that these patients were doing as well (if not slightly better) than patients who had undergone conventional psychiatric treatment (Bentall, 2009).

Other studies have found that antipsychotic medications have no effects when the patients were living in a supportive home environment (Vaughn & Leff, 1976).

Other therapies

Patients with schizophrenia returning from hospitals to live with critical, hostile, or emotionally controlling parents are more likely to relapse. A systematic review of 25 individual studies found that patients whose relatives were educated about psychosis and who were helped to develop skills to resolve family conflicts, had 20% less relapses. This is interesting because neuroleptic medication also causes around 20% less relapses too (Bentall, 2004).

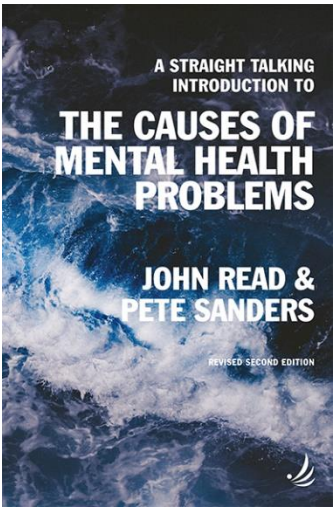
There is preliminary evidence that body psychotherapy, which involves various physical exercises, (Rohricht & Priebe, 2006) and music therapy (Talwar et al., 2006) are effective for treating schizophrenia. This use of music therapy echoes the use of this in Ancient Greece, as noted above.

There are also intensely practical aspects of life that have been shown to aid recovery. Many patients with schizophrenia feel that being unable to get a job again impairs their recovery (Bell et al., 2007). Indeed, the science supports this, with patients who are able to get jobs in the open market, see their symptoms improve (Bond et al., 2001).Thus, contemporary work appears to suggest that treatments for mental illnesses needs to take a holistic approach. There may be a limited role for drugs, talking cures also seem to offer some benefit, but there are also the intensely practical aspects of life that need to be addressed in order for recovery to occur, such as employment, hope, a purpose in life, friends,

social support, and safe housing. There is no such thing as one sole treatment.

Conclusions

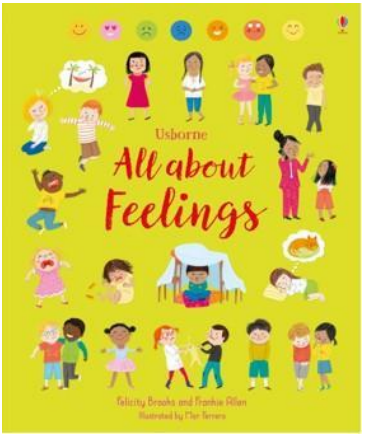
Treatments seem to go in cycles. It has been shown how in 10,000BC holes were drilled in skulls to try and cure mental illness. In the 20th century psychiatry resorted to similar techniques with horrific results. We can also look back to ancient Greece and see how a range of techniques including kindness, music, diet, exercise, and drugs were employed. This is eerily similar to the treatments we have today. Whilst drug treatments seem not to be effective for some conditions (e.g., depression) there is evidence that they can be useful in the short-term for some individuals diagnosed with schizophrenia. Yet, what comes out strongly from the contemporary talking cure literature is that simple kindness and support to people diagnosed with mental illness can be effective. It is surprising that this should come as a surprise. In terms of paths for the future, the literature showing an extremely high prevalence of earlier trauma in those with 'mental illnesses' (e.g., Read et al., 2004), suggests that future treatments may want to address such experiences to help those who have undergone them to deal with the experiences they have caused.

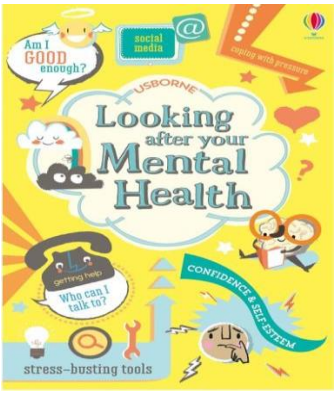


A Straight-Talking Introduction To The Causes Of Mental Health Problems

A Straight Talking Introduction to the Causes of Mental Health Problems (second edition) 9781915220196 (pccs-books.co.uk)

Great books to help Children understand mental health





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

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

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

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

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

Online Hearing Voices Group in Ireland Facilitated by Michael Ryan

Hearing Voices Group Ireland
A group for people who hear voices or experience paranoia and unusual beliefs, on Zoom
Facilitated by Michael Ryan
Every Sunday @ 4pm

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

Email:vhmichael9345@gmail.com
With enquiries

Unusual beliefs group St Mungos

Every Thursday 2.30-3.30

93 Shirland Road, London W9 2EL

Contact Helen Claire Taylor (tayloh15@lsbu.ac.uk)

Whatever your time zone around the world if you hear, see, sense, taste or otherwise experience voices you are welcome to this group on Sunday evenings 6:30p EST USA.

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Meeting ID: 889 6132 8100
Passcode: 946166

Families/friends can contact

families@usahearingvoices.org

For support groups