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Alec Jenner



RD Laing

The Legacy of Ronald Laing

By Professor F. A. Jenner

Aided and abetted by Peter Speedwell

At the outset, I think it is important to state that we need to maintain humility in the face of "schizophrenia." That is because it always manages to elude us. I recognise that many of my psychiatric colleagues were engaged, as I was, in scientific research on mental illness. Ever since the discovery of *Dementia Paralytica*, we have been searching similar explanations for schizophrenia (*Dementia Praecox*), in fact for its organic cause. However, it is frustrating to report that, after nearly a century of research, we have found no strong correlations that "pin down" such mental illnesses within a neurophysiological framework. Insanity, just like the mental patient, is elusive to our understanding. Within this context, I want to talk about the work of a colleague and friend, Ronald Laing, who abandoned quantitative research into mental illnesses in favour of qualitative research. He attempted a kind of phenomenology of madness in an effort to express what it's like to have a mental illness. His aim was to recognise within the "patient" the problems of living in

the light of the existential paradoxes that are common to humanity.

I want to talk about what Ronald Laing has left to us and I would like to avoid some of the biographical scandal that surrounded him during his life. Laing was the guru of the abandoned, rejected, depressed and lonely. He seemed deliberately to court high publicity and, as a shamanic leader of the sixties, could indulge in some of the most outrageous antics, usually involving sex and drugs. The period in which he wrote may be encapsulated in the popular slogan: "Don't change your mind, there is a fault in reality." That disturbed the classical psychiatrist who couldn't understand it. Surely reality is reality? Reality for Laing, though, referred to human despair, loneliness, insecurity and fear of the other. However, I wish to avoid the glare of scandal, even though it may be attractive, and dwell a little on the philosophical basis of Laing's thought in order to outline the major achievements and limitations of his own *Weltanschauung*. I also wish to explain the impact he had on my life.

My first introduction to the work of R. D. Laing was, typically enough, through some of my patients. It was typical in that I have learnt most of what I value in my working life through those people who were called my patients. They came to me with a book called *The Divided Self*. They encouraged me to read it. They told me that if I wanted to understand them, then here was

a writer who had an inkling of what it was like to be mad. I must explain that at this time I was a profoundly scientific psychiatrist, engaged on highly respected research on the production of hormones in manic depressives and other patients who had a regular cycle of psychoses. But, at the same time, I was scientific enough to be open-minded and was willing to read anything that might help me understand my patients and enable me to engage with them. This always seems to be the greatest difficulty for psychiatrists' engaging with people who are so highly defended that little seems to touch them.

I must be honest and say that reading *The Divided Self* was not an experience comparable to walking on the road to Damascus. But I can point to it and say that it was one of the influences that gradually changed my position, from being a physical scientist to a humanist thinker, when considering the problems of psychiatry. This was an influence that continued in my few meetings with Ronald Laing and further reading of his works. I was flattered that he said I was the only neuropsychiatrist with whom he could discuss.

But my first reaction to reading *The Divided Self* was, I think I have to confess, to find it a curious work. For it began with a completely new perspective for the psychiatrist. Our perspective, at the sharper end of psychiatric illness, usually dealing with psychosis was not to expect to understand the psychiatric patient.

Indeed, from Jaspers onward one of the characterising definitions of psychosis was that it was impossible to understand what the patient was saying. Thus, every psychiatrist in the Western World would be bemused by the philosophical curiosities that could be found in their patients' discourse but would not even try to attempt to understand them. They would try to treat them, with concern and understanding and would try to end the disruptions and broken relationships that the "illness" seemed to cause. But understanding a patient was like throwing away the book of signs and symptoms. It seemed unthinkable. After all, psychiatrists need their own defences and barriers.

But here at the beginning of *The Divided Self*, Laing analyses the words of one of Kraepelin's patients and begins to make sense of his utterances. It is not possible, says Laing, to see a patient as a bundle of symptoms or as an organism and to understand his existential position. The human being is a relating being made of I and thou (thus acknowledging his debt to Buber) and if he is treated as a separate mental apparatus he can then only be treated as the object or the it of the psychiatrist's medical concerns. If we try to understand the existential phenomenology of the person termed schizophrenic, it is no help to relate to the barriers he has put up to the world or within himself, with further barriers. Thus, if someone describes himself as dead, he may be describing the truth of his existence as he experiences it. But this will

not be acceptable to most psychiatrists. It is difficult, says Laing, to recognize the schizophrenic's "despairing aloneness and isolation" (Laing, 1965: 17).

Here Laing makes reference to the existential philosopher Kierkegaard and I think it is worth pausing for a moment to consider the contribution of Kierkegaard to Laing's philosophy. Indeed, it is important to recognise that Laing's ideas did not form as the result of some intellectual immaculate conception, they come from a long tradition and culture of existential thought and European humanist philosophy. In Kierkegaard's work we see that the "self" is seen as a relationship: the relationship of a person to him or herself. Thus, our despair, which according to Kierkegaard most of us spend much of our time avoiding, is not being able to accept ourselves, wishing to get rid of ourselves. This despair is like a living death:

Despair is the sickness unto death, this tormenting contradiction, this sickness in the self; eternally to die, to die and yet not to die, to die death itself. For to die means that it is all over, while to die death itself means to live to experience dying . . . despair is exactly a consumption of the *self*, but an impotent self-consumption not capable of doing what it wants. But what it wants is to consume itself, which it cannot do, and this impotence is a new form of self-consumption, but in which despair is once

again incapable of doing what it wants, to consume itself. This is a heightening of despair, or the law for the heightening of despair. This is the hot incitement or the cold fire in despair, this incessantly inward gnawing, deeper and deeper in impotent self-consumption. Far from its being any comfort to the despaired that the despair doesn't consume him, on the contrary this comfort is just what torments him; this is the very thing that keeps the sore alive and life in the sore. For what he- not despaired but- despairs over is precisely this; that he cannot consume himself, cannot be rid of himself, cannot become nothing.

Laing describes this sense of internal division in terms of ontological insecurity, which is a sensation of easily being able to lose oneself, of not experiencing continuity of self as a single and separate being. This seems to show itself in two opposite ways either through isolation as though others are either going to engulf or literally petrify one, or to clamp on to somebody else, limpet-like and to let the other person define one's personality. This can work well for a time but, normally a breach in this defence shows itself through separation and the original anxiety returns. As Laing sets out his explanation of ontological insecurity, he sweepingly denies that any concept of the unconscious is going to help us. In this he keeps company with Sartre. There seem to be no sexual desires compelling the anxiety (as in Freudian theories).

The greatest desire (and fear) which these patients demonstrate is their desire to be, or to cover up their lack-of-being with someone else's personality. This desire is hardly unconscious.

But what, we may ask, is the cause of this insecurity of existence? At this point in time, Laing gives us many clues but no answers. One patient who complained of a "vague, but intense fear" attached this feeling to the fear of her parents. Nothing she could do was right for them. "If she did one thing and was told it as wrong, she would do another thing and would find that they still said that that was wrong. She was unable to discover, as she put it - what they wanted me to be". However, Laing still sees this information as the phantasies of his patient's parents.

Another patient did not complain of her parents' cruel treatment of her but felt rather that her parents did not notice her. She spent the rest of her life trying to be significant to someone, which she could never be because she wasn't anyone to begin with. For this woman, as Laing puts it (following Berkeley), *esse was percipi*; (to be was to be observed), she had to be seen in order to feel she existed. If she looked in the mirror, she was frightened that there was no-one there. Here we may see the importance for the child of being noticed, of being seen. We may also note the crucial effects of indifference on a child's development.

But how does a child survive in such a difficult situation? Here we come to one of Laing's key (but, as I will explain, flawed) theories, heavily influenced by the existential theory of the true and false self. Laing believed that any child growing up in difficult circumstances will construct a false self-system as he is too frightened to reveal his true self to his parents. In such circumstances the child will seem extraordinarily well behaved or "as good as gold." Underneath this mask there may be the proto organisation of the "real" self but this is something that the person will not test out with his parents because he is afraid of his parents' reaction. Thus, the child hides his true self in order to protect it.

Now, of course this notion of true and false self owes much to Sartre's ideas on bad faith in *Being and Nothingness* (Sartre, and, perhaps, even more to Heidegger's ideas of "authenticity" in the face of the knowledge of our death in *Being and Time*). But it does seem to be an extremely difficult and unwieldy concept. Nowadays we would find it more than difficult to discover what a "true" self is as we all have to live through negotiating compromises with others.

I would suggest that a happier formulation would be a dichotomy between the "compliant" self and the "complicit" self. The compliant self only complies with his surroundings; he does not negotiate with them. Underneath this compliance of course may be a very

rebellious self that brooks no contradictions. Unhappily, this total rebellion usually reveals itself as madness. But the complicit self-works in a completely different way. The complicit self will work within the rules of an organisation in order to get the best out of it (even a Marxist like Lenin saw the pragmatic virtues of having to fit in) and does not necessarily feel that he is losing himself if he does have to compromise. Unfortunately, as Binswanger noted, the compliant self seems to recognise only "either/or" in the situation- either victory or defeat. However, the complicit self will play the rules of the game and will to some extent compromise on objectives in order to achieve the maximum success possible within any human situation.

Laing's analyst, D. W. Winnicott, also developed a theory of a "true self/false self" organisation within the personality. I don't wish to give precedence to any of these ideas, I am simply trying to explain the *Zeitgeist* from which Laing's ideas developed. If we understand the tradition from which Laing emerged, we can understand him as part of a developing movement within psychoanalysis and not as the lonely genius/iconoclast as he was portrayed, particularly by his enemies. Winnicott's formulation of the true/false dichotomy, owing just as much, I believe, to Heidegger's ideas of authenticity, were in some sense more dialectical and less romantic, in that he recognised that we all have to develop a persona in order to negotiate with others through the difficulties of life.¹ Indeed, by

persuading a child to say "Thank you" before he is ready to feel gratitude, we make young hypocrites of the new generation.

There is one case in Laing's work, *The Divided Self*, which I found particularly expressive. It concerns a patient who Laing names - Peter- who suffered from the delusion that he stank, that his body gave off a noisome and noxious smell to himself and to others. Once again, as a child, Peter did not suffer from overtly cruel treatment. But his mother did not seem to see him. His only acknowledgment from his father was being called "a big lump of dough" which seems to be a euphemism for being called a "big lump of dung." As he grew up, this patient felt guilty for existing and tried to maintain a high-wire act of not existing and yet of "going through the motions" with other people. He came to understand his "smell" as an expression of having died and rotted within. We must recognise these life and death issues in psychiatry.

Having read *The Divided Self*, I wanted to make contact with Ronnie Laing, because I suppose I was suffering from my own divisions. I was a reasonably successful research psychiatrist, profoundly chemical in my research outlook but at the same time I enjoyed existential philosophy. Thus, I was bemused to find a psychiatrist who could employ existential philosophy to explain otherwise inexplicable symptoms. There then followed a friendship and an interchange of views that I

think I can claim was mutually useful. At this time Laing had been shunned by the mainstream of psychiatry and, however rebellious he was, I think he enjoyed being able to discuss and argue and test out his views with a colleague from a very different persuasion. In fact, he never, in our arguments dismissed the scientific research that I and many of my colleagues were engaged in. He only asked that our ideas be treated as scientific hypotheses yet to be proven, which of course, they have not yet been. I also found Ronald Laing to be quite helpful and critical when discussing our relationships with patients. As I described to him the way in which I tried to be friendly, kind and considerate to my patients he warned me to remember the superiority of my position as Professor. He said I was like an Admiral with all the ribbons and badges of office who tells an ordinary sailor in bell-bottoms to have a cigarette and talk "man to man." It was a useful warning and helped me in my attempts to be less patronising to my patients.

Thereafter Laing worked a lot with Bateson, the famous anthropologist and psychologist who coined the "Double Bind" theory, and the therapists and psychologists working with Bateson and family therapy, including Haley and Searles. Thus more and more, Laing worked upon a theory of schizophrenia as a rational expression of the way that so-called schizophrenics were treated by their group. He noticed that in certain ways they seemed to be driven mad or that the

patient's madness seemed to be a particularly heightened expression of the dysfunction of the families they were in. For this insanity of communication Laing, with his colleague Esterson, used terms such as "untenable situations" for those moments where an adolescent was expected to be independent but in an environment that was highly controlled by one or more members of the family. Although Laing was criticized for "blaming the parents" he was trying to show that madness did not only arise within the individual but arose as part of a social mechanism. But this is a part of his work that I believe is under elaborated.

And here, it is important to recognise the limitations of Laing's work and ideas which I think can be best exemplified by his establishing of a community for schizophrenics and those suffering psychotic breakdowns in a place called "Kingsley Hall." In many ways it was a brave and exciting adventure. It was true to the experiment of "anti-psychiatry," a term which Laing rejected, but which refers to the belief that psychiatry did more harm than good and that simply to remove the medical hierarchy and conditions would, at least, do less harm to the patients, than sending them to a psychiatric clinic. Kingsley Hall, for a few years, became a kind of *centre* for the alternative culture where theatre groups, writers, musicians, and artists could visit. But, like many other communal projects of this era, the energy dissipated after a few years and Laing's interests moved elsewhere. And this is where, in

particular, I want to draw attention to Laing's less impressive achievements. For Laing, unlike Basaglia of Italy, did not have a social context within which to understand the difficulties of the mad and therefore, working co-operatives, involving people in practical projects, did not become part of his vision. Unfortunately, we have come to know that Laing blocked the translation of Basaglia's work into English and this rejection also represents a great *lacuna* in Laing's theories.

While Basaglia pursued a social and political strategy with the aim of returning the problems of society back to the society which engendered them (Basaglia, 1985: 51), Laing, for the most part, ignored social policy and thus could not bridge the gap between individual and universal. In fact, his understanding of the schizophrenic always veered between the personal and the mystical and there was little room for a practical social policy of involving mental patients in our society. Although Kingsley Hall had some spectacular "cures" for its inmates (notably Mary Barnes with Joseph Berke) we have to admit that even for Laing, "cures" of schizophrenics were few and far between, and he, like the rest of us, achieved limited practical success in helping people live with their problems. In fact, Laing, in a later work, poses our problem very clearly:

If a violinist in an orchestra is out of tune and does not hear it, and does not believe it, and will

not retire and insists on taking his seat and playing at all rehearsals and concerts and ruining the music, what can be done? If all persuasion fails, is there anything else to do than to have him or her removed, by physical force, against his or her will?

For this is the difficulty of *our* situation. If I am honest, which perhaps I can afford to be now I am retired, I have cured very few people of schizophrenia and those people who got well under my care and seemed to improve their own lives (or as we say "get better") recovered often almost spontaneously or as a result of life events. Certainly, I could not pin down any improvement to something I had done. In the same way, apart from the notorious stories, Ronald Laing effected very few cures. But perhaps the very word "cure" coming from our medical model leads us back into the old traps. I think we have to recognise and respect the mental patient's difference and distinctness and respect his need to maintain his separateness. Then all we can do is "invite him to the table" and ask him to communicate with us. Even if to admit this is to confess to our own impotence, we must recognise that an individual's willingness to engage with us and with our society must remain his own responsibility and choice.

Lucid Dreaming

By Max Hunter

I started hearing voices during my first year of high school, when I was about 11 or 12 years old. Looking back, it's hard to remember exactly when it began but for many years, I had had the sense that someone or something was watching me. You could say I was always a bit "odd". The world had always felt very alien, and I wasn't totally convinced I was human (I'm still not), so when I began to hear voices, and have these extra sensory experiences, it didn't strike me as unusual. I wasn't from this world. I was a tourist here who had been abandoned and forgotten by whoever left me here. Maybe these voices were from my true home?

The experience varied. During those early years there were predominantly two voices that visited me on a regular basis- Darren and Scott. I used to think of them as the devil and the angel on my shoulder. Scott was encouraging and supportive whereas Darren was threatening and belittling. I chose not to tell anyone for several reasons. One being out of fear (Darren was adamant no one could know) and two, I didn't want to be ridiculed and made to feel even more alien than I already did.

However, after a few years of dealing with this by myself

I finally talked to a doctor about it and thus started my journey with mental health services. Although many of my symptoms mirrored what you might see in someone experiencing psychosis, I didn't fit the diagnostic criteria for a psychotic illness. I was disconnected from reality, but I hadn't had a "break" from it. I was experiencing high levels of anxiety and depression and the feeling that the world was not real only increased.

It was only until many years later, and many different labels, that I was diagnosed with dissociative identity disorder, formerly known as multiple personality disorder. The voices I heard were alters (alternative personalities), parts of myself that I had not integrated into a whole person. Currently there are no NICE guidelines for treating dissociative disorders, and few places have even heard of it. Services would see me but then say they were unable to help, and I would be passed around from service to service, either too unwell or not unwell enough.

I was used to dealing with these things alone and it seemed like that was how things were going to stay but I wanted to understand why. Why was I having these experiences? If these were parts of me, how did they come to be? Do they represent something?

During my first year of college, I had started researching and practicing lucid dreaming- the practice of becoming

consciously aware that you are dreaming and are able to exert a degree of control over the dream. I can't remember how I had stumbled upon the subject, but I bought myself a copy of Exploring the World of Lucid Dreaming by Dr Stephen LaBerge and began to teach myself how to become lucid in my dreams. Initially this was done for the reason that most people get into lucid dreaming- as a way of using my dreamtime to do whatever I wanted. Flying, skateboarding and sex were usually on the agenda.

It was not until some time later that I began to engage with other lucid dreamers and learn more about the practice, in particular using lucid dreaming for personal growth. I'd read accounts of people using it to better understand themselves, to work through different issues or heal parts of the self. I was initially sceptical, perhaps even cynical, about the idea. Although I'd had many amazing, life changing experiences through lucid dreams I didn't see it as having much potential for actual therapeutic work until I started to think more about my voices. I could communicate with them well whilst awake so I was able to ask them questions about themselves, but they all had different ideas and theories about their existence. I figured that in a dream I would be closer to the subconscious mind. I would be able to access information I would otherwise not be privy to whilst awake.

My plan was to find Scott first. The idea was to get lucid, state my intention to find Scott and, hopefully, find him. I decided that Scott was the best one to start with as I figured he would be more willing to engage.

One night, I was having a nightmare that someone was trying to break into my house (a common nightmare theme for me). I can hear people trying to break the lock on my door and I freeze. “This can’t be happening!”

With that I realise that, actually, this isn’t happening. This is a dream. Upon making this discovery all the fear dissipated and I felt my level of awareness increase. I opened my front door and saw two people stood outside. I invited them in to take whatever they wanted as none of it was real anyway. The assailants appeared confused by this. I walked past them and down my street. It was then that I remembered my intention to find Scott and ask him why I experience him and what he represents. With that image in my mind, I approached the end of my street and turned to my right. I saw the silhouette of a figure behind what appeared to be a fuzzy, translucent wall. I approached and realised that it was Scott. I put my hand up to the wall to try and push it away, but the words “Access Denied” flashed up in red. At first, I was confused. Why was this happening? I hadn’t imagined this. I tried

everything I could to get through the wall but to no avail. After this I woke up and was instantly intrigued by what had happened. Why had the dream prevented me from getting close?

Over the following weeks I managed to achieve lucidity on several occasions and each time I would state my intention to find Scott, but the dream would react in unexpected ways. He would always be just out of my reach, or dream characters would respond with panic and try to drag me away. I'd never encountered this problem before and couldn't understand why the dream wasn't complying with my wishes, or why there would be any objection to talking to Scott. I persisted, however, and gradually made progress, getting a little bit closer every time. After a couple of weeks, I finally had a lucid dream in which I was able to find and speak to Scott. I asked him why he was in my life and what he was to me. Scott answered that he was this idealised version of myself, a big brother type figure to help guide me. He looked how I wanted to look. Was confident and capable and great at talking to people and making connections (something I didn't believe true of myself) Scott is, in many ways, me at my best.

This answer didn't surprise me. Scott had felt like a big brother throughout my teenage years and I was definitely envious of his ability to just be himself. I decided that I wanted to repeat the dream to see if the

answers changed at all. I was wary that I might have been influencing the narrative of the dream subconsciously. Although small details in the dream would change the overall message remained the same.

There was a sense of peace within after these dreams, and I felt it had strengthened my connection to Scott and to myself as a whole. It was time to move on to Darren.

I started in the same way I had with Scott. Although I don't recall many details from the first dream before I got lucid, I know I was outside standing near a group of people. Darren pulled up in a car beside me and told me to get in, so I did. He seemed agitated. Upset even. He was not how he often presented during the day. As he sped away in the car, I tried to engage with him but all he would say is he was taking me away from people who would hurt us. It wasn't unusual for Darren to be paranoid but there was a sense of panic in his voice that I had never heard from him. In waking life Darren seldom showed fear and I had believed him to be this unfeeling, uncaring monster that only wanted to hurt people but here I was seeing a completely different side to him. The dream ended and for the next couple of weeks I dedicated my time to learning more about Darren. The next time I had a dream I was sitting in my mum's car. There was a sudden realisation that I was

dreaming and with that I left the car and headed to the nearest building. As I stabilised the dream I thought about Darren and walked into the closest room. I was in a restroom. I could see a figure laying on the floor in one of the stalls. I approached and realised it wasn't a person, but it was Darren's green hoody (Darren always wears this). I picked it up to inspect it. As I went to leave, I noticed that Darren was in the mirror, as if he was my reflection. It was quite unnerving but as I stood and observed him, I felt a connection with him. We didn't have to say anything. We simply stood and took notice of one another. The dream ended before I had time to ask him any questions but I felt the experience had been quite moving, despite not much happening.

Some nights later I had managed to get lucid again and this time was stood face to face with Darren where I could ask him who he was to me and why he was here.

Darren was all the anger that I didn't know how to feel or how to handle. Anything that was too painful or traumatic for me to consciously register and deal with was Darren's job. His anger towards me now made sense as he had had to deal with everything whilst I didn't. In waking life Darren has aggressive and antagonistic but here, Darren was vulnerable and afraid. I hugged him which felt like a very transformative experience for both of us.

Years later, my relationship with Darren has grown, and although he still has his moments, I'm better able to understand why. I have had more lucid dreams since where I have tried to work through whatever trauma it is that he holds but there's still some way to go. It seems that my brain is able to prevent me from accessing information in the dreams that it deems as too traumatic for me to consciously acknowledge yet.

Lucid dreaming has become a big part of my life and it's something I love to discuss with others. My hope is that more people will come to realise the therapeutic benefits of such a practice and be able to implement it into their own lives.

For more information you can find me on my YouTube channel The RaRa Rabbit or on Facebook, Twitter, IG, etc under the same name.

PAYING FOR COMPANY

People say money makes the world go round, but all it does is make my head pound. Spending money on people I don't know just so they wouldn't go. I am 18 years old scared of the dark, monsters in my head, knife under my pillow and one piercing my heart. What's happening to me, I'm scared, doesn't anyone notice me, and can't I be heard. Why is God punishing me, what have I done, the demons are still coming for me I swear I will be a good son mum. Remember I am here, I am your son, am I invisible, what have I done. I went searching for anyone to listen, the light in my heart waiting to glisten. Lonely, fearful of the unknown craving attention but scared to mention the truth

G. BUTCHER

Maastricht Interview Training for Hearing Voices & Problematic Thought Beliefs & Paranoia Is available online and face to face from the National Paranoia Network. Training available, how to use the Maastricht Interview for Hearing Voices & Problematic Thoughts, Beliefs & Paranoia, 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 peterbullimore@yahoo.co.uk

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 85737775621 No Password Needed

Sheffield Hearing Voices & Paranoia Support Group.
The group runs face to face.
Every Monday 11.00am-12.00pm at the Gardner's Rest
105 Neepsend Lane Sheffield S3 8AT
Contact peterbullimore@yahoo.co.uk

Tel 07590837694

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

Hearing Voices Group Ireland

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

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

Email: vhmichael9345@gmail.com
With enquiries

Families/friends can contact
families@usahearingvoices.org

For support groups

Unusual beliefs group St Mungo's

Every Thursday 2.30-3.30

93 Shirland Road, London W9 2EL

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

'Talking Heads' Support Group runs on every first Tuesday of the month at Brunswick Centre, Strand Close, off Beverley Road
Hull, HU2 9DB from 3pm – 4:30pm. People with voices/visions and unusual beliefs are welcome
Contact Dan 07816 864727

