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Insanity or Enlightenment?

R.D. Laing, an unorthodox psychiatrist emphasized the link between the mystic and the schizophrenic; he stated:

‘The mystic and the schizophrenic find themselves in the same ocean, but whereas the mystic swims, the schizophrenic drowns.’

I concur wholeheartedly but point out that the so-called schizophrenic can learn to swim... given the opportunity. Often however, the schizophrenic is dragged under by the very people sent to help.

Unlike the monks who prepare rigorously and systematically to attain and receive enlightenment, those who experience schizophrenia [the psychesensitives], I believe have enlightenment thrust upon them, but in the absence of a disciplined spiritual foundation this imposed enlightenment is enormously difficult to cope with.

R.D. Laing also observed that insanity is:

‘A perfectly rational adjustment to an insane world’.

The oceans of Planet Earth are filled with a zillion saltwater tears... the sea of humanity. The trauma we experience as psyche-sensitives is often simply a painfully acute empathetic response to the ills of the world. There is a fine line between fear for the world and fear of the world, and when this line is erased, paranoia naturally ensues.

I am certain that schizophrenia is an expansion of our psychic capacity. I go further, I regard schizophrenia as not only a catalyst for personal transformation, but also for the transformation of our species, the metamorphosis of humankind’s collective consciousness. That may sound prophetic, but as a kindred spirit once remarked to me:

‘Where would the Old Testament prophets be today if they lived in our times and in our culture?’

The answer, which should not need to be spelt out, is in our psychiatric institutions. In other cultures, many who undoubtedly be labelled schizophrenic had they lived in the west, are embraced by their communities as valued

individuals who cast light on the dynamics of the Universe and our place within it; they are seen as chosen ones. The tide is however turning in the northern hemisphere and there is a *Spiritual Emergence Movement* in ascendance re-addressing such matters.

One of the many visionaries regarded by their contemporaries as 'outsiders' was the author Edgar Alan Poe, who would almost certainly have been diagnosed schizophrenic had such a label been available in the eighteen hundreds. The following vindication of Poe's genius was cited in Schizophrenia. Creativity and Spirituality - an obscure essay of the 1980's by Guy Stephens.

Edgar Alan Poe experienced an epiphany that unlocked deep cosmological insight, and in an inspirational outpouring he produced a work entitled Eureka which was published mid-way through the nineteenth century; coincidentally, in terms of *psychosis* was also coined then. At this time atoms were believed to be indivisible, irreducible balls of matter, the solid building blocks of the physical Universe. In Eureka it is revealed that matter is reducible to attraction and repulsion; some fifty years later physicists were to make the 'discovery' that confirms Poe's proclamation. He identified the Milky Way as an Island Galaxy before this

had been established by astronomy. He stated that the universe began as a single ball of matter exploded, preceding the Big Band Theory by seventy years, and also envisaged time and space to be one and the same, half a century before Einstein had ever been conceived.

Edgar Alan Poe, his visions and his book, were dismissed as irrational, incomprehensible and nonsensical. One hundred and fifty years on, they are unacknowledged cornerstones of contemporary scientific knowledge. An overt reminder of the falsely perceived superiority of scientific analytic experimentation over the validity of an individual's intuitive revelation.

I am not from a religious background, nor do I adhere to any one system of belief. I recognise all religions as possessing aspects of truth. Any religious body or individual that declares their way the only way, I regard as false prophets or more accurately false profits.

I was an ardent atheist at nineteen, until via my illumination, saw and felt the expression of divinity in everything and everyone. I touched the Universal Mind

and knew that God is not a reality... God is reality, or to express this in another way, everything is, because God is Everything. I do not believe in God; I perceive God. In other words, I am aware of the consciousness of the Cosmos. The eyes of truth are watching. The archives of psychiatric institutions are full of the testimonies of those who have sensed this; and why are these records retained? As evidence of insanity!

Throughout humanity's history, Saints, Sages, Seers and Shamans have been alive to the most extraordinary psychic experiences and often received transmissions in the form of voices. Perhaps psychiatrists regard them too as deluded; the limitations of accepted psychiatric norms make arriving at such a conclusion unavoidable. The other side of the coin, however, is that by making such judgements and assumptions about others, psychiatry and its plaudits delude themselves. It is very convenient for society to classify a section of the community as 'the mad' for it produces the somewhat absurd notion that the rest of the population are normal.

The Oxford Companion to the Mind defines *psychosis* as:

'The misapprehension and misinterpretation of the nature of reality.'

Forgive my naivete, but I was unaware that there was a correct way to apprehend and interpret reality; more to the point, I was unaware that there was consensus, let alone certainty, regarding the nature of reality at all. So what is the nature of psychiatry's reality?

Written in the stars of the psychiatric Universe is the word, *Logic*. The law that governs their Universe was laid down in 300 BC by the Father of Logic, Aristotle:

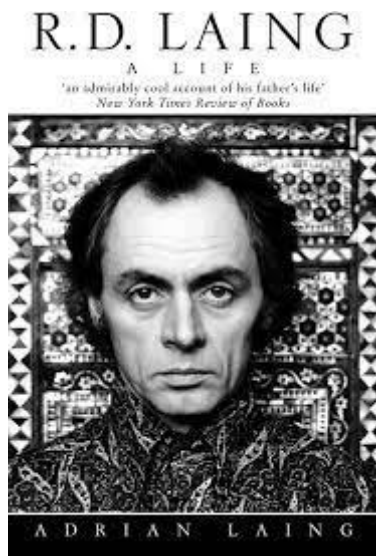
‘A must either be or not be A.’

To paraphrase, the world is flat. But as cosmologists and physicists look more deeply into the macro and the micro it is becoming very apparent that the Universe is a multiverse and the truth is reality is not logical and cannot be apprehended or interpreted logically, e.g. light is both a particle and a wave.

A can B, CDEFGHIJKLMNOPQRSTUVWXYZ [and not A].

The vision that is materializing before the very eyes of scientists is one that has long been seen by mystics. It is dawning that the mysterious Universe is also a miraculous Universe and the paranormal is the quantum, or multi-dimensional Universe in action.

One can understand why psychiatry has created the classification of psychosis, for if psychiatrists were to accept the validity of the testimonies of those who directly experience the multi-dimensional nature of reality, they would have to rescind the law that governs their Universe, which would in turn, invalidate their reality and by their own rules and definitions psychiatry itself would be certified psychotic! The stars would tumble and fall down from their sky and their ludicrous Flat Earth would be turned upside-down. So psychiatry padlocks the doors of perception and pockets the keys and more false profits are made.



INDECISION

Butterflies in my stomach, pains in my chest, fearful of the unknown, terrified that someone will moan. Trying to keep everyone happy, trying to be all things and end up doing nothing, pulling on my heart strings. What do I want? Why am I here? Indecision making my mind unclear. Feeling fretful, needing a release from the dark cloud in front of my eyes so I may gain my inner peace. Hooray now I can see the people standing in front of me. The sun is shining; a smile on my face, the indecision has left with a single trace. My soul can see my mind can hear, the light in my heart has nothing to fear.

G. BUTCHER

Applications of Compassion Focused Therapy in Schizophrenia.

By Mark Ellerby

Compassion therapy for schizophrenia is an emerging approach. There are a number of ways that it can be applied to living with schizophrenia. Its primary importance lies in how it can be used to soothe the fear and emotional pain which are caused by paranoia and critical voices. It does this by being receptive to suffering and so being motivated to do something about it. The approach is that the soothing will lighten the load of the illness so you can bear up to it better.

Schizophrenia is thought to be stress induced and once you have it the stress of the terrifying symptoms perpetuates the illness. Compassion can soothe these stresses including those caused by the fear and emotional pain. It creates a nice warm feeling so all this should help with any low mood caused by the voice and delusions. Compassion also allows a connectedness with other people and allows for making new friends and partners together with for family support.

This article will outline my day-to-day experiences of compassion through the different problems caused by having schizophrenia and why I found it so useful. It wasn't enough on its own to solve the problems of fear and pain with the illness. Yet it allowed other ways of coping so that my life was much more bearable and

enjoyable. What follows is my journey with schizophrenia and how applying compassion techniques helped me to come through it.

My Story

Using compassion focused therapy, I could control the fear and emotional pain and soothe the schizophrenia all before it got to be overwhelming. Living on my own and going out with friends became more possible. The therapy enabled a new lease of life in case the fear stopped me doing what I wanted when getting out. It has allowed for some independent living so far despite being dependent on family and support staff. It solved the restrictiveness of being in sheltered housing and the low mood when living on my own.

Most importantly compassion can open up your emotions so that gives the possibility of loving care from your family to be more possible. So, it can kick start the process of receiving family help when going through the mental system which we will be outlining. In particular when the illness gets so frightening that it goes into crisis then during the different stages on your journey you will be more resilient so that loving care from your family stands more chance of getting through it all.

With compassion you can soothe fear, so you are more emotionally responsive. Then you can soak up the family atmosphere both when on the ward and at the day center. Like a friendship, it is a nice warm feeling and is a

good way of making social contact with the other service users. That leads to feeling part of a caring community. Then there are other ways of calming and soothing which can combine with compassion and settling down to life again.

The compassion allowed for some connectedness with the other residents and that allowed the sheltered housing to have more of a group feel. We could now socialize with each other and get out and about with each other. This helped with the feeling of confinement and turned the project into a homely place. This was stronger than just a family atmosphere and created a sense of belonging even when it involved group living and sharing the place with other people.

Not being so frightened with compassion had other benefits too. I wasn't so frightened when on my own. I was able to go out with the support of friends and family or professional help. This again had important therapeutic benefits in that sometime doing things by yourself is better than having company. I could spend time at home on my own and be in my own space. Again, this could have a soothing effect and added to the range of different feelings and atmospheres I could experience.

Another thing I found important about compassion was I could start to calm down enough to concentrate. This allowed me to do courses at the day center but more crucially I could do courses outside the mental health

system as at a Further Education college. It meant I wouldn't miss a class with fear and wouldn't fall behind with the syllabus. I could also use it to sit exams and handle the pressure of these. That allowed for a strong sense of achievement when I passed the test.

Another thing that compassion allowed in terms of concentration was some more leisure activities. This included archery and the media. I was now able to focus on the target or follow the plot of a movie at home or in the cinema. I found that the compassionate soothing could be combined with the soothing feel of being able to enjoy these things in my life. Again, archery had a competitive side which allowed a further sense of achievement in my life.

Until I learned compassion therapy, I felt much worry about acting normally around other people. I was frightened of the neighbors when living at the project and independently. Then when out practicing the exposure approach I would end up staring at other people who were causing the paranoia. Controlling this reaction with compassion had to be done by calming down and focusing on the conversation rather than the frightening thoughts I had about the strangers in the same place.

As compassion helped a number of activities it became important to use it to spend time on my own when moved out. Going out was now more a relaxing break from things than had been allowed with the exposure

therapy. Then being at home also became easier as I could distract myself with the media when I got back. The confines of the house tended to concentrate my mind on the voices, but this problem began to ease as there were now many things that could help the pain they had caused.

All this altered the feeling of being at my new home as the compassion allowed for enjoying the time in there. Until then I had associated it like an impersonal hospital ward in that I was suffering in the place and didn't really belong there. Then once I had made social contact and was enjoying life in the place, I began to settle in. Then it began to feel like my place than just somewhere to live at random. This helped with the compassionate soothing and made the other healing strategies more effective.

Confronting fear with supported graded exposure was a very incremental process and compassion helped to find the strength to do this. Once I learned to handle the stress, I felt more able to cope with life's pressures including what had driven me mad in the first place. I got less frightened with the paranoia and stopped worrying about the whole thing going into crisis. What seemed like having a huge mountain to climb began to be tackled one step at a time.

What would really have prevented me from being happy was living in fear of being punished for a big disaster. The answer here was to try to develop insight and

compassion. These therapies allowed some time for enjoying life in material and emotional ways. They became vital to look back over everything that had happened to me with the illness. I could come to terms with the suffering and that helped me look forward and enjoy the time that was left.

In the end the longer you spend in the mental health system the better you will get to know your friends so family support will increasingly fade more in the background. Compassion from friends and family support can be soothing, and you will be a source of strength for each other. You can use this strength to help you stand on your own two feet. So, you will have a therapeutic feeling of self-reliance and independence instead of being institutionalized and afraid all the time.

Problems on the ward

When first admitted to a hospital ward you will be getting the full force of the symptoms. You are maybe weakened by the paranoia, hearing voices, nightmares and stigma. You may not eat or sleep properly so through exhaustion you won't have the strength to overcome these fears. Often the only way left is to soothe things with compassion focused therapy. That should open up a number of emotional possibilities as you go through the mental health system.

When first admitted to hospital and the symptoms are severe the medications and insight approaches often don't work out. Compassion may be the only way left. Once the symptoms have been improved with compassion this allows other techniques like distraction and confrontation to be possible. All this is stress-reducing and should help with the symptoms and what drove you mad in the first place. Yet much of the effectiveness of the combination depends on the level of severity. Compassion can soothe the emotional pain of thinking you are responsible for a terrible event. That should stop the nightmares, so you are more likely to have level one needs met in hospital. The lack of sleep will be terrifying and exhausting and will stop your Maslow safety and basic needs. Then feeling physically drained through no rest and not eating will make the feelings of confinement worse. Compassion could soothe all this. So, you will have the physical strength to tackle paranoia. When you are paranoid and in hospital it should give you the strength for some exposure therapy and so for confronting getting off the ward. It will soothe the fear of being around other people and enable you to have a break from the confinement of the hospital. This is important as being locked up in there and then discharged can be stressful. Compassionate exposure will remove the worry of what to do when the time comes for hospital support to end.

Compassion can also soothe the fear and emotional pain caused by stigma. This is something that could add

to all the problems of being on a hospital ward. It may mean you have lost friends and partners which could be very painful: this on top of all your other problems. Compassion allows connectedness so you can make new ones. This may mean some painful time with a divorce separation so without social contact compassion may be the only way of healing at first.

When newly diagnosed you may be alienated by capitalist stigma. Family is something to be a part of despite stigma and should help with feelings of rejection. Yet compassion could also soothe the emotional pain of both. It will give you the strength not to be labelled as weak by other people. So, you will feel better about yourself. It also allows the possibility of graded exposure to fear so you can demonstrate to yourself and others you are not so weak as the stigma implies.

A family atmosphere

With compassion you will get emotionally responsive to family but in between visits the compassionate family atmosphere can help fill in the gaps. So, the feel of the ward allows for socializing which should help fill the time in. Then without the stress of confinement you will recover faster as schizophrenia is stress induced. At this point too you will feel more motivated to do the distraction activities on the ward and compassion might allow for taking your mind off the symptoms in this way.

Compassion can help you get out and about when on the ward as it gives you the strength in case you should pass out either from fear or emotional pain. That helps break the day up while you are in hospital and allows for other ways of keeping busy. This can help keep you motivated to do what you want when you come back from leave and will make you more engaged and talkative. When everyone is let out, they feel more sociable and that should help the family atmosphere.

You also won't feel so emotionally exhausted so normal emotional relations can resume. Again, this can help you pick up on the family atmosphere. It can also help to get emotional support from the other people on the ward. Then they can share their problems so again you are not feeling on your own. Meeting new people gives the opportunity to get out of the ward socially and enjoy many activities which will help get through the time you spend there more quickly.

Everyone being compassionate with each other will add to the family atmosphere and reduce feelings of hospital being places of incarceration and suffering. This should also help with a low mood and make the ward environment less depressing. Compassion allows for connectedness so with the friendly feeling it will be more soothing. The nurses should have a role here in first creating this atmosphere then afterwards it will become self-sustaining as the patients start to interact.

To do this it might be necessary to bring you out of emotional withdrawal to engage with friendship on the hospital ward. Then the soothing atmosphere will become tangible and much more friendly. The place will seem less austere and institutional. Then it may remove the worry of having to keep quiet about your symptoms in case you don't want to be readmitted. All the same the feeling of confinement might depend on how long you are in for so this might not always be the case.

As compassion should allow you to concentrate on the hospital and day center activities this emotional contact might allow for socializing to be combined with keeping busy. It might give you something to talk about when you are thrown together from all walks of life. This is especially true of day centers where there is more choice of courses available. So, there may be a need here to get off the ward. Then when you are back all this should add more to the family atmosphere of the place.

Opening up your emotions

Compassionate calming down allows for family support at the emotional tier, and this can be usefully combined with compassion. It pulls you out of the self-immersion and allows you to make contact with other people. You can then make friends which will help soothe things further. This in addition to the soothing that compassion can give you. Better still you may meet a new partner, which again is very soothing. You may feel that with respect to low mood as life may begin again.

Compassion will help deepen new friendships. Then it will become more and more soothing as the sense of connectedness started by compassion will continue to grow. It will become caring at a deeper level and so progressively answer the ways the voices are critical of you in very fundamental ways. Friendship is a very powerful emotional feeling. So, it can answer the voices even if there is some truth in what they say. You can tell the voice "I have a friend."

The familial compassion emotion will also provide an answer from the voices as family love can support you with emotional abuse. You will then start to feel better about yourself...your family will love you, so you come through the emotional pain. Again, family love, like compassion, is a very powerful feeling and will be a very soothing reaction. The two together will be even more powerful so you can experience normal emotions and not feel pain all the time.

Their love might give you support with Maslow's basic needs such not being able to eat or sleep in hospital. Then compassion could open up your emotions. So then being loved could soothe you and make you stronger physically, as by being able to eat and sleep, which again might help with the exposure therapy. You might also be stronger to stand up to the voice and not to give in to what it says because you are physically and emotionally drained. Then compassion can help you overcome the submissiveness here further.

Families can also help with insight. Once your emotions are opened, with their love you so you can trust what they say. Then if you feel this you will know it to be true. This should also help with safety needs as with paranoid delusions but also with self-esteem despite what the voices say about you.

Ultimately with compassionate family support it is easier to self-actualize as you can be your old self again. Then your sense of self can be counterposed to what the voices think of you as your family will love you for who you are. This should be a source of teaching compassion and to use it for a more positive self-image. That will be a therapeutic feeling in life. Then as your sense of self grows you will increasingly realize you have many other good qualities to be used against the voice.

Underlying causes.

Compassion will help you come through any breakdown caused by the things that drove you mad in the first place further reducing the risk of this happening again. Another breakdown will be a further source of worry as you may not recover from another one. Then you will feel much safer from the voices or delusions that could cause this. It can be combined with some counselling at this point until you come through the underlying problems. Discharge will be speeded up by soothing what drove you mad in the first place. It will solve the overall levels of stress which might be perpetuating the illness.

Discharge

Compassion helps reduce time in hospital, so you won't become overly dependent on the help. You will see yourself improving and know you will have the strength not to be dependent. So, you won't be afraid of discharge through institutionalization. Again, this might remove another source of stress which could be perpetuating the symptoms.

Otherwise discharge into a project might be needed until the other strategies combined with the compassion can be more effective. From there it is still a big step to practice independent living. Yet compassion can help regain the sense of freedom and independence. You will then have your own therapeutic sense of space and to be able to stand on your own two feet in another way.

If you are too frightened to go out of the project compassion will help you put up with the restrictiveness of living in such a place. As with being on a ward this will add to the family atmosphere of this place too. So, compassion will help create a group feeling which grows over time. Compassion will allow the staff to get more involved with you too, which will enhance the group's feelings. It could also soothe the feelings of being uprooted and the stress of having to move house. It allows for more emotional engagement to make new friends and put down new roots again. This process may take some time but once being compassionate you can see where things might lead.

Relapse

Compassion helps prevent the need to go back into hospital where there has been a very negative experience of this. It gets you through a time of crisis as it also allows the compassionate emotion connection form family. This calming then allows the possibility of thinking about insight, distraction or confrontation at this point which will further help you cope. Finally, it will take the edge of the symptoms so all you have to do is hang in there until they pass. Once you have practiced coping with the fear with this sort of exposure you might be more able to think about the insight developed with the cognitive therapist or to think more compassionately about yourself. Often this exposure therapy had to be practiced first and then needed complimenting. Again, a sequential combination of these approaches might reduce the stressful worries of being confined again as they may help you through a crisis. Sometimes the emotional pain is only there when the fear wears off. It is not clear which is worse as you can pass out with both. Yet you can have both together and both at extreme levels could make you snap. This may also add to the danger of the trauma. So, something stronger like family compassion and insight together maybe the only answer for the two combined. This should make you feel safer about breaking with the stress.

Looking Ahead

So ultimately compassion helps you look forward in life and helps you formulate goals. You will start to feel better and look forward to being discharged. You will begin to realize life is not over, which is the way it seems when you first get schizophrenia. You will be able to define what recovery means to you. This even when still getting some symptoms you might still get to where you want to be. Finally, compassionate friendship might reduce the feelings of confinement so the system might provide an answer to the anti-psychiatry movement. The ward might still be restrictive, and this depends on how long you are in for. Yet with the sense of recovery, we may get to where we want to be despite the symptoms, and you can do this with the help of the psychiatric symptoms.

Conclusions

Compassion has a number of significant benefits which together provide a powerful therapeutic combination for dealing with schizophrenia. These include easing time on the ward supporting the freedom of independent living. Yet more than this it opens up the possibility of family emotional relations which as we have seen can help us climb the Maslow tree at each level. We can then use our sense of freedom for self-growth beyond feeling frightened all the time. So, in the end we may feel a sense of recovery whatever that means to the individual service user.

Maastricht Interview Training for Hearing Voices & Problematic Thought Beliefs & Paranoia Is available online and face to face from the National Paranoia Network. Other training available 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 83079149464 No Password Needed

Sheffield Hearing Voices & Paranoia Support Group runs face to face every Monday 11am – 12pm at The Gardner's Rest Neepsend Lane, Sheffield S3 8AT . Contact Peter Bullimore 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 Mungos

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