



## A New Paranoia Network Established in Perth, Australia

The first Paranoia Network in Australia was launched on the 5th April this year. The initiative was taken after the National Paranoia Network of England delivered training across 4 states in Australia this year. A full write up will appear in the next newsletter.

### The Dreamtime - In the Beginning



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## More on Words like Paranoia By Alec Jenner

Elsewhere, in fact in *Asylum* I did write an article on the word paranoia. It 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 very 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 can't 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 doesn't 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 very 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's 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's 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, so that is the experience of most psychiatrists. The degree to which you can show that is not necessarily 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.

## Fear

By Kate Crawford

I first experienced fear at a very young age this was through being abused by my mother; this gave me a lasting fear of authority, today I still hold that fear

Another example of a time when I felt fear and how exactly I coped with it is on my first admission into a psychiatric ward in 1999 due to attempting to take my own life.

I remember how I felt when I first entered I felt scared and anxious thinking lots of thoughts such as why am I here? What is going on? I was scared at what was going to happen to my Children, I was told that I was selfish for using death as an escape from my problems. They wouldn't tell me what happened with the children all they said was that they were taken into care and that if I hadn't wanted that then I should not have been so selfish. This triggered my anxiety more as I feared that my Children would suffer the same fate as which I did when I was in care I was panicking and becoming erratic as I feared for my children's well being. However the more erratic I became the more aggressive the staff would become they would barge into my room they would forcefully give me medication to sedate me. This was extremely frightening as to add to my fear that I was already having, I felt I was being abused by authority again, which could have been stopped by simply someone coming to talk to me, tell me what was going on and give me some reassurance. I barricaded myself in my room due to the voices in my head becoming really prominent and convincing me it was

the only way I was safe from harm. However the nurses didn't take kindly to this and instead of trying to talk to me and calm me down they forced their way into my room, five male nurses broke into my room and forced me down took down my bottom half of clothing and injected me with drugs to sedate me which was extremely traumatic to me due to my past history of being subjected to sexual abuse. I felt that I was in the dark again just like when I was a child locked away in my prison, yet not literally this time more metaphorically.

The Children came to see me the day after my ordeal with the five male nurses forcefully sedating me. I was still heavily drugged up at the time this being the staffs way of making sure I "behaved". I was not very responsive and I was just sat in the chair dazed and confused and I was drooling. I could see the fear of my Children as to why their mum was like this. They couldn't understand why the person who has always done her best to protect and shield them from fear was sat in such a state not doing much in the way of shielding. It gave me flashbacks of my mother and I and my past experiences with her it made me extremely anxious and determined not to become like my mum and to make sure I did everything in my power to keep my Children from experiencing the same fearful experiences as myself.

I feel that if they had come to help when I asked them to and if they had sat and explained things to me and listened to me then the situation could have been resolved I could have been calmed down and there would have been no need for my fear and anxiety or the unnecessary use of medication.

I feel that fear can be avoided in most cases by simple actions such as the staff listening and explaining things that may trigger fear and cause

erratic behaviour. I feel the staff should ask people what has happened in a person's life to bring them into contact with psychiatric services, this way if a person has experienced trauma the staff can be more sensitive and instead of physically restraining someone causing flashbacks and a great amount of fear, they understand a person's behaviour is a reaction to the fear being caused by being locked away often against their will. In the cases of where fear cannot be avoided there are many different coping strategies that people may use to escape their sense of fear however each strategy is different for each person and what might work for one may not necessarily work for another it's all about how that individual feels and how they choose to deal with it. When I experience fear I try to get away from the situation that may be causing the fears if possible, alternatively I will ring someone I trust to talk through my fears and try to make sense of them, to alleviate anymore pressure, the fears may not totally go away but sharing them and hearing a reassuring voice is very helpful.

Fear is a natural part of life, fear is a reaction to danger, unhealthy fear can be paralyzing but healthy fear can be mobilizing. I now refuse to let my fears be paralyzing because when it affects your social functioning that when it becomes a real problem.



Paranoia Network Makes Links with

Bawu Living Skills Centre in Tropical Far North Queensland, Australia  
A Write Up on the Project

By: Nancy Sippla



Lower Freshwater Cane Fields

Yorkey's Knob Beach, Coral Sea



The Bawu Living Skills Centre is a Queensland Government mental health facility. Bawu is a day program run by the The Cairns & Hinterland Mental Health & Alcohol Tobacco and Other Drugs Service (C&HMHATODS).

Bawu started as a Day Program in the early 90s it was set up because A nurse realized that there was no Facility to support consumers living in The community and he thought that it Would be good to have a safe place For consumers to hang out and Socialize.

In the early days up to 2007, Bawu Was located in the back area of a Community mental health facility it Remained there until 2007 when it moved to its new premises at Pease St.



Prior to the move, the centers were operating in very cramped quarters. There was only one common area which was divided into the kitchen and lounge area. The lounge area was the activity room, meeting room and the dining room! Consumers mainly came to socialize, drink coffee and smoke cigarettes. There was only one nurse running the day program with various case managers giving their assistance whenever they can. Activities included outings, BBQs, arts n crafts, relaxation, etc and activities were dependent on staff availability

*Having a game of cricket by the beach*





As time progressed, consumers were encouraged to participate and contribute to the structure of the program. In 2005 consumers started to push for more changes and Mental Health services were also in the midst of changing service Delivery to a recovery orientated focus. There was a need to look at new Premises as there were limitations due to the high numbers of attendance and Space for activities, not to mention workplace, health and safety issues. A series of planning days were carried out with consumers and stakeholders on Direction of the new centre and the search for new centre begins with consumers Being involved to find THE centre. Consumers wanted a new name for the centre. We no longer wanted to be known As the Mental Health Day Program. There was a unanimous agreement to choose a name that is traditional to the land. The name Bawu was chosen by Consumers in consultation with an Aboriginal Elder. We wanted a name that Symbolizes growth and new beginnings. Bawu means seed in the Yrrigandji Language and like sunshine and water is to a seed .....new growth occurs. Bawu aims to nurture the growth of the seed into a beautiful Tree!

Mosaic project

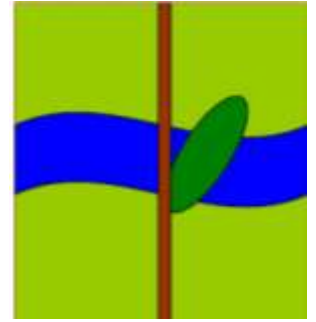
Each consumer made a little mosaic that we put together into one big Mosaic display.



We organised a competition to design a logo to go with the new name

This is the winning logo designed by a consumer ☺

It represents a seedling against a background of a river and grassland. In 2006, there was an increase in staffing from one Staff to three staff - an Occupational Therapist, a Clinical Nurse and a Rehabilitation Assistant.



We developed our mission statement and identified our core values. Our mission statement: To provide a safe and trusting, learning environment to create opportunities to enable participation in the learning of a variety of purposeful living skills activities.

To provide choices, promote a sense of belonging, responsibilities and self determination. To allow self development and personal growth through the journey of recovery.

Bawu's activities are based on the core values of empowerment, community partnership and holistic health. Amazingly, when we had the mission statement written down, consumers feedback that it was what they have been working towards all along, just that no one has put it down in words before!

Activities that usually take place at Bawu include gym at the local gym, yoga at the local yoga school and pottery at the potter's club, woodwork at the local woodworker's guild, computer classes in the community etc. This is in keeping with our core value of community partnership. We have our bi-monthly newsletter. Consumers' participation includes representation at Executive meetings, planning days, peer support program, etc. Consumers have also presented a paper about Bawu at a conference in Auckland, New Zealand and recently we did a poster presentation on social enterprise at a local conference. To summarize, Bawu has evolved much since the early days. It is an ongoing process, each day brings new challenges and surprises but we are all happy with the way things are going.

## **Brian Hickman Aged 42**



It is with deep regret that we have to announce the sudden death of Brian Hickman who sadly passed away in March this year.

Brian was a staunch advocate and campaigner for people with mental health problems, he was a key member of the paranoia network, hearing voices network and asylum associates. Brian taught nationally on ways and ideas of coping with paranoia and hearing voices, he would draw upon his own life experiences to give people an insight as to how you can make sense of what at times can be a confusing reality. He also taught at Manchester University for a period of six years, teaching qualified workers on the COPE Course and second year nursing students. A remembrance event was held for Brian on the 25th April 2011 which would have been his birthday; the event raised £300 which will be donated to the NSPCC. He will be sadly missed by everyone who knew him.

Peter Bullimore



Manchester  
Metropolitan  
University

Asylum Associates & MMU Present a Three Day Congress  
*Understanding and Working with the Consequences of  
Childhood Sexual Abuse*

8th, 9th & 10th November 2011, Center Parcs, Sherwood Forest,  
Nottingham NG22 9DN

Child sexual abuse is a global problem that has long term negative effects on many women and men. This congress will highlight some of the emotional, mental and physical problems that are associated with child sexual abuse. Key issues including abuser tactics, victims, frozen terror, visions and voices, dissociative identities, self injury. The aim of this congress is to consider how such experiences impact on children and the adults they become, and to identify ways that help those who are victimized to survive and recover

**Speakers include:**

**Samantha Warner, Marius Romme, Sandra Escher, Ron Coleman, Peter Bullimore, Mike Lew, Bob Johnson, Simon Mullins, Kate Crawford, Rufus May, Clare Shaw, Sarah Nelson, Gail Coleman, Jacqui Dillon, Paul Hammersley Bernie Ryan, Carol Ashcroft and Kim Doyle**

**Some of the topics included will be**

**Self Harm, Hearing Voices, Paranoia, Dissociative Identities, Spirituality and CSA  
Physical effects of CSA, Tactics of CSA, The Law and Sexual Assault, Suicide  
Prevention, Bi Polar and CSA, Children and Voices, Male Survivors, Supporting  
Families of CSA, Working with Fear and Trauma**

**The Cost of the Congress:**

Waged 1 day £60 [ ] 2 Days £100 [ ] 3 Days £120 [ ]  
Part Time 1 day £ 40 [ ] 2 Days £80 [ ] 3 Days £100 [ ]  
Unwaged and Student 1 Day £30 [ ] 2 Days £60 [ ] 3 Days £90 [ ]

Name .....Address.....

Address for invoicing.....

Tel..... Fax..... Email.....

Please indicate which days and rate you qualify for. The prices do not include accommodation see attached for cheap accommodation prices

Return to Asylum Associates, Limbrick Centre, Limbrick Road, Sheffield S6 2PE England For more details contact Peter Bullimore 07590837694/ Tori Reeve 07590837017

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National Paranoia Network founding member wins mental health media award with BBC world service



Peter Bullimore won the mental health media award 2011 for his work with the BBC world service. The project gave listeners an insight as to what it was like to experience hearing voices. He is pictured above with fellow contributors from the BBC world service (Pascal, Chloe and Claire)

## **If psychiatrists were car mechanics**

My uncle Jack left me a present, his car collection. There were Six cars, some vintage, some newer. The American cruiser was old but beautiful and had some hydraulic problems, the 1960's Morris Minor was in very good condition but was missing a rear view mirror. All need some repair and some love. I booked them in to a local mechanic to get them all up and running.

I turned up on the arranged day to discuss my newly acquired cars. The Mechanic strolled towards me casually scratching his testicles. I noticed that underneath the oil stains of his overall I could clearly see the logo of 'Big pharma auto chemical solutions' but I ignored it.

"Can you have a look at my cars" I asked him.

"Certainly sunshine" He replied "You get a cup of coffee and I'll have a look at them.

"Do you need the log books to know something about the cars" I asked helpfully

"Not need" he said, "History is irrelevant, I'll sort this out, leave it to an expert" I was dubious, a magpie sang in the distance.

Before my vending machine coffee had gone cold he called me back.

"I've sorted it" he announced as he rooted in his nostril with a Big Pharma Auto Solutions souvenir pen from an all expenses paid conference in Honolulu.

"All your cars are auto-schizophrenic"

I was somewhat taken aback

"What are you talking about" I said, The Volkswagen has no engine, the Capri has a faulty rear window demister and the Ford has only go three wheels, how can they all be called auto-schizophrenic" "



“Don’t take that attitude with me sunshine or I’ll impound the lot of them” he replied menacingly

“You can’t section a fucking car” I said with a rising voice

“Oh Yes I can, all six of them” he said.

We had reached an impasse.

“How have you come to the conclusion that all my cars can be diagnosed with auto-schizophrenia in about two minutes” I asked (trying to establish a relationship)

“I’m glad you asked” he replied It’s all based on a 100 year old classification system based on a prototype Audi two seater, well one seater really, the other seat was for the man who walked in front of the car and waved a flag to avoid frightening horses”

I tried to seek clarification

“Are you telling me that you have diagnosed all my car collection with auto-schizophrenia on the basis of a system when the most common form of transport was a donkey?”

“Absolutely squire, if it’s not broken don’t change it – that’s our motto at BPAS, obviously there have been some refinements over the years, and thanks to the involvement of some influential National Socialists we now have definite first rank symptoms of auto-schizophrenia which are a proven sign of the illness. For example a faulty radio, especially a failure to pick up radio two is a definite sign, it’s a fact.

I digested this information; the magpie stopped singing and looked at me.

“How can we solve this” I asked

“Easy” He replied “We’ll just slip some anti psychotic auto medication into the petrol tanks of your cars, they will be fine – job done”

“Will that work” I asked, suddenly excited

“Certainly governor” said the mechanic, It’s proven time and time again. Research you see.

“Who did this research” I asked (It was a fair question)

“The makers of the anti psychotic auto medication” he replied. Even he looked sheepish, the magpie sobbed.

“Are there any side effects of putting this stuff in my cars petrol tanks” I asked

He looked me up and down “You’re a bit of a thinker aren’t you; the answer is frankly – yes”

“What are they” I asked

He coughed to cover his discomfort, “Well your car might die, It will never run properly again and the weight gain can be astonishing”

“How does a fucking car gain weight for no reason” I asked.

“I know” he acknowledged, “someone brought in a fiat two years ago and now we can only move it with a crane. Still it’s better than auto-schizophrenia, science has to progress”

“Is there anything else I should know” I asked him

“Well yes one thing” he replied, “The general public are nervous about auto-schizophrenic cars because of some bad press. As responsible mechanics we need to recognise this, so as we speak the lads in the paint shop are spraying all your cars black and attaching luminous hazard signs to the roof racks”

“Might that effect the way the cars get treated by other drivers” I asked, the magpie was fully attentive now.

“Probably” he replied “best to keep them off the road really, have you considered scrapping them”

“No” I said

I tried to summarise,

“Have I understood this correctly” I said

“I’ve brought you six cars, all different ages, all with different problems that need some care and attention, you have diagnosed them all with auto-schizophrenia, this is based on a hand written, one hundred year old manual for a prototype Audi from the Victorian era that no one can agree about, your solution for the cars is to pump the petrol tank with dangerous chemicals that might not help and may damage them forever, the only evidence that this will work comes from the people who make the chemicals, you want to paint the cars black, attach hazard signs to their roofs and you have suggested that they be scrapped or at least left in dingy garages and ignored. If I disagree with you will auto-section them, have I understood this correctly”

“Spot on” he said “Isn’t progress a wonderful thing”

“Fuck you” I said “I’m taking my cars somewhere else”

He smiled “No point” he said “mechanics round here all went on the same training course and stick to the same manual, we believe in choice, but it’s our choice”

The magpie looked astonished

I walked away shaking my head in disbelief, on the floor I found a

leaflet inviting cars and car owners to a join a support group to try and find another solution.

I called them.

The magpie clapped its wings

Paul Hammersley

Lancaster

# 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, *no t'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*.