

Tamasin Knight

Beyond Belief

**Alternative Ways of Working
with Delusions, Obsessions
and Unusual Experiences**

**Preface by Rufus May
Closing Word by Elaine Hewis**



Peter Lehmann Publishing

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Available online as free download from
www.peter-lehmann-publishing.com/beyond-belief.htm

Earlier edition published by Joan of Arc Project, Exeter, UK

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Acknowledgements

There are many people who I would like to thank for their help, advice and support throughout the process of writing this book and the research that led up to it. They are Rufus May, Janice Hartley, Dave Harper, Sarah Wright, Vicky Nicholls, Andrew Barkla, Elaine Hewis, Clare Coutts, Joe Miller, Michael Knight, Terence McLaughlin, Chris Stirk, Stuart Whomsley, Eleanor Greenwood and all the interviewees and people who participated in the research in other ways. Thanks also to The Mental Health Foundation for their financial support which partially funded the research.

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Tamasin Knight & Peter Lehmann

Foreword

James Brown the soul music artist, who died in 2006, would not use the internet because he believed the FBI has cameras with which they can spy on people through their computers. Was James Brown deluded? Well looking at the decisions and views of some world leaders, it seems to me that delusions are in the eye of the beholder. I would suggest that whether or not James Brown had a delusion about the internet is the wrong question. I would rather ask is how did James Brown cope with this belief? In James Brown's case it would be he did not use the Internet. It is because of Tamasin Knight's ground-breaking research contained here in 'Beyond Belief' that I am confident this is the way to approach unusual beliefs even if the person is seen by mental health services as acutely psychotic. Rather than label and try to remove someone's unusual beliefs why not, if the person is attached to these beliefs, help them live with them?

I was facilitating a self help group the other day and we started discussing paranoia. "I don't think paranoia exists," said one group member. Somebody else had some agreement with this; "there is always an important message in the feeling of fear that needs to be listened to". The self help group was called 'Believe it or not!' and was inspired by the research of Tamasin Knight, that this book documents. The ground-breaking idea she puts forward is that even if someone is considered to be deluded by others, it is not the unusual belief that is the problem it is how it is dealt with.

Tamasin Knight's work builds on the influential work carried out by researchers Marius Romme and Sandra Escher looking at voice hearing. Their conclusion was that society and the individuals within it need to accept that hearing voices is a normal experience for many people and there are many ways to live with the voices, we do not therefore necessarily need to get rid of people's voices in order to help them. In actuality removing people's voices has often been an unsuccessful venture. Tamasin Knight's work suggests the same holds true for unusual beliefs, that we as a society need to accept there are many ways to perceive the world and it is *how* people relate to their beliefs and to the world around them that is crucial to their quality of life, not the ability to think normally or rationally.

The consequence of this thinking offers a real challenge to modern mental health services. Where called upon to intervene, psychiatry has tended to attempt to medicate away people's unusual thinking and modern psychological and psychosocial interventions such as cognitive behavioural therapy have sought often covertly to train people to think more rationally. Rather than trying to make people think rationally, Tamasin Knight's work suggests we should be helping people live with their unusual beliefs and get on in the world. My work as a psychologist with people receiving psychiatric services over the last ten years suggests it may actually be counter productive to try to change someone's beliefs unless this is what the person is agreeing to. What seem more helpful is to create spaces for people to explore their beliefs and share strategies that help them feel safer and more empowered.

This book is a valuable guide to this way of helping people. It offers a refreshing alternative to the many cognitive behavioural text-books that seek to modify people's 'de-

luded beliefs' often without asking permission from the person themselves. In my experience the majority of people with unusual beliefs (that mental health services may describe as delusions) do not engage with therapies that seek to change their beliefs. Accepting the unusual belief and helping someone negotiate with the wider social world, does seem to be more effective and beneficial. Traditionally this has been seen as colluding with the person's delusion and taboo in mental health practice. However colluding with a medical framework of people's problems may be far more damaging than working with someone who holds unusual beliefs in a genuinely collaborative fashion. In the hearing voices self help movement many people have shown that accepting their voices as real rather than imaginary has been helpful in their recovery journeys. For example, for many people their voices are spiritual entities. In Bradford we are working alongside traditional spiritual healers to create healing workshops that will help people deal with negative spirits. To insist on medicalizing this experience is now being recognized as culturally oppressive and colonial.

It seems to me that where people get into problems with unusual beliefs, is when they become isolated with their beliefs and emotions such as fear and anger can then lead to self destructive or occasionally anti-social behaviour. The Home Office's solution to this is to get everybody suspected of having this potential on long term anti-psychotic medication at levels where they are unable to think for themselves past the basic functions of eating, washing and sleeping. However Tamasin Knight's research offers us an alternative to this Orwellian approach. We discover that many people get on with their lives as well as holding beliefs other may deem to be highly unusual. It may actually not be normal to be normal, rather it may be normal to be different and to have different beliefs about the world. We need mental health services to reflect this reality. The results of the ideas and research outlined in this book suggests that what people need is support, community and self help strategies rather than externally introduced thought control techniques and interventions. 'Beyond Belief' will be a valuable resource for helping people who have unusual beliefs. In Bradford we have used it as a self help tool, and as valuable information for mental health workers and relatives of people using mental health services. 'Beyond Belief' has also inspired us to set up a self help group for unusual beliefs called 'Believe it or not!'. I am sure that this publication will enable more people to benefit from this knowledge and approach and help us change the way we as a society approach beliefs we find unusual.

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Introduction

This book explores ways of helping people who have unusual beliefs. These are beliefs that might get called delusions, obsessions, or another kind of psychopathology.

Mainstream psychiatric treatment attempts to remove or reduce conviction in these beliefs. The approach of this book is different – it is about accepting the individual's beliefs, experiences and reality – however bizarre or delusional the person trying to help might view them to be, and then assisting the person seeking help to cope with things as *they* perceive them to be.

Background

Many people in society have beliefs which others consider to be unusual or irrational. For example, a Gallup survey in 1995 showed that 45% of the UK general public believe in telepathy, despite the scientific community viewing there to be no evidence that telepathy can occur. Provided individuals can cope with their experiences, are not distressed by them, and do not cause other people problems, then they do not become psychiatric patients. However, if people cannot function because of their unusual beliefs, are distressed by them, or cause distress to those around them then they are likely to receive psychiatric help.

Unusual beliefs are on a continuum

Traditionally, people who express 'irrational' or unusual beliefs and enter the mental health system are referred to as having delusions, overvalued ideas or obsessions. These are seen as distinct categories depending on strength of belief. Delusions are defined as false beliefs about external reality held despite what almost everyone else believes and despite obvious proof to the contrary. Overvalued ideas are seen to be unreasonable and sustained beliefs maintained with less than delusional intensity. Finally, obsessions are defined as ideas, thoughts, impulses or images that are experienced as intrusive and inappropriate, held with less conviction than delusions and which cause anxiety or distress.

Depending on which type of unusual belief they are considered to have, and whether or not they have other unusual experiences such as hearing voices, people will be given a psychiatric diagnosis. Popular ones are schizophrenia, bipolar disorder or psychotic depression for those seen to have delusions, and obsessive compulsive disorder for those seen to have obsessions. Many clinicians still use this approach although increasing numbers are rejecting the concept of diagnosis viewing it as neither reliable nor valid, preferring instead to take a symptom based approach^{1,2}.

Furthermore thinking is beginning to change regarding the nature of obsessions, overvalued ideas and delusions as these experiences are being seen as more on a continuum with each other and with 'normal' beliefs³.

- 1 The British Psychological Society Report. (2000). *Recent Advances in Understanding Mental Illness and Psychotic Experience*. Leicester: The British Psychological Society. Available online at www.understandingpsychosis.com
- 2 Boyle, M. (2002). *Schizophrenia – A scientific delusion?* London: Routledge.
- 3 See for example, Kozak, M.J. & Foa, E.B. (1993). Obsessions, Overvalued ideas, and delusions in Obsessive Compulsive Disorder. *Behaviour Research and Therapy*, 343-353.

Fits in with findings from the general population

There are many people who have beliefs that meet the criteria for delusions who are living successful lives without becoming psychiatric patients¹. Their beliefs could include believing they are being persecuted by agencies such as the FBI, or that they have special knowledge that no-one else realises, or that they have cancer despite having several tests showing no evidence of this. The difference between these people and those who become mental health patients is whether the individual can cope with their beliefs: whether they are distressed or preoccupied by their beliefs². Yet people who become psychiatric patients are usually only offered treatments which aim to remove their beliefs or convince them that those beliefs are incorrect. Given that the differences are in coping, how ethical is this current practice?

Expansion of the Hearing Voices Network approach

Accepting an individual's own reality and helping them to live with it is a direct expansion of the work of Marius Romme, the ground-breaking social psychiatry professor from the Netherlands, and of the Hearing Voices Network. The Hearing Voices Network is a world-wide network of voice-hearers and their allies; its position is to accept the voice-hearers own explanation for their voices. For example if someone held their voices to arise through telepathy this would be accepted and worked with, as opposed to trying to convince the voice-hearer that they are misinterpreting events.

Accepting a person's own reality and unusual beliefs follows on from social constructionist ideas that there is not one correct or true way of viewing the world, rather there are many different realities all constructed within different contexts³. The reality of a secular businessperson would be very different to that of a devout follower of a religion but it would be difficult to say that one was more accurate or more evidence-based than the another.

Many working in mental health will have been taught that scientific, evidence-based explanations are the only way of understanding unusual experiences and beliefs. Yet there are other perspectives where scientific evidence and explanations are not seen as superior or the only way of defining what is real. For example there are large communities where phenomena such as telepathy and spirits are seen as very real experiences that cannot be explained by current scientific means⁴. Accepting rather than attempting to change an individual's unusual beliefs is a truly non-judgmental way of helping them as it does not attempt to suggest that the person seeking help's way of viewing the world is wrong.

- 1 See, for example, Van Os, J., Hanssen, M., Bijl, R.V., & Ravelli, A. (2000). Strauss (1969) revisited: A psychosis continuum in the normal population? *Social Psychiatry and Psychiatric Epidemiology*, 26, 287-292.
- 2 See, for example, Peters, E., Day, S., McKenna, J. & Orbach, G. (1999). Delusional ideation in religious and psychotic populations. *British Journal of Clinical Psychology*, 38, 83-96.
- 3 Burr, V. (2003). *Social Constructionism*. London: Routledge.
- 4 James, A. (2001). *Raising Our Voices: an account of the Hearing Voices Movement*. Hansell: Gloucester.

As for unusual beliefs that seem unsupported by evidence, the world is not a simple evidence-based place. If for example the Government were to covertly tape individuals' phones or carry out mind control experiments on ordinary citizens then they would be unlikely to leave evidence of this lying around. Conspiracy theory researcher Robin Ramsay who has spent much time investigating various claims, considers that perhaps with all the cover-ups and misinformation that is existent in today's society, that 'I am paranoid but am I paranoid enough?'¹

Taking the approach of accepting an individual's own reality and belief system makes for a less simplistic more varied existence. Who wants to live in a society where only evidence-based beliefs are acceptable and all difference is pathologised? Should we not be accepting difference, and helping people cope with and live with that?

There is a growing call in the mental health survivor movement² for the concept of 'mad pride', the notion that although often painful or troublesome, experiencing unusual beliefs and seeing the world in different ways can have benefits and be valued by people who have such experiences. The argument is about the right to be different and to celebrate that difference – the concept that having unusual beliefs should be seen as a difference to be respected rather than eliminated.

Lisa Barker, a psychiatric system survivor living in Liverpool, UK, is someone who was considered delusional and subsequently had her unusual beliefs removed by psychiatric treatment. She comments:

'Maybe in time, mental health services will come to recognise and even celebrate difference. They will see our individual beliefs as something precious to each person, however bizarre they may seem and leave them intact.'³

Social psychiatry professor Marius Romme takes a similar position about hearing voices, which could equally be applied to the experience of having unusual beliefs, by stating of voice-hearers:

'I want to liberate them. I think they are like homosexuals in the 1950's – in need of liberation not cure.'⁴

Different definitions of help

Mental health professionals and those who receive psychiatric services often have very different definitions of effectiveness when it comes to psychiatric treatments. Due to their training, professionals tend to focus on removing abnormality such as removing or reducing strength of unusual beliefs and reducing 'abnormal' behaviour. However,

- 1 Ramsay, R. (2004). Paranoia. Paper presented at *Paranoia – what can we know about it and how?* Manchester, July 24.
- 2 Current and former psychiatric patients are banding together to demand the same civil and human rights as other citizens. This movement is referred to as the 'psychiatric survivor movement' or the 'movement of (ex-) users and survivors of psychiatry'.
- 3 Barker, L. (2004). What Price Sanity? *Openmind*, 125, 18.
- 4 Bentall, R.P. (2003). *Madness Explained: Psychosis and Human Nature*. London: Allen Lane/Penguin.

increasingly the recipients of mental health services are saying they are more concerned with feeling able to cope or control their experiences and with the overall quality of their lives than with the elimination of abnormality¹. It would therefore make sense to offer help which deals with the concerns of those who will receive it.

1 Reeves, A. (2000). Creative Journeys of Recovery: A Survivor Perspective. In M. Birchwood, D. Fowler & C. Jackson (Eds). *Early Intervention in Psychosis*. New York: John Wiley.

New research

Between 2001-2003, in collaboration with the Mental Health Foundation¹ a project was carried out to determine methods of helping people cope with beliefs that others may consider to be unusual.

There were 15 interviews with people from all over the UK who had experienced unusual beliefs. All of these interviewees had, at some stage, been psychiatric patients. In the interviews people were asked about their beliefs and the various methods and techniques they had used to cope and live with them. In addition, the ways individuals in the general population use to cope with unusual beliefs were studied. This was achieved by email interviews, online discussions and reading books written by people with these kinds of experiences. The transcripts and interviews were analysed using Grounded Theory to discover general coping methods.

Furthermore, the various methods that oppressed groups use to cope with prejudice and discrimination were investigated to see whether they could be of benefit to people with persecution-type beliefs. There were also discussions with individuals who were experienced at working with voices within the voice-hearer's own reality about how this method could be expanded further and applied to unusual beliefs in the absence of voices.

As a result of the overall process many methods of coping were discovered, all of which have been carried out in practice. These coping methods are described in 'Techniques'. Where first names only are used in the examples, this refers to people who were interviewed or took part in discussions in the research.

1 The Mental Health Foundation is a leading UK charity that provides information, carries out research, campaigns and works to improve services for anyone affected by mental health problems.

Additional benefits

Easy, simple practical ways of coping

Working within a person's own reality is straightforward and can be used by anyone, special training is not required. The strategies are simple to use and have been successfully used by nurses, occupational therapists, psychologists, relatives of people with unusual beliefs, as well as those using them as self-help.

Assist those not helped by more traditional methods

The help traditionally available from the mental health services for those with unusual beliefs will depend on what diagnosis the person has been given, and whether they are seen to have delusions, overvalued ideas or obsessions. However, treatment will generally involve the administration of psychiatric drugs and possibly also psychological interventions. The aim of these interventions is to remove or reduce people's conviction in their unusual beliefs.

Aside from other considerations surrounding only offering help in the form of belief modification, many people who have unusual beliefs are fixed in their beliefs and could not give them up despite having mainstream treatments.

More positive identity & does not cause further distress

Attempting to change someone's unshared or unusual beliefs can result in emotional distress arising from the experience of not being believed. Imagine you were being discriminated against because of your race or gender and when you complained about it no-one believed you, but instead told you that you were misinterpreting things. It is likely that you would feel a range of unpleasant emotions such as depression, feelings of being judged and possibly anger. Attempts to suggest or convince people that their unusual beliefs are wrong can cause these same feelings and so result in alienating the person with unusual beliefs¹.

Furthermore, an individual's unusual beliefs (even when they are frightening or otherwise unpleasant) can often make up a large part of their life and identity. When people go from believing, for example, that they are being persecuted, they are a telepath, or have special powers, to losing these beliefs and seeing themselves as mentally ill, they often become depressed and have a more negative identity^{2,3}. One study of people diagnosed with schizophrenia showed that those who accept the diagnosis, i.e. believe

- 1 May, R. (2004). Understanding Psychotic Experience and Working Towards Recovery. In J.F.M. Gleeson, P. McGorry (Eds.): *Psychological interventions in early psychosis services: a treatment handbook*. New York: John Wiley.
- 2 Dixon, M., King, S. & Steiger, H. (1998). The contribution of depression and denial towards understanding the awareness of symptoms in schizophrenic outpatients. *British Journal of Medical Psychology*, 71, 85-97.
- 3 Zaffer, I., Birchwood, M., Chadwick, P., Trower, P. (2000). Cognitive approach to depression and suicidal thinking in psychosis 2. *British Journal of Psychiatry*, 177, 522-528.

they have schizophrenia, have a lower self-esteem than those who resist the diagnosis¹. Viewing oneself as for example, successfully managing to cope with persecution would understandably lead to a better self identity than seeing oneself as having a mental illness or as being vulnerable to interpreting the world wrongly.

Engage those with non-psychiatric explanations

By accepting and working within the individual's own reality it is often possible to work with those seen as difficult to engage, lacking insight, or non-compliant. Using these methods it is possible to work collaboratively with those who have non-psychiatric or non-psychological understandings of their experiences and who may refuse other types of help.

Those working in mental health will find they are more likely to get engagement if their clients are helped with what *they* want assistance with. Emma is a woman I spoke to as part of my research who believes she is being poisoned. As she doesn't consider herself to have mental health problems she is seen as lacking insight. However, she wants help – she wants to know what she can do to protect herself from the poison and wants help to cope with her situation. Unfortunately, the only help she has been offered has been medication and various professionals trying to convince her that there is no poison. As a result she now refuses to speak about her experiences to those working in mental health. It was only because I accepted her experiences as being real and was willing to work within her reality that she would speak to me.

1 Harder, S. (2006). Self Image and Outcome in First-Episode Psychosis. *Clinical Psychology & Psychotherapy*, 13, 285-296.

Techniques

As has been discussed previously, the approach of this book is to work within the person with unusual belief's own reality and help them find ways of coping with situations as they perceive them to be. Therefore if someone believed they were being persecuted rather than attempting to convince them that that was not the case, this approach would be interested in helping them to cope with and live with their persecution experiences and beliefs.

These techniques are often useful when individuals are acutely distressed. They can be used on their own or be combined with other psychological therapies.

In addition to having unusual beliefs some people may be experiencing visions or hearing voices and these can be worked with in the same way. In 'Accepting Voices' one of the contributors, L.P.¹ describes dealing with her visions in this way, and in their book, Ron Coleman, a voice-hearer and mental health trainer, and Mike Smith, a psychiatric nurse², give examples of how to deal with voices held to arise through telepathic communication.

When beginning to help someone cope with their unusual beliefs and experiences the following structure may be helpful:

- Allow people to talk about their unusual beliefs and actively listen to them without trying to modify their beliefs.
- Find out about their reality and look for ways to help them cope more effectively with things as *they perceive them*. It may be necessary to look at books, websites and other information sources dealing with the content of the person's beliefs.

Then depending on the kinds of problems or difficulties the individual is having, and the factors they want help with, select some of the more specific techniques. For convenience these have been grouped into four categories depending on the function of the strategy, although there will be some overlap between the categories. They are:

- Strategies to reduce fear and increase control
- Strategies to increase coping
- Problem solving strategies
- Alternative coping methods

1 L.P. (1993). Eleventh Contributor. In M. Romme & S. Escher (Eds.): *Accepting Voices*. London: Mind.

2 Coleman, R. & Smith, M. (1997). *Working with Voices*. Gloucester: Handsell.

Key principles

Listen

It is often of great help for someone who has unusual beliefs to be able to talk to someone who accepts their experiences as being real and does not try to explain their beliefs away as being a delusion or information processing error. Allowing a person to talk about their beliefs and actively listening to them, without the aim of pathologising or modifying those beliefs, is often a good place to start and can be beneficial in itself.

Such listening and acceptance is beneficial because it does not cause alienation of the person with unusual beliefs. Nor does it set up power differences by implying, whether intended or not, that the person with unusual beliefs' view of the world is wrong and the person trying to help's view is right. By not attempting to change the individual's unusual beliefs their self-esteem can be maintained, and this approach can be protective against depression and a negative self identity. Indeed a person in distress can gain a great deal of support when they are listened to in this way and when others take an interest in them and their lives.

Actively listening involves trying to understand how the individual's experiences make them feel. It uses strategies such as reflection and non-verbal behaviours to demonstrate this to them. To provide the best kind of support to people experiencing these kinds of difficulties it is important to be a good listener, not denying the other persons experience but taking care not to add to their fears.

In addition to offering moral support, working within the individual's belief system will allow the therapist, or person trying to help, to suggest strategies to alleviate the problems *as perceived by the person they are trying to help*. This is described more fully under the next sub-heading.

Speaking to religious ministers can be helpful when people have religious unusual beliefs as these ministers may have a greater understanding of the topic than most mental health professionals. This source of support has the added benefit that it is generally more available than support from statutory services. However, not all ministers are sympathetic to people's distress and can sometimes make things worse, by, for example, stating that an individual's distress means they are evil or is a result of their sin. It is therefore best to take this route with care and possibly try and find out from others who would be a 'good' religious minister to talk to about these issues. Additionally, people who have some prior religious faith can often gain significant benefit from asking their God or spiritual beings for assistance in whatever type of distressing experience they are having.

Think creatively

The various techniques and examples given in this book are meant as suggestions and to be used as a springboard for further ideas. In order to work in this way, put aside your own reality and go into the person you are trying to help's world. Next think of things they could do, or think, to enable them live more effectively in their own reality,

with their belief system. Think creatively and laterally about what sort of things they could do to manage and overcome their problems. After all what the person is saying may be factually correct but improvable and so rather than seeking more and more ways to try and disprove them it may be best to help them cope with the situation as they perceive it.

Many of the mainstream and reasonably well known strategies for anxiety management and problem-solving such as preparing in advance for difficult situations can be easily applied to the approach of working within the individual's own belief system.

Examples of using one's initiative to help individuals within their own reality include the following situations. If someone felt that their spirit had left them, and was very distressed by this, it may help them to look at the spiritual literature and contact relevant organisations to find ways of helping their spirit return. Alternatively, if someone was depressed because they believed they were HIV positive (despite numerous tests showing the opposite) and feared they only had limited time left, it may be best in some cases to act as if their beliefs were correct. This could be achieved by encouraging them to live for the moment and to do the things they feel are important. Similarly, people who have unpleasant memories and flashbacks of incidents that the scientific community does not rate very highly such as alien abduction can be helped in a similar way to those experiencing post-traumatic stress disorder following an event such a violent attack.

Look at books and other kinds of literature dealing with the content of the individual's reality

Looking at the literature specific to the content of the unusual belief can help some people find ways of coping. For example, according to the spiritual literature carrying iron objects can be used to ward off entities such as faeries, spirits and aliens¹ – techniques those with distressing spiritual beliefs may find of use in helping them cope with their experiences. There are also books available such as 'Practical Psychic Self Defense'² which describes techniques of how people can protect themselves against a variety of phenomena such as ghosts, spirits, and from receiving telepathic messages.

Those with distressing experiences regarding subjects such as the paranormal, ghosts or aliens can find information on ways of dealing with these experiences in books and on the Internet. In addition there are online support groups for people with these, and other, kinds of experiences. In these support groups people can share coping strategies and gain support knowing that they are not alone in their beliefs. Good places to look for information relating to a particular belief system include large bookstores (or sometimes small and specialized bookshops) and by doing Internet searches.

Some worry that accepting a person's unusual beliefs and reality is colluding and is going to 'make them worse' however this is something that is not seen in practice. There is a difference between accepting an individual's reality and trying to help them

1 Druffel, A. (1998). *How to Defend Yourself against Alien Abduction*. London: Piatkus.

2 Bruce, R. (2002). *Practical Psychic Self Defense*. Charlottesville, VA: Hampton Roads.

deal with it, and accepting a person's experiences but frightening them even more. Suppose someone's reality is that ghosts are trying to attack them. Accepting this, trying to understand how it must make the person feel and looking for practical strategies to cope with the situation e.g. looking at books about defending oneself against ghosts would be beneficial. On the other hand, accepting the individual's reality but then telling them frightening information such as stories of people killed ghosts would clearly not be helpful.

Strategies to reduce fear and increase control

People who are having problems with unusual beliefs are often very afraid and want to feel safe. The following strategies describe various ways of attempting to reduce an individual's distress and to help them *feel safer and more in control* of their situation. They are particularly useful in the *initial stages of coping*.

Protection strategies

This technique involves suggesting behaviours or actions the individual can do to help them feel safer or more protected in their situation. For example, John was convinced that he was going to be attacked by racist gangs. He would wear various devices to reduce the likelihood of an attacker causing serious harm, a strategy (supported by his psychiatrist) that allowed him to feel less distressed and able to do things he was previously too afraid to do. Similarly, Clare found that wearing a certain hat when watching TV stopped her thoughts from being broadcast to everyone watching. It is also quite common that people feel more protected if they go in to certain situations with another person than if they are alone.

It is understandable that if those trying to help do not share the individual's framework of understanding they may find it difficult to suggest strategies that may help. In these situations, it may be useful to contact organisations or consult books or websites that deal with the topic of the person's unusual beliefs. A collection of strategies to deal with specific unusual beliefs, including negative spirits, aliens and telepathy can be found later on in this book.

When there is no specific knowledge base on the topic of the individual's belief system, thinking laterally and considering what things the person with unusual beliefs could do to make them feel safer or less afraid in their reality is a good way of generating suggestions.

Strategies such as these have traditionally been criticised as they result in the person with unusual beliefs carrying out increased 'abnormal behaviour' and are seen as 'colluding with the delusion'¹. However, there is no evidence that working within the individual seeking help's belief system will make their problems worse. In fact, after using such strategies people often report feeling less afraid, less depressed and more able to control their situation. Protection behaviours often reduce the individual's mental distress considerably and this, surely, is a main aim of mental health treatment. Statements from individuals who have used protection strategies, and took part in my research, demonstrate the value they can serve:

'I was living in a nightmare world. At first I had no way of dealing with the situation I acted 'normally' but my inner world was filled with terror words cannot describe. I then started [using protection strategies] and my distress reduced considerably and I felt much more able to cope, yet because I was acting oddly the professionals said I was getting worse.'

'If I didn't [use protection strategies] my health would deteriorate at an astronomical rate – I'd start having blackouts and be paralysed with fear.'

1 Carr, V. (1988). Patients' techniques for coping with schizophrenia: An exploratory study. *British Journal of Medical Psychology*, 61, 339-352.

After the initial stage of using protection strategies, alternatives can be suggested or present ways of coping improved upon. This will be described later under 'Alternative coping methods'. Although having said that many people who have never been psychiatric patients use protection strategies, for example carrying charms to protect themselves, so how 'abnormal' such coping methods are is questionable. In several respects protection strategies can be seen as being like self-harm – not a symptom but a way of coping, and that alternatives which serve the same end purpose can sometimes be used¹.

Take a break

Another technique that can be very effective as a temporary measure is to help someone get away from their perceived problems. Getting away from a situation can help people to think more clearly. For example, Mary was concerned that her neighbours and work colleagues were all watching her. Her solution to this was to stay with her family, who lived in another part of the country, for a short while. After doing this she became less distressed and more able to cope. Another woman, Jane, felt that she would make other people ill by touching them, and so kept away from them, becoming almost a recluse. Although this was not a permanent solution, it allowed her to feel safer, become less afraid and become able to think of more long-term ways of dealing with her difficulties. Regarding this way of coping she said '*By avoiding contact with people I was able to live*'.

Predicting & planning for difficult situations

This involves the individual predicting when difficult situations are going arise and planning and preparing what to do about them.

In order to help someone achieve this, encourage them to think *what* exactly can potentially harm them and consider *how* it does this. It may be helpful to get them to make a list of situations or objects that they feel can harm them. This will help them organise their thinking and provide a base for overcoming their problems. Next, with the person you are assisting, consider each problem and ask them to think '*what can I do to make myself safer and more in control in this situation?*'

If the person's fears involved possible encounters with hostile forces such as ghosts, aliens, diseases or people wanting to harm them, practicing what they would do or say should that encounter occur can help individuals feel more in control and less afraid. The increased sense of control occurs because they feel more prepared.

Visualising the feared event beforehand is another method people can use to help them to help them gain more control. Similarly considering in advance ways of avoiding or protecting oneself from the event can help some people feel more in control. For some people this technique will involve prevention. In my research I spoke to who Mark felt he could not use public conveniences so he made sure that he didn't drink much while he was out so he wouldn't need to use them.

For examples of things people could plan to do see 'Protection strategies'. An example of this technique used to cope with visions was described in 'Accepting Voices' by

1 Sale, A.U. (2001). Dealing with the Hurt. *Community Care*, 13th December 2001, 32-33.

one of the contributors, L.P.¹, who experienced visions of snakes coming to attack her. She prepared for this by knowing that when the snakes came she should describe their size and location to her partner who would then pull them off her.

Reassurance

This is a self-help strategy involving self-talk to reassure oneself. A person experiencing persecution-type unusual beliefs may be encouraged to think along the lines of *'I'm not doing anything wrong'*, *'it's not going to kill me'* or *'someone else thinking that about me doesn't stop me from doing what I want to do'*². Such thinking is similar to what psychiatric survivors, members of ethnic minorities and others living under oppression use to cope with the confirmed accounts of persecution they receive. Once again looking at information specific to the individual's belief system can be helpful in providing reassurance. For example, someone afraid of being abducted by aliens may be reassured by reminding themselves of the facts such as everyone is returned from an abduction³.

It is also possible to accept an individual's own reality and belief system – and not try and change it at all – but also consider whether they are jumping to conclusions within it. In my research this final method was only used as a self-help strategy, and not everyone will want to be helped in this way as it can result in unpleasant feelings of not being believed, so it is best to ask before proceeding.

Turning the situation around

Most events in life are neither good nor bad; rather it depends on how they are interpreted. The can be true for the types of experiences referred to in this book and so it is sometimes possible to enable people to see events in a different light. For example, Tom stated that he was being watched; he had tested it out and observed on a number of occasions that CCTV (Closed Circuit Television) cameras would move to follow him, but not to follow his friends. At first he was uncomfortable and annoyed by this situation, but later accepted it and came to the conclusion that as he had done nothing wrong perhaps he was being watched for his own protection and should anyone try to harm him the authorities would have the evidence of the attacker on film.

1 L.P. (1993). Eleventh Contributor. In M. Romme & S. Escher (Eds.): *Accepting Voices*. London: Mind.

2 Caution: There is an alternative knowledge, that the subconscious cannot identify negations; according to this knowledge, the reassurance *'it's not going to kill me'* would be heard as *'it's going to kill me.'* To be on the safe side would mean to reassure *'I will survive it.'*

3 LaVigne-Wedel, M. (2000). *The Alien Abduction Survival Guide*. Merrimack, NH: Sweetgrass.

Strategies to increase coping

Talk & support

The importance of allowing a person to talk about their experiences and beliefs and taking those beliefs seriously was discussed earlier in this book.

One of the important features of the Hearing Voices Network (HVN) is the existence of self-help groups. In these groups members can talk about their voices to others who have similar experiences, gain acceptance and support, and have the opportunity to help others¹. Given the similarities between accepting and living with unusual beliefs and the approach of the HVN, several self-help groups for people with unusual beliefs have been set up. These are described in more detail later on in this book in the 'Unusual beliefs self-help groups' chapter.

Support from people with similar beliefs and experiences can be immensely helpful. Individuals may find benefit from attending groups where others share their unusual beliefs, but which are not associated with any psychiatric idea, such as New Age or UFO groups. There are also online groups that can be useful in finding people who share one's beliefs. These groups are particularly beneficial if there is no local group, or if people are too embarrassed or lacking in social skills to attend face-to-face groups. By being a member of either online or face-to-face groups people can share coping strategies and gain support knowing that they are not alone in their beliefs. These groups can be found by doing Internet searches.

One young man I spoke to during my research believed that he had been abducted by aliens who had implanted him with a chip that would monitor his activities and thoughts. He was annoyed about the invasion of his privacy, and afraid that he might be abducted again and not brought back. By joining an online support group for alien abductees, and talking about his concerns to others who accepted his experience as being real, he was able to receive emotional support and practical strategies to enable him to deal more effectively with his situation – thereby managing to avoid contact with the psychiatric services and get on with his life.

The distress caused by not having one's unusual beliefs believed by others and finding no-one who shares them can be compared to how you would feel if you were repeatedly told that your most fundamental religious, political or lifestyle beliefs were wrong, and if you were not associated with anyone who shared your beliefs.

Give the person hope and allow them to feel in control

It is important to assist people to become in control of the situation they are in, and to help them find strategies, such as those described in this book, which increase their sense of control. Individuals often report that once they can control their situation they feel more able to cope and are less distressed. Having a reason why they need to overcome their difficulties, such as the desire to have a social life, to do get a job or to maintain close contact with family, can be a great motivator and aid to helping the individual find ways of coping.

1 Downs, J. (2001). *Starting and Supporting Hearing Voices Groups*. Manchester: Hearing Voices Network.

It can also be of great help and comfort to remind individuals in distress of how people become stronger through adversity. Many people I spoke to in the course of this research said that reminding themselves of the difficulties they have overcome in the past gives them strength to deal with current situations. Therefore it can be helpful to remind people of the obstacles they have previously overcome when facing current difficulties.

Working within belief systems is particularly good in this respect as seeing oneself as having overcome persecution or having found ways of living in a dangerous world is an achievement and something to be proud of. In contrast, seeing oneself as experiencing 'mental illness' is generally a negative identity – something confirmed in numerous studies and personal accounts¹. Indeed it has been observed that suicides tend to occur 'when insight [*i.e. accepting the identity of a mentally ill person*] is developing and where hopelessness [*because of the mentally ill identity and its negative connotations such as life long illness and poor job prospects*] prevails.'² It is therefore possible that by working within the individual's own reality suicides may be prevented because feelings of hopelessness do not develop.

Build up self-esteem and other aspects of the person's life

Many people in society have beliefs which others perceive as unusual or unsupported, and yet they do not come into contact with the psychiatric services. Instead they lead successful independent lives. Unusual beliefs only usually become a problem when individuals become preoccupied by them. Encouraging people to *expand other aspects of their lives* can be helpful in distancing themselves from, and becoming less distressed by, their unusual beliefs. Similarly helping people to *raise their self-esteem* and self worth can enable them to be less bothered and more able to cope with their unusual beliefs.

Rufus May describes an example from his own work of Ben³, who stated that he was being persecuted by the local bus drivers who were shouting abuse at him. The help offered did not involve investigating whether Ben was making perceptual errors but rather accepted the experience as being real and built up Ben's self-esteem and coping strategies so he was no longer bothered by the actions of the bus drivers.

Encouraging people to become involved in other activities, particularly those they feel are important and worthwhile, and building up their social networks and relationships with others, can be useful strategies in making their unusual beliefs less central

- 1 Dixon, M., King, S. & Steiger, H. (1998). The contribution of depression and denial towards understanding the awareness of symptoms in schizophrenic outpatients. *British Journal of Medical Psychology*, 71, 85-97; Zaffer, I., Birchwood, M., Chadwick, P., Trower, P. (2000). Cognitive approach to depression and suicidal thinking in psychosis 2. *British Journal of Psychiatry*, 177, 522-528; The British Psychological Society Report. (2000). *Recent Advances in Understanding Mental Illness and Psychotic Experience*. Leicester: The British Psychological Society.
- 2 Kingdon, D.G. & Turkington, D. (1994). *Cognitive-Behavioural Therapy of Schizophrenia*. Hove: Lawrence Erlbaum. (My italicized comments added.)
- 3 May, R. (2004). Understanding Psychotic Experience and Working Towards Recovery. In J.F.M. Gleeson, P. McGorry (Eds.): *Psychological interventions in early psychosis services: a treatment handbook*. New York: John Wiley.

and troublesome in their lives. The importance of making relationships with people who make them feel valued and accepted was something that particularly came out in my research. Several people stated that the kindness and acceptance shown to them had stopped them taking their own lives.

This approach of increasing other aspects of people's lives links into the 'power-mapping' techniques described by clinical psychologists Teresa Hagan and David Smail¹. They describe assisting their clients to increase their power status as a means to improve their quality of life. They note that this could be achieved by, for example, getting a job, increasing their income, or obtaining a valued role and sense of meaning in life.

Have a structure

In order to prevent their experience from taking over their life people often find it helps to have a structure to their day and to do things unrelated to their unusual beliefs. Many people benefit from creative activities such as art, crafts and music; being encouraged to take part in social activities; and from taking part in activities which re-enforce their good points. This is sometimes referred to as 'distraction' however this term is not used here as there are people who have managed to successfully pursue careers or education courses when they are acutely distressed so these activities can be a lot more than a distraction from one's unusual beliefs.

Continuing with the theme of having a structure, it is generally of help to encourage individuals not to continuously think about their unusual beliefs, or to search the Internet *all day long* for information regarding their concerns, as this can increase their distress levels. Accepting the experience for what it is and encouraging people to get on with their lives, on the other hand, can be a great help. Working within belief systems is particularly good in this respect as it does not dampen people's ambitions or push a 'person with mental health problems' identity on them.

Social action

Sometimes the content of a person's unusual belief can reflect the unpleasant social conditions in which they live. Many Black people have fears about being attacked, discriminated against or talked about – all understandable given the levels of racism that exist in society, yet which often lead the individual to being diagnosed as ill or paranoid. In these cases taking action to change the situation they are in, such as joining campaigning groups or becoming involved in anti-racism projects can be very empowering for those taking part.

Therefore when an individual's belief system involves issues around social injustice – even when they seem exaggerated to the person trying to help – assisting them to try and deal with these issues or suggesting they join groups aimed at doing something about these issues can be very beneficial. This not only allows people to feel they are doing something to improve their situation, but also enables them to gain the social support of others who have concerns about similar issues to themselves.

1 Hagan, T. & Smail, D. (1997). Power-Mapping – I. Background and Basic Methodology. *Journal of Community & Applied Social Psychology*, 7, 257-267.

Problem solving strategies

Overcoming problems

Often an individual's belief system or reality can cause them problems. In these situations it can help to enter into to other person's world and start thinking creatively about how to overcome the problem. This could include thinking along the lines of 'if this was real for me, how might I get around the problem?' It can also help to encourage the person having problems to start thinking up and trying possible ways of overcoming the problem themselves.

Techniques for overcoming problems are related to lateral thinking as they encourage thinking outside the box. Improving one's lateral thinking skills through reading books and attending courses on the subject would be a help in working in this way. Brainstorming possible ways of dealing with the problems reported by the person seeking help, in a similar way to what many people do when trying to deal with 'ordinary' problems, can also be useful. Finally there are some individuals who have for example, been subjected to conformed accounts of persecution, surveillance, or have made unpleasant discoveries that no-one else is aware of. Considering the methods they use to cope can be another source of inspiration when looking for ways to help people having unusual beliefs.

Psychological therapies such as Cognitive Behavioural Therapy (CBT) often include aspects of problem-solving and explore ways of overcoming the individual's problems. Traditional CBT tends to focus on changing people's unusual beliefs. However recent advances suggest that many of the techniques that comprise CBT could be applied to the approach of working within the individual's own belief system, helping them cope more effectively with their unusual beliefs rather than trying to remove those beliefs.

When attempting to help people with unusual beliefs that are preventing them from doing things they want to do the following 4 stage technique can be useful:

Q1. Find out what the individual wants or needs

Q2. Why they cannot obtain it.

Q3. Find out the end goal of the action they cannot do.

Q4. Work within their reality to try and find ways around the problem and achieve the end goal. This could include actions that the individual could carry out to get around the problem as well as things they could think that would allow them to get the goal they need.

An added advantage of this technique is that if those with unusual beliefs learn to use it themselves, once their current problem has been overcome, they can use the techniques for other more everyday problems they experience.

These strategies can be used to deal with a wide range of problems, but to demonstrate, an example of a quite serious situation will be given. In such cases, this form of problem-solving may be a temporary measure while longer term ways of coping are found.

Example of this approach in practice

Q1. What does this person want or need?

They want to drink.

Q2. What is stopping them from getting what they need?

They cannot because they believe the water in their area has been poisoned.

Q3. What is the end aim of the thing they cannot do?

The end aim is get them to drink –not necessarily from the local area.

Q4. What things can the person do to get around the belief and achieve the end aim?

The person could drink by only using bottled water from other areas or abroad.

Dealing with the wider society

Sometimes an individual's behaviour resulting from their unusual beliefs can cause other people problems, and this may be the reason they came into contact with psychiatric services. If these people want to do something to change the situation it can be beneficial to encourage them to be mindful of other people's realities even if they do not share them. This would be similar to respecting another's religious beliefs. Encouraging individuals to respect other people's rights can be important too. For example, stating that even if others are spying on you or plotting against you then that does not give you the right to go and physically harm them.

Alternative coping methods

Sometimes an individual's initial way of coping with unusual beliefs can cause further problems and so looking for alternatives that have the same function can be beneficial. Several examples are given below.

Not attracting negative attention

This is similar to the 'mobile phone ploy'¹ used by some people who hear voices to enable them to speak to their voices when in public without getting negative reactions from those around them. In the context of unusual beliefs, the strategy can involve disguising the individual's coping method so that it does not result in negative reactions from others. Andy's experience was that people could read his mind and as a method of stopping people doing this he would wear tinfoil on his head. Although this allowed him to feel safe and get on with his life, it resulted in people laughing at him in the street. As way of overcoming this problem it was suggested to him that he could disguise the tinfoil when in public by, for example, wearing a hat over it.

Additionally, some people with unusual beliefs find it important to take care before deciding who to tell about their beliefs. Being careful not to attract negative attention from others such as neighbours, the police, or their family, can enable some people to live with their beliefs in a world that does not share them. For example, going around telling everyone that you are Christ, or publicly acting in a very 'bizarre' way is likely to make other people worried and may lead to adverse consequences. By discussing with people the possibility of keeping quiet about their convictions and unusual beliefs when they are dealing with the general public some of these problems can be avoided.

In some cases when the person with unusual beliefs lives with their family, it is the family's difficulty in accepting the difference of their family member that causes the problems. In these cases using techniques from family therapy may be useful in developing a more helpful response from family members.

Alternative behaviours

Sometimes people with unusual beliefs carry out repetitive behaviours in order to feel safe or protected. It is often possible to find an alternative behaviour that serves the same function as the repetitive one (for example, enabling the person to feel protected) but which is less troublesome. When using this technique consider first why the person seeking help does the repetitive actions, and then consider what possible alternatives there are to achieve the same end goal.

Sara was very worried about getting mould on herself and had to repeatedly wash her hands after touching certain objects. She later found an alternative which was to wear latex gloves to protect her hands and dispose of them after use. Mark used a similar strategy. Originally he would wash his hands whenever he felt they had become contaminated with disease, which was very many times a day. Later, he decided to let everything in his house, such as tables, books and clothes become contaminated with

1 Smith, M. (2001). *Psychiatric First Aid*. Gloucester: Handsell.

the disease and concluded that as long as he didn't get the disease inside his body then he would be fine and would not need to wash his hands so frequently. This resulted in Mark taking some extra precautions in situations where he thought the disease was likely to get inside his body, but overall felt considerably less distressed by the new way of coping.

This kind of technique can also be used when people are self-harming because of their unusual beliefs. This is done by encouraging people to self-harm 'safely' by using less potentially dangerous methods for injuring themselves. Alex started seriously injuring himself and stated this was because if he did not great harm would come to his family. After a while, he found he could harm himself in less serious ways, although still feeling he was preventing anything bad happening to his family.

Delaying actions

Mike Smith¹ describes a strategy he calls 'delaying orders' which is used by some people who hear voices. It can be used in the context of unusual beliefs to delay 'Protection strategies' once emotional distress has reduced. If the person seeking help needs to carry out an action, particularly a repetitive one, in order to feel protected they can be encouraged to delay carrying out this action for a short while. Gradually they will be able to increase the time between wanting to carry out the action and actually doing it, giving the individual more control over their life.

An example of this is shown by Chris who would rinse his mouth out every time he thought he might have gone near blood, and this amounted to about 20 times a day. He later decided that he would always rinse his mouth out, however he would try and find something to do in between wanting to rinse and actually doing so. He gradually increased the time between wanting to rinse and actually doing it, thereby giving himself more control over the situation.

Meditation

This technique involves encouraging the individual to visualise something to protect them from their situation. One woman, afraid that her home would be broken into and that harm would come to her and her family, would check that the doors and windows were locked very frequently. As an alternative way of feeling safe but giving her more control over her life, she found and asked her Guardian Angels to protect her house. This allowed her to be free from having to make sure the house was secure all the time as she felt protected by the angels.

A man I spoke to as part of my research was very afraid of becoming dirty so would take baths all day. He later found an alternative which he felt gave him the same amount of protection. This was to say to himself '*pretend you are in the Gobi desert, miles from water, with your camel beside you who will protect you from all troubles*' he said this to himself several times a day and found he could go all day without taking a bath. By pretending he was in the desert, and saying the phrase to himself, he was able to wash only once a day.

1 Smith, M. (2001). *Psychiatric First Aid*. Gloucester: Handsell.

Different themes would be suitable for different people depending on the type of experience and unusual beliefs they are currently having as well other factors, such as religious faiths. One technique, which has been useful to people with a variety of experiences, and which is often referred to in the spiritual and meditation literature is 'White Light'. This involves the individual visualising white light completely surrounding them. Detailed descriptions of this technique are given in other books¹.

1 Detailed descriptions are given in Druffel, A. (1998). *How to Defend Yourself against Alien Abduction*. London: Piatkus. And, Bruce, R. (2002). *Practical Psychic Self Defense*. Charlottesville, VA: Hampton Roads.

Strategies for helping those with beliefs about alien abduction, spiritual experiences & telepathy

A collection of methods that may help people cope with spiritual experiences, as well as alien abduction and telepathy are given below. Many of these have been obtained from the excellent books Practical Psychic Self Defense, How to Defend Yourself Against Alien Abduction, and The Alien Abduction Survival Guide. The initials after the name of the strategy indicate which book gives a more detailed description:

PP = Practical Psychic Self Defense

HD = How to Defend Yourself Against Alien Abduction

AA = The Alien Abduction Survival Guide

Visualized shields (PP, HD) – This strategy involves visualising a thick shield of light or colour surrounding oneself or another person. The purpose of a shield is to provide protection by keeping spirits, telepathic thoughts and similar phenomena out. It takes time to create an effective barrier so individuals should perform regular visualizations, at least once a day, to maintain their shields. This is important as it is usually too late to create a shield from scratch once a spiritual or psychic attack has started.

Sending spirits to the light (PP) – This involves visualising the problem spirit moving into a field or tunnel of white light. This can be enhanced by praying to God, angels or good spirits to take negative spirits away and into the light. As an alternative, a white glowing ball can be visualised and then ‘launched’ at the negative spirit, which will explode on collision.

Morphing visions (PP) – If disturbing or frightening images are seen it is possible to change them into something else more pleasant. Concentrate on the unpleasant image and imagine it transforming into something beautiful. For example see a spider changing into a unicorn.

Running water (PP) – Running water has traditionally been seen to repel negative spirits such as ghosts and demons. In the past, the houses of Celtic healers had to be built over a running stream because of the properties of the water. This knowledge can be applied to current day defence against unpleasant spiritual phenomena. Finding running water and crossing it as soon as possible after a negative spirit has begun an attack can reduce the power of that spirit. In cities and towns, there are water mains in every street so taking a short walk and crossing the street a few times will usually be sufficient to ensure one has walked above running water. Alternatively walking over a running hose can have the same effect. As a long term strategy, some people find it helpful to get a water circulation unit for protecting their home; this can be something as simple as an aquarium tank and pump.

Repelling negative entities (PP, HD) – Various substances can be used to protect against and repel negative spiritual and psychic phenomena.

Salt: Held to protect individuals against negative spirits and faeries. It can be used as a barrier to protect the individual or carried in a small bag. Modern practitioners of Wicca circle their homes with salt on Halloween to obtain protection from wandering spirits.

Iron: Seen as a form of protection against various types of negative spiritual attack including malevolent faeries, aliens, and types of demons and jinn. Many people carry small iron objects or put them in rooms as protective measure.

Herbs: This is a socially acceptable way of protecting oneself against negative entities – Wild Sage, Rosemary, Marjoram, Clove, Cinnamon, Fenugreek, Dill, Thyme, Citrus and Bergamot have all been used to repel psychic attacks and negative spirits. Herbs can be used in a variety of ways including living pot plants, air sprays and oil burners.

Flower essences: Pennyroyal¹ is traditionally considered to be a protection against psychic attack. Many people have reported it to be an effective defence against Celtic faeries, spirits and for those who accept the inter-dimensional hypotheses to explain UFO's, against aliens. Yarrow is also used as a protection from negative influences as well as from 'extreme emotionalism' which may arise from being the victim of a psychic attack. St Johns Wort, as a flower essence, is believed to offer protection against spells, Celtic faeries and paranoia.

Exorcism and similar techniques – Many of the world's religions (Christianity, Judaism, Islam, Hinduism) view possession to be a real but rare occurrence. It is generally felt that spiritual, psychological and medical investigation is needed to detect 'true' possession. In such cases exorcism may be used. However, exorcism is regarded as very dangerous if carried out without the proper authority or in cases where phenomena other than possession are causing the problems.

People who are concerned they are possessed, and have some previous faith, may find benefit from seeking advice from their religious minister. They may be able to support them through the experience, using strategies other than exorcism.

For example, in Bradford, UK, The Spiritual Care Foundation offer an Islamic talking therapy for Muslim people reporting possession. This involves discussion between the possessed and a Muslim cleric. The cleric talks through the situation with the person reporting possession and recites chapters of the Quran to support them and help them recover. This process enables the individual to take control of their life.

Breaking paralysis (HD, PP) – Occasionally, when people first encounter aliens or negative spirits their body is temporarily paralysed. In order to break out of this paralysis and, in the case of aliens to stop the subsequent abduction, individuals can use the following technique. An intense mental effort directed towards moving one part of the body such as a toe. Once movement in one part of the body has occurred the paralysis usually breaks suddenly.

Focusing emotions (HD) – Focusing anger at an alien or spiritual being that is invading on one's space can be a powerful method of defence. Anger is centred on the fact that

1 Caution: Pennyroyal has been used traditionally to induce abortions, so if pregnant seek advice before using this flower essence.

the alien or spirit is violating one's human rights. This technique is carried out by mentally shouting at the entity with messages such as 'go away' rather than unfocused screaming out of fear or terror. A similar technique is taught in self-defence classes when training people to deal with street attackers.

Religious faith (HD and other sources) – If the individual has some previous religious faith, becoming more involved with their faith and building their relationship with their God or holy beings can be a significant help¹. For example, some Christians find strategies such as reciting the Lord's Prayer to be helpful. Whether it is the Lord's Prayer or the fact that reciting *something* gives one strength is irrelevant, what matters is that the person has found a method to help them cope and remain in control. Indeed, it is the confidence that one is being protected that helps people become less afraid.

Some religions provide specific support services for followers experiencing unpleasant spiritual experiences. For example, the Church of England's Deliverance Ministry has a useful website² giving information on paranormal phenomena as well as self-help measures Christians can use to deal with these experiences. The website also describes the support available from Parish Priests to help people with these types of concerns.

Clearing and strengthening the mind (PP) – This is a valuable asset to enable one to cope with spiritual and psychic phenomena. Being able to clear one's mind of unwanted thoughts can increase one's ability to resist receiving telepathic messages. This can be achieved by repeating a mantra, using breathing awareness or meditating. These techniques can also help in dealing with obsessive thoughts that will not go away.

Strengthening one's will-power is another way to increase ability to deal with unusual experiences. Developing self discipline, which can lead to self-mastery, is one way of achieving this.

Attitude to the experiences (from the Southern Paranormal Research Society³) – Many believe that when a spirit is feared or studied it is given recognition and so can gain power. Accompanying the increase in power is the possibility of increasing the spirit's negative effects. This is likely to be similar with aliens, other beings, and people who are attempting to control others. Fear broadcasts energy that can attract negative spirits and aliens, whereas a courageous attitude broadcasts energies that can repel them. This is the same as walking down the streets of a modern city – broadcasting a fearful attitude will tend to attract muggers whereas a fearless confident attitude will repel them.

1 Southern Paranormal Research Society. 'Do's & Don'ts'. Available at www.sprsr.us/dos__dnts

2 www.cofe-worcester.org.uk/work_of_the_diocese/chaplaincy_deliverance.php

3 The Southern Paranormal Research Society is a group existing to help people who are experiencing unpleasant paranormal experiences including ghosts, poltergeists and hauntings. The group's main objective is to investigate, document and provide help and intervention when necessary to people and families in need. They have produced a very useful resource on coping with unpleasant paranormal phenomena: 'Do's & Don'ts'. Available at www.sprsr.us/dos__dnts

Discovering why the experiences started (from Oester¹) – Many believe that benevolent spirits remain on the Earth because they want something or have unresolved issues. It has been suggested that the best way to rid oneself of spirits is to talk to them as if they were a friend who was having difficulties and try to help them. Conversely, it has been suggested that malevolent spirits should be spoken to as if they were annoying people in an attempt to get them to stop their destructive and unhelpful actions.

Furthermore, some believe that malevolent spirits are not drawn randomly to their victims, rather the attraction stems from the negative energy being broadcasted by the individual because of deep emotional issues that are not resolved. In order to encourage these types of spirits to leave, and discourage others from coming, the underlying emotional issues must be solved to stop negative energy being broadcast.

One way of dealing with these issues is summarised below. A full description is given in Practical Psychic Self Defense:

- Make a list of traumatic events that you have experienced. Then rate how each affected you, at the time and now (each on a scale of 1-10).
- Close your eyes, try to relax and use breathing techniques.
- With each event in turn, call up the mental imagery associated with it and imagine the event vividly.
- Condense the image into a discrete package and then imagine grabbing the image and holding it like a sheet of card.
- Push the image away, making it smaller, until it is the size of a postcard, then visualise turning over the image.
- Finally imagine destroying and burning the image by imagining a sword or flame torch.
- Be aware that it may take considerable effort and numerous attempts to turn over the image.

Support groups (AA) – People who have had distressing spirit or alien experiences can be helped by attending support groups for people with these types of experiences. At the moment most of these groups are in the USA. Groups in other countries may be found by contacting national and local UFO groups, or through reading magazines dealing with these topics. Alternatively there are online alien abduction support groups with membership open to individuals in all countries.

Dealing with effect of the experiences (AA, HD and other sources) – Some people become very depressed by their experiences of aliens, ghosts or spirits, and others are troubled by flashbacks of events that have occurred. They can be helped by therapies developed for abductees² or 'ordinary' counselling as used for depression or post-traumatic stress disorder to help them cope with the experience.

1 Dave Oester is the founder of the International Ghost Hunters Society based in the United States. Oester, D. (2002). Exorcism of Ghosts. Available at www.ghostweb.com/pesky.html

2 See for example www.ufoabduction.com/therapists.htm

Other individuals may prefer to join an alien abductee support group or groups for people with spiritual experiences. In these groups they can talk to, and share ways of coping with, people who have similar experiences. In addition, support from family members can be a very important part in helping people deal with their experiences.

Hypnosis is a slightly controversial way of helping abductees. It is generally only recommended for those who are not currently distressed by their experiences because sometimes it can bring back unpleasant memories¹.

Thinking innovatively – Often an individual's experience is not simply about alien abduction or a spiritual encounter itself. The person's concerns may be more complex. For example, they may be worried that they have an implant which allows aliens to monitor what they are doing or because aliens have shown them that the world will soon end.

In such cases some of the above techniques may be helpful, but those trying to help are also encouraged to use their initiative – to think, for example, 'if aliens had just shown me images of the end of the world what might help me cope?' Perhaps you would be comforted by being encouraged to live for the moment, to spend time with family or do the things you've always wanted to. Alternatively you may prefer to question what you have been shown and believe that the aliens are just tricking you for some reason. Such suggestions may be of benefit to the person seeking help. There are a number of very useful websites about alien abductions and spiritual experiences through which one can contact experts for advice. Similarly organisations such as the British UFO Research Association (BUFORA) may be able to give suggestions on how to help people with beliefs and experiences relating to alien abduction.

1 International Centre for Abduction Research. (2000). *Pros and Cons of Investigating Unusual Personal Experiences*. Retrieved from www.ufoabduction.com/hypnosis.htm

Unusual beliefs self-help groups

Unusual beliefs self-help groups are modelled on the hearing voices groups that make up the Hearing Voices Network. There are hearing voices groups world-wide and in the UK alone there are over 180 groups. Hearing voices groups are places where voice-hearers can talk about their voices, discuss ways of coping and receive support from others with similar experiences¹.

In 2004 the Hearing Voices Network developed a charter to define what values hearing voices groups must subscribe to in order to call themselves members of the Hearing Voices Network². This states criteria for affiliated group membership and full group membership.

Criteria for affiliated group membership:

- Affiliated groups, work towards becoming full members of the Hearing Voices Network.
- All group members accept that voices and visions are real for people who experience them, and that the ethos of each group is self-help.
- The primary focus of the group and its members is to share experience, strength, and hope, no more, no less.
- All experiences are unique, no one person within a group is the expert, all are experts by their own experience.
- Group members are free to interpret their experiences in any way, and to challenge social norms.
- Group members are reminded to keep confidential anything that is said in group meetings, and made fully aware of any limits to confidentiality.
- Group members support one another and practice mutual respect, and empathy.
- Group members are free to talk about any issues they are worried about not just voices and visions, using ordinary language, not jargon.

Criteria for full group membership:

All of the above criteria plus the following:

- There is no assumption of illness, group members accept people for who they are, it is not the group's responsibility to make people better.
- Groups are not clinical or treatment programmes, there are no discharges or risk assessments.

1 Downs, J. (2001). *Starting and supporting hearing voices groups*. Manchester: HVN.

2 Hearing Voices Network. (2004). *Clarifying Hearing Voices Network Group Identity*. Manchester: HVN.

- Responsibility for the group lies with group members as a whole and not the facilitator, all group members are equal, there should be no pressure on the facilitator to report back to anyone else.
- Group members aim for the group to become fully self-supporting, facilitated by voice hearers, with all group members having an equal say in decisions concerning the group and any problems are worked out within the group.
- Groups are open to people who do not use services, and people from other geographical areas.
- Group members are free to join for as long or short a period of time as suits them they are not a form of treatment people do not need a referral.

Unusual belief self-help groups apply this approach to the experience of unusual beliefs.

Unusual beliefs self-help groups are groups where people who have unusual beliefs can meet in a safe space. At the groups people can, if they choose, talk about their unusual beliefs and different ways of seeing reality. They can gain support and acceptance from others and may discuss new ways of coping with their experiences. The ethos of these groups is that people's own beliefs are accepted and respected. The experience of being listened to and having one's beliefs respected can be beneficial and liberating for the individual. Others attending the group may experience relief from merely knowing they are in an environment where their experiences will be accepted.

The Exeter unusual beliefs group: 'Better Believe It!'

Introduction

In 2003 an unusual beliefs group, 'Better Believe It!', was set up in Exeter, UK and has met weekly since. The group meets in a room at the Joan of Arc Project which is part of the Bridge Collective, a voluntary sector mental health organisation.

In addition, the Joan of Arc Project is involved in other activities to promote alternatives to the 'medical model' and mainstream psychiatric treatment. These include 'Experts by Experience' where people who have received psychiatric treatment teach professionals about their experiences and perspectives; and 'drop-in' days where people can come to the project to meet and chat to others.

The research described earlier in this book was carried out from a base in Exeter, and the Joan of Arc Project was involved in helping recruit participants for that research. After the research was completed members of the Joan of Arc Project suggested that it would be useful to have a group where people with unusual beliefs could meet, discuss their beliefs, and learn about new strategies coming out of the research.

Over the years before the Better Believe It group was started the Joan of Arc Project had gained a reputation for being a safe and accepting environment. It became known

as a place where difference is accepted; where unusual experiences can be talked about without fear of ridicule; and a place where people with mental health problems' opinions are valued. Therefore it was felt that creating a list of 'ground-rules' for the BBI group was unnecessary. So for example, there is no requirement to arrive 'on time' or to switch off mobile phones during the group meeting. The sense of safety and acceptance is present in the environment itself.

Initially I facilitated the group with Andrew Barkla, a worker from Joan of Arc Project. After a few months I left the area and so Elaine Hewis, one of the people who came to the group, took over the facilitation. Elaine has now been facilitating the group for 5 years.

The group currently has an informal structure. Elaine will arrive before the group starts to set up the room and put the kettle on. Once people arrive she will start by asking a general question such as "how has everyone's week been?" Discussion about the past week naturally progresses to discussion about people's unusual beliefs. As this happens group members share experiences and support each other. Rather than relying on one defined 'facilitator' to provide support and a caring response, group members respond to and support each other. This can be empowering for those attending – enabling them to help others as well as themselves.

What does the Better Believe It group mean to the people who attend?

After the Better Believe It group had been running for 2 years I decided to return to Exeter to visit the group to find out what people got out of coming to the group.

In order to discover this, I carried out an in-depth focus group with group members who consented to take part. This was tape recorded and later analysed. Four group members participated – two men and two women.

The group members' experiences of the group fell into several themes. These are described below. Some details have been changed to protect anonymity:

A safe place to talk about one's experiences and beliefs:

Group members described how the group is a place where they can talk about their unusual experiences and beliefs – something that is not always possible elsewhere.

One member commented that it would not be possible to talk with 'every day people' about their beliefs because these people would not understand. Other members described problems when trying to talk about their unusual beliefs with those working in statutory mental health services. It was felt that due to their professional training plus time constraints psychiatric professionals were not keen to discuss people's beliefs with them. Group members found this unhelpful and commented that not being able to talk about their experiences increased their emotional distress:

'I had some beliefs that my CPN [community psychiatric nurse] dismissed as illness. It was really hard not to be able to talk about them. So that's why I came to the group, to be able to talk about what was going on in my head'.

In contrast, having a group where discussion of unusual beliefs and experiences was permitted was seen as beneficial. Furthermore, it was commented that being able to talk about things at the group reduces anxiety.

The values of the group – that people's beliefs will not be labelled or referred to as 'illness' and that non-psychiatric understandings can be discussed – was seen as key to enabling individuals to feel safe and able to speak freely about their beliefs. Similarly, the fact that the group is not part of psychiatry gives a sense of safety. This is because members know that what they say at the group will not result in them being taken into hospital or given (extra) medication. The group therefore can give support to members about issues they may be too afraid to discuss with psychiatric professionals for fear of the consequences.

Additionally, the group was seen to be a space where people who have had a crisis or breakdown could explore the factors that may have led up to it.

Hearing other people's experiences:

Hearing other people's experiences and beliefs was seen to be a beneficial and important aspect of the group. This can introduce group members to new ways of understanding and coping with unusual beliefs:

'I wanted to know what other people heard in their voices and in their thoughts. And to hear what explanation was put on it by people not part of the psychiatric system.'

Another individual described how group members can learn from each other. One person may talk about a problem they have experienced and the methods they used to overcome it. Others listening to this who are having similar difficulties may decide to try out similar strategies to see if they can also benefit from them.

Finally hearing other's experiences can provide members with relief and reassurance regarding their own experiences:

'It is really satisfying to hear other people's different ideas and how they got their thoughts. It has helped me put mine in perspective. And I feel more reassured'

Acceptance:

The group provides a sense of acceptance for its members and it accepts people for who they are. Group members commented that people can come to the group whatever state they are in – happy, anxious or not feeling like talking – and no one will judge them.

People with unusual beliefs may be rejected or feel alienated by society, friends and family due to their experiences. Finding a new place to belong and to be accepted for who they are can be vital in developing a meaningful life. 'I feel very accepted at the group' one member comments 'you can just come and be'.

The principle of accepting people's unusual or different beliefs and not labelling, pathologising or ridiculing these beliefs is important at the group. One participant, who has a strong religious faith, described how his psychiatrist had told him that some

of his religious beliefs were delusions and he should stop talking about his faith. He described great relief when coming to the group as his religious beliefs and faith were accepted (though not necessarily shared or agreed with). 'I find I am accepted. My faith is accepted. There is no judgement here'.

At first sight these benefits may seem minor. But for someone who has been told over and over again that their unusual beliefs are simply a symptom of mental illness, having their beliefs accepted as valid and can be incredibly important and liberating.

The sense of acceptance the group gives may even lead to self-acceptance for some group members. One participant commented that since coming to the group 'I've stopped feeling like a freak and started to feel like a normal person'.

Sense of belonging and reducing isolation:

All members described a feeling of belonging from coming to the group. The relaxed and informal nature of the group made the group feel 'like a home' or 'like a family'. The group was favourably compared to more structured 'treatment groups' that some members had experienced at hospital and clinics. It was felt that the lack of formal rules enabled people to form closer bonds than they might in treatment groups.

Having unusual beliefs can lead to people becoming socially isolated. This may be due to the content of the persons beliefs, but also frequently because of the prejudice and discrimination that exists in society. Being part of a self-help group can reduce isolation and play a part in expanding individual's social networks.

One member described how she found it difficult to meet people and make friends. Coming to the group enabled her to meet and get to know other members. This in turn led to opportunities for socialising outside the group. The group therefore enabled this person to expand her social network. Additionally, several other members commented that they had made good friends through coming to the Better Believe It group.

Group's existence provides comfort:

Group members do not necessarily come to the group every week. Simply knowing the group exists and is there if they need it provides reassurance:

'I can't always make it to the group, but I know it is there if I need it. It's reassuring to know the group is there.'

Opportunity to help others:

By attending self-help groups people have the opportunity to help and support others. This can give group members a sense of value and worth. Self-help groups can help people to move from being passive recipients of care and treatment to people of value who can benefit others:

'You can't give anything back to your CPN or counsellor, you can say thanks and be a grateful client but you can't give anything back'

‘Not only do I get something from coming [to the group], I also have something to offer’

What are the wider benefits of the Better Believe It group?

Training events:

Members of the Better Believe It group have been involved in organising and delivering training days about unusual beliefs. These have been held at the Joan of Arc Project and have enabled others from all parts of the UK to benefit from the group’s knowledge and experience. The training events have attracted a variety of attendees including mental health professionals, people with unusual beliefs and their relatives.

Linking up with clinical psychology training and developing new research:

The Better Believe It group has made links with the local clinical psychology training scheme and has collaborated in academic research. For example, Daniel Donkor, a trainee clinical psychologist based in the area, has worked in partnership with the group to develop new research into the meanings people give to their experience of unusual beliefs. These ventures have lead to mutual benefits.

Influencing organisation it is part of:

The existence of the Better Believe It group has positively influenced the organisation it meets at, the Joan of Arc Project. While the Joan of Arc Project was previously known as an accepting environment where it is safe to talk about voices, the reputation has now widened to become known as a place where it is safe and acceptable to talk about ones unusual beliefs, even when not at the Better Believe It group. People attending the Joan of Arc project at other times, for example at the weekly ‘drop in’ may now feel safe to talk about or mention their unusual beliefs. This suggests that other organisations that develop unusual beliefs groups may also experience benefits from having a group.

Inspiring new unusual beliefs self-help groups:

The Better Believe It group has inspired others to set up unusual beliefs self-help groups in their own area. This includes the successful ‘Believe it or not group’ in Bradford that Rufus May described in the foreword to this book.

Conclusion

Unusual beliefs self-help groups can be valuable for those who attend and beneficial for the wider community. Self-help groups should not be seen as treatment groups but rather as accepting environments which can have therapeutic effects.

The benefits members of the Exeter unusual beliefs group have received include a safe place to talk about their experiences – where disclosure of their beliefs will not lead to ridicule or adverse consequences; a place where they and their beliefs will be ac-

cepted; and an opportunity to hear about other people's perspectives and experiences. Additionally, members have been able to gain a sense of belonging from coming to the group; the opportunity to help others; and reduced feelings of isolation.

The Exeter group has been running for 6 years. Since being formed at least two other unusual beliefs have been set up which have modelled themselves on the Exeter group. These facts point to the success of this approach and the need for development of further groups.

Summary: Accepting and living with unusual beliefs

Lots of people have beliefs that others may consider to be strange, unusual or not based in fact, and there are many people in society who are living successful independent lives who have beliefs that meet the criteria for delusions. The difference between people with unusual beliefs who do not become psychiatric patients, and those who do, has little to do with the beliefs themselves but rather is about whether or not that person can *cope* with their unusual beliefs.

If the person is overwhelmed by their experiences and unable to cope – perhaps becoming very frightened or depressed – it is likely they will become a psychiatric patient. If on the other hand, they are able to cope with their experiences and are able to manage they will not become a patient.

This would suggest that when people have problems because of their unusual beliefs they should be offered help to enable them to cope with their beliefs rather than interventions focusing on removing their beliefs.

Accepting and living with unusual beliefs is about celebrating diversity. Accepting unusual beliefs allows for a more diverse existence. This approach is very much in line with postmodernist thinking – the notion that there is not one true reality, rather we all have different versions and that scientific understandings and rationality are not superior to other ways of understanding the world. So, in addition to the practical aspects, accepting unusual beliefs stems from an ethical and moral perspective – advocating the right of people with unusual beliefs to be different.

As has been discussed throughout this book there are many different methods which can be used to help people cope with and live with their unusual beliefs.

To summarise:

Active listening & creative thinking

Listening to people talk about their unusual beliefs and experiences, without aiming to convince them that they are wrong can be very beneficial. This can be helpful in itself as it provides moral support and it can also be the first step in finding more specific ways of coping. Relatives and professionals can use this opportunity to try and understand and ‘get inside’ the person they are trying to help’s reality and way of viewing the world. Having an understanding of the person’s world-view is vital in order to help them cope.

It is important to note that accepting people’s unusual beliefs does not mean that the helper has to agree with or share the person’s beliefs. Accepting a person’s unusual beliefs is similar to accepting another’s religion as being valid without having to personally share it.

Those using this strategy as self-help are advised to carefully select who they choose to discuss their unusual beliefs with. Unfortunately not everyone will listen to you in the way you might like, so choose someone you trust.

Look at topic specific literature

Looking at books, other information sources, and groups dealing with the topic of the individual's unusual beliefs can help some people find ways of coping with their experiences. This can also put the person in contact with others who have similar beliefs and so help them feel that they are not alone.

Strategies to reduce fear and increase control

People having problems with unusual beliefs can often be very frightened. In these cases there are a number of coping strategies that can be used. These include planning in advance for difficult situations; doing particular activities to make oneself feel safer; gaining reassurance; turning the situation around to put a positive slant on things; and 'taking a break' – temporarily getting away from one's problems. All these strategies can be used either as self-help or by professionals and relatives.

Strategies to increase coping

There are a number of methods that professionals and relatives can use to help improve a person's overall ability to cope with their unusual beliefs. These include helping the person to get in contact with others with similar experiences; providing hope; enabling the individual to feel in control; building up self-esteem and other aspects of the person's life; having a structure to one's day; and taking action to change adverse social circumstances.

Problem solving strategies

Often an individual's belief system or reality can cause them problems. In these situations, relatives and professionals can help by entering the other person's world and start thinking creatively about how to overcome or get around the problem. Many of the mainstream and well known problem-solving approaches can easily be applied to the approach of accepting and living with unusual beliefs. Those wanting to use problem solving strategies as self-help may find it useful to read books about problem-solving, lateral thinking and brainstorming to improve their abilities at this skill.

Alternative coping methods

Sometimes an individual's way of coping with unusual beliefs can cause further problems – either in terms of emotional distress or in relation to other people. There are a number of strategies that can help here. These include disguising the person's coping method so not to gain negative reactions from others; finding alternatives to the troublesome behaviour which serve the same function; delaying carrying out repetitive actions; and meditation strategies such as visualising something to protect oneself from the situation. These strategies can be used as self-help or by professionals and relatives.

Conclusion

If an individual has problems because of their unusual beliefs, professionals and relatives can help by accepting the person's unusual beliefs and helping them find ways of coping and living with their experiences.

As has been discussed, there are many different methods and ways that can be used to help people cope with their unusual beliefs and experiences.

Those working in the health services who use this approach in their work may find they experience greater engagement with clients and find new ways of overcoming their clients' problems

Furthermore, this approach and the coping methods described in this book give relatives tools to help their family member to get through and overcome their difficulties, thereby enabling relatives to play a valuable role in recovery.

Finally, for those using this as self-help, the aim of this book and approach is to put you in control – deciding which explanations and which strategies work for you – so that you can overcome the problems you are experiencing and live the kind of life you want.

Closing word

For a long time hallucinations and delusions have been just that. Labels the doctor gives you for something he does not understand. What a difference it makes when people who are experiencing them have the space to talk about them. Even better still when people can discuss their experiences without resorting to those terms.

The Better Believe It group has been running at the Joan of Arc Project in Exeter since Tamasin set it up in 2003, whilst a psychology student at Exeter University. She brought her ideas and suggestions that are detailed in this book to see what people who had received a set medical model diagnosis thought. Her ideas and conversation were well received. Having known Tamasin and shared our beliefs around personal experiences I wanted to support her in her innovative approach to hallucinations and delusions. When Tamasin left Exeter the Better Believe It group continued to flourish and four years later still meets once a week. It continues to give people space for conversations around their unusual beliefs. Paranoia becomes something else: someone's story of his or her day-to-day life. There can now be room for laughter when people talk about their experiences. That wonderful moment of recognition. Suggestions about how they have dealt with their different beliefs: coming from a different planet, for example, or the security guard who "smells you out" when you enter the shopping mall. These conversations help people live with and develop coping mechanisms around experiences that have threatened their lives and the lives of others.

That this way of working is a success is evident in the Better Believe It group. When people realise that THEY can be in control of the ways of coping that work they show great relief. They develop ways of dealing with difficulties that mean they are no longer stigmatised by society. This is an approach we should all be examining to discover better ways for people to live with their beliefs without being ostracised or feeling that their voice is being ignored.

Elaine Hewis

Consultant Trainer and Lecturer

Ex service user

Joan of Arc Project

Exeter, UK

Further reading & contacts

Unusual beliefs

Better Believe It Group, Exeter, UK. Better Believe It Group, The Bridge Collective, Unit 4, 7-9 King Street, Exeter, EX1 1BQ. Tel: 01392 433358.

Hearing voices

Romme, M. & Escher, S. (1993). *Accepting Voices*. London: Mind.

Romme, M & Escher, S. (2000). *Making Sense of Voices*. London: Mind.

Coleman, R. & Smith, M. (1997). *Working with Voices*. Gloucester: Handsell.

Intervoice, the international community for hearing voices. *Provides a considerable amount of information on hearing voices, and gives links to national hearing voices network websites world-wide*. Website: www.intervoiceonline.org

Hearing Voices Network – United Kingdom. Hearing Voices Network, 79 Lever Street, Manchester, M1 1FL. Enquires & Info Tel: 0845 122 8641. Helpline: 0845 122 8642 (10am-4pm, Mon-Fri) Email: info@hearing-voices.org
Website: www.hearing-voices.org

Hearing Voices Network – United States. HVN-USA
P.O.Box 259001, Madison, WI 53725 USA. Tel: 608.446.6578
Email: hvn-usa@hotmail.com – Website: www.hvn-usa.org

Hearing Voices Network – Australia. HVN Australia, Richmond Fellowship of WA, PO Box 682, Bentley 6982, Western Australia. Tel: (08) 9258 3060
Email: admin@rfwa.org.au – Website: www.rfwa.org.au/hvna.php

Psychic experiences

Bruce, R. (2002). *Practical Psychic Self Defense*. Charlottesville, VA: Hampton Roads.

Alien abduction

Druffel, A. (1998). *How to Defend Yourself Against Alien Abduction*. London: Piatkus.

LaVigne-Wedel, M. (2000). *The Alien Abduction Survival Guide*. Merrimack, NH: Sweetgrass.

Spiritual experiences

International Spiritual Emergence Resource. *Provides information and links to world-wide support networks for those experiencing spiritual emergency. Defines spiritual emergency as 'when experiences are so far outside ordinary experience they cannot be understood, when the energy opened is too intense to handle'.*

Email: contact@kaia.ca – Website: www.kaia.ca/ISER_Home.php

Spiritual Crisis Network, UK. *Provides email support for those in spiritual crisis and their carers; and self-help advice on their website. Defines spiritual crisis as a 'turbulent period of opening and transformation' and 'a process of spiritual emergence or awakening which becomes unmanageable for the individual.'* Email: info@SpiritualCrisisNetwork.org.uk
Website: www.spiritualcrisisnetwork.org.uk

Spirituality and Psychiatry Special Interest Group of the Royal College of Psychiatrists. *Provides an archive of interesting papers and articles on the website; also holds one day meetings.* Website: www.rcpsych.ac.uk/college/specialinterestgroups/spirituality.aspx

Alternative mental health services

Stastny, P. & Lehmann, P. (Eds.) (2007). *Alternatives Beyond Psychiatry*. Berlin / Eugene / Shrewsbury: Peter Lehmann Publishing.

Lynch, T. (2004). *Beyond Prozac: Healing Mental Distress*. Ross-on-Wye: PCCS.

Double, D. (2006). *Critical Psychiatry – The Limits of Madness*. Basingstoke: Palgrave.

Johnstone, L. (2000). *Users and abusers of psychiatry: A critical look at psychiatric practice (second edition)*. London: Routledge.

Soteria Project. *Soteria House was a non-professionally staffed crisis house in the USA. People newly diagnosed with schizophrenia could stay at the Soteria House as an alternative to hospital admission and receive therapeutic and emotional support but little or no medication. People admitted to Soteria House had significantly better outcomes than controls receiving conventional psychiatric treatment in hospital. The website describes this work, the research surrounding it, and future developments from the project.*
Website: www.moshersoteria.com

Soteria Network. *Believes people can come through severe mental distress without, and sometimes despite, psychiatric help and seeks to enable people to make sense of and come through distress in a non-coercive and non-oppressive way. Supports the creation of crisis houses around the UK which offer a non-medical alternative to acute hospital care/ rehabilitation. Has email discussion list and annual conference.*
Website: www.ccmh.uce.ac.uk/soteria_network.htm

Runaway House, Germany. *A place where homeless people who have experienced psychiatry can stay rebuild their lives. They are helped and supported through 'psychotic' crises, and offered support to come off psychiatric medications if they wish.* Website (in

German): www.weglaufhaus.de. Several English and other language articles available at www.weglaufhaus.de/non_german.html and at www.peter-lehmann-publishing.com/articles/index

Critical Psychiatry Network. *Rejects medical model for understanding emotional distress, preferring a social model. Critical psychiatry has three main focuses – challenging the dominance of clinical neuroscience in psychiatry; introducing a strong ethical perspective on psychiatric knowledge and practice; politicising mental health issues. Provides a support group (email and face to face) for psychiatrists working in this way.*
Website: www.critpsynet.freeuk.com

MindFreedom International. *Independent nonprofit coalition that defends human rights in the mental health system and promotes humane alternatives for mental and emotional well being.* MindFreedom International, 454 Willamette, Suite 216, PO Box 11284, Eugene, OR 97440-3484, USA. Tel: (541) 345-9106, toll free in USA: 1-877-MAD-PRIDE (623-7743). Email: office@mindfreedom.org
Website: www.mindfreedom.com

The Icarus Project. *A website community, support network of local groups, and media project created by and for people ‘struggling with bipolar disorder and other dangerous gifts commonly labelled as “mental illnesses”’ Their goal is ‘to help people like ourselves feel less alienated, and to allow us – both as individuals and as a community – to tap into the true potential that lies between brilliance and madness’.* The Icarus Project, c/o Fountain House, 425 West 47th Street, New York, NY10036. Phone: 8777875883. Email: info@theicarusproject.net – Website: <http://theicarusproject.net>

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Peter Stastny & Peter Lehmann (Eds.)

Alternatives Beyond Psychiatry

Preface by Robert Whitaker

Soft cover · 432 pages · 3 figures · ISBN 978-0-9545428-1-8 (British ISBN)

ISBN 978-0-9788399-1-8 (American ISBN)

Berlin · Eugene, OR (USA) · Shrewsbury (UK): Peter Lehmann Publishing 2007

Price: € 24.90 · US-\$ 39.50 · CHF 43.70 · £ 18.99 · CAD 40.25 · AUD 42.90 · JPY 3900

Delivery costs: € 3.— · US-\$ 4.75 · CHF 4.80 · £ 2.— · CAD 4.60 · AUD 5.20 · JPY 470



The great book of alternatives to psychiatry around the world. (Ex-) users and survivors of psychiatry, therapists, psychiatrists, lawyers, social scientists and relatives report about their alternative work, their successes, their individual and collective experiences. The book highlights alternatives beyond psychiatry, current possibilities of self-help for individuals experiencing madness, and strategies toward implementing humane treatment.

- What helps me if I go mad? How can I find trustworthy help for a relative or a friend in need?
- How can I protect myself from coercive treatment? As a family member or friend, how can I help?
- What should I do if I can no longer bear to work in the mental health field?
- What are the alternatives to psychiatry, how can I get involved in creating alternatives?
- Assuming psychiatry would be abolished, what do you propose instead?

Those are some of the questions, which are addressed by the 61 authors from all continents.

Themes: Personal alternatives – Natural healing methods – Intervoice for voice-hearers – Jogging and arts instead of psychiatry – Unusual Belief Groups – Recovery and empowerment – Soteria – Runaway-house Berlin – Second Opinion Society – Trauma informed peer run crisis alternatives – The Crisis Hostel project in Ithaca – Sicilian way to anti-psychiatry – Windhorse – Hotel Magnus Stenbock – Psychotherapy instead of psychiatry – Open dialogues – Common-sense solutions for troubled children and teens – Alternatives for minorities and families – To be with people who suffer from dementia – Experiences of gay, straight and bisexual men – MindFreedom International – Enforcing legal rights – INTAR – The Personal Ombudsman in Skåne – PSYCHEX – Advanced directives – Organising, self-help and internet – MindFreedom Ghana – User led research – and much more.

Contributions by Volkmar Aderhold, Laurie Ahern, Birgitta Alakare, Karyn Baker, Wilma Boevink, Pat Bracken, Stefan Bräunling, Giuseppe Bucalo, Dorothea Buck-Zerchin, Sarah Carr, Tina Coldham, Bhargavi Davar, Jeanne Dumont, Merinda Epstein, Sandra Escher, James B. (Jim) Gottstein, Chris Hansen, Michael Herrick, Guy Holmes, Andrew Hughes, Theodor Itten, Maths Jespersion, Hannelore Klafki, Bruce E. Levine, Harold Maio, Rufus May, Shery Mead, Kate Millett, Maryse Mitchell-Brody, David W. Oaks, Peter Rippmann, Marius Romme, Marc Rufer, Gisela Sartori, Jaakko Seikkula, Andy Smith, Chris Stevenson, Dan Taylor, Philip Thomas, Jan Wallcraft, David Webb, Salma Yasmeen, Laura Ziegler and many more.

➔ More about the book see www.peter-lehmann-publishing.com/books/without.htm



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Peter Lehmann (Ed.)

Coming off Psychiatric Drugs

Successful Withdrawal from Neuroleptics, Antidepressants, Lithium, Carbamazepine and Tranquilizers

Prefaces by Judi Chamberlin, Pirkko Lahti and Loren R. Mosher

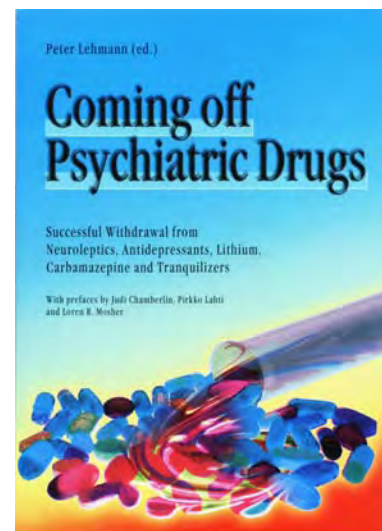
Soft cover · 352 pp · ISBN 978-0-9545428-0-1 (British ISBN)

ISBN 978-0-9788399-0-1 / 978-1-891408-98-4 (American ISBN)

Berlin · Eugene, OR (USA) · Shrewsbury (UK): Peter Lehmann Publishing 2004

Price: US-\$ 34.50 · € 21.90 · CHF 38.- · £ 16.99 · CAD 35.40 · AUD 37.75 · 3434 JPY

Delivery costs: US-\$ 4.75 · € 3.- · CHF 4.80 · £ 2.- · CAD 4.60 · AUD 5.20 · 470 JPY



The world-wide first book about *Successful coming down from psychiatric drugs*.

The book has a provocative message: life-experiences sometimes differ from scientific agreements. Based on the personal experiences of (ex-)users and survivors of psychiatry and the few professionals who assist people to come off psychiatric drugs, the book is a good place to open the discussion. The book should be available in every medical practice, in every therapeutic ward, in every patients' library.

Pirkko Lahti, President of the World Federation for Mental Health, 2001-2003

This book is a must read for anyone who might consider taking or no longer taking these mind altering legal drugs and perhaps even more so for those able to prescribe them.

Loren R. Mosher MD, Soteria Associates, San Diego

Millions of people are taking psychiatric drugs like Haloperidol, Prozac, Risperidone or Zyprexa. To them, detailed accounts of how others came off these substances without once again ending up in the doctor's office are of fundamental interest. In *Coming off Psychiatric Drugs*, 28 people from Australia, Austria, Belgium, Denmark, England, Germany, Hungary, Japan, Netherlands, New Zealand, Serbia, Sweden, Switzerland and the USA write about their experiences with withdrawal. Additionally, eight professionals, working in psychotherapy, medicine, psychiatry, social work, natural healing and even in a runaway house, report on how they helped in the withdrawal process.

Chapters: The decision to withdraw · To withdraw without pharmacogenic problems · Coming off step by step · Counterweights · With professional help · Better sometimes than forever · Professional acting · The time after

Authors: Karl Bach Jensen · Wilma Boevink · Michael Chmela · Gábor Gombos · Katalin Gombos · Maths Jespersen · Kerstin Kempker · Eiko Nagano · Mary Nettle · Una M. Parker · Erwin Redig · Marc Rufer · Jasna Russo · Lynne Setter · David Webb · Josef Zehentbauer · Katherine Zurcher · and many more

➔ More about the book see www.peter-lehmann-publishing.com/withdraw.htm



About the editor

Education as social-pedagogist. Survivor of psychiatry, living in Berlin. Author and publisher since 1986, then foundation of Peter Lehmann Publishing. From 1997 to 2000, board-member of Mental Health Europe, the European section of the World Federation for Mental Health. From 2002 to 2004, Secretary of the European Network of (ex-)Users and Survivors of Psychiatry (ENUSP), since 2004, board-member for the North-East European region.

➔ More about the editor see www.peter-lehmann.de/inter

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