

# **The Experience of Paranoia and Delusions Workshop Report**

## **By Mags Ryan, SI RDO for the SHB region**

### **‘The Experience of Paranoia and Delusions’ Notes from the Workshops**

On 2<sup>nd</sup> and 3<sup>rd</sup> November 2004 in the Gresham Metropole Hotel in Cork, Peter Bullimore and Christopher Stirk, from the Paranoia Network in Sheffield, carried out two one day workshops on the experience of paranoia and delusions. The focus of the workshops was looking at these experiences from a self-experience point of view, offering some practical strategies and hope and optimism for all present. The 2<sup>nd</sup> of Nov was oriented towards those experiencing paranoia and the 3<sup>rd</sup> was particularly aimed at relatives and professionals. 34 people with self-experience came from all over the country and 85 relatives and professionals attended the second day.

The areas covered included:

DSM Version on paranoia, what helps with paranoia? Recovering from paranoia, creating safety, personal experience, triggers & warning signs, short term coping strategies & life building, Case Studies, deconstructing paranoia exercise and video

A theme throughout both days was the fact that the medical model alone is insufficient in supporting someone experiencing paranoia and delusions and is sometimes not helpful if a range of psychological, social and occupational supports do not accompany it. One of the core elements to be taken from the workshops is the need for people to be heard and respected for their experiences and to be valued as experts of their experiences in their own rights.

### **Hand Outs (Selection) for Paranoia Workshop from facilitators Peter Bullimore & Christopher Stirk, Paranoia Network, Sheffield, England**

#### **What is Paranoia?**

- Not a disorder in itself, but may be a major feature of certain disorders or a smaller part of other disorders
- Or is it Normal when you understand the person’s context?
  - A consequence of experiences.

#### **The established View of Paranoia**

- Paranoia is an unfounded or exaggerated distrust of others, sometimes reaching delusional proportions. Paranoid individuals constantly suspect the

motives of those around them, and believe that certain individuals or people in general, are 'out to get them'.

- A continuum of suspiciousness.
- Paranoid perceptions and behaviour may appear as features of a number of mental illnesses, including depression and dementia, but are most prominent in three types of psychological disorders: paranoid schizophrenia, delusional disorder (persecutory type), and paranoid personality disorder (PPD).

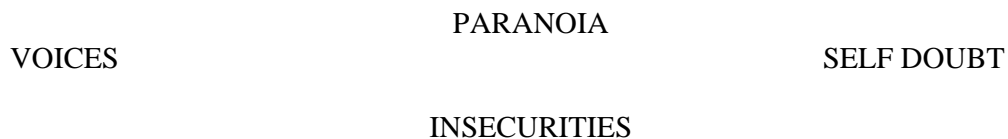
Ref: DSMIV

### **Paranoid Delusions?**

- Individuals with paranoid schizophrenia and persecutory delusional disorder experience what is known as persecutory delusions

Delusion: an irrational, yet unshakable, belief that someone is plotting against them or doing them harm.

### **WHAT IS THE STARTING POINT FOR ME?**



### **HOW PARANOIA MAKES US FEEL**

People are talking about me, frightened, isolated / alone, guilty, I feel different- 'not normal', I take things personally, anxious, betrayed, exposed, insecure, vulnerable

### **HOW PARANOIA EFFECTS OUR BEHAVIOUR**

Avoiding places / situations, want to be safe, withdraw

<b>WHAT MAKES ME FEEL UNSAFE</b>	<b>THINGS THAT MAKE ME FEEL SAFE</b>
<p><b>PEOPLE</b>  Being in crowds  Being with professionals /  People I feel have power over me  Eye contact  Unpredictability of drunk people if I'm sober</p>	<p><b>FAMILIARITY</b>  Being at home  Being in church  Being in my home area  Paranoia support group</p>
<p><b>PLACES</b>  Being in unfamiliar places  Having to get appointments  Background noise  (sometimes) Being in church  Public transport</p>	<p><b>AVOIDANCE</b>  Not watching TV  Not following the news  Avoiding other media sources  Avoiding music stores</p>
<p><b>VULNERABILITY</b>  Travelling alone</p>	<p><b>CHALLENGING</b>  Time limits  (I'll stay out for just one hour)  Checking things out  Putting things into perspective</p>
<p><b>OTHER</b>  Missing a dose of medication  Television  Media</p>	<p><b>COMFORT / ENJOYMENT</b>  Walking  Being close to nature  Feeding the ducks</p> <p><b>OTHER</b>  Leaving Sheffield</p>

## TRIGGERS and WARNING SIGNS

<b>TRIGGERS</b> <i>Things that are likely to make us feel worse</i>	<b>WARNING SIGNS</b> <i>Things we've noticed happen just before becoming more unwell</i>
Increased Responsibility Too Much Pressure Lack of Sleep Spending too much Time around Others Fear of Failure Inability to say 'NO' Being too hard on Myself Alcohol	'Seeing Things' Not making Time to Eat Racing Thoughts Increased Frequency / Negative Voices Altered Sleep Pattern Spend more Time around Others / Isolate Self Drink more Alcohol

## WHAT I DO TO HELP WHEN I NOTICE THE WARNING SIGNS

CUPPA: small focused task

PUZZLES: to occupy my mind

WRITING A LETTER, not necessarily to be posted

<b>WHAT HELPS</b>	<b>WHAT DOESN'T HELP</b>
Distraction Isolation Going Home Media <ul style="list-style-type: none"> <li>• Watching the TV</li> <li>• Listening to the Radio</li> </ul> Being on a Ward <ul style="list-style-type: none"> <li>• Feeling Safe</li> <li>• Not having to Pretend</li> </ul> Being listened to	Isolation Going out <ul style="list-style-type: none"> <li>• Feeling Vulnerable</li> </ul> Not having a Diagnosis Humiliation Being exposed as a 'nutter' Media <ul style="list-style-type: none"> <li>• Stereotypes</li> <li>• Reading more into Stories</li> </ul> Being on a Ward <ul style="list-style-type: none"> <li>• Feeling Powerless</li> <li>• Being made to feel a Nuisance</li> </ul> Medication <ul style="list-style-type: none"> <li>• Side-Effects</li> </ul> Not Being Believed

## **Coping Strategies**

- Try to rationalise thoughts; don't just accept paranoid thoughts, challenge them.
- Give time to strengthen mind and body to deal with paranoid thoughts (for example, get plenty of rest, good food, relaxation).
- If you think people are talking about you, don't focus on the negatives; think that they are saying nice things about you or check it out with someone to see if they are saying anything about you.
- Talk things through with friends. This can help us see things differently.
- Check things out. Don't assume things are not real.
- Repeat a phrase in your mind (such as: 'I am doing fine' or 'Everything is ok' or 'I'm safe').
- Recognise the hostility that is part of everyday life, and that being subject to hostility that is socially acceptable (like forced drugging or incarceration) makes it harder to tell whether we are at other times being subject to hostility or not.
- Take back your power to name abusive and oppressive realities.

## **Belief Systems**

Examples of questions to ask in order to find solutions.

1. What does the person want or need?
2. What is stopping them from getting what they need?
3. What is the ultimate aim of the thing they cannot do?
4. What things can the person do to get around the belief and achieve the ultimate aim?

***The above handouts are taken from a selection given out at the workshops and have been copied directly without any changes being made. If you would like the complete report, please contact the Cork SI office at 021 4552044.***