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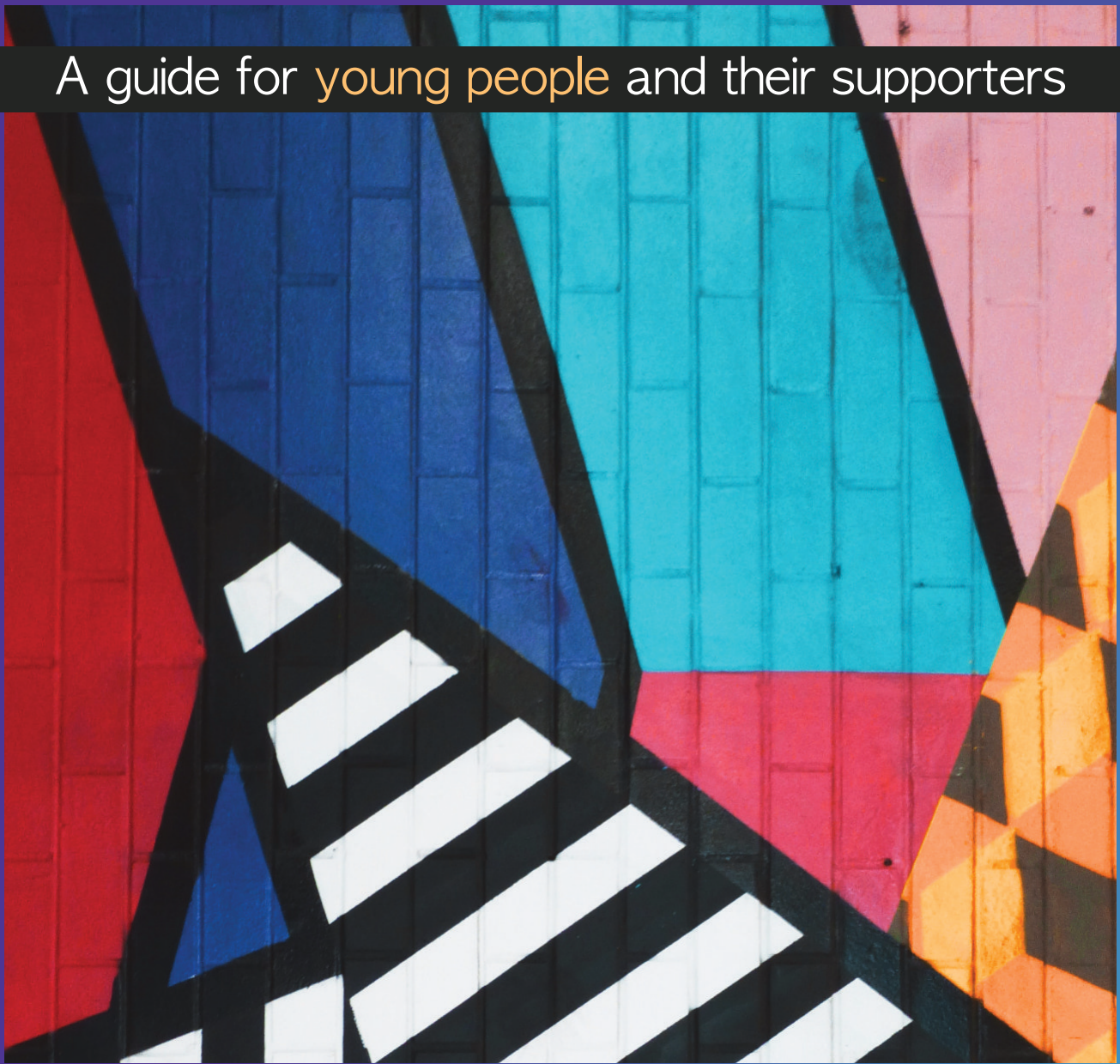


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UNDERSTANDING PSYCHOSIS: Voices, Visions and Distressing Beliefs

A guide for **young people** and their supporters



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HELLO AND WELCOME!

We are delighted to introduce you to our booklet. It's about why people sometimes hear voices when there is no-one there, feel very suspicious of others, or believe things that others find unusual or strange. Some people use the word psychosis to describe these experiences. We will work our way through these things and talk about where to find help.

First, some myth-busting.

Newspapers, TV and films sometimes say these experiences result from a brain disease which makes people more likely to hurt others and can only be helped with medication. This is untrue and unhelpful.

Yes, these experiences can sometimes be very distressing and, if they go on for a long time some people find it helpful to see them as an illness. But that's only one way to think about them.



Others see their experiences as part of their personality — sometimes difficult to deal with, but something they wouldn't want to be without. Often, they link to things that have happened in our lives. We want you to know enough to decide for yourself how you understand your own experiences

To make our booklet easier to follow, we have split it into sections.

- **The experiences that get called psychosis and how they affect people**
- **Why do people experience psychosis?**
- **What can help**
- **Making it personal: understanding your own experience and what helps you**

THE EXPERIENCES THAT GET CALLED PSYCHOSIS AND HOW THEY AFFECT PEOPLE

These experiences are usually thought of as ‘psychosis’, ‘schizophrenia’, ‘mental illness’ or ‘nervous breakdown’. Often these experiences happen at times of a lot of stress and when we feel strong emotions, for example worry, anxiety, fear, depression or feeling overwhelmed by events.

There’s no way of separating ‘psychotic’ experiences from emotional problems which might lead to diagnoses such as anxiety or depression, or from problems resulting from trauma.

The experiences sometimes called psychosis include:



Hearing voices when there is no-one there – or seeing, tasting, smelling or feeling things that other people don’t. Some people call these experiences hallucinations.



Holding strong beliefs that others around you don’t share. Some people call these beliefs delusions.



Difficulties with thinking and concentrating. Many of us get a bit confused when we’re emotionally stressed. If the confusion is severe it is sometimes called thought disorder.



Having no energy and finding it hard to motivate yourself to even do basic things like washing and dressing (sometimes called negative symptoms). This can sometimes be a medication side-effect or related to feeling overwhelmed, stuck or hopeless.

HOW COMMON ARE THESE EXPERIENCES?

These experiences are quite common, especially in your teens or early twenties. Up to one in ten of us have heard a voice talking when there is no one there. Not everyone finds it distressing — it depends on what the voices say and how you (and others around you) see them or feel about them.

There are also many people who believe things that others see as strange. Many of us sometimes feel suspicious of others or worry that they mean us harm. Extreme suspiciousness is sometimes called paranoia.

Many people experience these things but are OK with them or find ways of coping with them. People only approach professionals for help if they, or those around them, find the experiences upsetting or frightening.



ADVANTAGES AND DISADVANTAGES OF SEEING EXPERIENCES AS ILLNESS

LABELS?

If you are having one of these experiences and approach mental health services for help, they are likely to assign a name or 'diagnosis' to the problems you are experiencing. With the experiences described here, the most likely label is psychosis. If the experiences continue for a long time, the labels 'bipolar disorder' or 'schizophrenia' might be suggested. It's important to remember that mental health (or psychiatric) diagnoses are not explanations. They provide a name or technical label for experiences but don't tell us what caused them or what is likely to happen in the future. Some people find having a diagnosis helpful and others don't.

People who find them helpful often say that a diagnosis helps them feel less alone with their experiences, or that it helps them and others to remember that the problems are not their fault. Labels are also needed to access some kinds of help and support.

Some people find it helpful to see their problems as an illness, particularly if their experiences are very distressing and disabling. However, other people find the idea of mental illness unhelpful and misleading. They feel their distress is directly related to things that have happened to them and don't want to be called ill. What do you think?

HOW DO THESE EXPERIENCES AFFECT PEOPLE'S LIVES?

Everyone is different.

Whilst some people's psychotic experiences are distressing and disabling, some people feel OK about theirs or even welcome them. Psychosis has even been called a 'dangerous gift'.

Some people feel it's a bit of both – they see **positives** to their experiences but also find aspects of them **distressing**.

Experiences like paranoia or hearing voices are often short-lived. Many people who have a psychotic experience never have one again. Others may have repeated or on-going experiences, but don't find them a problem or find ways of living with them. For a minority of people, the experiences continue to be distressing and disabling and mean that the person needs ongoing help and support.





WHY DO PEOPLE EXPERIENCE PSYCHOSIS?

Different people experience these things for different reasons. There is no “one size fits all” explanation. Life events and circumstances, our particular personality or genetic makeup, and the way we make sense of events can all play a role. Let’s look at all this a bit more.

Life events and trauma

If you’ve had traumatic or stressful events in your life you are more likely to experience psychosis.

Stress can be one overwhelming event, or it can build up over time. People who are poor or experience discrimination are more likely than others to develop mental health problems. Racism can play a part in this. Black people in the UK are more likely than others to receive diagnoses such as psychosis or schizophrenia, and often get a worse deal from services. Many mental health workers are determined to change this and to ensure that services are culturally sensitive.

The importance of good relationships

Difficult relationships in childhood and adolescence can have a big effect on our mental health. Friends and families can be very important in helping us recover. A supportive, calm and tolerant home atmosphere is hugely helpful if you experience psychosis.

Our genetic makeup

We all have a unique genetic makeup that affects not only how we look but how our brains and bodies work. Our particular makeup can make us more or less likely to experience psychosis. A lot also depends on our circumstances though, and for many of us, they play a more important role.

THE PSYCHOLOGY OF 'PSYCHOSIS'

Hearing voices, inner speech and memories

We all sometimes find it difficult to tell what is real from what we have thought or imagined...

'Was that the doorbell?'

'Did you say something?'

This happens more if we are tired, stressed or upset. Most of us also have an inner voice when thinking in words — like when deciding what to do, struggling with a problem, or reading. For some people, the voices they hear are related to this inner voice.

Others hear the voice of a particular person or group of people. These can be strangers, or people who have abused or maltreated us, or just people we know. It is often useful to talk about and explore the experiences.

How we develop beliefs and reach conclusions

We are all constantly trying to make sense of our world. Sometimes the conclusions we come to are frightening, and sometimes we make mistakes. People have particular thinking styles, for example, some are quicker than others to jump to conclusions. Our judgements are also affected by our past experiences – if we've survived bullying, abuse or racism we usually find it harder to trust people. So, there are many reasons that someone might come to believe (or fear) something that other people don't, or which others find strange.

Feeling stressed, anxious, depressed or overwhelmed also has a big effect on how you think about things. Often the most helpful thing to do is find ways to reduce stress. This doesn't necessarily mean lowering your ambitions, but perhaps thinking differently about how to achieve them. Talking things over is also nearly always helpful.

Risk to self and other people

It is a myth that psychosis leads to violence. It is true that psychosis is frightening, disorientating and makes us think things that aren't true. Understandably, that could occasionally lead someone to react aggressively, or perhaps to feel like hurting themselves. Sometimes people are kept in hospital because of concerns about possible risk or danger. However, most people who experience psychosis are no more aggressive than anyone else. If you are struggling with thoughts of harming yourself or others, the most helpful thing is to talk it through with someone you trust.



WHAT CAN HELP?

Self-help and mutual support

Feeling isolated and alone is very stressful. Connecting with others with similar experiences either informally or in organised self-help groups can be a big help. You can learn from others about what helps them and try things out to see what helps you.

There are a number of networks you can access, and we will show you later how you can find them.

Talking therapy, also called psychological therapy, is exactly what it says. It allows you to make sense of your experiences, talk through what might help, and try things out with support from a psychologist or therapist.

Talking Therapy— psychological help

It's important people can do this in a calm, supportive and non-judgmental atmosphere. Giving someone this space is often the most important thing that anyone can do.

All psychological therapy depends on a trusting, two-way relationship between the person and the professional. During the first session, the professional should explain how any information is recorded, in what detail and who might read it and why. You have a right to see these records.

There are different types of talking therapy:

Cognitive behaviour therapy (CBT)

CBT (sometimes called "CBTp", short for CBT for psychosis) is a structured therapy which allows you to think about how you understand and respond to your experiences.

Narrative & systemic therapies

Our lives and identities are shaped by the stories we develop about ourselves and that others develop about us. Narrative therapy helps people to overcome the effects of narrow and negative stories that others tell about us and we may feel trapped in, or even believe ourselves.

Voice dialoguing

Voice dialoguing is based on the idea that voices can reflect aspects of ourselves or the experiences we have had. It involves a supporter having a conversation with the voice or voices, mediated by the voice hearer. The aim is to support people to interact with the voices and to build a better relationship with them.

Trauma-focused therapy & psychodynamic approaches

It can be helpful for therapy to focus, not just on the here-and-now, but also to give you a chance to think about and process difficult or traumatic experiences you may have had, and how these have affected you.

Acceptance and commitment therapy & mindfulness

These approaches involve noticing or being more aware of your thoughts and experiences and accepting them as things that come and go, rather than things we always have to respond to.

CHOOSING THERAPY

Although everyone should have the chance to talk about their experiences, not everyone wants formal psychological therapy. Some people prefer more informal support from friends, family or mental health workers – or some of the excellent self-help groups set up by other people who hear voices or experience paranoia.

It's possible for therapy to harm as well as help. It's always important that you feel safe and heard.

If you are from an ethnic and other minority background, you may find it helpful to see someone from a similar background to you. If this is impossible, any professional must be aware and respectful of your background and actively engage with your understanding of the world.

Finally, different therapies suit different people. You are the best judge of what is helpful for you, and you may need to try more than one approach. Professionals must respect people's right to choose what suits them best.



We all need support, and this can come from our friends, families, communities, pets and sometimes professionals. Working out what is happening for you can help suggest what might help.



What helps you feel supported?

FAMILY MEETINGS (SOMETIMES CALLED 'FAMILY INTERVENTIONS')

As we mentioned, families can be a huge support at times of stress and when recovering from a period of distress or confusion. However, such times can be stressful for all concerned and it is not always easy for families to stay calm and positive.

Families often find it helpful to talk to a professional specifically trained in helping families. The meetings can help everyone understand each other's points of view about what is happening and how to help. Friends and others can be included if it's helpful. One approach is called 'Open Dialogue'. Here the emphasis is on listening to everyone's understanding of the situation and working out a way forward.



STRESS-REDUCING ACTIVITIES

Many people find that activities like massage, yoga, exercise, hobbies and peer support can reduce their stress and so help their mental health.



MEDICATION

Nearly everyone who comes to services for help with voices or unusual beliefs is offered medication. The most commonly prescribed drugs are neuroleptics (sometimes also called antipsychotics or tranquillisers).



These drugs are used to try and reduce psychotic experiences or make them less distressing. Newer drugs are often called ‘atypical antipsychotics’ because they are said to have fewer unwanted effects (see below).

Some people find medication helpful and others don’t – it really is a case of ‘suck (or swallow!) it and see’. Different drugs also suit different people, so you may want to try more than one. Some people use medication only at particular times, for example when the experiences are particularly intense or feel overwhelming. Some people also find them helpful afterwards, or even long-term, to make the experiences feel more manageable.

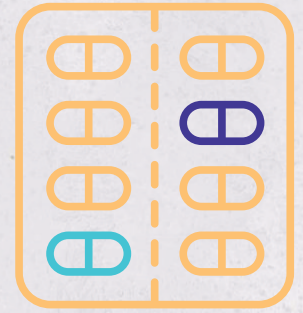
Whilst medication can sometimes help, that doesn’t necessarily mean it’s curing an illness or correcting some sort of imbalance. An analogy might be paracetamol – it helps with headaches but that doesn’t mean headaches are caused by lack of paracetamol.



Unwanted effects of medication

All drugs have unwanted effects (sometimes called side effects) as well as the desired ones. While not everyone will experience unwanted effects from neuroleptic medication, for some people they can be quite severe.

Common unwanted effects include stiffness, weakness, shaking, tension, restlessness, muscle spasms and/or feeling sedated or slowed down. If someone prescribes medication, they should regularly check in with you about whether you are experiencing any of these.



Finding the medication that suits you best

Each of us has a slightly different biological makeup so we each react slightly differently to a particular medication. Finding the best medication for you involves a process of trial and error and takes time.

Finding the right dose

Although each medication comes with recommended doses, again everyone is different and it's often a question of working with the clinician to find the most helpful dose.

As with psychological therapies, some people benefit from taking medication and others don't. With both types of treatment, professionals should work with you and provide information about what is available and what others have found helpful. Then they need to support you to try things and see what works for you.

MAKING IT PERSONAL:

UNDERSTANDING YOUR OWN EXPERIENCE

AND WHAT HELPS YOU

Working out what is going on for you

So far, we have talked in general terms. Thinking about the following questions may be useful when making sense of your own particular experiences.

It's helpful to go through them with a friend or professional to develop your own 'formulation' or understanding of your situation. You can also jot down some ideas below:

What do you experience / are you experiencing that is distressing?

What might have led to these distressing experiences starting?

What might be keeping them going?

What appears to trigger them, to set them off?

What helps you cope? What doesn't?

What strengths and resources do you have?

What might be useful things for you to try?

Your notes:



EXPLORING HELP FOR YOURSELF

This booklet has been adapted from the British Psychological Society's public information report "Understanding Psychosis" which you can download here: bps.org.uk/what-psychology/understanding-psychosis-and-schizophrenia

(or at www.understandingpsychosis.net)

You can also get a free hard copy by emailing: membertetworkservices@bps.org.uk and asking for one to be sent to you.

There are a number of networks that can help with these experiences and you can find a list starting at page 118 of 'Understanding Psychosis'.

If you want to see some really good ones to start you off – look at "Voice Collective" at voicecollective.co.uk or the Hearing Voices Network hearing-voices.org

We hope you found this booklet useful and wish you the very best.

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