

‘Bouncing back.’ Mental well being, resilience and vocational approaches.

Keith Coupland and Susie Wild

Introduction

Mental well being is sometimes seen as the absence of mental illness. We are going to investigate the idea that mental well being might be linked to resilience, the ability to bounce back from adversity, including mental illness. We will discuss our personal experiences of mental illness and the theoretical models that we have examined to make sense of those experiences, as being on the continuum of well being rather than seeing ourselves as just mentally ill, or MAD and separated from our ‘true’ self and others, for the rest of our lives!

We will explore how we believe resilience is understood and enhanced by nurturing narratives within our ‘selves’, between ourselves and beyond ourselves, within the community we live. We will go on to show how a vocational approach has helped us to ‘bounce back’.

Conventional models of mental illness

Mental illness is usually perceived as a collection of disabilities, an absence of ‘normality’ and associated with weakness, all combined into the concept of ‘pathology’, the signs and symptoms of underlying disease.

We do not deny that there are ‘real’ mental illnesses that have signs and symptoms and even an underlying pathological process, for example Huntingdon’s chorea, a genetically determined form of dementia, or syphilis, an infection that sometimes leads to psychosis.

However, we do challenge the idea that all mental illness conforms to the ‘disease’ model.

The mental illness we have experienced is caused by many factors and the simple disease model, that there is a pathological agent such as a faulty gene or infection, might lead to us being written off as ‘mentally ill’ people.

The problem with ‘recovery models’

We also struggle with some of the concepts of the movement that focuses on recovery as an endpoint, which seems to us a very uphill climb to some mythic (and often unobtainable) height. We do agree with recovery *as a journey* and we have both been deeply moved by the articles of Patricia Deegan, who experiences mental illness but does not let that illness define her. She has experienced schizophrenia but she has not become a schizophrenic. She is more than an illness. She is a human who is actively *being*.

The second problem we have with some aspects of the recovery movement is the polarisation between medical and social perceptions of what mental illness is. We embrace all the perspectives! We readily take medication if it helps but we are not medicine junkies, we want an active dialogue that explores the usefulness and side effects of medicines. We are not therapy junkies either. We have both experienced very helpful therapies but do not see them as needing slavish adherence from us to ‘keep well’.

Some definitions

If resilience is 'bouncing back' then stress could be modelled as being 'stretched'. Human beings need some 'stretching' in physical, mental and emotional ways in order to feel human and 'keep fit'. In physics there is the concept of an 'elastic limit', the force required to stretch a material so that it will no longer bounce back when the force is removed. Beyond the elastic limit the material is 'deformed' and unable to bounce back. Stretch the material a little more and it will often break, usually suddenly. Materials that have been subject to long term stresses and strains may become fatigued. The fatigue may lead to a catastrophic failure. This seems analogous in humans to the effect of stress (everyday stretching), strain (constant stretching) and trauma (sudden stretching) in human beings. Some of us will 'snap' because our elastic limit has been reached or we have become utterly fatigued. There is now a great deal of evidence to suggest that early stresses and strains and traumas, that are beyond the person's capacity to bounce back from, lead to a susceptibility to later mental illnesses. This has been hypothesised for years but the evidence is now overwhelming that each of us has a certain level of resilience that is influenced by our genetic capacity, plus a complex relationship with our experiences. I say relationship because good relationships (with self, important others and society) can be powerful mediating factors.

Our definition of vocational approaches to recovery is that 'by doing we can change being'. What we mean by this is that we have to make an effort to change the relationship with ourselves. We have to 'work at it'. This means we have to act differently. Firstly we become focussed on the here and now. Secondly we notice what we are feeling in the here and now, without falling into the trap of being re-traumatised by the past or worried about the future and becoming frozen with anxiety. Our appendix to this article tells you more about how we do this.

Relating and stress

The word relationship seems to be key. There is something about how the relationship with the person's internal self and or the relationship with others that leads to mental illness, for some people. For others, experiencing the same events, there may be less damage in the relationships and a quicker bounce back. Experiencing stress and trauma beyond your capacity (beyond your 'elastic limit'), especially as a child, can cause damage that may last a long time. The damage seems to be in the relationship between the person's 'selves'. One self (the 'rational' is making sense of bad experiences by attributing the reason for negative events (such as being abused) as some deserved consequence of a 'bad' self. There is a growing body of empirical evidence to support these ideas, especially from functional brain imaging, showing the brain's activity when the person is performing everyday tasks.

According to Marsha Linehan, in its simplest form, the brain is reacting in one of three ways. Immediate threats are dealt with by the emotional part and then reacted to by the rational part and (when the mind is working properly) made sense of by the wise mind. The difference between mind and brain is 'mind' is the capacity to oversee (metacognate) the processes of the brain. This can only be done with practice, and more easily following positive early nurturing experiences. We can recreate positive nurturing experiences through changing the way we relate to our self and others, especially keeping our self in the present moment rather rushing to a perceived fearful future, or recreating a traumatic past.

Forming the story of resilience

We will describe what we mean by resilience through our own stories. Stories are meaningful narratives, dialogues within and between ourselves that have made

sense of our experiences. They are, to us, much more meaningful than conventional 'case histories' which are usually constructed by professionals to show how deficits have occurred and what remedies are needed to make good the deficit. However, we can create stories about our self that a very negative, perhaps based on traumatic experiences (a bad thing happened to me so I must be bad). These stories may not be in our present consciousness but may still alter our every action.

Here is Susie's story:

Bouncing back, Susie's story

I am well at the moment but what keeps me well?

For me, it is quite simple really. 'Well being' can mean just getting up out of bed each morning. That task that can be taken for granted for most people but to me it is the beginning of my well being *today*. Getting out of bed holds some hope that there is a day ahead of me worth getting up for! This is a day on the 'outside' where I can feel a 'normal' part of humanity, whilst putting away the hurt and the pain on the inside of me, from years of abuse. Doing everyday things, that may be to seem, 'mundane tasks', keeps me from thinking about the turmoil inside of me, in fact the many 'selves' inside of myself. These selves have learnt that in order to exist I have to escape the horror of my experiences, so what was happening was happening to another self. However, my 'rational' self decides that there must be a 'bad' self that deserves the bad experiences and then a nasty argument develops between them and I lose the sense of being in the present, or lose the sense of being any-one. These selves can be heard quite clearly by me, so much so that I think others must be able to hear them too.

However, doing one small thing, a job or task, can lead to another and thereby keep me focused and filling the time to get through another day.

The biggest task I have to face is holding my own hope. Hope for me is the key to my existence, because without it there is no future. At times when I am unwell, this task can feel impossible and I feel I am spiralling out of control, back into the depths of despair. Then all feels lost but knowing people will be there for me, that I am not alone, keeps the light of hope shining, however dimly, to show me the way back. They are holding my hope for me.

At times my life feels like walking a wobbly tightrope but now I have a safety net of care under me when I fall. Knowing that people do care helps me bounce back from the net, back onto my feet.

At times you can learn by falling, with each of my 'downs' I gain a little more knowledge and strength of how to bounce back. Eventually I learn to care for myself and become compassionate towards myself. A hopeful outlook on life is essential, whether you always believe it or not at the time! By telling yourself over and over again you do start to believe the hope will turn into reality. Being cared about, then caring for myself gives me the strength to reach out and care about others, as I do in the groups I have set up for voice hearers and self-harmers.

It began with me just simply getting out of bed, feeling unable to get through the day, with nothing to look forward to, to now, where there are not enough hours in the day to do all I plan for!

To believe in hope and a future that involves me. It keeps me going. It makes bouncing back after the bad times a lot easier.

My advice is to set practical goals, however small, because the sense of achievement when they are done is priceless. Keep busy, because it is so easy to slip back into those negative patterns of hopelessness. Think about tomorrow, even though it never comes, because it helps to stay out of the past. Strangely, the way to be 'future focused' is to be absorbed in the present. The present and the future are what is important *now*.

Well being has got to begin somewhere, take it a step at a time, day by day, it will build up and before you know it, you've got your life back!

Conclusion

In this very brief presentation we have tried to show that resilience is the ability to bounce back and we are suggesting that this is an important aspect of well being. Well being is more than the absence of illness. We agree with John Macmurray who defines being a well person as someone able to act through choice, in the direction of positive relationships of friendship, within the person, between persons and reaching out beyond themselves to the transpersonal. We hope to show you how a vocational approach helps reach this goal. (see appendix).

Appendix:

Mental illness, trauma, and self-healing
Getting back to work
Some ideas based on client's experiences

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Introduction

This brief article is about how our brains are affected by mental illness and trauma. It is also about how to understand this process and help yourself to improve your ability to think and concentrate.

The second part is in the style of a letter to a client, who has allowed us to share some of his ideas and responses to work we have done together. However, the article contains some generalised ideas that the client may have never experienced because it is an amalgamation of several clients work and experiences.

Mental illness and traumatic experiences can seriously reduce our ability to concentrate and absorb information. This may mean that we are unable to work. Mental illness is very common, affecting one person in four at some stage of their life. Generally speaking medical treatments for mental illness are effective but sometimes the medicine also contributes to making it difficult to concentrate, especially when trying to drive, study or work.

Some mental illnesses give the affected person fearful or frightening experiences such as panic, anxiety, hearing voices or feeling paranoid, to name a few. These experiences are similar to being traumatised, that is being suddenly very frightened, such as a near miss when out driving.

I have experienced mental illness myself and it was a struggle to get back to work. However, some ideas expressed in the following pages were very helpful in helping me to start recovering.

One of the most important factors was for me to realise the effects mental illness and trauma have on my ability to think and concentrate and these effects are to do with the illness and experiences rather than some personality weakness.

The brain is a very complex system but some models have simplified the responses in a useful way. For example Marsha Lineham says there are three main systems in the brain, linked to mental illness and recovery: the rational mind (linked to the frontal part of the brain, the frontal lobe or frontal cortex); the emotional mind (linked to the limbic system) and the wise mind (linked to the pre-frontal cortex). We will look at these in more detail. Most people can quickly recover from stress and traumatic experiences without further treatment. However, even highly trained professionals such as those in the emergency services and armed forces, can find themselves quite incapacitated by fear, anxiety and depression.

Negative childhood experiences can make some people especially prone to mental illness or difficulty in recovering from trauma. Another factor is the amount of stress the person is in and how much they feel they can control the situation, so even a very tough person could break down if held in a hostage situation. It is important to realise that many of the reactions that we now call mental illness have their origins in normal human reactions.

Dear Bob

Thanks for allowing me to use this letter as a way of explaining to others the effects of trauma and how to deal with it.

You have experienced a great deal of trauma over the years and that we should address this.

Firstly I outlined the trauma model (the work of Colin Ross) and the effects on the brain.

The brain can be simplified for our purposes as being three main parts

1. The earliest evolved area, we can call the reptilian part
2. The next part that deals with emotion and memory (the limbic system)
3. The latest evolved area, the part most closely linked to being human, the cerebral cortex.

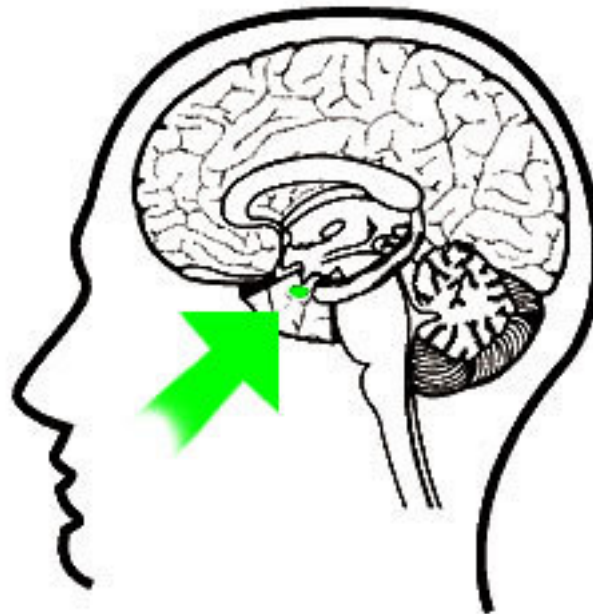


fig. 1 showing the position of the amygdala

When we are traumatised or under sudden stress, then the parts of the brain that evolved early in the development of human beings are alerted. In particular a small gland in the limbic system, called the amygdale (Greek for almond shaped) is activated and sets off hormones such as cortisol that prepare the body for a flight or fight response. This prompts a rush of adrenalin and sugar in the body. This can lead to flushing of the face, sweating, tingling, shaking. The person may become very alert and often very narrowly focussed on the threat and miss other things that are going on.

Another but often overlooked response, instead of fighting or running, is appeasement, where the options to run or fight are impossible (such a situation may occur in rape, where the person feels a threat of annihilation if they do not appease the action but it can also occur when the person feels there are no choices in less obvious situations). Appeasement is not agreement; it is a life saving strategy. It is being caught between a rock and a hard place and still managing to avoid being crushed to death. It makes sense at the time, because the brain is using instinctive survival strategies.

The person, on reflection, is often plagued by guilt and confusion after the trauma because the cerebral cortex of the brain is trying to tie the logic of the events together and often comes up with a very unhelpful, wrong, conclusion that goes something like: a bad thing has happened to me therefore I am bad.

When I was trying to explain these systems, I used the example of a pedestrian walking across the road and suddenly seeing a car. He needs to move quickly out of the way. This sudden movement is promoted by a flight or fight response. You can't

fight a car, so flight (getting out of the way, quickly) is the only response; this response involves the reptilian and limbic system being very quickly activated.

However, if the car is a long way off, the pedestrian needs to choose to *prevent* a flight or fight response and instead make a calculation, to see if there is enough time to get across the road. This calculation involves the use of the frontal lobes of the brain, the part that has evolved much more recently and a part of the cerebral cortex. It becomes a problem solving exercise.

However, if the person has been exposed to a great deal of trauma; the access to the frontal lobe might be limited by the overriding action of the amygdale. The person *may not be able to choose* to make a calm calculation and instead remains fearful. The person may freeze in fear and neither flight nor problem solving approaches work *because the person has no access to these and not* because the person is weak or stupid.

This feeling of constant threat is known to damage the link between the amygdale and the frontal lobe. This link is known as the hippocampus (Greek for sea-horse, as it is supposed to be shaped like a sea-horse). The effect of this is that the person feels in a state of high alert despite there being no obvious threat (obvious to other people). The person finds this hard to understand and just feels upset or 'hyper' or angry. This stress also interferes with thinking skills, working memory and short-term memory. In other words it interferes with learning new skills, including the skills of dealing with trauma. This can lead to exhaustion and depression.

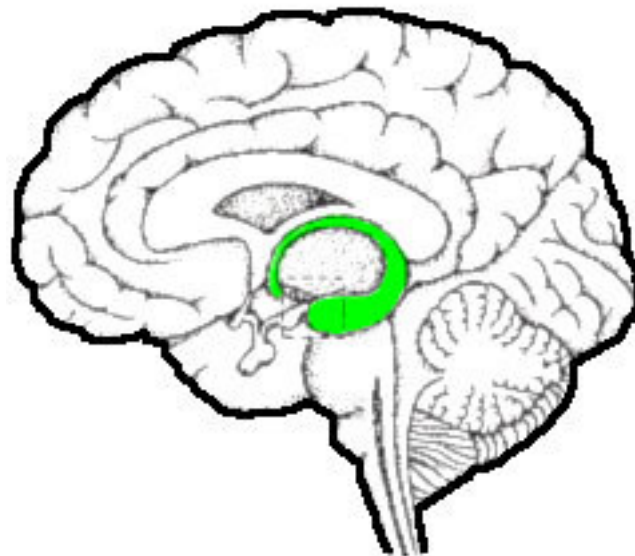


Fig 2 the position of the hippocampus

Hearing voices is a common reaction to stress and trauma. The voices might be a misperceived thought. The brain's ability to separate thoughts from external sounds might have been damaged by stress or trauma or some other 'damage'. Voices have also been considered spiritual and helpful if they are not the result of trauma or stress but are formed by an internal dialogue (friendly voices) or an external dialogue, with God, for believers (spiritual voices).

However, for many people who hear voices, *the voice itself* can trigger the fear or fight responses and can overwhelm the more logical responses from the frontal lobes. Nasty, critical voices, especially, are so alarming that voice hearers find it very

difficult to believe that they are generated from within their own mind. The voice leads to yet more stress, then the person becomes very alarmed. Their frontal cortex tries to work out a reason for this stress and might develop the belief there is some conspiracy causing the feelings of stress (paranoia) or the limbic part of the brain becomes activated ready for a great fight (feelings of rage).

Another common reaction is to feel fear and a wish to appease the voice by doing what it commands. This often gives temporary relief, perhaps feeling less anxious. An obvious downside of doing what is commanded is to feel less in control of your own destiny and more under the influence of some malevolent force.

Medication can reduce the flight or fight response and the feeling of threat. Some medications can make the person just care less about the alarm / fear / flight / appeasement responses even if the beliefs that are associated with the responses remain. For example, a person who feels intense fear and concludes that there is a conspiracy to cause him harm. When medicated, this person may feel less alarmed, calmer but still believe there is a conspiracy but it does not overwhelm them. Other people have such a reduction in feeling threatened that they feel calm enough to examine the evidence for their terror and may even conclude that there is no conspiracy but that they felt there was one and this is not the same as there actually being a conspiracy. Some medication in some people stops the whole voices problem.

Unfortunately it is often not as simple as this! Sometimes there are some gains to feeling persecuted. A voice hearer told me that he is fed up with people plotting against him and while he is in a good mood he easily deals with the threatening voices by hurling abuse back at them. He also admitted to feeling a sense of importance that the men behind the voices were targeting *him*. When his mood is good he concludes this targeting is linked to his importance. When his mood is low he feels no benefit from this attention and in fact is overwhelmed by feelings of being unjustly persecuted. Mood seems to be an important factor in generating and coping with voices. Low mood may bring them on whereas a good mood may allow the person to be voices free or feel tough enough to feel in control of them.

For some people street drugs or alcohol have the same effect of deadening the response as medication does, but unfortunately the body gets used to this and the alcohol or drug becomes less and less effective, so needing more and more to have the same effect. The downside of alcohol, drugs and even medications is that if they are abruptly stopped then the original fear or fight feelings can suddenly return *to a much worse level*.

Some drugs, such as cannabis and amphetamines can *trigger* the whole alarm process, causing the person to feel paranoid and even provoking voices and delusions, sometimes for long periods (in about 6% of users).

The quickest way to shut down fight/flight/appeasement responses without substances, legal or illegal, is through diaphragmatic breathing. This kind of breathing sends a message to the limbic system that the person is calm and not under threat (you would not be able to breathe deeply and calmly if you were under real threat). The cerebral cortex seems to pick up this calming message and appraise the situation as less threatening or even safe. The Greek word diaphragm is derived from the word phrenos or place of the spirit within the body. Once this calmness occurs then another part of the brain, the pre-frontal cortex, might be activated. This area is believed to be linked with intuition and compassion.

Another way of reducing this flight or fight effect is by focusing on something that engages the mind fully and feeds back to the limbic system that there is no threat, such as work or a hobby. This activates the frontal lobes, the problem solving areas of the brain. For some people, this is successful and they can push out the flight or fight response. Other people feel too paralysed by the trauma to work or be able to focus on a hobby.



Fig 3 the position of the cerebral cortex

Another way of reducing this trauma effect is to use something that powerfully distracts one away from the focus of the thinking to another focus, such as the flick of an elastic band on the wrist. This stops the line of thinking and jogs the person out of it.

However, a compassionate approach can be more effective because it does not involve pain, gives the person more understanding and has longer benefits. Of course many people self harm as a paradoxical way of trying to reduce stress. A self harmer may notice a sudden relief after cutting or harming, because the body suddenly releases hormones to deaden pain and lift mood, in readiness for surviving continued attack. This is one reason self harming can feel 'addictive'. Another reason for self harm or self attack continuing is the belief that one is bad and therefore in need of punishment. This is an understandable conclusion (that the frontal lobe of the cerebral cortex comes to) if one has been abused, bullied or neglected, especially as a child. Developing compassion for one's self is a great strategy to defeat self attack, by re-instating the original, pre-abuse, feelings of worthiness that are a natural part of being human.

One form of compassionate approach involves the use of a prepared visualisation, which acts as a way of self-soothing and regaining control. If used regularly, with mindfulness and breathing exercises, this method may lead to repair of the hippocampus and the regaining of control over the flight, fight or appeasement response.

The compassionate approach (promoted by the work of Paul Gilbert and Deborah Lee) is often useful where the person has not received good models of self-soothing

in childhood. A good model of self-soothing is usually provided by parents who validate a child's pain and then show appropriate concern, along with showing the child how they can take care of this pain for themselves, by soothing their self. Some children experience very powerful trauma such as abuse or bullying that might override their ability to self soothe, because they see themselves as not worth self soothing. This means the abuse has damaged their understanding of themselves as worthy beings. The frontal lobe of the cerebral cortex or thinking part of the brain tries to work out why the other parts (the limbic and reptilian) are reacting and wrongly conclude that the abuse is taking place because the person deserves it, has done something bad or worse still *is bad*.

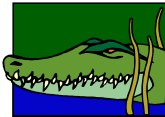
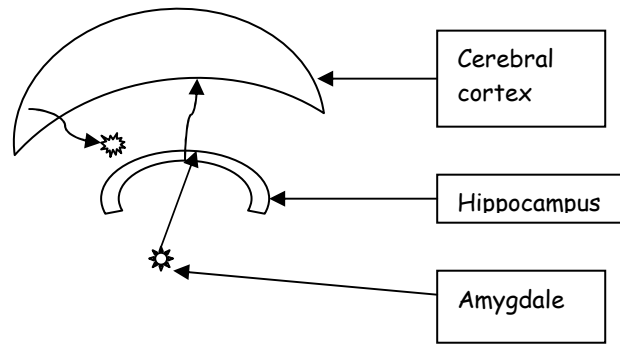
Bullying, even later in life, can radically upset one's ability to self-soothe, possibly because the frontal part of the brain cannot integrate the bullying (which suggests the person is bad or unworthy) with self-soothing (which suggests the person *is* worthy of kind attention).

Even with adults who have a good self-image, some trauma comes out of any context that the person can deal with (or control, or make sense of), so again their self soothing ability is swamped. An example of this is of a fireman who could deal with very difficult trauma in the context of his work but when he had accidentally burnt himself at home, he became overwhelmed with fear and trauma. The injury had taken place outside the context he was used to (and in which he had very good coping mechanisms). He then triggered the trauma response (that would have been a normal consequence of his fireman experience of trauma but which he had suppressed, because it was part of the nature of his work). The fear he experienced was overwhelming and did not stop. He began to believe he was going mad and that belief was in itself terrifying for him.

Even in a situation where you know, logically, by accessing the frontal lobe of the cerebral cortex (the thinking part of the brain) you are able to see that something "makes sense", yet you still *feel* anxious, angry or depressed. The fireman *knows* he has only burnt himself cooking but *feels* out of control and overwhelmed. In order to feel better and to act in more appropriate ways we need to be able to access the parts of the brain that integrate these feelings, to get the various other parts of the brain that have a role in emotions, working together to process and integrate trauma (this is based on the work of Martina Mueller and Deborah Lee, both based at the Oxford Trauma centre at the time of the letter).

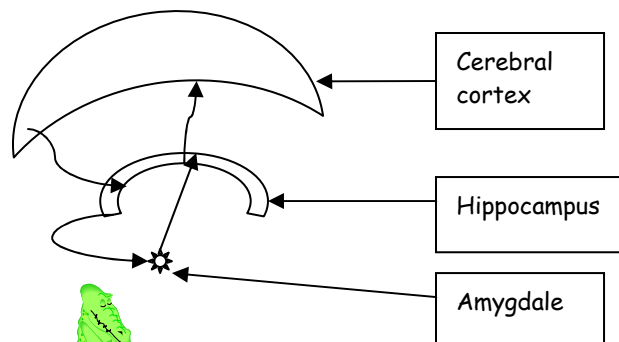
However, as you have may have already discovered, someone telling you "it is alright" or "there is nothing to be afraid of" often does not work as you might still **feel** as if there is something threatening. This is because, by just using words, we are often only getting to the conscious thinking part of the brain i.e. the cerebral cortex. In order to get to the bits of your brain that hold this more primitive "feeling" information we need to work with images, bodily sensations, all our senses. This helps us to reform new pathways in our brain to help the various parts work better together. This can then result in being able to turn our "emotional thermostat" down a few notches so that we are not so hyper vigilant, or in other words keep our crocodile (reptilian part) in his cage until we really need him.

In diagrammatic form (below) messages from the cerebral cortex which say "no danger" are not processed by the hippocampus, therefore the amygdale stays on "red alert".



Crocodile alerted!

When the “threat over” or “no threat” message can be processed by the hippocampus and passed on the amygdale can “stand down”.



Crocodile calmed!

The way that human brains work is, of course very much more complicated than this. We still have a lot to discover about neurophysiology, the chemistry and actions of the brain. What seems to be becoming clearer is that some traumatic experiences can have observable effects upon the way human brains work.

By finding ways to strengthen our ability to be compassionate to ourselves we can create or strengthen nerve pathways that will help us to feel and act better.

As I have mentioned, the fastest psychological way of shutting the flight and fight response is through calm (diaphragmatic) breathing. This seems to give a message to the amygdale that the person must be calm and therefore there is no need to stimulate a full flight or fight response. The second process is to invoke a previously learnt visualisation that is already known to have a soothing response and in addition a previously learnt soothing dialogue.

Coming back to your experiences, you have learnt that visualising a scene where there is water and a beavers’ lodge and dam is particularly helpful and calming. You admire the beaver as an active promoter of the local ecology. It is an animal that

'does not break any of the Ten Commandments', you said! They are good parents, intelligent and industrious. This scene helps you feel calm and content.

We then extended this scene to incorporate one of the beavers actually speaking to you. This amused you and this amusement will often break the flight and fight response by itself, as humour brings out the human in us rather than the reptile!

You also know that you are happy in the company of the dog you walk most days (your father's border collie, now over 12 years old). You know that you can be *mindful*, when you are out with the dog. This means you can be in the present moment rather worrying about past problems or future concerns. You can notice the weather, the views, the trees, and the grass beneath your feet. Mindfulness is as powerful as diaphragmatic breathing in shutting down the fight/flight stress responses.

Using this mindful and calming experience with the dog, which is so affectionate and accepting of you, you then applied the experience to the visualisation of the beaver. You imagined the beaver being comforting, affectionate and calming to you and actually saying:

'I am on your side'

'You still have me'

'I have affection for you'

We agreed that you would actively try to invoke this visualisation each day and perhaps modify it to suits you, in the future. You will also try deliberate and calm breathing, combined with being mindful in your walks with the dog.

This would help you in walking through town, which is stressful at present. We have also looked at the effect medication has on concentration. If the medicine can take away voices and help you keep calm it might be doing a lot of good. However, even useful medication has been shown to reduce the ability to hold thoughts in your mind to deal with them. This is called working memory. The answer is not to simply stop medication (because this could make things much worse) but to realise the medication might be having an effect on your concentration and don't blame yourself! The next part of the pamphlet looks at how it is possible to start to train your brain to think straight again!

This part is based on the summary of evidence provided by Norman Doidge in his popular book 'The brain that changes itself'.

Many people believe that the brain has certain parts that deal with specific tasks and if this part is damaged nothing can be done. This is not usually the case and the brain's flexibility and ability to recover lost abilities is shown by the people that recover from a serious brain trauma called a stroke. Following a stroke, the person may lose certain abilities because the part of the brain dealing with that function has died due to the stroke cutting off the blood supply. However, people can recover from even serious strokes. I know someone who had a stroke and completely lost the ability to speak yet within two years had completely regained the ability to speak. To do this she and her therapist retrained another part of her brain to do the talking! This ability is called *neuroplasticity*. We can all retrain our brains; in fact we do it every time we learn something new. There is more and more evidence to show that when we are recovering from mental illness we are changing our brain pathways too. We can retrain our brains away from flight or fight, away from panic and paranoia and back to work.

This process can take a long time but compared to the time that many people spend thinking about their illness it is perhaps a short time.

It is believed it takes the average person about 60 hours to acquire a new skill. It takes about 10,000 hours to be an expert dancer or musician. These times seem incredibly long but when you consider most people are awake for at least 98 hours a week, which is nearly 400 hours a month. What are you thinking in that time? What are you doing?

You can start to retrain your mind in simple ways. If you watch the TV then turn on the sub titles and read them! This will use much more of your brain than just watching (if there is no-one around then try reading the sub titles out loud, it uses even more brain power!!).

Start to exercise. Use the ideas of being mindful, that I have discussed earlier. This will give you ways of shutting down the alarm system. If your paranoia starts learn to say 'thanks but no thanks' to yourself. Paranoia can be a great advantage when you are in dangerous situations because it keeps you alert. In most modern situations the paranoia causes more trouble and distress than help.

Learn a new hobby and keep at it. Try using 'brain trainer' programs. There are dozens of books and computer programmes that can help with this but be careful to find ones that are encouraging rather than ones that tell you off in any way, because these can discourage you.

Start small and simple and work up. Start with something like tracing shapes or drawing a line through mazes. Go for children's books first (and young children at that!) because your brain needs an easy start. Build up to simple pattern making books (you can buy these for £1 a book). Again start simple and build up. A few hours doing these patterns or colourings will use a lot more brain power than watching TV!

When your confidence is building up, try some arithmetic (the author of the Nintendo games, Kawashima, has designed simple arithmetic books that are cheap and give a good explanation of why they work).

Enjoy games of scrabble or chess. These games will help to build new brain pathways that are much more useful to getting back to work than worrying and anxious thoughts can bring about.

Get a pet and stroke it if it is a cat or take it for walks if it is a dog. This alone has had astonishing effects on some people. They have to focus on caring for the pet, which takes away the destructive circular fearful thoughts. These are just a few ideas. Be creative. Good luck!

References

The general ideas about the neuro cognitive model are taken from Norman Doige's very readable summary of the research (Doidge, 2007). Our background reading about psychosis is informed by the excellent book by Richard Bentall (Bentall, 2003). We felt the ideas of preventing relapse are well described by Gumley and Schwannauer (Gumley & Schwannauer, 2006). We found two self help books for psychosis useful (Morrison, Renton, French, & Bentall, 2008) and (Turkington et al., 2009).

The background to the effects of trauma were clearly explained in several books (Ross, 2007) and (Larkin & Morrison, 2006).

General books on recovery include (Ralph & Corrigan, 2005) and (Davidson, Harding, & Spaniol, 2005) in which the moving article by Patricia Deegan is reprinted, the original appeared in a journal (Deegan, 1996). There are many more books on the recovery approach such as (Repper & Perkins, 2003) and (Slade, 2009). The power of stories in recovering from psychiatric difficulties is explained in the book edited by Roberts and Holmes (Roberts & Holmes, 1999).

The compassionate approach to self healing is explained by Paul Gilbert (Gilbert, 2009). We took the definition of a person from a summary of Macmurray's work (Conford, 1996).

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