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Ways to self-stabilise

Self-help concept for psychosis sufferers

This concept is a supplement to the self-help leaflet TIPS AND TRICKS FOR MANAGING DISLOCATIONS by the **State Association of Psychiatry Patients NRW e.V. (LPE)**.

It should provide suggestions on what to look out for if you want to stabilise yourself. In this way, you'll learn how to avoid another psychosis and how to gain more self-esteem, satisfaction, self-awareness, and quality of life through, among other things, increased self-determination.

Requirements:

I am willing to

- **acknowledge and accept** that I have had one or more crises and am at risk to have others. If I do not accept myself, it won't be possible to handle my problems consciously;
- **review myself and my life circumstances**, and in the process pay special attention to the positive side;
- **change my life** if it makes sense to do so for the sake of self-stabilisation;
- increasingly **take responsibility for myself** in times of health and crisis, and to take good care of myself and my well-being;
- **learn to be in touch with myself**, how I feel, where I stand in terms of emotions and stress: I look at what causes emotions and stress, and learn to handle them sensibly or counteract them;
- prioritise my **self-stabilisation** and thus my healthcare, and **how I think about it, in my life**. I tell myself: I don't want another crisis (psychosis), and I will do everything necessary to achieve that;
- face change in a **considered, calm and serene** way;
- be **patient**, as I should only take small steps at a time.

It takes months or years to achieve self-stabilisation. After achieving it, it is something you have to maintain throughout your entire life.

General tips:

a) look after your physical well-being:

- eat and drink healthily as a matter of routine
- get enough and regular sleep, don't go to bed too late
- get enough fresh air and sunlight
- take good care of your body

> General: lead a healthy and orderly life

b) physical and mental aspects:

- **don't consume any drugs!!!** (hashish or marijuana included)
- drink only a little or no alcohol

- don't ingest a lot of pleasure poisons such as coffee, tobacco, black tea, cola, or sugar
- provide for physical and mental balance and relaxation, e.g., sports, going for a walk, games (no exaggerated physical exertion)
- develop habits and routines that are good for you
- treat yourself more often and focus on the positive things in life
- pay attention to your sexual needs - an orgasm is relaxing and balancing, although sexual abstinence may also be the right choice

c) medical aspects:

- join a self-help group - (also a social aspect)
- look for a doctor who can provide comprehensive education, who takes the time to talk, who makes you responsible for yourself, who is prepared to negotiate, and who can work in a spirit of partnership/self-determination
- if necessary, take along a trustworthy person who is also a psychiatry patient to help with the treatment

- handling of medication:

One should handle medication with particular responsibility and be well-informed, take responsibility for yourself, and be very careful.

Those who still need it should take it regularly and not forget to take it. You can talk to your doctor about reducing the medication or stopping it altogether, but don't change or discontinue the drugs on your own authority (trust works both ways).

If the diagnosis improves or when a stable state is reached, imprudent, improper reduction/discontinuation can lead you back into a crisis!

The following principles apply:

1. Medicines cannot cure; they cannot fight or remove the causes; they can only alleviate symptoms.
 2. As little as possible, only as much as necessary.
 3. You should know the effects, side effects, and late sequelae. The psychopharmaceutical consulting service of the Federal Association of Psychiatry Survivors [Bundesverbandes Psychiatrie-Erfahrener e.V.] provides detailed, competent advice. Tel.: 0234 / 640 51 02.
- talk to your doctor and/or therapist about the subject matter of your psychosis and process it, e.g., paranoid thoughts
 - arrange or work out a contingency plan with your doctor
 - maintain contact with your doctor when things are going well
 - conclude a treatment agreement with the clinic
 - inform yourself (e.g., books, Internet, discussions, courses on psychology)

d) social aspects:

On the road to self-stabilisation, it is very important for your mental balance that your interpersonal environment is reasonably amenable (relatives, partner, friends, colleagues). It is better to avoid those people with whom this is not possible.

- agree on a crisis plan with your relatives/friends
- create a personal crisis network independent of institutions (relatives, partner, friends, and support group)
- ensure that you have sufficient human contact, don't isolate yourself
- maintain contact with people outside the self-help group and the psychiatric field
- don't suppress the mental crises that you've had, but rather process them – see what you can still do and have achieved, and not what you can't do. Be positive.
- explore what is good for you and what does not do you good
- strive for realistic self-perception and check that your thoughts and plans stroke with reality
- don't suppress problems, but talk about them with people you trust

- set boundaries for yourself and sometimes also for others, and keep them – even within a self-help group
- if possible, look for a job/employment that interests you and does not overburden you or under-demand from you
- treat yourself and others with care

Stress management:

What is stress? Very high mental and physical strain, which can lead to illness. Many people feel that something is happening to them during psychosis, but they preemptively had too much stress or too much pressure put on them.

According to the vulnerability-stress-coping model, mentally ill people are particularly vulnerable, sensitive, thin-skinned, and prone to stress. Basically, any person with high mental stress can experience psychosis. Strains of various kinds can trigger stress and cause a vulnerable person in the borderline area to have an acute psychosis. These can be sudden, heavy burdens or a string of smaller, even everyday challenges. On the other hand, stress to an extent that does not overwhelm you has a positive effect. However, too much positive stress, in conjunction with overactivity, can also destabilise you.

To prevent a new crisis, you must manage the stress, i.e., the burdens, that you expect yourself to cope with.

How do I know that I'm reaching my current personal stress limit?

When I feel **the first signs of stress**, which can be these:

- feeling weak or nervous
- not being able to relax properly
- not being able to switch off thoughts
- head-, stomach- or backache
- first sleep disturbances (e.g., waking up at night, immediately being wide awake with thoughts very present)
- irritability
- not being able to concentrate on certain things (e.g., reading a book)

What should I do then?

Immediate stress release

- I turn off some stressors, i.e., cancel or postpone some things that I have planned
- I try to relax consciously, do things that make me happy, and change my thoughts (e.g., meeting friends, walking in the woods).
- I get a preventative prescription of a few days' sick leave.

I become familiar with my stress limits over time.

I commit myself to not using more than **75% of my ability to deal with stress**. In this way, I have a **reserve** for unforeseen events.

What could be stress factors?

- being unemployed
- mobbing
- relationship problems and separation
- death of persons close to you
- side effects of medication
- stress that you cause yourself unnecessarily
- conflicts or quarrels with relatives, friends, or colleagues
- being overworked
- money problems
- being in love
- constant dissatisfaction

But: Being insufficiently challenged, boredom, and loneliness, which can lead to the supposed futility of life, are often underestimated stress factors.

How does a crisis (psychosis) announce itself?

What skill does one need to recognise a crisis as early as possible? Calm alertness and mindfulness will help you to observe yourself and be aware of what point you are at. You have to **be honest with yourself**.

Examples of the most important possible early warning signs:

- strong emotions
- sleep disturbances
- lack of appetite or thirst
- restlessness
- suicidal thoughts
- high irritability
- weaker or very strong body awareness
- feeling overwhelmed by everyday tasks
- thinking in circles
- excessive desire for action or feeling driven
- anxiety
- complete social withdrawal
- depressions
- sensitivity to noise

Everyone should assess their individual early warning signs in this crisis plan.

What to do now?

- Reduce stress factors to a minimum and rest
- If necessary, increase your medication or take it in sufficient dosage
- Inform people who will stand by you, who know you well and do not get nervous, and don't withdraw
- If there is no improvement, consult your doctor or contact the crisis service
- If you have doubts about whether you can cope on your own at home, you should go admit yourself to a clinic voluntarily, if possible, in the company of a trusted person

It's just thoughts that lead to a crisis (psychosis). You can learn to control and break off thoughts before they remove you from reality. You can and should practice this. By concentrating on your body and consciously relaxing through breathing, thoughts can be turned off. Exercise: I breathe in - I'm at home. I breathe out - I'm at home.

Dealing with this concept:

Self-stabilisation depends on many individual factors that can also affect each other. You should only change a few things at a time to see how this affects you. It is important to find the right measure for yourself and to set small, achievable goals. Under no circumstances should you suddenly change your entire life. It is important not to deceive yourself, nor should you take refuge in self-pity, resentment, and resignation.

First, I give some thought to good crisis preparedness (crisis arrangements, what feels good to me during the crisis, decide when I go to the doctor, etc.). I turn these thoughts into a crisis plan. A treatment agreement and/or an advance order (patient decree, precautionary power, Bochum declaration of intent, psychiatric will) provide additional legal security.

Then I consider which circumstances in my life may have led to my crisis/crises, whether these circumstances still exist, and whether I can change them. I approach any changes carefully and advisedly.

(Mastering the basics requires about as much time and consideration as preparing for the theoretical driver's license exam.)

People who have understood and internalised this concept get to know themselves and their limits much better and will stabilise if given time. Once stabilisation has been achieved, medications can be reduced gradually or taken variably (assuming you're honest with yourself and in consultation with your doctor).

Many people are at some point in time able to forego medication completely or take it only when necessary.

The likelihood of another crisis (psychosis) will diminish because you will notice it earlier and have learned to counter it. If it should happen again anyway: don't lose courage and hope, but rather learn from it and think about what you can do better/differently.

Status March 2019

Personal Crisis Plan

1. Pay attention to early warning signs!
My most important early warning signs:

1.)

2.)

3.)

4.)

5.)

2. Contact someone who takes me seriously but doesn't become nervous themselves.

Name:

Telephone:

3. Get relief:

4. Take protective measures:

5. Signal the environment that I am not feeling so well at the moment.

To -> Name:

The importance of sleep

by Matthias Seibt

Lack of sleep and dislocation (psychiatric psychosis) go hand-in-hand like clouds and rain. This rule applies to 90 - 95% of all people who are familiar with dislocated states.

Just like rain is only possible if there are clouds, these people only become dislocated through a lack of sleep.

What causes this insomnia?

Thoughts that don't calm down and thus don't allow us to rest. These thoughts usually relate to situations or events in everyday life. Loneliness. Relationship problems. Debts. Work or examination stress can occupy our thinking to such an extent that they rob us of our sleep.

Is this a special type of sleeplessness?

Normal insomnia is associated with fatigue or feelings of defeat – one desires nothing more than to be able to sleep again as normal. The insomnia associated with dislocation leads to a wide-awake state. This wide-awake state is pleasant; the lack of or significantly shortened sleep is not felt as a deficit. You have new thoughts and an extraordinary amount of

energy; you are able to tackle problems that you have not been able to up to now.

These positive aspects of being wide awake make it difficult for many people to recognise the danger of an incipient dislocation. In particular, if this state develops after a depression, the potential disadvantages of this condition are underestimated.

How long does the transition from wide awake to dislocated last?

The duration differs. The most important aspect here is how long the person does sleep. Sleeping two hours is more dangerous than four hours.

How important is sleep?

Breathing, drinking, sleeping, and eating are our basic needs. Sleeping and drinking are of similar importance. At the latest, after 7 to 9 days "renunciation" of one of these two basic needs, it becomes life-threatening for a healthy young person in the central European climate. The thoughts that occupy us in the wide-awake state can distract us from our basic needs to such an extent that we no longer or hardly eat. The added food deprivation then increases our hyped-up or overwound state. Some people even forget to drink.

Status January 2004

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