



Information for families and friends

Coping with psychotic experiences

Psychotic experiences can be frightening for both the individual and their family and friends who may not understand what is causing them to act the way they are or know how to respond to them.

This leaflet will help you recognise and understand the psychotic experiences that your friend/relative may be having and offers suggestions of the most helpful way of reacting to them. We provide advice for the most common psychotic experiences: hallucinations and delusions. You may also find it helpful to read the two other leaflets about psychosis, *What is Psychosis?* and *Managing Psychosis*.

It is important to remember that psychosis is treatable and that the earlier the treatment begins, the better it is. The person experiencing the psychotic experience may need some support to get treatment, particularly if they are not known to mental health services, or something has changed. Earning their trust in order to help them get treatment, while at the same time helping them and all of those around to feel safe is the goal.

Hallucinations

The experience:

An individual experiencing a hallucination senses something that is not there. For example, they may hear voices when nobody is speaking (an auditory hallucination). A visual hallucination occurs when a person sees something that is not there. The person may develop beliefs that seem strange to others as they try to make sense of what they are experiencing.

Often people experiencing auditory hallucinations appear preoccupied and unaware of their surroundings, talk to themselves, have difficulty understanding or following conversations and misinterpret the words and actions of others. The person may also isolate themselves or use the radio or other sounds to tune out the voices they may be hearing.

If the person is hearing voices, this can be a positive or negative experience for them. The

voices can sometimes be comforting and offer company to the person.

Other types of hallucination (visual, touch, smell, taste) can usually be identified by the way the person is acting: visually focusing on something they cannot see, touching, scratching or brushing things off themselves, sniffing or holding their nose, spitting out food, etc, when there is no apparent reason to do so.

Suggestions for how to respond:

A person experiencing a hallucination may be distressed. This may be reduced by making the environment as calm as possible. Avoid invading their personal space or touching them without permission. Speak slowly, calmly and quietly, using simple language. Be patient as it may take the person longer to process information. It can also be helpful to turn off radios, televisions, bright lights etc as sometimes people can experience voices coming from electrical appliances.

The best way to respond is to empathise if the person is distressed and offer comfort to them. Do not pretend you also experience the hallucination, but equally do not try to convince the person that the hallucination does not exist. Give the person plenty of time and space. You could ask them about their experiences without firing too many questions at them, here are some suggestions:

- Are you hearing voices other than mine?
- What are they telling you?
- What do you see/feel/taste/smell?

If necessary, reassure the person by saying something like: "I can't hear the voices or see what you see but I can see that what you are hearing/seeing is really troubling you." Ask them if it helps to listen to your voice and not the other voice(s), or to look at you rather than whatever else they are seeing. It is important for you to stay calm and not to show strong emotions like fear or anger.



Coping with psychotic experiences

Sheet 2

When additional help is needed

It is important to continue to communicate with the person. Reassure them that you want to help them and explain what you and any other people are trying to do and why. The person needs to understand what is going on in order to reduce their stress and confusion. Contact the person's GP if they are not known to mental health services, or the care coordinators or mental health professionals involved for those who are already under the care of mental health services.

Delusions

The experience:

Delusions are fixed and firmly held beliefs which others find strange. They are different to beliefs the person would normally have, based on their religious and cultural beliefs. Often, a person is so convinced of their delusion that even the most logical argument cannot persuade them to change their mind. Examples of this can include the belief that they are being watched or that someone is after them or that they possess special powers.

Most common are paranoid delusions: the belief that someone or something is going to harm the person in some way. Paranoid delusions are usually shown by extreme suspicion, fear, isolation, insomnia (due to fear of being harmed while asleep), avoidance of food and/or medication (due to fear of poisoning), and sometimes violent actions. A person experiencing paranoid delusions may feel very frightened and has extreme difficulty trusting others. They will frequently misinterpret others' words and actions, and experience ordinary things in their environment as a threat.

Some delusions may seem relatively harmless in the short term, such as delusions of being a rock star, royalty or a religious figure. These delusions can be potentially harmful, however, if they include or lead to delusions of having special abilities such as being able to fly, walking on water, or invincibility.

Suggestions for how to respond:

It is important to stay calm and to empathise with the person's feelings. Offer them support and

empathy without showing strong feelings like fear or anger yourself. You don't have to say that you agree with their beliefs but you can say, "I can see this is making you feel very angry/frightened/upset." If the person appears to be very suspicious of you, afraid of you or angry with you, it is important to keep yourself safe from verbal or even, in some cases, physical aggression. Aim to provide a comfort zone for them. Keep a safe distance between them. Do not invade the person's personal space or touch them without permission. Position yourself at their level if it is safe to do so. Do not whisper or laugh, as this may be misunderstood and may increase paranoia. Remember that someone experiencing delusions may not always be open about what they think or believe, especially if their delusions are paranoid. They may not trust you enough to be honest, even if they know you well.

You can ask the person if they would like to talk about what is happening but do not attack the delusions or try to argue or convince the person that the thoughts are wrong or not real. It is not a good idea to indicate that you believe in the delusion, instead if necessary explain "I am not sure what is happening here but I can see that it is really frightening/upsetting/annoying for you." Do not smile or shake your head when the person speaks as this may cause distress.

When additional help is needed

Contact the person's GP if they are not already known to mental health services, or their care coordinator if they are. Ask whether there is anything you can do to make the person feel more comfortable, and explain your intentions before you act. It is important to assure the person that they are safe, that you are not going to harm them.

Further information

Further information on the nature of psychosis and treatment following diagnosis is available from Oxleas NHS Foundation Trust.

This factsheet was written by a multidisciplinary team including service users, carers, consultant psychiatrists, nurses and psychological therapists as part of the Information Prescription Project. September 2007 Oxleas NHS Foundation Trust.