

INTERVIEWS, BOOK REVIEWS, POETRY and ART GALLERY

Beyond Belief: An interview with Dr. Tamasin Knight on alternative responses to unusual beliefs



Dr. Tamasin Knight

Medical doctor Tamasin Knight was hospitalised for delusions, and went on to write the practical guidebook *Beyond Belief: Alternative Ways of Working with Delusions, Obsessions and Unusual Experiences*. The book queries and rejects the usefulness of traditional psychopathological labels and treatments. It argues instead for accepting the individual's own reality and assisting them to cope and live with their beliefs. ENUSP spoke with Tamasin, who is currently based in Ecuador.

Your book is about finding new ways to work with people with unusual belief systems. What made you want to write it?

The initial motivation that made me want to do the research described in *Beyond Belief* came from my own experience of unusual belief systems and of receiving psychiatric treatment for this. I discovered that psychiatric treatment tended to focus on removing 'abnormality' and trying to make people 'normal' rather

than focusing on what the person themselves wanted help with or considered important. I believed people should have a choice, and so I felt compelled to look for alternative ways of working.

I read about the work of Marius Romme and the Hearing Voices Movement. I found their approach of accepting the voice-hearers' own explanation for their voices, and working within the voice-hearers' own reality, to be inspirational. As a result, I decided to expand their approach to the experience of unusual beliefs and different ways of seeing reality.

Did you have a specific audience in mind?

I had three main audience groups in mind: i. People having problems surrounding unusual belief systems (who may or may not be users/survivors). ii. Families and friends of people with these kinds of experiences. iii. Mental health professionals (and students) interested in different ways of working. Having said that, the book is for anyone interested in unusual beliefs and different ways of understanding the world.

You write:

"Lots of people have beliefs that others may consider to be strange, unusual or not based in fact, and there are many people in society who are living successful independent lives who have beliefs that meet the criteria for delusions."

Why do you think only some of these people become psychiatric patients?

The key factor here is whether the person is able to cope with their experiences. If a person becomes very distressed, preoccupied or overwhelmed by their experiences they are likely to become a psychiatric patient. In contrast, if they are able to cope with their experiences it is likely they will stay out of the psychiatric system. The support that the person has in their life is important in determining their ability to cope with unusual or distressing beliefs.

How could things be done differently? For example, how might you work with someone who was worried that strangers could read her thoughts?

I would first listen to that person, and really try and understand her reality and belief system. Is it everyone that can read her thoughts or just some people? Are there any situations when people can't? What is it that worries her most about the situation? And crucially, what help does she want? Does she want to find ways to prevent others from reading her thoughts, or would she prefer it if her self-esteem was such that she was no longer bothered by others reading her thoughts?

Listening to a person in such a way can be helpful in itself in providing moral support, and can be the first step in helping the person finding more specific ways of coping.

So following on from this, I'd work with the person to find strategies to help them feel more in control and less distressed by their experiences. Different strategies will work for different people. Some people who feel others can read their thoughts find 'psychic self defense' strategies – such as visualising a shield of light surrounding themselves – helpful at keeping out unwanted telepathic thoughts. Others find that wearing a certain hat is beneficial for them. And others find that improving how they feel about themselves enables them to be less bothered about whether other people are reading their mind.

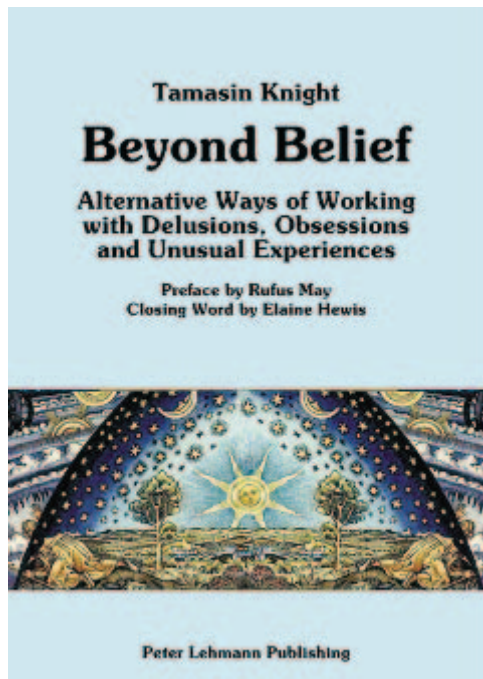
You suggest many great coping strategies, such as meeting regularly with others who have similar experiences. Why do people find these meetings helpful? What can you do if you don't have access to such a group – say because you live in an isolated place?

Thank you! Meeting with others who have similar experiences can provide a safe place for people to talk about their beliefs and experiences without fear that they will be ridiculed or pathologised because of their beliefs. Being part of such a group can enable people to receive emotional support and practical strategies to help them cope with their beliefs, and get on with their life.

If there are no groups near where a person lives I'd suggest they look on the Internet to see if there are any online support groups for people with the kind of experience they are having. I am aware of online support groups for people with many different types of unusual beliefs.

How have other doctors and professionals treated your work? I imagine they say that accepting a person's unusual reality means 'colluding', and it will make them worse. What is your response?

I think that increasingly mental health professionals are recognising that mainstream psychiatric treatment doesn't have all the answers and so are becoming interested in alternatives. So overall I've been pleased with the response I've received.



But yes, there are those who say this approach is 'colluding'. To them I would say we shouldn't be colluding with the idea that there is only one way to interpret reality, one set of beliefs which are acceptable, and another that are 'delusional'. Instead we should be accepting diversity and promoting the right of people to be different. I think the survivor movement has a key role here in promoting this message.

It is important to say that accepting a person's belief system doesn't mean you have to personally share it, or even pretend to share it. Rather it is about respecting another person's reality (in a similar way that one would respect another's religious beliefs without having to share them) and helping that person to cope with their experiences.

While some may worry that accepting people's beliefs is going to 'make them worse', this is something that is not seen in practice. For example, suppose someone is frightened because they believe ghosts are going to attack them. Telling them that they are deluded and that there are no ghosts isn't going to help them. It is just going to make them feel more frightened and alone. In contrast, accepting that person's reality as being real for them, listening to that person, trying to understand how they are feeling, and working with them to find ways of coping with the experience (for example, looking at books about defending oneself against ghosts) would likely help them greatly.

What would be a good first step if someone wants to learn more ways to cope with a distressing or disabling belief?

I would suggest reading my book 'Beyond Belief – Alternative ways of working with delusions, obsessions and unusual experiences'. This can be downloaded for free from <http://www.peter-lehmann-publishing.com/index.htm>