

Health and Safety for Spirit Seers, Telepaths and Visionaries

Health and Safety for Spirit Seers, Telepaths and Visionaries:

Self-help for Schizophrenia

By

Anna Cornelia Beyer

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For Mum, and my friends Mark Ellerby and Geoff Probert and the 51
million people with schizophrenia in the world

Neither the Author nor Publisher is responsible for any ill negative effects as a result of this publication or the information within it. The information contained within this publication is based upon the Author's recommendations and of her personal experiences. Always consider medical advice before making any medicinal or dietary changes.

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(2015): Voices, their origin, and ways to address them: two propositions and a resolution. *Psychosis*. 7:2, 186–191 154

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(2018): Holistic healing for hearing voices: self-care for patients with schizophrenia. *EC Neurology*, 8:3, 91–99 167

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INTRODUCTION

I am a scientist in the social sciences, specifically politics, international relations. I was diagnosed just before finishing my MA with paranoid schizophrenia. I have never been out of work apart from once after my studies when I waited for a prestigious fellowship in the US to start and another time when I returned from this for one year before I started my first academic position (which took me about 200 applications, by the way).

Alongside my main work in international politics research and teaching, in which I am not unsuccessful, I have pursued research on schizophrenia in my free time since 2008. I had the advantage over psychiatrists that I could experiment with different approaches on my own mind. In a way, I had better conditions than if I had my own laboratory. My laboratory was my own mind, health, and wellbeing.

Luckily, I soon found out about the orthomolecular approach and I have always been interested in diet and always admired vegetarians. Both led me to experiment with nutrition and supplementation, alongside low-level medication, and I found this approach very healing. I also spent all my free time (I had lots, being single for 8 years or so) reading every book on schizophrenia that I could get my hands on (including many autobiographies and self-help books) and researching the internet for each snippet of potentially helpful information from discussion forums to academic articles. My occupation and training as a scientist certainly helped here.

I met a friend, also a schizophrenic, who recommended that I write about my experiences and suggested where I could publish my work in this area. When I published a brief notice in a Nature journal, this brought me so much attention that I decided to bring all my knowledge together and publish all that I learned and found out.

A reason for this self-help book is that, while there are 51 million people with this condition worldwide, very few self-help books exist for patients to try and understand what they can do for themselves through lifestyle choices and skills in order to make their lives easier. And those few books that do exist are often very depressing in outlook. I thought I wanted to produce something that summarises all that I have learned through a

positive perspective which gives some hope. A diagnosis of schizophrenia need not be the end of hope, happiness, success and all that is good in life. This illness can teach you a lot of things, many may not be nice, but many are also inspiring and wonderful. With the right tools to hand, you might be able to have a more normal life: a life that you might enjoy more and that you can shape according to your dreams and in which you can find happiness and love and purpose.

This book, therefore, attempts to be more holistic and optimistic than most current literature on the subject. It deals with three main topics. The first section centres on the illness itself as well as its history, how it is understood today, and what is known medically about it. This section will also include an alternative interpretation of this illness, which regularly crops up in discussions with patients and scientists, that centres around seeing many of the symptoms as signs of spiritual or paranormal phenomena, telepathy, visions, and so on. The second part is called “Healing” and it summarises all the health tricks that I have read about and investigated by trying most of them out myself, as well as reading research that has been conducted about them, if any. The third part deals with life. It tackles the questions of what a young person—a schizophrenia diagnosis usually happens in the 20s to early 30s—needs to know in order to live life fully. It discusses studies and career, relationships, how to overcome loneliness, daily life, and how to master emergencies.

Overall, this book is mainly intended for people with the diagnosis of schizophrenia or psychosis. It is particularly targeted at young adults, as schizophrenia usually starts in early adulthood. It can also be used by psychiatrists, nurses, or carers (usually family members) to find better ways to help and support those with the condition. What I mainly hope to achieve is to transmit my knowledge on how to live most successfully with, if not fully recover from, this condition and to present all the knowledge that I have accumulated in research and personal experience over the last decade.

What I describe here is my personal experience, what others found useful, accidental findings, and common sense. I am not a trained physician. Please always apply care and common sense when trying these methods described here. If they make you feel unwell, please don't continue.

PART I:
THE ILLNESS

CHAPTER ONE

BACKGROUND AND HISTORY OF THE ILLNESS

Historically, many of the great religious figures are thought to have experienced something that today we would call psychosis:¹ Jesus, Mohammad, and Buddha had spiritual experiences, visions, and heard voices, which today would be diagnosed in terms of psychotic episodes. Later on, mystics, saints, and witches had experiences that could classify as psychotic. Even today, in many traditional cultures in Africa and elsewhere, shamans actively seek and cultivate these experiences.² Young persons who experience what we call psychotic symptoms for the first time are tested and are then possibly selected and trained for a visionary or healer role as a shaman or witchdoctor.³ Not all psychosis leads to this path. This depends on whether the young person is capable of becoming victorious over the often disabling symptoms and of putting them to the use of both themselves and their community. Stanislav Grof claims that psychosis is a “spiritual emergency”⁴ and maintains that the difference between the psychic and the psychotic lies in how much control one has over what is happening in one’s mind.

Even today, in the West, in England for example, we find shamanic practitioners, Buddhists, psychics, mediums, parapsychologists, and so on.

¹ In the literature it is more often described as epilepsy but it is difficult to diagnose reaching so far back and some of the symptoms of spiritual enlightenment resemble today’s psychosis or other mental illnesses. Ilić-Tasić, S. (2010): Epilepsy in the saints and prophets. *Epilepsy & Behavior*, 17:4, 603; Cangas, A.J.; Sass, L.A. and M. Pérez-Alvarez (2008): From the visions of Saint Teresa of Jesus to the voices of schizophrenia. *Philosophy, Psychiatry, & Psychology*, 15:3, 239–250.

² Polimeni, J. (2012): Shamans among us: schizophrenia, shamanism and the evolutionary origins of religion. *Unknown: Lulu.Com*; Steingard, S. (2016): *My Mysterious Son: A Life-Changing Passage Between Schizophrenia and Shamanism*. New York: Skyhorse.

³ Marohn, S. (2003): *The Natural Medicine Guide to Schizophrenia*. London: Hampton Roads.

⁴ Grof, S. and C. Grof, eds. (1989): *Spiritual emergency: When personal transformation becomes a crisis*. New York: Tarcher.

All of them are interested and open to the experiences of the psychotic and they can relate to, understand, and explain at least some of them, as well as maybe even experience some of them. They even have some similarities in their brain functions to schizophrenics.⁵

That visions, voices, and similar things became socially unwanted and deserved a medical diagnosis, is due to Emil Kraepelin⁶ who first coined the term dementia praecox in 1887, which is today called schizophrenia. This condition had become more common and an epidemic began around 1750. Before, there was maybe 1 in 1000 people affected by these symptoms.⁷ This could be endured and maybe even celebrated. After this time, the percentage grew to 1 in 100 and today 51 million people live with this illness worldwide. The causes of this are not known but it is possible that a combination of secularisation with the rejection of spirituality, in combination with the introduction of city dwelling, as well as coffee and nicotine consumption, contributed to this epidemic.⁸ All of them are related to making this illness either more pronounced (coffee, nicotine, city dwelling) or less understood in the more traditional ways (secularisation). As will be later explained, coffee and nicotine contribute to the symptomatic profile of schizophrenia: coffee in excess might contribute to anxiety and paranoia at worst, and also can induce voice hearing and hallucinations⁹, while tobacco is a known hallucinogen in shamanism¹⁰ and might increase

⁵ Krippner, S. and H.L. Friedman eds. (2010): *Mysterious Minds: The Neurobiology of Psychics, Mediums, and Other Extraordinary People*. Santa Barbara: ABC-Clío.

⁶ Szasz, T. (1988): *Schizophrenia. The Sacred Symbol of Psychiatry*. New York: Syracuse University Press; Torrey, E.F. (1980): *Schizophrenia and Civilization*. New York: Aronson; Torrey, E.F. and J. Miller (2001): *The Invisible Plague: The Rise of Mental Illness from 1750 to the Present*. Piscataway: Rutgers University Press.

⁷ Torrey, E.F. (1980): *Schizophrenia and Civilization*. New York: Aronson; Torrey, EF and J. Miller (2001): *The Invisible Plague: The Rise of Mental Illness from 1750 to the Present*. Piscataway: Rutgers University Press.

⁸ Beyer, A.C. (2017): *International Political Psychology: Explorations into a New Discipline*. Basingstoke: Palgrave.

⁹ Live Science (2009): Caffeine can cause hallucinations.

<https://www.livescience.com/3230-caffeine-hallucinations.html>; BBC (2009): 'Visions link' to coffee intake. <http://news.bbc.co.uk/1/hi/health/7827761.stm>; Jones, S.R. and C. Fernyhough (2009): Caffeine, stress, and proneness to psychosis-like experiences: A preliminary investigation. *Personality and Individual Differences*, 46(4), 562 - 564.

¹⁰ Janiger, O. and M.D. De Rios (1976): Nicotiana an hallucinogen? *Economic Botany*, 30(2), 149 - 151.

positive symptoms too. City dwelling causes stresses and can contribute to isolation, both of which are also thought to contribute to schizophrenia. Secularisation means that psychotic individuals were no longer thought to be in touch with a higher power or visited by angels or demons and were, instead, declared abnormal and irrational.

It followed many hundreds of years in which the mental health system was created and changed due to different medical fashions and beliefs. In some periods, schizophrenic people were simply locked away or even shown as attractions to visitors. In other periods, they were kept safe but needed to undergo cruel treatments, such as brain surgery, electro shock (which is still sometimes used today), or insulin treatment (also still in use in some parts of the world).¹¹ At certain times, psychotherapy was very fashionable; at others, behavioural therapies were used more. Since the invention of modern medicines, hospitalisation has become less frequent and more people are free to live in their communities. Although, it is important to note that many medications still do not provide a good enough recovery to allow most people to be fully functioning members of their communities. With this problem in mind, in some places (particularly during the 1970s) treatment facilities were created where patients with schizophrenia were integrated into small communities where they lived and worked together along with some therapists and doctors. This had the benefit of not isolating those suffering from the condition, while also giving them purpose and community in a safe environment. Some have applauded this treatment approach as they consider it to be highly beneficial and effective.

Today modern medicines are the main treatment option for schizophrenia. There are two generations of medications and the newer ones are thought to be more effective in dealing with the symptoms while having fewer negative side effects. Interventionist measures, such as brain surgery, have largely fallen out of use. Some are still in use, such as electro-convulsive therapy, but are applied less often than in the past.

Research has also progressed, as have politics. While only limited funds have been diverted to research schizophrenia in terms of its causes and cures, valuable advances have been made in both medicine and alternative treatments.

In modern research, it has been found that dopamine and other neurotransmitters might cause hallucinations, such as visions and voices;

¹¹ Foucault, M. (2013): *History of Madness*. Abingdon: Routledge.

this is particularly the case for dopamine if it is present in excess.¹² The main target of modern medications is to reduce dopamine and other neurotransmitters in the patient's brain; of course, this often has some side effects. In the 1970s, alternative treatment facilities opened, which placed emphasis on community, supported work, rural living and so on. Around this time, Abram Hoffer discovered that large doses of vitamins were helpful for schizophrenics and he treated patients with this approach and published about it.¹³ Astoundingly, he claimed a cure rate of 90%. He was followed by other orthomolecular psychiatrists, of whom the most prominent today is probably Patrick Holford. Holford is a bestselling author on alternative health and founder of Food for the Brain and the Brain Bio Centre: an orthomolecular clinic in the UK.¹⁴ This approach, however, has not really been accepted by mainstream psychiatry. Talking therapies have also been both in and out of fashion at different times. More recently, compassion focused therapy has taken centre stage and Marius Romme¹⁵ and the Hearing Voices Movement¹⁶ have sprung up to maintain that people who hear voices can still be quite normal and not more pathologic than

¹² Mueser, K.T. and D.Y. Jeste (2011): *Clinical Handbook of Schizophrenia*. New York: Guildford Press, 28f.

¹³ Hoffer, A. (1999): *Orthomolecular Treatment for Schizophrenia*. New York: Mc Graw Hill; Hoffer, A. and Andrew S. (2008): *Orthomolecular Medicine for Everyone: Megavitamin Therapeutics for Families and Physicians*. Laguna Beach: Basic Health Publications; Hoffer, A. (1998): *How to Live with Schizophrenia*. New York: Kensington.

¹⁴ The Brain Bio Centre Clinic can be found here: <http://www.foodforthebrain.org>. Holford's books include especially: Holford, P. (2010): *Optimum Nutrition for the Mind*. London: Piatkus.

¹⁵ Romme, M. and S. Escher (1993): *Accepting voices*. London: MIND publications; Romme, M. and S. Escher (2000): *Making Sense of Voices: A Guide for Mental health Professionals Working with Voice-Hearers* (includes interview supplement). London: Mind Publications; Romme, M.; Escher, S. and J. Dillon et al. (2009): *Living with Voices: 50 Stories of Recovery*. Ross-on-Wye: PCCS books; Romme, M. and A.D.; Escher (1989): *Hearing Voices*. *Schizophrenia bulletin*, 15:2, 209–216.

¹⁶ Escher, S. and M. Romme (2012): *The Hearing Voices Movement*. In: Blom, J.D. and E. Sommer (eds): *Hallucinations: Research and Practice*, 385–393. New York: Springer; Corstens, D.; Longden, E. and S. McCarthy-Jones et al. (2014): *Emerging Perspectives from the Hearing Voices Movement: Implications for Research and Practice*. *Schizophrenia bulletin*, 40: Suppl. 4, S285–S294; Gray, B. (2008): *Hidden Demons: A Personal Account of Hearing Voices and the Alternative of the Hearing Voices Movement*. *Schizophrenia bulletin*, 34:6, 1006–1007.

people who are colour-blind, for example. Most recently, Open Dialogue¹⁷ therapy has been developed, which promotes the idea that 90% of newly diagnosed patients can be completely cured if they are able to have both an open and equal dialogue with family and supporting psychiatrists in a therapeutic and supported setting.

¹⁷ Seikkula, J; Alakare, B. and J. Aaltonen et al. (2003): Open dialogue approach: Treatment Principles and Preliminary results of a Two-Year Follow-Up on First Episode Schizophrenia. *Ethical Human Sciences and Services*, 5:3, 163–82; Seikkula, J. and M.E. Olson (2003): The Open dialogue approach to acute psychosis: Its Poetics and Micropolitics. *Family process*, 42:3, 403–418; Aaltonen, J.; Seikkula, J. and K. Lehtinen (2011): The Comprehensive Open-Dialogue Approach in Western Lapland: I. The Incidence of Non-Affective Psychosis and Prodromal States. *Psychosis*, 3:3, 179–191; Seikkula, J.; Alakare, B. and J. Aaltonen (2011): The Comprehensive Open-Dialogue Approach in Western Lapland: II. Long-Term Stability of Acute Psychosis Outcomes in Advanced Community Care. *Psychosis*, 3:3, 192–204; Seikkula, J.; Aaltonen, J. and B. Alakare et al. (2006): Five-Year Experience of First-Episode Nonaffective Psychosis in Open-Dialogue Approach: Treatment Principles, Follow-Up Outcomes, and Two Case Studies. *Psychotherapy Research*, 16:2, 214–228; Seikkula, J.; Alakare, B. and J. Aaltonen (2001): Open Dialogue in Psychosis I: An Introduction and Case Illustration. *Journal of Constructivist Psychology*, 14:4, 247–265; Seikkula, J.; Alakara, B. and J. Aaltonen (2001): Open Dialogue in Psychosis II: A Comparison of Good and Poor Outcome Cases. *Journal of Constructive Psychology*, 14:4, 267–284.

CHAPTER TWO

HOW SCHIZOPHRENIA IS EXPLAINED IN TODAY'S SCIENCE

Neurotransmitter malfunction (dopamine)

The most common explanation in mainstream medicine for schizophrenia is either an overproduction of or dysfunction in neurotransmitters. Usually it is assumed that, in the brain of people with schizophrenia, dopamine, and maybe also serotonin, are overproduced.¹⁸ This is the basis for all the main medications, which all work to reduce dopamine. Of course, this naturally has the effect of inducing apathy. Dopamine is the activity and alertness neurotransmitter and so a lack of this must mean that the patient will experience tiredness and so on. This is believed to be the reason why so many people with schizophrenia frequently suffer from apathy and attempt to counter the effects of medication by consuming large amounts of coffee and nicotine, both of which increase dopamine.

Trauma

Some researchers believe that trauma is at the origin of psychotic experiences and schizophrenia.¹⁹ From my own experience, I believe this to be credible. Science confirms it is often the case. Additionally, even if one understands schizophrenia to be sort of a spiritual experience/emergency this would make sense, as it is known in the history of spirituality that such events often occur after traumatic experiences. Trauma might mean that:

¹⁸ Howes, O.D. and S. Kapur (2009): The Dopamine Hypothesis of Schizophrenia: Version III—the Final Common Pathway. *Schizophrenia Bulletin*, 35:3, 549–562; Jentsch, J.D. and R.H. Roth (1999): The Neuropsychopharmacology of Phencyclidine: from NMDA Receptor Hypofunction to the Dopamine Hypothesis of Schizophrenia. *Neuropsychopharmacology*, 20:3, 201–225.

¹⁹ Hammersely, P. et al. (2008): Childhood Trauma and Psychosis: The Genie Is Out of the Bottle. *Journal of Psychological Trauma*, 6:2–3, 7–20; Karon, B.P. (2008): Trauma and Schizophrenia. *Journal of Psychological Trauma*, 6:2-3, 127–144.

- 1) hyperactivity of brain function—a post-traumatic stress reaction—is activated, maybe permanently; this could explain the dopamine hyperfunction.
- 2) thoughts are “mulled over” and ruminated on or conversations that happened in the traumatic experience are re-experienced and sometimes continue indefinitely. This can in part explain the symptom of “voices”, which are only heard by the patient.

Sociological causes

Some sociological factors have also been identified. It is known that an economically weak position, possibly unemployment, migration, city dwelling, experience of very ethnically homogenous environments, and isolation contribute to the development of schizophrenia.²⁰ All of them are traumatic, stressful, and bring a high likelihood of conflict experience.

Over or under-methylation, brain malnutrition, or toxic overload

From an alternative health perspective, it is believed that either brain under-nourishment or toxic overload can contribute to symptoms of

²⁰ Koehler, B. (2005): Sociocultural Factors in the Development of Schizophrenia. Online: <http://www.isps-us.org/koehler/sociocultural.htm>; Warner, R. (1985): Recovery from Schizophrenia. Psychiatry and Political Economy. London: Routledge; Torrey, E.F. (1980): Schizophrenia and Civilization. New York: Aronson; Torrey, E.F. and J. Miller (2001): The Invisible Plague: The Rise of Mental Illness from 1750 to the Present. Piscataway: Rutgers University Press; Lipton, F.R. et al. (1981): Schizophrenia: A Network Crisis. Schizophrenia Bulletin, 7:1, 144–151; Boydell, J. et al. (2004): The Association of Inequality with the Incidence of Schizophrenia. Social Psychiatry and Psychiatric Epidemiology, 39:8, 597–599; Boydell, J. and R. Murray (2003): Urbanization, Migration and Risk of Schizophrenia. In: Murray, R. et al. (eds): The Epidemiology of Schizophrenia. Cambridge: Cambridge University Press, 49–70; Faris, R.E.L. and H.W. Dunham (1939): Mental Disorders in Urban Areas: An Ecological Study of Schizophrenia and Other Psychoses. Oxford: University of Chicago Press; Harrison, G. et al. (2001): Association Between Schizophrenia and Social Inequality at Birth: Case-Control Study. The British Journal of Psychiatry, 179, 346–350; Cantor-Graae, E. et al. (2003): Migration as a Risk Factor for Schizophrenia: A Danish Population-Based Cohort Study. The British Journal of Psychiatry, 182:2, 117–122; Cantor-Graae, E. and J.P. Selten (2005): Schizophrenia and Migration: A Meta-Analysis and Review. American Journal of Psychiatry, 162:1, 12–24; Selten, J.P. et al. (2007): Migration and Schizophrenia. Current Opinion in Psychiatry, 20(2), 111–115.

schizophrenia.²¹ Therefore, it could be countered with healthy nutrition, vitamin supplementation, and detox programmes (reduction of coffee, nicotine, meat, increase of healthy foods, and beverages etc.). One autobiography mentions a successful cure through dialysis,²² which could speak for this. Vitamin therapy is decades old and has a huge success rate and works based on similar assumptions. There has also been a case of an individual being cured by switching to a raw vegan diet alone.²³ In some people, according to one study, schizophrenia can also simply be caused by a food allergy or intolerance, such as to gluten or dairy.²⁴

Spiritual emergency and parapsychology

Stanislaw Grof interpreted psychosis as a spiritual emergency.²⁵ He recognised the basic similarity between spiritual growth processes and psychosis but also pointed out that the psychotic or schizophrenic person is not capable of handling these processes successfully, unlike the psychic or spiritually advanced person. This means that it would make sense to look into spiritual growth requirements as a mechanism to, at least partially, handle psychosis. Historically, great visionaries, saints, and spiritual

²¹ Walsh, W. (undated): The Walsh Theory of Schizophrenia.

<https://www.walshinstitute.org/the-walsh-theory-of-schizophrenia.html>. See also: Mental Health Daily (undated): Undermethylation vs. Overmethylation: Causes, Symptoms, Treatments.

<https://mentalhealthdaily.com/2015/03/21/undermethylation-vs-overmethylation-causes-symptoms-treatments/>.

²² North, C.S. (1989): *Welcome, Silence: My Triumph Over Schizophrenia*. Dresden: Avon Books.

²³ Victoria Everett claims to have cured her schizophrenia with raw food: <http://www.raw-food-health.net/Victoria-Everett.html>.

²⁴ Kraft, B.D. and E.C. Westman (2009): Schizophrenia, Gluten, and Low-Carbohydrate, Ketogenic Diets: A Case Report and Review of the Literature. *Nutrition & Metabolism*, 6:1, 10.

²⁵ Grof, S. and C. Grof, eds. (1989): *Spiritual Emergency: When Personal Transformation Becomes a Crisis*. New York: Tarcher, Cf also Beyer, A.C. (2017): An Alternative, Spiritual and New Age Interpretation of Schizophrenia. *Journal of Emerging Diseases and Preventive Medicine*, 1:1,

<https://www.pulsus.com/scholarly-articles/an-alternative-spiritual-and-new-age-interpretation-of-schizophrenia-3960.html>; Bhargav, H.; Jagannathan, A. and N. Raghuram et al. (2015): Schizophrenia Patient or Spiritually Advanced Personality? A Qualitative Case Analysis. *Journal of Religion and Health*, 54:5, 1901–1918; Grof, C. and S. Grof (2017): *Spiritual Emergency: The Understanding and Treatment of Transpersonal Crises*. *International Journal of Transpersonal Studies*, 36:2, 5.

leaders—from Jesus to Mohammad to Buddha—had experiences that possibly today would be classified as psychotic. Paranormal aspects come in here too. Parapsychology is located at the borderline between psychology and spirituality. Parapsychological effects, which are discussed relatively frequently in “New Age” literature and encompass telepathy, seeing of immaterial entities, clairvoyance, visions, capability to predict future events, and so on, can occur and often do in schizophrenia patients, and it would make sense using this interpretation. Symptoms that resemble such capabilities are very frequent in psychosis and schizophrenia.

Subliminal conflicts (my own interpretation)

Even though I live in a foreign country far away from my family, I sometimes think I know when there is trouble at home and occasionally I hear them argue as if they were in the next room. This also happens with other people that I am emotionally connected to but this is often positive rather than negative. One interpretation is that schizophrenia occurs when subliminal (undisclosed) conflicts are experienced. Often, this can take the form of hearing voices that have an unpleasant nature and feelings of anxiety and stress, like in open conflicts. Positive feelings can also be experienced but these are generally not put under the category of schizophrenia and are, instead, placed under the category of “being psychic”. The difference is the emotional colour of what is experienced, which often has a lot to do with either telepathy or parapsychological explanations. To put it simply: emotional connections even over very large distances can function like a transmission belt for both love and conflict, as well as all sorts of other emotions. In telepathy research it is assumed that some animals have perfected this skill far more than humans.²⁶ This only usually takes the form of paranoid schizophrenia if strong conflicts with negative emotions are experienced in this way. Even parapsychological representations of violence can possibly be experienced. If the perceptions are positive, this is normally not regarded pathological and rather considered psychic or spiritual ability. The frequency of these perceptions and representations depend on the person, personality, and circumstances. Subliminal conflicts can also be caused by past conflicts that are experienced in the present.

²⁶ Sheldrake, R. (1999): *Dogs that Know When their Owners are Coming Home and Other Unexplained Powers of Animals*. London: Hutchinson.^[1]_{SEP}

It could also be that the 'voices' are simply a reflection of the internal monologue, thoughts that turn loud, so to speak. But this would not apply in the case of more severe hallucinations.

CHAPTER THREE

COMMON SYMPTOMS

Visions:²⁷ Mental imagery can become very vivid in schizophrenia and it can include visions of future events, other worlds or dimensions, or visions of unexplained phenomena (I remember having visions of the karmic forces of nature, which were presented to me as a grid-like energy or light structure running throughout the universe). Visions of light flashes, nightmares, repeated dreams, and so on can also occur. Each patient has their own unique set of experiences. Often, they are colourful but they are also disturbing in times of crises. Mostly, according to my own experience, they come in both dark and light colours, can be hellish in nature or present a heavenly beauty, and they might depend on karma, spiritual growth. It can of course also be simply down to luck how long and how often one evades the negative experiences and can taste the beautiful experiences instead.

Seeing of entities: Schizophrenics often report “seeing” entities of immaterial nature. Some do so more than others; however, generally it is fairly common. These entities can represent known figures from mystical and spiritual literatures, such as demons, angels, spirits, ghosts, saints, and so on. They can also be of more fantasy like nature.

Hearing Voices: Hearing voices is a common symptom, possibly even the most common symptom, in schizophrenia. Voices are heard in the head, feel more like telepathy or spirit communication, and are audible like speech but not audible to others. Some groups have formed that collect people who hear voices for self-help purposes. Voice hearing per se does not necessarily mean disability but it can be destructive and painful. Commanding voices, aggressive, and insulting voices are common in patients with schizophrenia. However, helpful voices also occur and some patients hear voices that become their friends and tell them jokes, while others receive valuable

²⁷ Gauntlett-Gilbert, J. and E. Kuipers (2003): Phenomenology of Visual Hallucinations in Psychiatric Conditions. *The Journal of Nervous and Mental Disease*, 191:3, 203–205; Kafka, J.S. (1997): Romantic and Classic Visions in the Therapy of Psychosis: A Personal Perspective and Evolving Theory of Schizophrenia. *Psychiatry*, 60:3, 262–274.

instructions for life. Inspired by an overview on Buddhism, Christianity and Shamanism, on this question, my interpretation is that these voices can possibly be explained as either telepathy (increasingly researched and accepted as a phenomenon in biology today) or spirit communication. It might also be that, sometimes, underlying conflicts in one's own psyche can induce these symptoms (haunting thoughts that turn loud in one's head). However, I consider that this, as the sole explanation, is not credible as often, in my own case, voices occur without any reference to my own feelings, knowledge, or ideation. Voices, which are often negative, aggressive, insulting to many people, can become more painful than physical pain, for example a severe headache or toothache.

If you like peer support groups, some have been formed for voice hearers. The Hearing Voices Network is the most prominent of them and it might be useful to get in touch.²⁸

Conflicts of parapsychological nature: Conflicts, both real and imagined, might happen at least as often as for other people who lead normal lives. If you have been diagnosed with paranoid schizophrenia, it is likely that you might experience more conflicts, which would be in line with this specific diagnosis. For example, as soon as my conflict level became normal, I was no longer told that I had paranoid schizophrenia (even though I guess it will be difficult to shed the diagnosis and it might follow me for life). Imagined conflicts might be quite real for you. I certainly know this from my own experience. There are a number of options that one has in such situations, similar to solving real world conflicts. For one, you could read about conflict resolution. You could also simply follow your instincts and think about what could make it better. Try to remain humane and reasonable enough to avoid ending up in psychiatric care. BUT you can be creative. In fact, it is likely that you will need to be as creative as you can muster. It might be useful to speak to older people, to get advice from others who have lived through conflicts and solved them, or to seek out various sources for advice, according to what feels right for you in your circumstances. Also, remain proactive: try to do something positive about it.

Perceptions of immaterial touch, smell, and so on: At times, one can perceive physical sensations from an origin that is somewhere else. For example, at times I could feel the pain that my elderly parents feel in their joints or shoulders. In all likelihood, this was not my own pain and was, instead, a sort of a "sympathetic" perception. I also smelled cigarette smoke

²⁸ Hearing Voices Network: <https://www.hearing-voices.org/>.

when no one was around who smoked, maybe in sympathy of someone who did, or flowers when no green was around. Touch perceptions can happen too and are, in fact, relatively frequent. I am not able to confidently explain how they originate.

Out of body experiences: These might happen to you or might not. Apparently, many people can learn them. They did happen to me twice and this was, maybe, because I had attempted to learn them. Out of body experiences might also happen spontaneously. Enjoy them when you have one and do not fear them too much. I can give little advice on how to behave when experiencing them, as mine were too much out of my control to be able to give behavioural advice. However, I can say they can be interesting, fascinating, and amazing. Some people can induce them by will and control them. If they happen more frequently for you and cause problems, then try to find guidance with those who have mastered this skill.²⁹

Apathy:³⁰ Apathy could be linked to depression and depression should not be ruled out if apathy is observed as a symptom. For depression, medications do exist (sometimes anti-psychotic medication and anti-depressants are prescribed together). Also, healthy nutrition with large amounts of fish oils³¹—either from fish or supplements—and exercise³² are thought to help. Some authors claim that 90% of depressive cases can be solved through exercise. Sun exposure and surrounding the patient with

²⁹ See for example: Buhlman, W. (1999): *Adventures Beyond the Body*. San Francisco: HarperOne; Monroe, R.A. (1977): *Journeys Out of the Body*. New York: Harmony.

³⁰ Roth, R.M.; Flashman, L.A. and A.J. Saykin et al. (2004): Apathy in Schizophrenia: Reduced Frontal Lobe Volume and Neuropsychological Deficits. *American Journal of Psychiatry*, 161:1, 157–159; Kiang, M.; Christensen, B.K. and G. Remington et al. (2003): Apathy in Schizophrenia: Clinical Correlates and Association with Functional Outcome. *Schizophrenia Research*, 63:1–2, 79–88; Raffard, S.; Esposito, F. and J.P. Boulenger et al. (2013): Impaired Ability to Imagine Future Pleasant Events is Associated with Apathy in Schizophrenia. *Psychiatry Research*, 209:3, 393–400; Roth, R.M.; Koven, N.S. and J.C. Pendergrass et al. (2008): Apathy and the Processing of Novelty in Schizophrenia. *Schizophrenia Research*, 98:1-3, 232–238; Hartmann, M.N.; Kluge, A. and A. Kalis et al. (2015): Apathy in Schizophrenia as a Deficit in the Generation of Options for Action. *Journal of Abnormal Psychology*, 124:2, 309.

³¹ Sinclair, A. (2005): Fish Oil and Depression. *Journal of Complementary Medicine*, 4:1, 52–54; Hibbeln, J.R. (1998): Fish Consumption and Major Depression. *Lancet*, 351:9110, 1213.

³² Cooney, G.M.; Dwan, K. and C.A. Greig (2013): Exercise for Depression. *Cochrane Database of Systematic Reviews*, (9).

benign experiences—music, for example, or a weekend trip into the surrounding greeneries—might also help.

Anxiety:³³ Anxiety is a milder form of paranoia (see below for more on paranoia). Anxiety can have various sources. Some workbooks and psychological techniques exist to help with anxiety. I found hypnosis to work quite well. Social anxiety is the most difficult to counter and, for me, it was only resolved by spending a long time getting to know other people, something which cannot be prescribed by any doctor. Coffee consumption in excess, while it can activate and make people feel happier, can also increase anxiety,³⁴ so caution in anxious phases might be needed.

Mania: Mania is rarely discussed symptom of paranoid schizophrenia, but similar aspects can occur. For example, a known symptom in schizophrenia is that some people talk a lot or write in excess (I could qualify for the latter but I have more proper justifications for that). Apart from medications, which do exist for manic periods, reduction of stimulants, fasting, hypnosis, and all sorts of other described relaxation techniques, including decreasing anxiety, might help with manic periods.

Paranoia:³⁵ Paranoia is one of the worst symptoms and characteristic of paranoid schizophrenia, hence the name. The target of paranoia can be anything but often it involves a paranoia of the security state (for unknown reasons). Someone who talks gently to the patient about this and attempts to calm them down seems the best antidote to me. It can pass with time (it did for me, my talking partner for years was my own mother). Also, other

³³ Cosoff, S.J. and R.J. Hafner (1998): The Prevalence of Comorbid Anxiety in Schizophrenia, Schizoaffective Disorder and Bipolar Disorder. *Australian and New Zealand Journal of Psychiatry*, 32:1, 67–72; Pallanti, S.; Quercioli, L. and E. Hollander (2004): Social Anxiety in Outpatients with Schizophrenia: A Relevant Cause of Disability. *American Journal of Psychiatry*, 161:1, 53–58; Penn, D.L.; Hope, D.A. and W. Spaulding et al. (1994): Social anxiety in Schizophrenia. *Schizophrenia Research*, 11:3, 277–284.

³⁴ Greden, J.F. (1974): Anxiety or Caffeinism: A Diagnostic Dilemma. *American Journal of Psychiatry*, 131:10, 1089–1092.

³⁵ Green, M.J. and M.L. Phillips (2004): Social Threat Perception and the Evolution of Paranoia. *Neuroscience & Biobehavioral Reviews*, 28:3, 333–342; Schoretsanitis, G.; Kutynia, A. and K. Stegmayer et al. (2016): Keep at Bay!: Abnormal Personal Space Regulation as Marker of Paranoia in Schizophrenia. *European Psychiatry*, 31, 1–7; Chan, K.K. and E.Y. Chen (2011): Theory of Mind and Paranoia in Schizophrenia: A Game Theoretical Investigation Framework. *Cognitive Neuropsychiatry*, 16:6, 505–529.

paranoias do happen, according to what I found online, and the approaches towards them might be similar. I heard of one young man who developed a religious paranoia that centred on apples. This seems relatively harmless but it can be disturbing for the family and it is often very disturbing for the patient themselves. It simply feels terrible to be paranoid. Reasoning the patient out of his or her beliefs (something which I believe is also sometimes done in psychotherapeutic approaches) seems to be a more lasting and more benign approach to this than other interventions, such as just giving medications for paranoia. I have found that medication simply suppresses the paranoia, while reasoning the patient out of their beliefs often has a more lasting effect. Exposure to the problem could also be a way to “reason” the patient out of his or her beliefs. For example, asking the patient to drink apple juice to test if apples do have a harmful effect on them might change their minds about the evil nature of apples (apple juice should be given not to challenge the paranoia of apples unduly). Exposure to known problems, learning what is real and what not, testing reality again and again to see if my beliefs were right or wrong, in a cautious manner, and discussing my results with others, were, for me, the best approaches to counter paranoia.

It is important to note that to overcome paranoia, a stable, safe environment seems to be better than hectic, highly emotional, or quickly and often changing environments. Therefore, for example, moving places or being in a highly emotional or argumentative household might not be ideal for patients with schizophrenia. Living independently can work, but contact needs to be provided. Complete isolation—for example, when living alone—can aggravate abnormal thought patterns as there is too little human interaction to challenge abnormal thoughts. In such cases, friends and other contacts can help remedy this.

In my own experience, in many cases paranoias can derive out of a traumatic experience. For example, my own paranoias of pregnancy and the security state was derived out of the exposure to the security state as a child in East Germany, which was later revived under the Global War on Terrorism, and a negative experience with one partner that involved the risk of unwanted pregnancy. Exposure, testing, and reasoning out in a safe way and in a safe environment seems to be the best way to counter these paranoias. Experiencing similar situations with different outcomes has a certain healing quality to it. Re-exposure to the same stressors should not always be avoided; however, they should be sought in a safe way, if possible, and the aim should be to achieve better outcomes.

Side effects of medications: Some of the best-known side effects of medications are drowsiness and weight gain. Some believe they get better with time, others believe they can be countered with exercise. Some believe that the resulting drowsiness leads to abnormal stimulant consumption in many patients. One option could be to decrease the dose of medication if these effects are too pronounced or to switch to another medication (even though virtually all medications for schizophrenia have similar side effects, apart from Abilify).

CHAPTER FOUR

COMMON PROBLEMS

Schizophrenia often comes with functional disability. For example, this can mean unemployment, not being able to have a family, reduced other life chances, imprisonment, and so on. Many people with schizophrenia fail at having a “full” life, according to official standards.

Unemployment/Employment: Many individuals with this illness struggle with employment.³⁶ Many people work part-time or are on disability income. It is, however, perfectly possible for a person with schizophrenia to complete full or part-time work and many individuals with this condition do so, as I learned from biographies and various self-help groups. In the section on “careers”, you will find some examples of what some people have achieved with this condition. Some have even become famous. Even if this is not achieved, full or part-time work are definitely possible and depend on the ability to control symptoms, avoidance of extremes in behaviour, and all the other requirements that a job does bring with it (discipline, honesty, kindness to colleagues, teamwork, dedication to the work, etc.). Working might not be feasible for everyone at every time but for many with this condition it is certainly an option. It also brings a wide range of benefits beyond income, such as a sense of purpose, relief from boredom, and social contact, as well as increased self-esteem, which are all thought to help remedy psychosis in themselves. Popular work tasks are in the field of psychology and psychiatry, as well as the arts. However, many more options are pursued by various individuals such as, engineering, finance, sports, and academia. Many different fields of employment are possible. If it is possible for the individual, then seeking and pursuing work is of high value.

What I found in my own experience is that the main conflicts at work derive out of irrational or even aggressive behaviours, as well as dishonesty, lack of discipline, or drug use. All of them can be, and should be, tackled in their

³⁶ Wu, E.Q.; Birnbaum, H.G. and L. Shi et al. (2005): The Economic Burden of Schizophrenia in the United States in 2002. *Journal of Clinical Psychiatry*, 66:9, 1122–1129.