

More About Schizophrenia

* Schizophrenia is a wound that often hides a great gift. Typically, it's a blessing and curse, a marriage of heaven and hell to those for whom it brings both anguish and revelation. Indeed, it's hard to shun religious language when describing schizophrenic visions, voices and experiences. Culturally entrenched biopsychiatric dogma, on the other hand, views schizophrenia as a biologic 'mental illness'. Symptoms are described as hallucinations, delusions', bizarre behaviour, unusual beliefs and the like. Such 'symptoms', in other words, are not objective medical facts, but rather subjective value judgments which reflect biopsychiatric bias. Indeed, from an opposing psychospiritual perspective, a 'delusion' may be an insight into energies at work beneath surface appearances; an 'hallucination' may be an extrasensory perception, and what is judged to be 'bizarre' - that is, beyond the spectrum of socially sanctioned norms - may be in another culture, or to those who do not fit into the cultural mould, the norm.

* In a safe, friendly, non-hospital, supportive environment - or in a peaceful family home - schizophrenia can be worked through as a critical 'dis-integration' experience which, if allowed to unfold naturally, precedes a reintegration of the personality. Many sufferers with this kind of 'crisis care' become stronger and wiser at the end of their ordeal and therefore value their experiences, however traumatic, as an important 'death-renewal' process.

* Some people with schizophrenia recover without help, while others have recovered with the aid of competent psychotherapy. Dr John Nash, subject of the Russell Crowe/Ron Howard movie *A Beautiful Mind*, is a good example of a sufferer who coped well without psychiatric drugs - to the extent that he was able to win the Nobel Prize. (Statistically, psychiatric drugs lower the likelihood of recovery and increase the likelihood of relapse).

* Not all persons diagnosed with schizophrenia are in fact schizophrenic. Some are simply social misfits, unruly teenagers, eccentric artists, vagabonds, or people who have unusual abilities or experiences (e.g. ESP, UFO encounters, psychic gifts, spiritual experiences, communion with 'spirit guides', or ancestors). Others (e.g. marijuana smokers) are in a drug-induced psychosis, while some suffer from a physically-induced psychosis, which can arise from (e.g.) cerebral allergies, poor brain sugar metabolism, overactive glands, Vitamin B-3 and B-6 dependencies, vitamin deficiencies (e.g. scurvy, pellagra), EFA deficiencies, mineral (e.g. zinc) deficiencies, excess copper, toxic reactions to (e.g.) lead, or drugs (including psychiatric drugs), LSD and other hallucinogens, infections such as rheumatic fever, syphilis, or food allergies (e.g. to milk, or gluten).

* 10 to 15% of people diagnosed commit suicide within two years of diagnosis. It is possible that suicide is in many cases a response to (what many sufferers perceive as) psychiatric harassment, torture, abuse and social control. Forced drugging, incarceration and a 'mentally ill' label lead to loss of freedom, dignity, human rights, health, social opportunity, credibility and a stifling of creativity, energy and (often valued) spiritual experiences.

* There is no medical proof that schizophrenia is a 'brain disease', or 'chemical imbalance'. As well, since 'medically' trained (i.e. 'biologic') psychiatrists and GPs aren't normally equipped to deal with the complexities of the psyche, or with acute spiritual crises, the belief that only biologic practitioners are qualified to 'treat' schizophrenia is based on non-medical circular reasoning, which assumes that schizophrenia is a biologic 'medical' problem.

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* In Australia, more than half the people diagnosed with schizophrenia are being forcibly drugged. The psychotropic 'medications' (often called 'antipsychotic drugs') prescribed for schizophrenia are not medicines which heal, but rather toxic major tranquilizers, or 'chemical straitjackets', which can produce permanent brain damage, diabetes, blood clots, tardive dyskinesia, akathisia, even death.

"After two decades, it is now clear that antipsychotic drugs do not cure schizophrenia. It is also clear that they have serious, sometimes irreversible toxicities, that recovery may be impaired by them in at least some schizophrenics, and that they have little effect on long-term psychosocial adjustment."

Dr Loren Mosher, MD [Professor of Psychiatry]

"I believe that significant harm is being done to patients under the guise of modern psychiatric treatment."

- Dr David Kaiser, MD [Psychiatrist]

"What psychiatrists do is to inflict a closed head injury on people in spiritual crises."

- Dr Peter Breggin, MD [Psychiatrist]

"All biopsychiatric treatments share a common mode of action - the disruption of normal brain function. They never improve the brain. They "work" by impairing the brain and dampening feelings in various ways."

- Dr Douglas Smith, MD [Psychiatrist]

* Psychiatrists and GPs can put sufferers on 'forced treatment' orders and euphemistic 'Mobile Assertive Care' teams can forcibly enter private homes to remove and/or forcibly inject unwilling and (often) non-violent sufferers, if need be against supporting relatives' wishes. Sufferers who refuse to take toxic psychiatric drugs are accused by psychiatrists, Mental Illness Fellowships and some relatives of being 'treatment resistant', or 'non-compliant'. Through an insane process of circular reasoning, sufferers' insistence that they're being 'controlled', 'watched', or 'poisoned' (which may be true) is seen as a 'delusion', which is interpreted as a symptom of their (non-existent) 'illness'.

* From the equally valid schizophrenic perspective, biologic psychiatry - with its lack of respect for spiritual realities and human rights - is arrogant, soulless, abusive, patronizing and deluded. In some cultures, as renowned mythologist Prof. Joseph Campbell notes, schizophrenia is seen as an 'initiation' crisis and sufferers are revered as potential healers, poets and prophets.

* c. 2010 Maureen B. Roberts, PhD