

If

You, yourself have never heard

discarnate voices

in your mind,

how possibly can you tell

someone who has, that they

are

Deluded?

□

There never was a king like Solomon
Not since the world began,
Yet Solomon talked to a butterfly

As a man would talk to a man.

The Bible does not record, neither does Rudyard Kipling, who wrote the verse, whether the butterfly ever replied, and with what voice. Solomon was fortunate in that he wore a ring which, it was accepted, gave him the ability to converse with 'beasts, fowl, creeping things and fishes'; without the ring, and admitting to 'hearing voices', today's Solomon would have an inevitable fate - 'Just like Harpic, clean round the bend!'

There can be no doubt that to many people, professional and lay alike, the hearing of voices in the mind is a mental illness. In reality, it is not an illness at all. That there are people who hear voices who are also ill cannot be disputed. However, as you read on you will see that it is my contention that some voice hearers are already ill, undermined, depleted, isolated, for a variety of reasons and causes and, in that state, begin to hear voices, whilst others start to experience voices through a variety of ways that I shall illustrate, and are then made ill as a result of the treatment to which they are subjected. That a person can be made very ill by medical treatment I have already amply demonstrated, and from the fullness of personal experience - experience which increasingly, we learn, is far from uncommon.

The fact that 'hearing voices' is called an 'illness' and treated as such by those who have public authority in the field of mental health, or have the public ear through the various organs of mass-media; the fact that virtually the only times a voice-hearer features in these media is as a 'schizophrenic' - usually a '*paranoid* schizophrenic', and equally usually, by implication or directly, a '*violent* paranoid schizophrenic' - because of these facts and a variety of other related factors, there are many voice-hearers who do not reveal themselves as such, because immediately they would be labelled as 'mentally ill', categorised, made to have 'treatment', and would become stigmatised.

Is it not odd that there is no universal definition of schizophrenia? I have a recording of a BBC 'Medicine Now' broadcast of some years ago, that was devoted wholly to the topic, and in which this fact is frankly admitted by speakers - all eminent in their mental health fields - some of whom quite positively asserted that, for example, the definition differed depending on which side of the Atlantic it was made! Thus we have Harvard medical graduate and a Professor

in Psychiatry at the University of California, Dr. John W. Perry, writing "Let me specify at the outset exactly which condition I am speaking of here: this is only one among many syndromes that pass under the name 'schizophrenia'..." In the preface to his scholarly, but very readable, and certainly beautifully written book, *Schizophrenia Genesis*, Dr. Irving I. Gottesman writes that "A heritage of distortions, stagnant certainty, and self-serving territoriality characterises the fields of knowledge about this dreaded disorder - aptly called 'the cancer of the mind' ", and offers his book "...to help fill the information gap between the 'ivory towers of academia', with its research 'factories' and private language, and the idiosyncratic narratives glorifying or obfuscating disorders of the mind".

"The scientists" writes Dr. Gottesman "are revealed as the fallible, egoistic, political, territorial, and *humane* beings that they are" and I can say with the certainty of one who has read his book, that Dr. Gottesman reveals *himself* to be most humane. There can be no doubt that the majority of those working in the fields of mental health and medicine strive to relieve the suffering of people, whether as individuals or in the mass, and I want nothing that I write to imply, or even to be read as implying, criticism of their intent and motives.

However, withal, many lay people are uneasy when they consider the immense social powers that are invested in these same medical scientists when they acquire the letters M.D. after their names. In matters of ethics and morals, they are expected to have God-like powers of understanding and discernment and of making decisions affecting life and death. In the field of mental health that concerns me now, there are powers of incarceration and compulsion that, in other fields of social activity, require the full apparatus of the law and courts.

An asylum, by definition, is a 'benevolent institution affording shelter and support to some class of the afflicted and unfortunate'. Would that the reality met the definition; would that the concept of asylum as an attitude, embraced not only buildings and establishments, but also the way in which mentally afflicted people were regarded by society. 'Benevolent', 'shelter', 'support' - lovely words, words that I found at the very heart of 'The Retreat' mental hospital in York, which I visited recently; a centre of excellence in its approach to the *care* of people, and which gives hope of an ultimate change in attitude.

Too often the reality for a voice hearer is a closed ward, drugs that have side effects that can be worse than many illnesses and which carry the risk of dependency - and even electro-convulsive therapy: treatments that it is believed will cure a condition that does not yet have a universally accepted definition, and which appears to have many bizarre causes and by-products:

Some schizophrenics have a thicker than normal *corpus callosum*...

Some schizophrenics have high levels of 'sulphite' in the urine...

Some schizophrenics exhibit high levels of copper in serum and hair analysis...

Some schizophrenics have nutrient deficiencies, especially of B vitamins, zinc, magnesium, chromium, manganese and vitamin C, while food intolerances are common in many...

Some schizophrenics have a greater than normal susceptibility to arthritis...

Babies born in cities during the winter are at greater risk of developing schizophrenia in later life than those born in country areas, or in summer (possibly because of damage in the womb caused by influenza in the expectant mother)...

Some schizophrenics have a larger than normal left lateral ventricle...

Unfortunately, one could go on and on and on...

When I started to write, I did not intend to provide an analysis of *Schizophrenia Genesis*, neither shall I, except to draw one further quotation from it - Dr. Gottesman writes - "Schizophrenia is a complex disorder of human functioning. The absence so far of a solution to its origins compels me to be skeptical about received wisdom from all participants, however noble and well-intended. I am, however, optimistic about finding solutions via the energies of scientists and the canons of science within a decade."

The decade having ended with the Millennium, and no solution to the problem as perceived being even faintly in sight, I wonder whether I can be accepted as one of the 'scientists' to whom Dr. Gottesman refers? Or, perhaps, accepted as a bridge from scientists to the world of actuality, of the reality of what is? Just as in my work, I was such a bridge between scientists and the engineering functions of the practical, the possible. As I have written, by training and profession I am an electrical engineer who specialised in instrumentation and measurement. For 10 years, I was the Senior Instrument Engineer at the world's first commercial nuclear power plant, Calder Hall. The bridge that I provided was between the scientists who decided what they wanted to achieve within the

inaccessible world at the core of a nuclear reactor, and my instrumentation that enabled them to try to achieve it and told them whether or not they had done so.

However, analogies can be stretched too far. If the scientists who are using the canons of science to try to find a cause and cure for schizophrenia really want the answers, they must abandon their science and become just ordinary people. The canons of science that they must apply are those of fundamental *human* science - the canons of personal experience. For unless the scientists themselves start to hear voices or acknowledge the truth of what the voice-hearers themselves say, they will never identify the true cause, which very many of us who hear voices already know with stark certainty

They will certainly never find a *cure* via science. All that will be achieved will be the creation of more mind suppressors, or variations of E.C.T, perhaps, perpetuating one of medicine's more notorious barbarisms.

Yes, I am a voice-hearer and have been for over twenty years, during which time I have never sought, nor would have accepted, the intervention of psychiatry or medicine. I know the exact moment when, and the exact mechanism by which the intrusions into my mind and body began. Yes, intrusions, not *delusions* nor *hallucinations*.

The scientists who would know the cause of schizophrenia must join the rest of the human race - at least that part of it which acknowledges the existence of a spiritual state of being.

Is it not odd that, worldwide, and for virtually the whole of recorded history, there are or have been popes and prelates; bishops and priests of all sorts and persuasions; rabbis; muftis and mullahs; ayatollahs and archimandrites; assorted clerics and ministers of a variety of religions; lamas, shamans and medicine men; and a whole range of other religious functionaries, all proclaiming, and at least 60% of the population of the world believing or paying lip service to the belief, that there exists a spiritual world or 'dimension'; that there is spiritual good and spiritual evil, and that the religion which each espouses is the one that will help to avoid evil, promote good and bring a happy landing in the heaven of choice? Yet, when it comes to *applying* the reality of this belief to the relief and understanding of the human condition in our 'enlightened' western culture - Oh dear me no! "Intrusive spirits, *evil* spirits? ... My *dear* chap...*ha...ha...* that's positively *mediaeval* and arcane!... Yes, of course I pray in my faith...To whom or what, you ask?... Yes, of course I am asking for spiritual intervention, and to be protected from evil, if you put it like that".

My former parish priest would often deliver sermons or homilies based upon the wonderful and noble deeds of someone, now probably canonised, who had achieved so much at the behest of spiritual voices, but would invariably end by saying "Of course, if any of *us* hear voices, we should seek psychiatric help". So there you have it; look no further; the great dichotomy, the great divide! If you hear voices that encourage you to do noble deeds, or give you aid or succour at times of tribulation, well, my dear people, they must be of divine origin, coming from at least an angel or saint, or even God Himself. *But*, if you hear voices that are nasty, tormenting, obscene; voices that are threatening, or encourage you to do things that you know are unwise or wrong - well, you poor sod, you are deluded, hallucinating, you must be 'sectioned', isolated and *treated*.

When I told the same priest, as I shall tell you, exactly what happened to me, he heard me out and then said "Oh my dear chap, my heart bleeds for you, you have had a breakdown, but you're obviously all right now; get the kettle on there's a good chap". When the *religious* have lost their way in their chosen world of spirit, within which they should be guides, what hope is there for the rudderless, blown hither and thither by tormenting voices?

Once there was *certainty*. Ignatius of Loyola, founder of the Jesuit Order, in his Spiritual Exercises, defined *Rules for the Discernment of Spirits*, i.e. is the spirit that has entered your mind or presence from God, or is it malevolent? A recent writer in the same Order follows the modern trend of watering down, even abandoning, the concept of intrusive spiritual malevolence and instead writes of the 'discernment of *moods*'. He also advises his retreatants to keep a dream diary 'in case God is speaking to them in their dreams'. No doubt he, like many, was suffering from a surfeit of Jung! *From priests and religious who come under the spell of Jung, may the good Lord deliver us.*

No, we must return to a third Jesuit to put the matter right and help us to retrace a step or two. In his book *Silent Music*, a study of meditation, William Johnston treats of the perils of too hasty a descent into the 'deeper realms of the mind' and quotes from Dr. Elmer Green of the Menninger Foundation, who writes:

"According to various warnings, the persistent explorer in these realms... *brings himself to the attention of indigenous beings who, under normal circumstances, pay little attention to humans...*

...Systems for inner exploration describe these indigenous beings as entities whose bodies are composed entirely of emotional, mental and etheric substance, and say that at this level of development they are psychologically no better than average man himself. They are of many natures and some are malicious, cruel and cunning, and use the

emergence of the explorer out of his previously protective cocoon with its built-in barriers of mental and emotional substance as an opportunity to move, in reverse so to speak, into the personal subjective realm of the investigator. If he is not relatively free from personality dross, it is said, they can obsess him with various compulsions for their own amusement and in extreme cases can even disrupt the normally automatic functioning of the nervous system, by controlling the brain through the *chakras*. Many mental patients have made the claim of being controlled by subjective entities, *but the doctors in general regard these statements as part of the behavioural aberration, pure subconscious projections, and do not investigate further*".

Johnston continued - "I reflected that a decade ago religious people were affirming the existence of devils, while the scientist smiled with amused incredulity. But now, just as we find religious people doubting about devils, we find the scientists affirming their existence. And so the wheel turns". (The particular chapter entitled *A Perilous Journey* is worth reading in its entirety).

Dr. Kenneth McAll qualified in medicine in Edinburgh and then spent a number of years, including war internment by the Japanese, as a missionary-surgeon in China. Returning to Britain, he worked for the next ten years in general practice and from then onwards as a Consultant Psychiatrist. His experience in China led to interest in the power of 'possession', and he has devoted his life since to the curing of psychiatric illness 'through divine guidance'. In his book *Healing the Family Tree* Dr. McAll writes -

"When patients come to me, often after enduring years of unsuccessful medical and psychiatric treatment, they can be in a highly unreceptive state of mind, unwilling to co-operate and reluctant to trust another doctor...When a mutual feeling of trust has been established, the patients are usually able to unburden themselves of the 'secrets' that have been the source of their illnesses.

Many emotional problems have their roots in a purely biochemical imbalance which requires medication, and this can be remedied easily enough when once identified, although it is not always easy to discover. But many deep emotional hurts need a different sort of therapy and the supportive love of a Christian community. *We cannot ignore any means by which the full healing of an individual can be achieved.*

An increasing number of the patients sent to me admitted that they suffered from the presence of 'spirits' or the intrusion of 'voices' from another world which were apparent and audible only to themselves and which psychiatry dismissed as madness. This was

reminiscent of the traditional Chinese superstitions about good and evil spirits that I had encountered so many times when I lived in the Far East. Gradually, I realised that the spirits and the voices were real and also that there was a distinction between them. Some seemed to be evil and often came as the result of occult practices, while others seemed to be neutral, harmless voices begging for help. Sometimes the patient could identify the voices as belonging to a recently dead relative, but often there was no known connection in the patient's mind.

Who were these unbidden, unquiet spirits? Why and how could they hold living people in bondage...".

Perhaps we should ask a former President of the Royal College of Psychiatrists. Professor Andrew Sims of Leeds University is quoted as saying that psychiatrists should give less emphasis to a patient's sex life and more to his or her prayer life. Many people, he said, spent more time in prayer than in sexual intercourse, so "why is it therefore that prayer is given much less prominence by our profession in our enquiries of patients?" And further - "Psychiatrists have exclusively concentrated upon the mental and ignored, to the extent of denying, the possibility of another, spiritual, dimension".

I have drawn, and could draw even more, from the language and the writings of the Christian tradition to add weight to my own writing, but therein lies a danger, the danger of alienating those who have no religion or whose religion has a different interpretation. In other philosophies, some may refer to *entities* or *energies*; others will dismiss totally any suggestion of an intervening spiritual dimension. However, it is my intention to continue without trying to draw again from any particular faith or philosophy, but to write in terms with which I am most comfortable such as *spirits* and *spiritual intrusion* and to hope that my work will be read without *any* religious mind-set.

To return to the secular let me draw from the experience of a clinical psychologist:

For sixteen years, Wilson van Dusen worked in this role at Mendocino State Hospital, California. He reports that in that time in his professional work, and also out of human interest, he examined thousands of mentally ill persons. Out of his work came one extraordinary chapter in his book *The Presence of Other Worlds*, a chapter entitled 'The Presence of Spirits in Madness'. I obtained my copy of the book quite by chance in most convoluted circumstances, and began to read that particular chapter well into the night. So great was the impact upon me that I could barely restrain myself from ringing friends, even though it was well past normal bedtimes. The

reason for my excitement was that what he wrote so mirrored my own experiences that it was quite uncanny.

Van Dusen is a student of the writings of Emmanuel Swedenborg - a man who claims to have had close association with spiritual beings. He writes "By an extraordinary series of circumstances I seem to have found a confirmation for one of Emanuel Swedenborg's more unusual findings: that man's life involves an interaction with a hierarchy of spirits. This interaction is normally not conscious, but perhaps in some cases of mental illness it has become conscious".

Some time later, I found the same chapter referred to in a fascinating book by psychiatrist Shakuntala Modi M.D. Dr. Modi is also a hypnotherapist, and found that under hypnosis some of her patients were able to reveal attachment, or 'possession' by spirits of differing degrees of malignancy. Using methods that she describes, Dr. Modi was able to obtain their release or detachment, to the obvious benefit, and often permanent relief, of people suffering from a wide variety of conditions, ranging from schizophrenia to obsessions, compulsions, eating and self-harm disorders. I am sure that there are those who, if they should read Dr Modi's book, would dismiss it out of hand. All I can say is that she is a reputable psychiatrist, and that case studies can always be checked independently. Additionally, she does not say "this or that is true", but rather "*this* is what I was told by this person when under hypnosis, this is the action that I took in response, and this is the apparent result, make of it what *you* will"

Would that such a frank approach was adopted by others when writing in their chosen field, particularly when they are writing in an area of uncertainty, and even more so when the greatest uncertainty in question is 'what is the truth?'. It can be guaranteed that in whatever field of uncertainty one cares to choose, there will be found zealots who will proclaim 'the truth' with a degree of *certainty*, almost in direct proportion to the lack of acknowledged truth and fact available. I have just returned to my keyboard from a mid-morning coffee break during which, much against my better judgment, I switched on my local radio station to listen to an interview with the author of a new book about King Arthur. Now, like many people, I have views about the existence or non-existence of King Arthur, and indeed make a personal analysis in which my knowledge of the Welsh language plays a part. I don't normally listen or read anymore, because I often experience a near apoplexy at some of the views expressed and 'truths' derived - thus, and for instance, when the author proclaims with great certainty that Excalibur is a Welsh word, when it isn't. But I stuck with it, and found that there were elements of what he was saying with which I agreed, but more than that, I enjoyed his enthusiasm, to the extent that I am trying to find his phone number in Kelso so that I can discuss and share some of my

own ideas. But whatever we share, neither of us, nor anyone else in the field, will ever know the truth.

This is the unfortunate reality in many, many fields of human belief and endeavour. By post the other day came the catalogue of a publisher of Christian books - there are forty-three A4 pages filled with lists of books, videos and CDs, all deriving from a basic truth, but having such a variety of different approaches to this truth that could lead the aspirant to a feeling of being overwhelmed - even to the abandonment of a personal 'search'. But this is a Roman Catholic publisher, and undoubtedly there will be equivalent lists for Anglicans, Non-conformists, Church of Scotland - and that is just in Britain - all with as many adherents and variants of their own truth as there are individuals to proclaim them. I have no wide knowledge of Buddhism nor of Islam, but much the same seems to apply; the range of divisions and sub-divisions seems to be as large as in Christianity, and publications and personal proclamations of the 'truth' are no doubt legion - and so on, through all the major and minor religions.

Also by the same post came a catalogue of books, CDs, videos and equipment for the searchers and aspirants in 'alternative' ways - ways of healing, whether of one's self, others or the 'planet', - ways of opening the mind; of protecting it from 'psychic intrusion' - indeed, almost every field of human endeavour is covered. How about 'Awakening the Third Eye'; 'Colon Cleansing'; 'God's Secret Formula'; 'The Sirius Mystery' or 'Sacred Smoke', for starters. One can buy beautiful singing-bowls, crystals, and shamans' drums. One can enrol to be enlightened and empowered to heal within the comparatively new field of Reiki - three weekends and nearly £400 will see one emerge as a Master capable of teaching others. But what's this - 'The Lost Steps of Reiki' allegedly 'channelled' teaching from Wei Chi who lived 5,000 years ago! Back to the drawing board!

I am not writing anything aimed at deriding or undermining the beliefs of *anyone*. Indeed, I have found such a wealth of spiritually beautiful and caring people within all of the fields of belief that I have touched on, and have my own field of input into the lives of other people. Essentially, I am trying to demonstrate the varieties and range of 'truth' that exist 'out there'. Additionally, it has become so easy to get into print, and to go public, and many books, web pages, videos and cassettes are being disgorged that are not based upon adequate experience. Many people have entered alternative practices from work in communications or the media of one sort or another; people who already know the slick ways of getting something published; who know the right chat-shows on which to get publicity, and from whom books are spewed out without any depth or worth. A welter of books, that smother the market, and often overshadow the well-researched publication derived from the deep and long-

experienced insights of the author, who, not having the publicity acumen of many a hack, finds his book lost without trace.

There are undoubtedly many fields of publishing endeavour where this must be the case - the one who arrives firstest with the mostest, the one who has most 'clout', the one with the most prominent backer, who gets most publicity and 'air-time', whatever the real *merit* of the work. I have only been on the fringe of academic research and publishing, but observation leads me to suspect that the urge to get into print, to get noticed, to add to an impressive list of work already published, must be a prime driving force of many. Often, it seems, volume of work published, promotion and funding appear to have a direct correlation. I recollect an occasion in my work when it was planned to merge three crafts - electrical, mechanical and instrumentation - for first-line maintenance, in order to increase speed of response, and I decided that a functional simulator would be very effective in presenting real, live, cross-discipline faults and breakdowns. I happened to mention this project to an academic whom I met at a conference, and who was sufficiently interested to want to get involved. He visited me at the Works, and had discussions with a variety of engineers, then left, but 'hit the ground running', for something got into the post that night, then shortly afterwards, and again, shortly after that. Great enthusiasm, no fault there, but no *depth*, no practicality, just a seeming, almost Pavlovian response i.e. to get into immediate print, willy-nilly.

I have read several books derived from psychiatrists engaged in research into the causes and potential cure of schizophrenia. In each case, in each book, I look in vain for something *original*, being myself someone who is desperately looking for a voice, an opinion, a *reality* with which I can identify; a *practicality* that can have relevance in the lives of people whom I know. What I find is a recycling of much that has gone before with very little added value. I can only read for a limited period, for, in truth, I find myself back in the 'Caucus Race' which Alice had defined for her by the Dodo - remember? - "...the best way to explain it is to do it, keep running in a circle until you stop, no start, no finish and everyone is a winner". Why do I say this? Well it seems that every author refers to every other researcher who has published in the field. A sort of incestuous Caucus Race. 'A' refers to 'B' and 'C' with whom he agrees; disagrees partially with 'D'; completely with 'E'; speculates about the methodology of 'F,G & H' et al, whom he cites frequently to give credence to his own views, which seem to derive from those of 'P','Z' and 'Q', with whom he is in *total* agreement, but as they have published in German there is little hope of mere mortals checking. After all, if, as I have, one has human concern for someone who is dubbed 'schizophrenic', one is desperate to know what is the relevance of *Reactions to Psychotropic Medications* by Tormatore, Sramek, Okeya

and Pi (1987), or to learn more about *Cannabis and Schizophrenics: a longitudinal study of Swedish conscripts* by Andreasson, Allebeck, Engstrom and Rydberg (also 1987), if only to know whether the conscripts were laid end to end to end. Or maybe Slater (1943) has a point with *The neurotic constitution: a study of two thousand neurotic soldiers*. I can just see it, can't you? Two thousand soldiers laid end to end in a longitudinal study - (with an average height of 1.75m they extend for almost two kilometres!) and then wonder why they are neurotic! Did you want to know, as I am sure you do, whether cortical pruning has any significance in the causation of schizophrenia, or whether it is caused by programmed synaptic elimination during adolescence? Why, you will find answers in the assorted publications of Feinberg, Hoffman and Dobschka.

I jest, of course, but with horribly serious intent, for, to a man, these authors each admit that, as yet, no one knows what schizophrenia is, or what is its cause or its cure. Yet, here is book 'A' - highly respected author, who, in something like 250 pages, has 494 references to published work, and cites over 500 different individuals involved in authorship; or book 'B', with a few less pages, but with 300 references, and 360 citations; and similarly with other books. In the vast reaches of Christian theology, there is, in fact, a 'Jesus Industry' that sustains endless research, analysis, discussion, conferences, synods. Likewise in the echoing corridors of psychiatry, there is a 'Schizophrenia Industry' with similar echelons, and equally immense published outpourings - there is even a *Schizophrenia Magazine!* But where, in the vast verbiage of the religious outpouring, is the ordinary person to whom Jesus was speaking? Vanished without trace. In a like manner, the 'schizophrenia theology' does not deal with *individuals*. You cannot simply take a study of 50,000 soldiers and say that you have a result that applies to *all* neurotic soldiers, unless you have 50,000 clones. So how can any study involving numbers, double blind trials etc, have any relevance to the isolated individual - not a *patient*, but a *person*? The sad fact is that in spite of all the verbiage, no one knows what is the cause of schizophrenia, nor how to cure it, yet the poor sods who exhibit (or maybe, in some cases, *don't* exhibit) what are called the 'first rank symptoms' of the so-called illness, are treated with mind bending, addictive drugs and possibly E.C.T. In other fields of human activity, I am sure that there would be great regulation and oversight, so why not here? Prisons have Boards of Visitors. Where, one might ask, are the Visitors to the prisons of the mind and to the prisoners held by the chains of these drugs - which, often, they have been taking with no remission until they are too scared to come off them, or are rendered inadequate by them? Prisons have their proportion of recidivists created by the 'system'; psychiatric recidivists are often created by *medication*.

'First Rank Symptoms' - "what are these?" I hear you ask. In the 1930s, a German psychiatrist, Kurt Schneider, devised the following list which has found wide approval:-

- 1 Voices speak one's thoughts aloud.
- 2 Two or more voices (in the mind) discuss one in the third person.
- 3 Voices describe one's actions as they happen.
- 4 Bodily sensations are imposed by an external force.
- 5 Thoughts stop, and one feels that they are extracted by an external force.
- 6 Thoughts, not "really" one's own, are inserted among one's own thoughts.
- 7 Thoughts are broadcast onto the outside world and heard by all.
- 8 Alien feelings are imposed by an external force.
- 9 Alien impulses are imposed by an external force.
- 10 "Volitional" actions are imposed by an external force.
- 11 Perceptions are "delusional" and un-understandable.

It is only recently that I have seen such a list, but over the last *twenty years*, I have experienced all eleven reactions. I do not call them *symptoms* for I am not ill. As you read of my experiences in what follows of my narrative, you will see how this came about and you will see, written in my own words, the equivalent phenomena set in the context of some bizarre and, at times, disturbing events. You will also read of how, for a very brief period when I could not cope with my immediate circumstances, I took refuge in the local hospital, though not as a 'schizophrenic', but as someone deemed to be suffering from a bout of depression.

It was to relate these particular events that I began to write (it seems an age ago now - you will perhaps have noticed how the view from the window beside my PC has reflected the passing seasons). I wrote with the intention that you should appreciate fully my accounts of what happened - how it was that I came to experience intrusions in the first place, and what I have learned and recorded over the intervening years. To do this I felt it necessary to tell you of all that has gone before, so that you could see the basis for my mistrust of much that passes for, and is done in the name of, psychiatry. I have no idea what will become of my manuscript when I have finished, for I am already weary of it all, and the constant exposure of myself and my inner being, without having to contemplate the tedium of publication and possible editing and modification, for it has all come from my gut. To alter it or take much away would be to remove something of me, and I have already lost too much. And yet, I was/am prepared to give more, for I have offered to collaborate with

any research programme within reasonable reach of my home, to have my brain scanned, and ultimately to leave it and any other useful bits to science. I have not made the offer widely yet, but initial response has been non-existent, as has been the professional response to my offers to share all my experiences purely for the benefit of sufferers. That is one of my chief indictments of the professional world of medicine - you appear as one of the active runners in the Caucus Race, a practitioner, or you appear as a patient, in which latter case you have no voice, no intelligent input. Or you do not appear at all, you don't exist, for, except in a few rare cases, the professionals have no interest in any contributions that you may endeavour to make.

But come, let us not be downhearted, something is about to happen...