

# All Fur Coat and No Knickers

Now there's a saucy little phrase - guaranteed to produce a smile, a giggle or a smirk. There is even a comedy play written with that as the title. But after the smile, giggle or smirk, what then? When and where and to whom did it apply?

I first heard it from my friend Roger, in his authentic Tyneside accents, when it sounded like "All fur coat and nee knickers". Roger at eighty-five is even older than me, and being of that age, and being born and brought up in Jarrow on Tyneside, he remembered well the desperate days of the Great Depression of the 'twenties and early 'thirties, when poverty and near starvation existed. He described how the worthy ladies from the more well-off parts of Newcastle provided food, soup kitchens and other charitable help. While their charity and concern were so much appreciated, these ladies were nevertheless described by the women of Jarrow as being "All fur coats and **knee** knickers".

Yes, dear friends, while the local women probably could not even afford underwear, the kind dispensers of charity wore what would have been described discreetly as 'directoire' knickers, or more commonly 'bloomers' or 'passion killers', having elastic in the leg ends that came above or below the knee. I remember them well when as a lad one saw them blowing and filling with the breeze on the Monday morning clothes lines, and where the wind-filled 'bum' provided a satisfying target for a young boy with an airgun!

That is the truth of the matter, Roger assures me, but in spite of that, many people much prefer the saucy rendering, the truth being too tame or uninteresting. How many times in life does one encounter the attitude - "Don't bother me with facts, they only confuse the issue"? Roger became a good friend - largely through his daughter Val who, beginning as my secretary at work, became an exceptionally good friend, especially at a time when I needed friends. He and I had both been at sea - Roger in the Merchant Navy and myself in the Royal one - and anecdotes naturally flowed to and fro.

I well remember the time leading up to my volunteering in 1943, when I read everything that I could find that had connection with the sea, and the Royal Navy in particular. Had I been aware of its existence, I would have devoured *The Sailor's Word-Book*. Compiled by Admiral W.H.Smyth during a

naval career that stretched from the last years of the eighteenth century until well into the nineteenth, the book includes over 14,000 nautical and naval terms. While Admiral Smyth included what he called 'cant' terms and 'galley slang', in all of the 14,000 words there is not a single one that is obscene or objectionable.

Which is vastly different from what I experienced on the lower deck as I progressed from Ordinary Seaman to Petty Officer Radar Mechanic. The air in the mess-decks resounded with every known excretory, genital or copulatory word imaginable - alone, or in vastly 'poetical' combinations. Coming from the sort of background in which I had grown up, they had never been used, nor did I find them necessary. Others wanted to find expletives without using the obscene, and so 'bugger' became 'badger', while the word that even today is still the most objectionable, was reversed and became 'chuff'. Thus, 'Chuff off!' - 'Please go away. 'Chuff it!' - 'Oh dear! I have hurt my finger.' 'Chuff me!' and 'Well I'm chuffed!' - 'Gosh! How surprised I am!'

There is scope for someone to research and write a doctoral thesis that examines the route that took these pseudo-obscenities into the everyday speech where they are now terms of praise or satisfaction. While 'chuffed' is used by all levels of society, for me it is still redolent of the lower deck; and when someone says they had been 'very chuffed', I think 'shouldn't you be having a rest?' To be 'dead chuffed' has me speculating on some bizarre form of necrophilia!

Thus, in less than a lifetime, the two expressions have experienced a total change of meaning - 'knee knickers' have become 'no knickers', and 'chuff' has done a *volte-face* from pseudo-obscenity to terms of approval.

These are two fairly light hearted examples of how meanings and shades of meaning can change, often through the ignorant or thoughtless use by individuals who want a glib or 'important' sounding word in their speech or writing. Some words completely lose their original meaning - look up 'mayhem' and 'garble', for instance - while others are being used in their full spectrum from original meaning to acquired meanings by different individuals and groups, with what resultant confusion, one can only guess. And while you have the dictionary open, why not look at homogenous and homogeneous? Used by many - even prominent broadcasters and top ranking politicians - as if they are synonymous, they are not even mildly related, and their difference could not be greater.

I have had cause to think yet again about the dire consequences that such misuse of words, or of mal-applied words, can create in the life of a person since getting to know 'Elizabeth'. I introduced her into my writing in a recent article entitled 'Two Fools'. In her thirty years, she has had many strange experiences that have brought her frequent encounters with psychiatry. The several 'personalities' that she exhibits or that inhabit her have drawn upon her the latest label - 'dissociation of personality'.

She has told me much of her history, although new elements keep emerging and keep me wondering how such a short life can have had so much in it that causes me to feel distress at the hearing. Elizabeth concedes that my own experiences of spiritual intrusion into my mind and body have many parallels in hers also, but has been convinced of the reality of the term

'dissociation', and of its relevance to herself. Looking up the word in *The Oxford Companion to the Mind*, I find myself more confused than enlightened.

"Dissociation of the personality is a puzzling and indeed disturbing phenomenon, since it calls into question the basic assumption that we all make about human nature, namely that for every body there is but one person; that each of us, despite the passage of time and changes of mood and activity, remains the same person with a single biography and store of memories... Dissociation of the personality is not only bizarre but also extremely rare - so rare, indeed, that one has to take seriously the possibility that it may be a social and psychiatric artefact i.e. that it can only occur if (1) prevailing views of personality make it conceivable that two personalities can occupy the same bodily frame, and (2) the potential case of split or multiple personality encounters a psychiatrist who believes in, or is already interested in, dissociation of the personality.

Indeed, the great majority of reported case of multiple personality date from between 1840 and 1910 - that is, from after demoniacal possession had ceased to be a plausible, scientifically acceptable explanation of sudden, extraordinary changes in personality until the time at which psychoanalytical ideas began to have an impact." (As the article progresses, I can hear the sound of many axes of personal prejudice being ground, and can perceive mildly slanderous suggestions concerning the propriety and motives of the psychoanalysts involved at the time).

Make no mistake about it, Elizabeth is an intelligent woman; without all of these negative influences in her life she would have gone to university and would have shone. She writes fluently, coherently and with purpose, and currently is writing to inform others about the nature of 'dissociation'. But as well as trying to inform others, she is also trying hard to inform herself, and to that end ordered a very expensive book. However, it is only my intervention that has preserved the book intact between its covers. What she read has made her very, very angry, for reasons that I shall come to, and I am now custodian of *Understanding Dissociative Disorders* by *Marlene E. Hunter, MD* - described as "A guide for Family Physicians and Health Care Professionals."

With books of this nature, I am not a 'dipper in', but begin at the introduction and proceed. Naturally, I first read the cover blurb, and find that the author 'is world renowned for her work with medical hypnosis and dissociative disorders.' In the opening pages, Dr Hunter introduces a patient whom she names 'Jayere', and begins "As our doctor-patient relationship became established and grew, I became more and more confused. She had had, from previous family doctors, twelve psychiatric referrals. These resulted in twelve diagnoses. I made the thirteenth referral, and thus she received the thirteenth diagnosis - that she had a neurological disorder, not a psychiatric problem. The *neurologist*, however, said in no uncertain terms that she had a *psychiatric* problem, not a neurological disorder, although he could not account for the fact that on two separate occasions she had two distinctly different EEGs."

As I read that, I was carried back in my mind some thirty years, to when I had begun to read a book that had a profound influence on my life. I still have it - an insignificant paperback that was written by Dr. Richard Mackarness and which is called *Not All in the Mind*. Dr. Mackarness similarly begins with a case

study - in fact, a 'presentation' at eleven o'clock on Wednesday morning 23 May 1973 at Park Prewett Hospital. The 'case' was 'Joanna', and her psychiatric history that he relates is frankly frightening - especially if you had been Joanna!

She had been admitted thirteen times, often compulsorily because the psychiatrists called by the general practitioner to see her at home had considered her to be a danger to her children and herself. In her most disturbed phases, she would slash her forearms with any nearby sharp object; had done some bizarre things to her children, including throwing one through a closed window (fortunately on the ground floor)... and so on for several paragraphs. Most of the psychiatrists at the Hospital had had Joanna under their care, and almost every diagnostic label in the book had been attached to her illness: schizophrenia, schizo-affective psychosis, pre-senile dementia, temporal lobe epilepsy, neurotic depression and anxiety hysteria.

As the presentation proceeded, the majority opinion was that the only solution was leucotomy, as in her thirteen admissions Joanna had failed to respond to every known combination of psychotropic drugs as well as several courses of E.C.T. Mackarness used all of his persuasive powers to be allowed to try his experimental methods as a last shot before the drastic action of leucotomy, and his colleagues agreed - more or less on the lines that 'well at least it will do no harm!' He had been influenced by work in other countries that had found that in many instances, mental health problems originated in food intolerance or allergy.

The procedure was simple, and began with a five-day spring water fast followed by test doses of suspected foods. In the event, Joanna was found to have strong reactions to chocolate, bacon, coffee, egg, and one or two other lesser items. Three months after discharge Joanna was 'happy, euphoric, sometimes almost hypo manic in her hearty enjoyment of life. She goes out to work, cares for her children without harming them and seems almost back to her old self...'

My recollections of Mackarness' book, and of the GP who had introduced me to it took a little time to disperse, although the similarity of the situations and the thirteen previous referrals stayed with me as I came back to dissociation and Jayere, who sat with Dr. Hunter and prepared to be hypnotised. Dr. Hunter, much against her own instinct, had decided to explore a suggestion made by an older colleague who had said "Have you ever thought of multiple personality disorder." Thus she writes "So, with gritted teeth and feeling scared stiff, I gathered all my courage together at one of my next meetings with Jayere and asked while she was under hypnosis (we were working on relieving the headaches), 'Is there any other part of you who would like to come and speak with me?'"

And this entirely different gruff voice said, "Of course! What took you so long?"

Once again I was transported, and to yet another book - *Remarkable Healings* and a different author - psychiatrist, Dr. Shakuntali Modi. Dr. Modi is also a hypnotherapist, and paralleling Dr. Hunter, made her own discoveries purely by chance. Many of her patients, under hypnosis, claimed to have spirits attached to their bodies and energy fields, creating psychological and physical problems. It is a book of 630 pages, and I will not attempt even a

simple synopsis. Like Dr. Hunter, Dr. Modi speaks to the patients 'inner beings', but with the difference that she *knows* that she is speaking to 'attached' or 'embedded' spirits or entities or... whom/what? Semantics, semantics, semantics... we have lost a common vocabulary and the loss means that it is exceptionally difficult to share these thoughts and experiences with others who have no spiritual beliefs or experiences, or who belong to a different culture and religion that have entrenched and dogmatic limitations.

Thus when Dr. Modi writes of God; Angels; soul parts; past lives; and so on, readers have to make up their own minds – but let me say this: *she cures people!* My own true spiritual development began with the events of 28 years ago, when first I began to hear voices and experience spiritual intrusion, and I have done my best to write about them in my book. I have had experiences that have taken me from encounters with deep evil to others with ineffable goodness, and have been made aware, in ways that leave me without the remotest shadow of doubt, of the existence of independently acting, highly intelligent and physically powerful 'spirits', 'beings' – call them what you will. I have never thought specifically of 'Angels' in the traditional sense, nor related that title to those benevolent ones that I encounter – I find the concept mildly embarrassing. So, when re-reading a part of *Remarkable Healings*, and Dr. Modi's specific reference to such beings, I thought that maybe I should smarten up my act, and be rather more polite when I experience direct intervention from such a possible source, for some of my responses have been on the 'vigorous' side. At which thought, a warm and amused voice came into my mind with the words "Please don't change, Roy, we value you as you are." The accompanying, enveloping ambience of love can only be described by analogy, as when I came home on survivor's leave after my ship had been mined, and I had been blown up, burned and hospitalised. The hug from my father just didn't need words.

I find it difficult – indeed, *very* difficult to write about the positive, benign spiritual influences. In my desire to avoid any perception of 'triumphalism', of being 'chosen', I tend to shy away from any but the most cursory descriptions; and anyway, many of the interchanges are deeply personal, often tinged with emotion and coloured by my own religious beliefs. I have related some of the more light-hearted exchanges in the sequence of my story within my book, and will add just one, which while not 'light hearted', nevertheless is highly practical, considering my age. Nearing 82, it is inevitable that one will think speculatively about the reality of the transition from this life into a spiritual one, and from time to time I share thoughts with my older brother – not in any maudlin sense, but 'I wonder what, where and when...?' Recently I was immersed deeply in such a speculation, when a voice in my head said 'Don't worry Roy. You will be met – and tell your brother the same.'

Highly reassuring to both of us, and I was instantly taken back to my mother's bedside as she lay dying. It was obvious that mentally she had left this world, and was in conversation with 'others'. It was also obvious from what she was saying, that one of the 'others' was her sister Ethel, and I heard my mother say distinctly – 'When will I meet my mother?'

The reassuring voice that I heard in my mind was of a vastly different quality from those that harass and torment and try to pass themselves off as being from the 'benign'. Try as I will, I cannot find a suitable description.

For those who have not yet read my book, let me emphasise that I am not some head in the air ethereal wimp. The whole of my career was one of practicality and reality, from when I was responsible for navigation radar of a destroyer at sea, to when I managed a department at the Sellafield Nuclear plant, where my work in measurement and safety for the whole of the Calder Nuclear Power Reactors carried immense responsibility. A career that was advancing well, but which was cut off as the result of a medical misdiagnosis, completely inappropriate medication and dodgy psychiatry. I am now approaching 82 years of age, and you will have to judge for yourself whether I am *compos mentis*!

Looking back from this number of years, it is inevitable that times of reminiscence will produce their quota of 'if only...', and 'I wonder what would have happened if...' For me, the thoughts apply particularly to the sequences in my subsequent life (lives?) since I experienced the first spiritual intrusion and the onset of 'voices'. On the plus side was the fact that I discovered that I had the talents of a natural healer, and through them came face to face with one of life's paradoxes. "I'm glad that I had cancer..." was what I sometimes heard as I gave help at a cancer care centre that followed the so-called 'Bristol' approach, and as the person revealed the extent to which they had discovered the reality of the 'spiritual' in their life.

There have been many, many times when I have cursed the intrusions into my mind and body - I still do - but, on balance, I say the same as the cancer patients about the revelations that have come to me about the 'spiritual' in my own life - "I'm glad that it happened." Particularly so in relation to the understanding that emerged of the *reality* and *practicality* of the Christianity to which I had been signed up at my baptism. When I look back at all of the theorising, all of the dogma and theology, all of the polemic, all the sermons and homilies that I have heard, the hymns that I have sung - they stand as naught compared with the realisation that Christianity is a *practical* religion; a religion for *doing*. All of my engineering life - which makes it all of my adult life, for I still live and think with the mind of an engineer - I have worked with the practical and pragmatic. Does it work? Yes it does. Then do it. That is why I echo the words of the Ronseal paint advert - "If you do what it says on the tin - it does what it says on the tin!"

From Dr Modi, I make a further leap; this time to a book *The Presence of Other Worlds* by Wilson Van Dusen. More particularly to the chapter headed *The Presence of Spirits in Madness*. Van Dusen writes:

"By an extraordinary series of circumstances I seem to have found a confirmation of one of Emanuel Swedenborg's more unusual findings: that man's life involves an interaction with a hierarchy of spirits. This reaction is normally not conscious, but perhaps in some cases of mental illness it has become conscious.

For sixteen years, I worked as a clinical psychologist in one of the country's better mental hospitals (Mendocino State Hospital, Ukiah, California; now closed). Out of both my professional role and human interest, I examined thousands of mentally ill persons. An accidental discovery in 1964 permitted me to get a much more detailed and accurate picture of psychotic hallucinations than had previously been possible. Though I gradually noticed

similarities between patients' reports and Swedenborg's description of the relationships of man to spirits, it was only three years after all my major findings on hallucinations had been made that the striking similarity between the two became apparent to me. I then collected as many details as possible of his description. I found that Swedenborg's system not only is an almost perfect fit with patients' experiences, but even more impressively, it accounts for otherwise quite puzzling aspects of hallucinations.

Mentally ill persons are out of sorts with their environment and need supervision, care, or restraint for their protection or the welfare of others. If they are very disturbed or apparently responding to invisible others, the staff may decide they are hallucinating. Most hallucinating people conceal this experience because they know it is unusual and may indicate madness. At best our patients would tell us of a few striking hallucinations from the past. An unusually cooperative patient led me to ask if I could talk directly with her hallucinations. I did, and she gave me their immediate response. I had stumbled upon a way to get a much richer picture of the inner world of hallucinations."

The full chapter is reproduced in Chapter 16 of my book, following an introduction in which I take issue with the author over his constant use of the terms 'hallucinations' and 'delusions'. These words imply unreality: to the ones who experience them, they are without doubt real. That proviso apart, much of what Van Dusen wrote matches some of my own experiences. Here is another brief extract:

"One consistent finding was that patients felt they had contact with another world or order of beings. Most thought these other persons were living. All objected to the term "hallucination." Each coined his own term, such as the Other Order, the Eavesdroppers, air phone, etc. For most individuals the hallucinations came on suddenly. One woman was working in the garden when an unseen man addressed her. Another man described sudden loud noises and voices he heard while riding in a bus. Most were frightened, and adjusted with difficulty to this new experience. All the patients described voices as having the quality of a real voice, sometimes louder, sometimes softer, than normal voices. The experience they described was quite unlike thoughts or fantasies: when things are seen they appear fully real... Most patients soon realize that they are having experiences that others do not share, and for this reason learn to keep quiet about them. Many suffer insults, threats, and attacks for years from voices with no one around them aware of it." (See "J's Story" in Chapter 16 of my book.)

"In my dialogues with patients, I learned of two orders of experience, borrowing from the voices themselves, called the higher and the lower order. Lower-order voices are similar to drunken bums at a bar who like to tease and torment just for the fun of it. They suggest lewd acts and then scold the patient for considering them. They find a weak point of conscience and work on it interminably. For instance, one man heard voices teasing him for three years over a ten-cent debt he had already paid. They call the patient every conceivable name, suggest every lewd act, steal memories or ideas right out of

consciousness, threaten death, and work on the patient's credibility in every way. For instance, they brag that they will produce some disaster on the morrow and then claim honor for one in the daily paper. They suggest foolish acts, such as to raise your right hand in the air and stay that way, and tease if he does it and threaten him if he doesn't. The lower order can work for a long time to possess some part of the patient's body. Several worked on one patient's ear and he seemed to grow deafer. One voice worked two years to capture a patient's eye, which went visibly out of alignment.

Many patients have heard loud and clear voices plotting their death for weeks on end, an apparently nerve-wracking experience. One patient saw a noose around his neck that was tied to "I don't know what," while voices plotted his death by hanging. They threaten pain and can cause felt pain as a way of enforcing their power. The most devastating experience of all is to be shouted at constantly by dozens of voices. When this occurred the patient became grossly disturbed and had to be sedated. The vocabulary and range of ideas of the lower order is limited, but they have a persistent will to destroy. They invade every nook and cranny of privacy, work on every weakness and belief, claim awesome powers, lie, make promises, and then undermine the patient's will. They never have a personal identity, though they accept most names or identities given them. They either conceal or have no awareness of personal memories. Though they claim to be separate identities, they will reveal no detail that might help to trace them as separate individuals. Their voice quality can change or shift, leaving the patient quite confused as to who might be speaking...

...The lower-order voices seem incapable of sequential reasoning. Though they often claim to be in some distant city, they cannot report more than the patient sees, hears, or remembers. They seem imprisoned in the lowest level of the patient's mind, giving no real evidence of a personal world or of any higher-order thinking or experiencing.

All of the lower order are irreligious or anti-religious. Some actively interfered with the patients' religious practices. Most patients considered them as ordinary living people, though to one patient they appeared as conventional devils and referred to themselves as demons. In a few instances they referred to themselves as from hell. Occasionally they would speak through the patient so that the patient's voice and speech would be directly those of the voices. Sometimes they acted through the patient. Sometimes the lower order is embedded in physical concerns, as in the case of a lady who was tormented by 'experimenters' painfully treating her joints to prevent arthritis. She held out hope that they were helping her; though it was apparent to any onlooker that they had all but destroyed her life as a free and intelligent person.

In direct contrast stand the rarer higher-order hallucinations. In quantity they make up perhaps a fifth or less of the patients' experiences. This contrast may be illustrated by the experience of one man. He had heard the lower order arguing for a long while about how they would murder him. He also had a light come to him at night, like the sun. He knew it was a different order because the light respected his freedom and would withdraw if it frightened him. In contrast, the lower order worked against his will and would attack if it could sense fear in him. This rarer higher order seldom

speaks, whereas the lower order can talk endlessly... The higher order is much more likely to be symbolic, religious, supportive, genuinely instructive; it can communicate directly with the inner feelings of the patient. I've learned to help the patient approach the higher order because of its great power to broaden the individual's values. When the man was encouraged to approach his friendly sun, he entered a world of powerful numinous experiences... In another instance, the higher order appeared to a man as a lovely woman who entertained him while showing him thousands of symbols. Though the patient was a high school-educated gas pipe fitter, his female vision showed a knowledge of religion and myth far beyond the patient's comprehension. At the end of a very rich dialogue with her (the patient reporting her symbols and responses), the patient asked for just a clue as to what she and I were talking about. Another example is that of a black man who gave up being useful and lived as a drunken thief. In his weeks of hallucinations, the higher order carefully instructed him on the trials of all minority groups and left him with the feeling he would like to do something for minorities."

I could take relevant quotations from the book *Healing the Family Tree* by psychiatrist, the late Kenneth McAll, but that would not truly advance my arguments. I will simply say that Dr. McAll recognised that some instances of mental disturbance were the result of the attachment of deceased family members to the surviving living. With the attachment, there also came the negative influences and traumas that had accompanied the deceased while they had lived. In the practice of this ministry, a family tree was drawn and the disturbing 'spirit' identified, 'who', during a suitable Christian ceremony or service, was asked to leave the one who was disturbed, and to try themselves to advance spiritually.

This practice was followed by someone who is a friend and who is a chaplain in a psychiatric hospital where the 'spiritual' is recognised as a potent force in healing the mentally disturbed. A patient became convinced that the spirit of her deceased mother - the person who had abused her in life - was still attached and was tormenting her in her mind. Together with another chaplain and in a simple ceremony, my friend asked the attached mother to leave and be helped herself - which 'she' did. For about a week the patient 'mourned' the separation, and then proceeded with her own recovery. Members of the Spirit Release Foundation perform similar acts of release for disturbed individuals.

Every time that I write about the involvement of the 'spiritual' in the onset of mental health problems in individuals, I have to remind myself of some of the excesses of 'diagnosis' that appeared during the so-called Charismatic Renewal in various churches around the 1970's. Some groups thought that they perceived malevolent spiritual involvement in almost every case of mental illness, and DIY exorcisms abounded, with their potential for harm to the individual. Indeed, as I write I realise that I could be accused of the tunnel visionary obsessiveness of those that I criticise. In my own defence I would offer the fact that everything that I write is based upon fact - admittedly, fact of which only I am aware. Nevertheless, it has been consistent for all of twenty-eight years without a break - and continues even now. In my book, I describe within the text a number of what I call 'ploys' or stratagems that are used by

the 'intrusions', placing them in the actual circumstances or sequences in which they occurred. Some are simple while others are exceedingly complex.

I found two instances of one of the more simple ploys in the section where Dr. Hunter describes her approach to patients with anorexia and with bulimia. In both, certain individuals reported how they were driven by voices in their minds; voices that led them a dance, in that one was urging them to take one action - e.g. binge on food - while the other urged them to vomit. Dr. Hunter uses them as examples of her 'ego states'. I see them as examples of the ploy that I describe, in which the positive supposedly 'good' voice and the negative 'bad' voice can urge an individual between two alternatives and harry him just like two greyhounds harrying a hare. A person who is trying to make a decision can find himself rooted to the spot, quivering like a jelly, incapable of even the simplest movement. From another source - a contributor to the radio programme 'Am I Normal' which dealt with obsessive behaviour, described exactly the same situation, in which he had two voices, the one insisted that he washed; the other voice demanded that he should not.

Although the ploys are placed throughout the text and should be read within my complete story, or the reality of my experience will be lost, I have collected a number into part of Chapter 16. This was done for ease of reference and recall *after* the book had been read. However, for those who have no desire to read the complete book, the ploys are there, where they may persuade you to read the full story.

While my mind is occupied with dangers and cautions, let me turn briefly to hypnotism. In the right hands, and with the appropriate rigorous precautions, it can be a very potent tool. In the wrong hands, and used for inappropriate purposes, it can cause serious harm to vulnerable minds. Over recent years, I have been acquainted with five individuals who practised 'hypnotherapy'. Three are practicing GPs; one, a friend, was well and formally trained; I cannot vouch for the training of the remaining one. Over time, and for various purposes, I have been hypnotised by two of the GPs and the fully trained layperson. I went to the last to see if she could help me to breathe in a more consistent way, particularly during periods of concentration, when breathing became very shallow.

My friend declined to do this, insisting that she would need to explore the reasons *why* I breathed in this manner. We live some distance apart, and regular sessions were not possible. However, as I was there, she said, would I like to experience her technique, in this case aimed solely at deep relaxation? Naturally, I agreed, particularly as I was keen to see how her method might differ from the two others that I had experienced.

I hypnotise easily, and soon reached the state immediately prior to full hypnosis. However, while in this state and while still in possession of my reason, I felt a very strong spiritual presence move into me, and I was still sufficiently aware to realise that if I had gone further, I could have been spoken through as if I were a spiritualist medium. I remained in that 'half and half' state until the session ended. Which immediately introduces the possibility that many individuals may be entered by spiritual 'intrusions' in a similar manner while under hypnosis. I remember well the comments of one of the GPs mentioned above, who, returning from a conference devoted to medical

hypnotherapy, told me of the concern of one member who addressed the conference to warn them of just this possibility.

Look on the Internet and you will find many sites that offer training in hypnotherapy - the main emphasis appears to be that when 'trained', there will be financial rewards aplenty. There are even sites that offer 'training' that involves no actual contact between the trainer and trainee - everything is done on line or with tapes. As for 'entertainment' hypnosis - well, the websites abound with promises of fame and fortune. No mention anywhere of the harm that might be caused in sensitive and vulnerable minds. Having been through procedures that might permanently have harmed my mind when undergoing the 'dodgy' psychiatry that I mention earlier, I have no doubt that the mind is *the* most precious faculty, and that it should be protected from harm at all times. I agree completely with poet Sir Edward Dyer (1540-1607), when he writes:

My mind to me a kingdom is,  
Such present joys therein I find,  
That it excels all other bliss  
That earth affords or grows by kind.

As well as the dangers of spiritual intrusion incurred during hypnosis, Dr. Modi includes a further number of situations that make a sensitive person more vulnerable and accessible to intruding 'entities'. These include:

- # Physical conditions, such as sickness, anaesthesia, surgery, accidents, unconsciousness, etc.
- # Emotional conditions, such as anger, fear, hate, depression, grief, etc.
- # Drug and alcohol use.
- # Constant and persistent 'mind numbing' music.
- # Video games.
- # 'Entities' coming in from another 'dimension'.
- # Voluntary possession or invitational possession such as:
  - Using Ouija board
  - Using automatic writing
  - Sitting in a séance
  - Channelling
  - Playing with conjuring games such as Dungeons and Dragons, and Demons
  - Inviting a spirit to come on board voluntarily out of love.

This is far from being an exhaustive list, and I would most certainly add the dangers that might result from frequent and prolonged deep meditation that is indulged in without adequate guidance. Some individuals, for example, deliberately seek so-called *siddhis* - in Buddhist and ascetic Yoga philosophy, miraculous powers obtained especially through meditation and wisdom. In the cultures from which these practices come, postulants are trained by experienced elders. When such practices are lifted out of their cultural milieu, much may be left behind, and the rigour and control lost - often with dire consequences for the one seeking these powers.

By the very nature of her book, Dr Modi is forced to ignore the ever increasing number of routes into the susceptible mind that are being created

and added to by modern technology. More and more people – young people in particular – are living large portions of their lives in a virtual world. Frequently, we are supplied with statistics telling us how many young people have TV, computer, playstation, MP3 etc in their bedroom, and how much time they spend there away from parental oversight. Apart from the actual electronic devices and their controls, nothing is real, no one is real. The chat rooms are anonymous; everyone has an alias; the identity, age, sex and motives of the other participants are the anything or nothing that they choose to reveal.

The young and gullible are groomed by older people and lured away from home. With webcams in many bedrooms, young girls, especially, are coaxed into self-exposure and as they get more confident, to perform 'lewd acts'. When they try to withdraw from this contact, they are threatened with further exposure to a wider – in fact, worldwide – audience, with what resulting personal distress, one can only guess.

I have deliberately used 'lewd acts' to mirror its use in the Van Dusen quotation above. The ploy is identical. In the one instance, the evil is of spiritual origin into the mind of the patient: in the other, the evil derives from a human source, but is no less potent in the effect that it will have upon the vulnerable. A current survey reports that some teenagers get as little as four hours sleep each night. Sleep deprivation is a technique used in the psychological mind manipulation of prisoners, a technique that is used to corrupt their minds and brainwash them. Another survey, if it were done, would, I am sure, reveal the current generation as the most brainwashed ever. The combination of night time, lack of sleep and an open/empty mind is the most promising ever available for the spiritual intrusion – after all, these are the same conditions that the religious ascetic would use, except that he or she would have been made aware of the dangers of a mind that is wide open and uncontrolled. In his series of spiritual exercises, Saint Ignatius of Loyola includes much advice and many cautions aimed at the religious novice.

The threats and bullying by text messaging and email are no different from the threats and bullying that come into the mind of the susceptible from malevolent spiritual 'others'.

These are but a few of the more obvious situations, and of the ploys perpetrated by individuals for their own perverted pleasure and gratification. There are also the very subtle means of persuasion and ultimately domination, that may be concealed in an apparently informative and helpful website. Nine tenths of the output of the site is squeaky clean and full of verifiable information: the other tenth may have a purpose to persuade, almost subliminally. From the sites that influence individuals to engage in the extremes of their religion, to the sites that subtly persuade a person to suicide – they all have mirrors in the subliminal persuasions exercised by the spiritual intruders into human minds. And I do not mean simply the minds of the sensitive and vulnerable, for so subtle can these ploys be, that they can be insinuated into the minds of those who would pooh-pooh the suggestion that *they* could be influenced.

Whilst the Internet has become a wonderful tool and facility, it has also become the invisible highway for much that is evil. In a mega way, it has become for the whole world what the uncontrolled and unregulated mind has become for the individual.

But, I am becoming diverted from my theme, and must move on after I have introduced another consequence of the electrical and electronic gear that surrounds individuals and their sensitive minds, brains and bodies. Apart from a few basic items, a bedroom should be an electricity-free haven. As the average bedroom is becoming less and less a haven, it becomes more and more an extension of the electrical jungle that is revealed in the quotation below that I have taken from *The Body Electric* by Robert O. Becker. I have acute personal sensitivity to my electrical and magnetic environment, and recognise in my own life much of what Becker writes. He is an orthopaedic surgeon, and while conducting research into the minute electrical currents that flow during the regeneration of bone following a fracture, he learned much concerning the total electrical nature of our bodies and minds. Additionally, he has studied the potential reactions that individuals might experience within their electrical surroundings.

“It may be hard to convince ourselves that something that we cannot see, breath, touch, taste or smell can still hurt us so dreadfully. Yet, the fact must be faced, just as we have learned a healthy fear of nuclear radiation. Certain scientists, some perhaps acting in a programme of deliberate misinformation, keep telling the public that we still do not know whether electro pollution is a threat to human health. That is simply not true. Certainly, we need to know more, but a multitude of risks has been well documented.

Three dangers overshadow all others. The first has been conclusively proven: ELF (extra low frequency) fields vibrating at about 30 to 100 hertz (vibrations per second), even if they are weaker than the earth’s field, interfere with the cues that keep our biological cycles properly timed; chronic stress and impaired disease resistance result. Second, the available evidence strongly suggests that regulation of cellular growth process is impaired by electro pollution, increasing cancer rates and producing serious reproductive problems. Electromagnetic weapons constitute a third class of hazards culminating in climatic manipulation from a sorcerers- apprentice level of ignorance.

There may be other dangers, less sharply defined, but no less real. All cities, by their very natures as electrical centres, are jungles of interpenetrating fields and radiation that completely drown out the earth’s background throb. Is this the underlying reason why so many of them have become jungles in another sense as well? Is this the partial explanation for the fact that the rate of suicide between the ages of fifteen and twenty-four rose from 5.1 per 100,000 in 1961, to 12.8 in 1981? Might this be an invisible and thus overlooked reason why so many governmental leaders, working at the centres of the most powerful electromagnetic networks, consistently make decisions that are against the best interests of every being on earth? Is the subliminal stress of electronic smog misinterpreted as continual threats from outside – from other people and other governments? In addition, if Teilhard de Chardin’s noosphere exists, our artificial fields must mask it many times over, literally disconnecting us from life’s collective wisdom. This is not to ignore the plain fact of evil, but it often seems that there must be some other reason why today’s power elite are so willing to bring the world to the brink of so many

different kinds of destruction. Maybe they literally cannot hear the Earth anymore.

Everyone worries about nuclear weapons as the most serious threat to our survival. Their danger is indeed immediate and overwhelming. In the long run, however, I believe the ultimate weapon is manipulation of our electromagnetic environment, because it is imperceptibly subtle and strikes at the very core of life itself. We are dealing here with the most important scientific discovery ever - the nature of life. Even if we survive the chemical and atomic threats to our existence, there is the strong possibility that increasing electro-pollution could set in motion irreversible changes leading to our extinction before we are even aware of them.

All of life pulsates in time to the earth, and our artificial fields cause abnormal reactions in all organisms. Magnetic reversals may have produced the 'great dyings' of the past by disrupting biocycles so as to cause stress, sterility, birth defects, malignancies and impaired brain *function*. Human activities may well have duplicated in three decades what otherwise would have taken five thousand years to develop during the next reversal. What will we do if the incidence of deformed children rises to 50 percent, if the cancer rate climbs to 75 percent? Will we be able to pull the plug?

Somehow, these dangers must be brought into the open so forcefully that the entire population of the world is made aware of them. Scientists must begin to ask and seek answers to the questions raised [in this chapter], regardless of the effect on their careers. These energies are too dangerous to be entrusted forever to politicians, military leaders and their lapdog researchers."

Almost daily, we receive evidence of the jungle behaviour that is pervading the major cities in the world, and, have no doubt, the individuals who become unsettled and disturbed, who might seek tranquillity or release in drugs and drink - they have minds that are wide open to intrusion and incitement.

Moving on again:

A lengthy section of Dr Modi's book is devoted to dissociation of the personality, and in it she discusses several case studies. It is interesting and informative to compare and contrast her approach with that of Dr Hunter. At a simple level, Dr Modi uses the terms 'dissociation of the personality' and 'multiple personality' interchangeably, as if their meaning was identical. Dr Hunter obviously rejects the latter term and doggedly sticks to dissociation. It is possible that without actually saying so, she was rejecting the perception so 'admirably' created in the earlier quotation taken from the Oxford Companion to the Mind - "... from after *demoniacal possession* had ceased to be a plausible, scientifically acceptable explanation of sudden, extraordinary changes in personality until the time at which psychoanalytical ideas began to have an impact."

Although Dr Modi frequently refers to 'demons', she does so in the genre of her overall terminology, and certainly not in the pejorative sense in which I

believe that it is used in the quotation above. To me, the use here of the term 'demoniacal' shows intent to put any such concepts into the realms of the mediaeval church and outmoded beliefs and superstitions. A statement of intent, no less – namely that psychiatry was coming into its own, was rejecting the spiritual, and was claiming its territory. Anything 'spiritual' was henceforth relegated to the religions: hereafter 'the mind' would be the preserve of the secular, and of 'psychiatry'!

Dr Hunter refers to 'the professional jargon of ego states'. She would describe the 'ego states' to a patient as - "I am a different person sitting here in the office than at home, different as a wife than I am as a mother, different in the lecture hall than when I am enjoying myself with friends..." Immediately I take issue with her, for what I perceive her to be describing are overlapping rôles, not vastly different personalities within the same person. I believe that it is a grave mistake for someone in Dr Hunter's situation even to think of relating one's own personal experience and perceptions to those of the patient. I remember well a TV film called 'Voices in my Head'. Although I had had discussions beforehand with the producer, and had some idea of the form that it would take, I was completely unprepared for the attitude of some of the professionals who took part. One, in particular, enraged me when he tried to liken the inner voices of voice-hearers to the sort of inner ruminative conversations that he might have when mentally teasing at a problem.

I found it to be quite unbelievable that someone introduced as an 'expert' should have so little understanding of the actuality of the inner torments and terrors of many voice hearers. In my article entitled 'Two Fools', (I was not referring to him, although the term might have applied), I introduced the reader to Ruth. One dominating voice in her mind demanded that, to eradicate the wickedness that 'God' perceived in her, she must jump into the river and die. The voice that took over when she was in the water and guided her to safety, was calm and supportive, and helped her to survive. Perhaps the professor in the film would argue that she was only having a ruminative conversation in her mind, though perhaps even he might have had difficulty explaining to a friend of both myself and Ruth, why Ruth should arrive at her door, semi-naked and covered in mud as the result of this rumination! In the miscellaneous articles that I include in Chapter 16 of my book, one, entitled 'J's Story', refers to a very mild lady of my acquaintance who has lived with 'voices' for all of her adult life. But even she was 'spitting feathers' at this travesty of a presentation, and the lack of understanding by the producer and his chosen experts, of the actual experiences of voice-hearers.

Dr Hunter is undoubtedly a caring and dedicated doctor, and her concerns for patients and their associated family and friends are revealed frequently in the book. However, she appears to be obsessed with ego states and dissociation to the exclusion of many of the possible alternatives that might apply. In an oblique way, she takes me back a long time, to a wind-up gramophone that we enjoyed in my youthful home. Not for her repetitiveness, but for the recollection of a particular record that was played from time to time. Called *The Parson's Christmas Address*, the speaker proceeded in unctuous tones to deliver an amusing sermon. At one stage he introduced us to "...a Curate with one eye named Johnson - I don't know the name of his other eye. Sunday after Sunday, he preached and held forth on the subject of infant

baptism, until the people were exceedingly fed up, and complained to me. And so I told Johnson, who was abashed at the thought that he had so bored the congregation; and he said to me 'Give me a text, Vicar', and so I gave him one - 'Thou art the man.' The following Sunday, we all waited for the sermon in hope and with bated breath, as Johnson ascended into the pulpit, and began 'Thou art the man! Before this man was a man, he was a youth... and before he was a youth, he was a baby. Which brings me back to infant baptism...'

I hear echoes from that gramophone of the past, as Dr Hunter inevitably 'brings us back to multiple ego states, and dissociation.' When discussing the patient who has a very thick file acquired over many consultations, and who has no conclusive diagnosis, she writes "From the family physician's perspective, there are some clues that may alert you to the possibility that your confusing patient may be dissociative. Some of these are - she then lists 54 different symptoms and syndromes, and concludes - in other words, practically everything." And a little further on "... although it seems incomprehensible to us who work in the field, there are many detractors who assert that there is no such thing as a dissociative disorder, that they are a figment of the therapist's imagination..."

Undoubtedly, Dr Hunter is doing her best to be thorough and to inform the professional readers, but her obsessive 'dissociation with everything' approach is that of a scatter gun - and many innocent bystanders may get hit by the widely dispersed shot. One of the 'bystanders' is Elizabeth, and her inclusion as a target angered her - as it does me on her behalf. Although, when she read that earlier I had written 'very, very angry', she suggested that I should moderate it, and explain that her chief reaction was that she felt persecuted. Yes, *persecuted*!

Elizabeth is now thirty, and in that comparatively short life, she has been poked at and prodded, analysed and categorised by many people, and in so many different ways. Apart from acquiring a thick record file, she has been allocated almost as many diagnoses as 'Joanna', who was the subject of Dr Mackarness' review earlier. So why 'dissociation'? Possibly the diagnosis of last resort? "I don't know what is wrong with you, and I don't know how to treat you" declared the psychiatrist at her last 'group conference'. Picture the scene - psychiatrist, psychologist, psychiatric social worker, and the three members of the crisis team - enough to make anyone feel cowed and inarticulate - 'and then one of the crisis team laughed'. That evening on the phone, Elizabeth described her humiliation through her tears - and there were tears in my eyes as well.

Now, if Dr hunter should take charge - OH MY GOD!!!!!! - a dissociated mother with a young child!!!! Call out the Cavalry and the National Guard. Hold the front page!!! TELL THE PRESIDENT!!!

It would appear that almost anything out of the ordinary that develops in the life or behaviour of the child, may be (most probably is) suspicious and must be investigated as possible evidence of child abuse. The abuse may derive from one of the ego states acting independently, and outside the cognisance and memory of the mother in her normal state. So you Watchers - the teacher, the school nurse, the GP - be alert to unexplained injuries;

reluctance to divulge information; perfectionism; behaviour problems e.g. bullying; difficulty making/keeping friends; urinary problems (congruent with age); unexplained abdominal pains.

The last two made me sit up - "Dysuria, chronic urinary infections, enuresis beyond normal age limits (i.e. after age 10), hematuria, vulvitis, vaginal discharge and other distress related to uncomfortable urinary, penile or vulvovaginal function - all demand to be investigated... Of course, one's mind immediately turns to abuse..." "Virtually everything I have said about urinary problems applies to unexplained abdominal pain. Children do not normally have recurrent or chronic abdominal pain, so the appropriate investigations, again, are mandatory... Usually the source of the pain is one or both of two things: intense fear, e.g. of physical abuse, and sexual abuse."

While looking for yet another book to quote at you, I came across one that has languished on the shelf since an earlier 'crisis' of child protection gripped the country, and witch-hunts really did take place. The book is *Chasing Satan* by Dianne Core, and was one of the source books for anyone who was concerned about satanic ritual abuse. Do you remember the time? Here from the Internet is an extract from an article that illustrates the semi-hysteria that swept whole communities.

"Some twenty-five years ago a new form of testimony, which initially seemed to bear no resemblance to the kinds of fantasy which enthralled our Christian forebears (in their witch hunts), began to fascinate the educated classes of America and Europe. It emerged when social workers and therapists began to focus their most urgent attention on the crime of child sexual abuse.

Once child sexual abuse had been redefined not simply as a social ill, which it undoubtedly was and is, but as the supreme evil of our age, it was perhaps inevitable that ancient demonological fantasies would be mobilized once again. The potency of such fantasies was illustrated in 1980 with the publication in the United States of a book containing a very unusual case history.

In *Michelle Remembers*, the patient Michelle Smith, writing with the help of her Canadian psychiatrist Dr Lawrence Pazder (whom she eventually married), gives a vivid account of how she was supposedly imprisoned during her childhood by a satanic cult. The members of the cult supposedly tortured her, forced her to defecate on a crucifix, raped and sodomised her with candles, butchered still-born babies in front of her and imprisoned her naked in a snake-filled cage. After a year of captivity, her Christian faith eventually triumphed over the power of Satan and she was allowed to return home. She is then supposed to have entirely repressed the memory of her ordeal until she entered therapy with Dr Pazder more than twenty years later. The book that they wrote together almost immediately became a bestseller.

Partly because its sexual and sado-masochistic content was masked by its holy intentions, *Michelle Remembers* appealed powerfully both to evangelical Christians who were anxious about the revival of Satanism, and to what might be termed 'sleeping Christians' within the caring professions. It also appealed to therapists who believed that it was possible to repress the memories of horrific sexual assaults. As Pazder's ideas gradually coalesced with general

anxieties about religious cults and sexual abuse, the notion of a large-scale conspiracy to abuse children began to seem plausible.”

Having been allocated the label of ‘dissociation’, Elizabeth appears to have acquired all of the baggage that goes with it, including the feeling of being ‘spied’ upon. Her daughter has been getting ‘special attention’ at school, and she is being quizzed in a way that is intrusive into Elizabeth’s personal and private life. I know that those involved will doubtless feel that they have a duty of care to little Sally, but the prime duty of care should be towards Elizabeth, and openly to support her in providing a secure and stable environment for Sally. Elizabeth’s care of Sally is exemplary, and the child is bright, outgoing and advanced for her nearly seven years. A friend who is a head of department at a local secondary school, and who has spent some time with her, later saw a piece that Sally had written. She commented that some kids leaving school at sixteen could not write so legibly, or with such fluent meaning as this seven year old.

Why do I keep going on about Elizabeth? Well, she is what it’s all about, isn’t she? This entire mega-billion pound edifice that is the mental health industry is for her benefit, isn’t it? Well, you could believe that it is for the benefit of the major multi-national pharmaceutical companies and their shareholders, companies that sponsor much research and that bombard hard-worked GPs with masses of persuasive literature and almost force them to over-diagnose conditions such as depression, as one recent report suggests. Companies that supply drugs that create unwelcome – some potentially fatal – conditions in patients. Drugs that require informed consent from patient or guardian – consent that is hardly if ever sought. You could believe that it is to fund faculties of ‘academic’ psychiatry – which, on the face of it, could be light years away from Elizabeth and the everyday realities of her life. You could believe that it is to fund psychiatry that can provide a patient with twelve different diagnoses – and still not get a correct one. And on and on, and seemingly having no relevance to her, and the prime needs of her life as a mother who is desperate to work, and to be able to support herself and her child. “Who would employ you?”, said the woman at the department set up to help people back into work. She would dearly like to get appropriate training – she has successfully completed an Access course, but cannot go forward.

She is one of the thousands of individuals for whom ‘the system’ exists. Yes, *individuals*, for some of whom ‘the system’ does not seem able to cater. At this time, Elizabeth’s needs are that people should get off her back, and give her really active support – support that she herself chooses, not what others deem appropriate. Each person has needs that are unique to him- or herself – they are not part of a uniform herd. Elizabeth persuaded me to break the habit of a lifetime, and watch a ‘soap’. ‘Eastenders’, and a new character – Len Harker. He sits talking to one of the regulars on a bench somewhere on the South Downs, philosophising as only in ‘soaps’.

“Look”, he says, “you wouldn’t know it to look at me, but I’ve got two degrees.” - “Completely useless” he says. “Wotcher mean?” She says. “Sociology and psychology – completely useless. I can tick the boxes, plot the graphs, analyse the statistics, crunch the numbers – and then what?” “ I still

don't follow" she says. "I'll tell you what" he says, "none of it applies to me - I'm an individual - yes, an *individual*, not a graph, tick box or a load of statistics!"

Anyone who has read much of the rest of my writing may possibly be fed up with me repeating the same mantra. Individual; individual;... It was one of the main themes of an article that I wrote, entitled "I don't *believe* it". Here is a small extract taken from the part where I discuss the conclusions of a study of 50,000 Swedish conscripts made over ten years; a study that investigated the connection, if any, between their use of cannabis and any onset of psychosis.

"Returning to the Swedish research into cannabis use among 50,000 conscripts over ten years, undoubtedly much valuable information has been identified. However, even though large numbers are involved in this and other studies, I am still perturbed that the results will be applied generally and in all cases. In my thinking, the results can only be extrapolated if one assumes 50,000 clones. But people are *not* clones of each other, and should be dealt with as the *individuals* that they are - as individual as their fingerprints or DNA.

Here is a portion of a photograph of the ship's company of a destroyer in which I served in 1946:



There are approximately 25 men dressed as seamen. Clones? They all wear the same uniform, but even their caps are different - different angle and

individual tying and placing of the bow on the cap ribbon, for example. Different? Individual? Of course they are. Some were Regulars, others 'Hostilities Only'. I can see two who, as orphans of seafarers, had been brought up in the 'Arethusa' tradition and had entered the Navy as boy seamen; two others who came from top public schools. Some for whom a 'run ashore' meant visits to the many bars 'down the Gut' in Malta, and others for whom it meant time spent at 'Aggie's' - the Mission to Seamen - and a cup of tea. There is even one man whom I never saw go ashore.

There are men in the picture who had soon acquired the naval jargon or had it ingrained after many years at sea, for whom 'avast' and 'belay' still had meaning; who knew what to do with soojie-moojie, baggywrinkle or a pusser's dip. Men, if they were cloned at all, would find it in their surnames - 'Hooky' Walker, 'Bungey' Williams, 'Pincher' Martin, 'Lonesome' Rhodes, 'Shiner' Wright, 'Tug' Wilson, 'Dusty' Miller, 'Dolly' Grey, 'Spud' Murphy - and so on. I appear in another part of the photograph, but like every Welshman, I was 'Taff', while every Cornishman was 'Jan'. There are able-seamen and gunners, torpedo-men and stokers, telegraphists and 'bunting tossers' or signalmen. You can decide for yourselves which would be 'Lofty' and which 'Shortarse'.

There are 25 truly individual men. Multiply that group by 2,000 and you can see the possible range contained in the 50,000 *individuals* of the Swedish study into the effects upon mental health of smoking cannabis, and the impossibility of applying the results to all voice hearers. Yet, ironically, all that the Swedes had to do to find a connection between cannabis and 'schizophrenia' was to turn their eyes to the north, to their own indigenous people - the Sami. As with many indigenous peoples worldwide, the Sami had their culture that went back far in time, and in that culture was the Shaman. The Shaman was the link with the world of spirit and used a locally available hypnotic - mushroom, cannabis, mescaline/peyote - to induce an inner state that made him open and receptive to his spiritual 'other'..."

However, in my search for the individual, in my demand that every mental health patient should be seen as such, and not just in relation to the label that has been allocated, I realise that the 'individual', in many instances, may become just a cipher in the great mental health edifice, about which I wrote earlier. When you consider all of the people in suits and white coats in offices, consulting rooms, laboratories, university departments, in the great pharmaceutical enterprises - they all draw their salaries, have worthwhile careers on the back of the unfortunate 'nutter'. Yes, that is how the individual might be seen - and seen through a telescope held back to front - as this nuisance on two legs might appear in the perception of some. There is a fair chance that you will have beheld Jasper Carrott holding forth in one of his one-man shows. Here he is on the top deck of a bus, an empty seat beside him - "And then up the stairs comes this nutter" - sound of a cretin advancing - "And of course, you know it - he's going to sit by you!" Next, the sound of a cretin opening a conversation, accompanied by great guffaws from the audience. And so on.

Just imagine if Carrott had said 'this cripple', 'this blind geezer', 'this Jew', 'this Muslim', 'this pouf'... the possibilities are endless, and all would have drawn instant condemnation from all quarters. So why is the nutter fair game?

The sound of the laughter says it all – indicates the attitude of many to what they do not understand. Don't know how to reach out – in fact the reverse – desperately want to avoid. Many individuals have the same problem relating to anyone suffering from a serious illness – don't know what to say; will do almost anything to avoid having to talk. There was a man who used to come to my house for help in coping with his cancer, and who exemplifies what I am saying. He was a member of several Masonic Lodges, yet to his immense chagrin, the only brothers who showed any concern for him were those whose duty it was to do so. Others just avoided him altogether.

Yet again, there are those whose job it is to help the unfortunate with mental health problems, who nevertheless show indifference, or even contempt. Elizabeth wrote for me of her attempts to find useful work – “After being in the job centre, and being told by the woman there that nobody will employ me, they phoned three weeks later and told me to go to the employment agency for people with mental health issues. The woman at the agency tells me that I am not capable of paid work. Because of paranoia, I am not able to work in a shop or the hospital. I was once offered one hour a week moving a bath seat in and out of a residential home. On the last visit, she offered me a job vegetable growing and picking at ‘F..’ (this is a town some 40 miles distant from her home). Could not go because of childcare difficulties.

Being passed around from one agency to the next is just like ‘pass the parcel’. I was not allowed a job in MIND, and was told that it is extremely unlikely that I could be used in social work (which she would like to do because of her understanding of the needs of others).”

Elizabeth has become a sort of ‘anchorwoman’ for a number of friends who have similar difficulties, and they exchange mutual support. It has opened my eyes since getting to know her to realise that there is a sort of sub-class of individuals who not only have got to cope with their mental health difficulties, but who also have to cope with ‘the system’ and the indifference or downright hostility of some who work in certain social services, or from the public. One of her colleagues has had to endure, as she had to endure, suspicions of ‘child abuse’ from the local school. Divorced and abandoned, and beset by depression and poverty, Betty tries hard to keep a home together for her daughter. Last winter, because it was cold, she sent her daughter to school wearing ‘leggings’ under her dress – to be met with the proposition that she was doing so *to hide bruising on her legs*. There was no bruising, but so great is the perception that disturbed mothers abuse their children, that they appear to be under suspicion at every whipstitch.

I could go on and on, but it would serve no purpose, other than to bore the reader. All that I am appealing for in summary is for more people to care – to *really care*. For people to look at the reality of some of the mental health problems that beset so many – to understand, to sympathise and to support – to reach out. I tried to open eyes in the final pages of my book. This is what I wrote:

“Satellite television has brought to me a fascinating window on a wider world and the opportunities to observe and try to understand, people from a vast range of cultures – people whom one saw previously, if one saw them at

all, as 'performers' in documentaries or devised programmes, and subject to the presentation and interpretation of the programmes' compilers. Now I can watch them completely untainted by the intervening 'editor interpreter'. I watch them in their own dramas, chat shows, news bulletins and a variety of presentations and versions of 'Who Wants to be a Millionaire?' I look at faces and expressions, moods and reactions, but 'look' and 'watch' are the two operative words, for apart from sensing the general mood of the piece I have not the slightest idea of what is being said. When I watch Chinese television there are subtitles - but they also are in Chinese. I would dearly like to know what Dunia and the people whom she interviews on Abu Dhabi television are discussing, because it appears to be serious and intelligent, but apart from words that sound vaguely like 'Iraq' and 'Arabia', there is nothing to guide me. Worse still is a news bulletin when the person being interviewed is speaking English, but is then being talked over and the screen has rolling subtitles all in Arabic.

The world and outlook of those who are locked into their inner voices is something like this. They have their own transmission received inside their head that no one else can hear or comprehend, while, viewed on the screen of life that is going on outside them, they see people, faces expressions, actions, moods and reactions, and try to interpret something that is far off. Something that is almost unreachable from within a mind and body that are often numbed by the drugs that are meant to make life more bearable (but which often are there solely to 'contain' them). A world with which they find it increasingly difficult to communicate, to such an extent that attempts to do so may be abandoned altogether, especially when the inner world can appear warm and friendly.

Is it easiest simply to abandon them to their inner world and the companions that frequent it? An inner world that can be welcoming, friendly, comforting - an inner world that suddenly can spawn terror and threat; create immeasurable anxiety; propose devilish and obscene compacts - compacts that if accepted can bring down an even heavier rain of threat and castigation from the unseen tormentors. One can go on and on in seemingly endless speculation, and offer insights and advice that may or may not have relevance to an individual - if indeed one knew that the torment was actually there behind the closed door that a life and the face fronting it have become.

It would be difficult to forget the time when my stable was being re-roofed. Right to the fore of the action were the two Geordies - Big Derek and Brian. They came and worked - and worked hard - for 'readies', and stayed until about one o'clock when they went off to the King's Head for a liquid lunch, and then possibly an afternoon fishing off the beach. One morning they came and they were immensely subdued, in fact, for such a big man, it was odd that Derek seemed close to tears. "Clarry's topped his self," said Brian eventually. Work was pointless, and they went off to the King's Head for more appropriate solace. Clarry - or Clarence to give him his Sunday name - had farmed with brother Ronnie, until they had given up the farm. But farmers never retire, and one met them here and there, as they helped out on other farms - hedging, dykeing, dry-stone walling, hay-timing - or working in people's gardens.

Clarry had retired to a cottage beside the main road and I saw him frequently as he worked around a friend's premises. This particular morning

his daughter had come downstairs, to a fire newly laid in the grate, a cup of tea part drunk and still warm, a sandwich half eaten, and, puzzled, had gone outside to find Clarry hanging. And no one knew why! It was over ten years ago, and I don't think anyone knows to this day. There in his inner world something had thrown a switch – but he had not been ill that anyone knew about – certainly not mentally. What was it that Clarry couldn't talk to anyone about – confide - consult?

I thought of him in happier times, as for instance when the local Shepherds' Meet and a meet of the beagles had coincided, and the Brown Cow had been open all day – and Clarry hadn't wasted a minute. There he was, well into the evening, a huge turkey drumstick in his hand, beating time to the choruses of the hunting songs, and swaying perilously to and fro, and the picture of him swaying gently at the end of a rope is one that even now I find unbearable.

I have difficulty revisiting the time when I desperately wanted to die and escape from all that plagued my mind and the situation that I couldn't understand but from which I frantically wanted to flee. I wasn't then hearing voices, but had seemingly insurmountable problems. Why didn't I just do it? As I wrote earlier, it had to appear to be an accident, and I couldn't devise one that I thought would be convincing. Relevant to my thoughts about Clarry – I couldn't talk to anyone, because I couldn't put my inner agony into words. I vaguely remember once saying to the Consultant as I attempted to broach the subject, something such as “I wish I had a terminal illness” – thinking that that would be a way out that would not create problems for anyone. “I suppose you want cancer” he said – and said it with a sneer; nothing else will describe his tone. I never tried to speak to anyone about it ever again, and I have only recalled the painful times for the purpose of writing to you to help you to understand the torment in the unseen world behind the facade of a face, and a life that is seemingly being ‘lived’ successfully.

‘Writing to you’ – I began to write more than five years ago. Some has come easy; some with the pain of unhappiness and disaster revisited. I hope that it has been worthwhile in that it may help someone. I began with the words of the diminutive Brazilian bishop, Dom Helder Camera, from which I get the title of my book\*, and cannot think of any that are more appropriate with which to end.

Don't get annoyed  
If the people coming to see you,  
If the people wanting to talk to you  
Can't manage to express  
The uproar raging inside them.

Much more important  
Than listening to the words  
Is imagining the agonies,  
Fathoming the mystery,  
Listening to the silences.

**Roy Vincent. September 2007**

\*"Listening to the silences" - [www.royvincent.net](http://www.royvincent.net)