Schizophrenia—A Victim’s Perspective

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This article is based on my own personal experience of having undergone “coma treatment” and being given approximately 37 coma injections between the period 1983–1993 despite the fact that I was not psychotic and was normal in every way. The experiences I had following the injections and the forcible administration of innumerable antipsychotics and drugs have shaped my perspective of what it is to be a victim of “iatrogenic” psychiatric treatment—iatrogenic because it induced symptoms of schizophrenia or at the least schizoidism in a normal person like me—an inability to think, feel, and reason, over time. I have also with my own eyes seen at least 7 or 8 women who look me (my clones) that has reinforced my belief that the injections split me. The British psychiatrist, Richard David Laing (Encyclopedia Britannica 2004 DVD [DVD]) also theorized that it is the division of the self that leads to the symptoms of schizophrenia such as splitting and fragmentation of the mind.

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“Schizophrenia” was formerly known as “dementia praecox” (Webster’s New World Dictionary of American English, 1991) but has largely displaced this term because it does not always result in deterioration (dementia) or occur before maturity (praecox). It literally means “split mind”; “schizo” means schism, split, cleavage, or separation; and “phrenia” in New Latin means mind or psyche. Symptoms are a weakened grip on reality, fragmentation of personality, delusions, hallucinations, and illusions. Other symptoms include display or possession of inconsistent ideas and incompatible types of behavior.

Some schizophrenics are made not born! I have a fair idea as to how some persons become schizophrenic. First a person is given “coma treatment” or death/lethal injections that make him/her comatose. This treatment is given after the person in question is diagnosed as having “multipersonality” disorder or “dissociative identity disorder.” After the injections, the person is split into more than one or into many persons and diagnosed as a “split personality” type. Lastly, he or she is labeled a “schizophrenic” and made a “mental patient” for life!

The coma injections or tablet-equivalent of them are given to make the patient comatose or—this is a guess!—to make a patient disappear! Maybe the patient disappears into another space-time dimension, and many events occur after which he/she appears back on the psychiatric couch or bed and opens his/her eyes without remembering anything of what had happened in the intervening period. Or perhaps—this is yet another guess—psychiatrists and neurosurgeons do things to the brain and body of the “patient.” Sometimes secret brain transplants (partial or whole transplants) may be done—the lobe/s or certain parts of the brain may perhaps be exchanged with the brain parts of other persons! False memories may then arise in the “patient”’s mind. Or, maybe the events that took place when she or he had disappeared after the coma injections are remembered vaguely by the person. Or—as yet another conjecture—the collective unconscious of the person is brought to the fore, and they may be ancestral memories!

Other operations may also be done when the “patient” is put into a coma either to make him or her physically healthy or even to transplant organs: exploitation and illegal trafficking of human organs may even take place!

“Schizophrenia” or reproduction through multiple fission leads to the splitting of the person (not all at once) into more than one person. These many persons may look like each other or are clones of the original person or may not look like each other. I do not know the exact procedure by which this process akin to cloning takes place. Possession of inconsistent ideas, incompatible types of behavior, fragmentation of the mind, and weakened grip on reality all occur because the mind and personality are split into many parts (or persons?), and the personal as well as the collective unconscious are gradually emptied. Also the id, ego, and superego become weak.

It is a contradiction to state as some psychiatrists do that “positive” and “negative” symptoms of “schizophrenia” are curable with the same medicine/drug. “Positive” symptoms represent distortion or exaggeration of normal emotions or mental abilities and include hallucinations, delusions, disorganized speech, and peculiar behavior. “Negative” symptoms are a decrease or loss of normal emotions or mental...
abilities and include decreased speech, dulled emotions, and difficulty in beginning and completing goal-oriented activities. “Affective” symptoms such as anxiety and depression are caused by the medicines themselves.

When a person’s mind and personality are split, his world is also split up. He lives in a “halfway” house in a “halfway” place in a “halfway” world. In short, his world is split up literally. Hallucinations occur because the patient is at 2 or more subplaces at the same time! Partial brain transplants also explain why there arrive feelings of “self-alienation”: thoughts and feelings alien or foreign to the person’s mind may sometimes arise in his/her mind. In extreme cases when there is indiscriminate splitting, the many clones of the person share the one original brain of the person, and that is why there is fragmentation of the mind. Or maybe clones have minds that are weak copies of the original. Hallucinogenic drugs like lysergic acid diethylamide, mescaline, speed, etc may lead to visual, auditory, and olfactory hallucinations.

In recent times, there has been talk of cloning and stem cell research. The stem cells for transplantation into patients are said to be grown from healthy embryo/fetus that are the “clones” of the patient because there is no risk of rejection by the patient’s immune system. Defenders of cloning say human embryos have none of the attributes of a human being. If on the other hand, cells or even organs are secretly taken from fully grown human clones (as such cloning is and was done covertly), it would be extremely unethical not to mention the transplantation of organs or harvesting of cells from the brain stem of the original patient himself/herself for monetary or other considerations. Imagine the plight of a so-called mental patient having diabetes and living on one kidney. Or the introduction of sperm into a comatose woman’s womb so that she becomes pregnant, carries the baby full-term, and delivers it—all this when she is still in a coma or had disappeared into and gained partial consciousness in the parallel world. On regaining consciousness, she would have found her virginity gone and that she has become a mother—this without consensual sexual relation with anyone. This may be the reason for the fear in her mind that she was violated when she was in a coma.

The “collective unconscious” according to Carl Jung are the memories of certain ancestral experiences which a person inherits in the unconscious mind and which affects his behavior in the present. The “unconscious” is the sum of all thoughts, memories, impulses, desires, feelings, etc; of which the individual is not conscious but which influences the emotions and behavior in the present. The unconscious is also that part of the psyche that comprises repressed material of this nature. The “coma” injections result in bringing to the fore these memories, thoughts, impulses, and feelings that may in some people be repressed and emptying the psyche of unconscious—both collective and personal.

Hindu religion believes in rebirth, and Christian and Islamic religions believe in life after death and explain the unconscious in terms of memories of the previous birth/s. It is believed that the coma or death injections “kill” a person, and then there is “rebirth.” Perhaps some people become children again—the “age reversal process”—and grow up in double-quick or quicker time before they are again the same age they were when they were injected!

Delusions that may be mistaken for memories may arise because at one level he (the “patient”) may be aware of the experiences he had in his “rebirth” after “death” through the injections. Sometimes other people’s lies about and to the person may lead to his false beliefs. Hallucinations may perhaps be dreams seen by the patient in his wakeful, conscious state—not wishful thinking—but literally dreaming in the wakeful state. Perhaps the dream world/s really exist/s and can be perceived in everyone’s subconscious and some people’s conscious states. To enter the surreal or dream worlds, perhaps, one has to be (like the lizard as well the protagonist in the short sci-fi “The Arena” and the book “Coma” by Robin Cook, respectively) rendered unconscious or comatose because only an unconscious person may be able to penetrate or get through the invisible barrier or wall that separates the dream worlds from the real worlds. Maybe one man’s surreal world is another man’s real world!

Man is creative, and it may be because of this that his inner worlds that are perceived as “new” worlds are created and re-created or become external worlds after the coma injections. After that, the “patient” may have easy access to these worlds and occasionally find himself/herself there.

Postscript: Auditory hallucinations may be due to the projection or “throwing” of “brain voices” or real voices of some people who may or may not be the psychiatrist’s “helpers” to or in the vicinity of the so-called schizophrenia so that he is deluded that he has the particular symptom, namely, “auditory hallucination,” of schizophrenia. There may be voice alikes—2 people with the same voice—so that on hearing a familiar voice the “patient” may be deluded that it is of the familiar person (friend or relative). “Brain voices” may be voluntary or involuntary. When it is voluntary, the speaker may indulge in “double-speak.” Brain voices may recede and disappear with the passage of time. The best example of a person projecting his “brain voice” is that of a ventriloquist who projects it from his doll or dummy.

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2. Encyclopaedia Britannica, Inc., Chicago, IL, 2004 DVD [DVD].