

## HUMAN GUINEA PIGS

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more cartoons – Pages 4, 6, 7, 9, 11, 16, 18, 20, 21, 22 & 25

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# **"Black Holes" in Psychiatry**

Page 2

Psychiatry seems content to leave a number of interesting perceptions phenomena/occurrences/reports/features/sensations/understandings/ beliefs uninvestigated. 'Overlooking' these commonly-known items appears very suspicious to me!

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## “Black Hole” No 1 - ‘HEARING VOICES’

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This phenomenon is that well-known that “T” shirts are printed with this occurrence, in jest, emblazoned on them! The following is an example from one manufacturer/supplier.

Have you ever heard of ANYONE attempting to provide a rational explanation for someone ‘hearing voices’?

Alternatively have you heard of anyone even investigating this well-known phenomenon properly?

‘Hearing voices’ is just [ClairAudience!](#) – (look it up in any dictionary)

[zazzle.com.au](http://zazzle.com.au)



Science investigates anomalies and things which are not understood - it investigates until it finds an answer. I’ve hardly heard of anyone, associated with the Mental Health Profession, take any interest in why someone ‘hears voices’. The worry is that ‘hearing voices’ is a possible symptom of Schizophrenia and hence may be used to classify someone as suffering from a Mental Illness. [All that has to be added to this classification is some likelihood of the person harming themselves or someone else and this person can be locked up in an Asylum!](#)

Classifying someone as suffering from a Mental Illness, in this case [Schizophrenia](#)\*, is therefore quite serious! It’s a short step to combining this ‘hearing voices’ with the possibility of harm which is all that is necessary to have someone Involuntarily Admitted to a Declared Mental Health Facility (Asylum).

\* I disagree with Schizophrenia being permanent though and the need for ‘management’ of the condition – Psychiatrists have all these different ways of maximizing their INCOME!

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"Black Hole" No 1 - 'HEARING VOICES' **continued**

Professor John McGRATH, the head of Psychiatry for the University of Queensland, thinks that there is therefore a malfunction of the brain in someone exhibiting this 'hearing voices' phenomenon. He states, "***That's a really important clue as to which part of the brain may be 'going wrong' - that the circuits in the brain that underline language, hearing and speaking are tending to misfire.***" (Note the negativity in Psychiatry - that there is a fault simply because a Psychiatrist says so!) **return to Table of Contents**

**N.B.** The Psychiarist, Professor Marius ROMME, has established a Hearing Voices Movement which has been running for decades! This Movement has a lot more positive approach to 'hearing voices' than conventional Psychiatry's attitude!

I think that the Throat Chakra has been enlivened and with the enlivening of this Chakra comes **ClairAudience** – i.e. 'hearing voices'! Maybe Professor McGRATH should conduct a Literature Survey such as many undergraduates are compelled to do. I was not allowed to commence the Practical Component of my Thesis (Lamellar Eutectics – Metallurgy) until I'd submitted my Literature Survey and had it judged as being comprehensive and thorough. I suggest that Professor John McGRATH undertake a thorough and comprehensive Literature Survey on the subject matter of 'hearing voices' **ClairAudience**! Alternately Professor McGRATH could just look up "ClairAudience" in any dictionary!



“Black Hole” No 1 - ‘HEARING VOICES’

[continued](#)

I think that the reader will understand my attitude to Psychiatry from the preceding paragraph – I don’t consider it to be science in any shape, manner or form. You’ll understand that Professor McGRATH and I stand on opposite poles! My comment is, **“I’ve got a real degree!”** AND ITS BASED ON TRUE SCIENCE!

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*I can’t understand why the professor has come to the conclusion that there is a fault once this phenomenon of ‘~~hearing voices~~’ - 👎, actually **ClairAudience** - ✅, is exhibited.*

To me it sounds just silly because obviously the same mechanism is involved when someone is “hearing” a song in their head. I consider our minds are like a portable radio – with the right tuning various broadcasts are “heard” (see bottom of [Page 31](#)). When he reports that [the majority of the subject sample, 20,000 odd people, ‘hear voices’](#) **AND are high-functioning in our society**, then surely this should set off Alarm Bells about this phenomenon and make the investigator consider that this phenomena of ‘hearing voices’ is a Natural Ability humans possess. It appears that this hasn’t been done!

***From this point on Psychiatry has abandoned any scientific principle(s)!*** There is no recovery from this position because any science would search for a reason why this fairly commonly-reported occurrence, ‘hearing voices’, occurs. If you just Google the words **“hearing voices” and “ClairAudience”** you’ll get an explanation.

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“Black Hole” No 2 - ‘VISUAL HALLUCINATIONS’

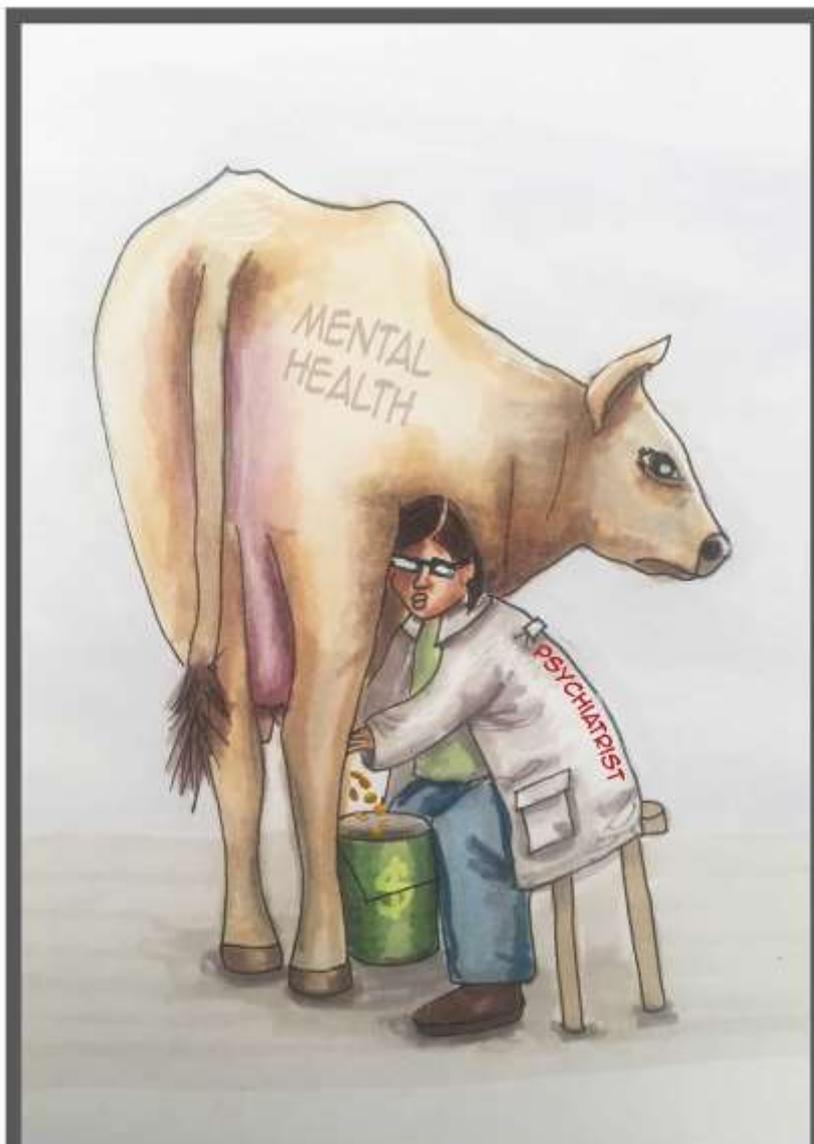
Obviously ‘visual hallucinations’ are evidence of someone being fully psychic - **ClairVoyant**. This ability comes with the opening (enlivening) of the **Third Eye/Brow Chakra**. When I was undergoing treatment for my Serious and Chronic MENTAL HEALTH PROBLEM\* (bouts of DEPRESSION/anxiety/stress) I had some contact with a Jungian Analyst and his comment to me was, **“I’ve never met anyone**

\* [S&CMHP](#)

“Black Hole” No 2 - ‘VISUAL HALLUCINATIONS’ continued

***as psychic in Dreams\*\* before.*** My return comment was, ***“I know people that just (sit there and) read you.”*** [return to Table of Contents](#)

\*\* Actually being psychic in a Dream is just control of the [Astral/Emotional Body \(2nd Initiation\)](#) – see <[initiatoryFRAMEWORK.gif](#)>. There is obviously some overlapping in ability(ies) though! (*The Astral Body is the body “Wet Dreams” are experienced in.*) I’d demonstrated that I was ClairVoyant in a Dream and the other co-convenor of the healing centre the Jungian Analyst ran complained - ***“It’s like being psychically invaded!”***



**CASH COW**  
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The cartoon to the left depicts what Psychiatry is really about – MAKING OODLES OF MONEY!

Psychiatry’s main objective is to not actually cure the patient – because then the Psychiatrist’s client-base would be reduced!

Psychiatry is just **Psycho-Babble** and I presume that this must be taught this at university – another person has called it **“Linguistic Acrobatics”!**

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### **"Black Hole" No 3 - 'RELIGIOUS DELUSIONS'**

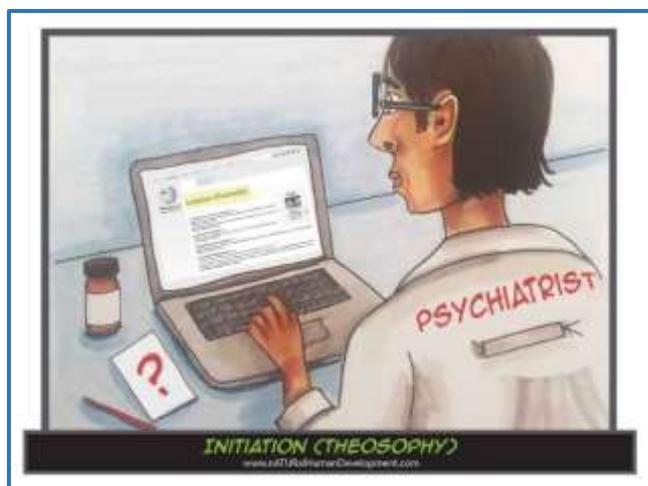
The least-common phenomenon, sometimes accompanied by psychosis, are Religious Delusions. The hyperlink to the file <[1<sup>st</sup> 2<sup>nd</sup> & 4<sup>th</sup> Initiations.docx](#)> reveals the extent of this 'religious delusions' furphy – though Pages 1 to 5. 'Religious Delusions' are just the **1<sup>st</sup> Initiation** – "**birth of Christ consciousness in the cave of the Heart (Chakra)**" - see <[initiatoryFRAMEWORK.gif](#)>, in the **DEFINED AS** column for the [1<sup>st</sup> Initiation](#) row. [return to Table of Contents](#)

Not everyone is psychotic when this occurs. I was in **Art(s) Therapy Class**, supervised by two psychologists and I painted myself, wearing a white flowing robe, on a white horse. When it came around to my turn to describe the painting I'd done I said, "**I know I'm not Jesus – but it's like I'm him.**" My psychologist froze! She was a Jungian psychologist – following the teachings of **Carl JUNG**. The other psychologist did not interject\*\* and the behaviour of my psychologist was so out-of-character (*we had a relaxed, easy-going relationship*) that her extreme reaction stood out. I went to her at the end of the class and repeated what I'd said with the same result. It was only because I'd researched **Theosophy** that I was able to put this piece in the puzzle, but I realised this a lot later, maybe years. I'd undergone the **1<sup>st</sup> Initiation** – "**birth of Christ consciousness in the cave of the Heart (Chakra)**"!

\*\* My suspicion is that the other psychologist present was at also a Mistress of the 1<sup>st</sup> Initiation as two Masters or two Mistresses, or one of each, are required to be present/in consultation for a particular Initiation to take place - see <[initiatoryFRAMEWORK.pdf](#)>, *last two sentences of Page 1.*

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You are referred to the file <[1<sup>st</sup> 2<sup>nd</sup> & 4<sup>th</sup> Initiations.docx](#)> and at the top of the first page of the file where a ~~former~~ lecturer in psychology at the University of Phoenix, Neil KROHN (PhD) - is inquiring why **Religious Delusions and Schizophrenia** seem to be associated on **ResearchGate**. Would someone tell Neil, "**It's the 1<sup>st</sup> Initiation!!**"



**INITIATION (THEOSOPHY)**

**“Black Hole” No 3 - ‘RELIGIOUS DELUSIONS’ *continued***

Furthermore on the **Symptoms of Schizophrenia** web-page on the [www.LivingWithSchizophreniaUK.org](http://www.LivingWithSchizophreniaUK.org) site under the **“Religiosity or religious delusions”** heading the following sentence appears, *“In fact it is thought that **as many as half of all people with schizophrenia will develop a religious theme to their delusions**\*\*\* at some point and that members of the clergy are as likely to be contacted by someone entering their first episode of schizophrenia as a doctor.”*

\*\*\* **first initiation** - [“birth of Christ consciousness in the cave of the Heart \(Chakra\)”](#) in the **DEFINED AS** column ALSO **“messenger from God”** in the 12<sup>th</sup> paragraph of this [site](#) or the 3<sup>rd</sup> paragraph under the heading **“Hallmarks of Each Initiation”**

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**“Black Hole” No 4 - ‘REASON FOR RECOVERY’**

If you view the ABC television programme Q&A video clip [<Shine a Light on Depression.pdf>](#) you see Wayne SCHWASS, a former champion AFL player, hasn’t taken the pills for about 5 years yet he seems OK – at the 50 minute 35 second mark. In contrast Fay JACKSON, Deputy Commissioner of the Mental Health Commission of NSW, at the 46 minute 50 second mark states, *“.. **the truth of it is that when I come off it each time I become more unwell**\* ..”*.

\* that’s because [the pills are making her more unwell](#)

The obvious question is if such a thing as a **‘Chemical Imbalance’** exists, and this is the reason that a person suffering from a Mental Illness is prescribed Medication, [then why does Wayne SCHWASS seem OK without the Medication \(~5 years\) and Fay JACKSON has her Serious and Chronic MENTAL HEALTH PROBLEM \(S&CMHP\) not only recur but be exacerbated when she resumes taking her Medication after stopping?](#)

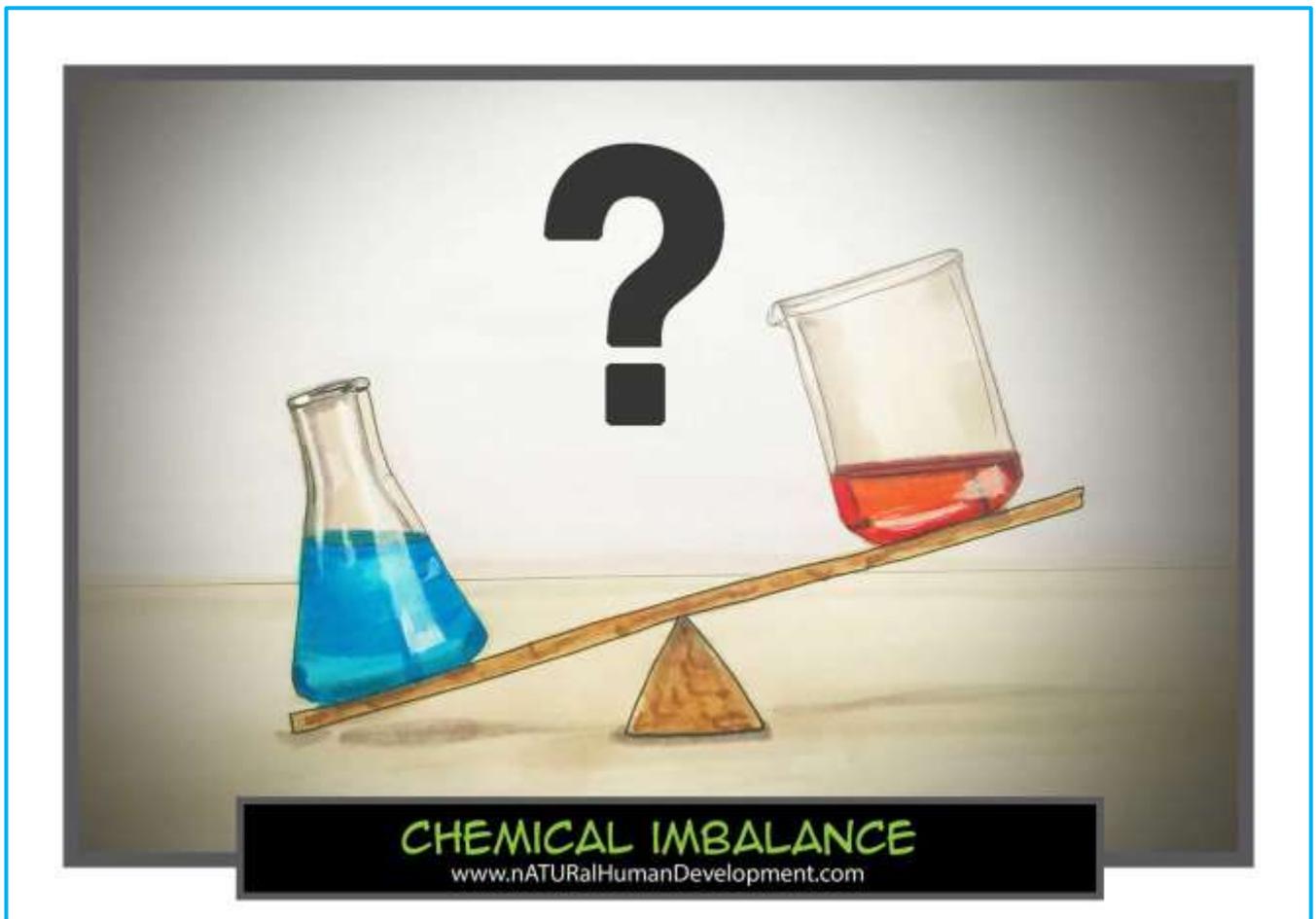
To me this is the nub of the problem. Somehow Wayne’s cured – **“How did he do it?”** Anyone approaching this in a scientific manner would be investigating!

(It can’t be ruled out that Wayne SCHWASS suffered a **temporary** Chemical) (Imbalance though - but its unlikely nor have I ever seen this put forward in) (Psychiatric Literature - it goes against their Permanent Disability Scenario.)

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“Black Hole” No 4 - ‘REASON FOR RECOVERY’

continued



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I propose that there is no such thing as a 'Chemical Imbalance'. My knowledge supports the view that what Wayne SCHWASS experienced was transitory – like Puberty the acne caused by the hormonal changes lasts for a period of years and then for almost all people it's over forever! Fay JACKSON, although experiencing the same thing as Wayne and me, is yet to complete the cycle and gain the critical 3<sup>rd</sup> Initiation, although it seems that she has gained the 1<sup>st</sup> Initiation because of her "Chosen by God" belief (see <[Shine a Light on Depression.pdf](#)> - top of page).

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Further I would liken Psychiatry to someone diagnosing a pregnant woman with 'Fat Tummy Syndrome'. The *observation* is correct but considering the correct treatment of this condition to be based on this *observation* would be absolutely stupid and could likely be harmful\* to a pregnant woman and her developing foetus! \* she could be made to wear a girdle

**"Black Hole" No 4 - 'REASON FOR RECOVERY' *continued***

I had a Nervous Breakdown, triggered by Depression/(*anxiety*), like Wayne and I would describe it as **the most fascinating part of my life!** I'm still deducing and understanding things which occurred over this period. I got rid of the Therapists and I am not the only one to do so apparently. These Therapists were mainly Jungian psychologists who I thought were far, far better than the Psychiatrists I encountered much later, **AND I READ AVIDLY!** I recovered by choosing my own path, learning and applying this learning (*mainly Dreams*), and I've been questioned by very senior Psychiatrists and a retired psychologist about this knowledge. The retired psychologist asked me to SUMMARISE, the information I presented in **the 'letter'**, which developed into the file **<initiatoryFRAMEWORK.pdf>**. I sent this information around for some time then came web-site - **www.NaturalHumanDevelopment.com**

To surpass the enquiries directly preceding, I was questioned about what I'd been doing by the Hypnotherapist\* I was seeing early in my quest to recover (early 80s). At a FireWalk conducted by him in the late 80s he kept asking me the same Question, ***"What have you been doing?"***, and I kept giving him the same answer, ***"Dreams"***, over the evening! (*I think that he altered his therapy to incorporate Dreams - i.e. including treatment of the SUB-conscious Mind.*)

\* 4<sup>th</sup> Initiate - a "little" above someone with a degree and other bits-of-paper i.e. a Ph.D.

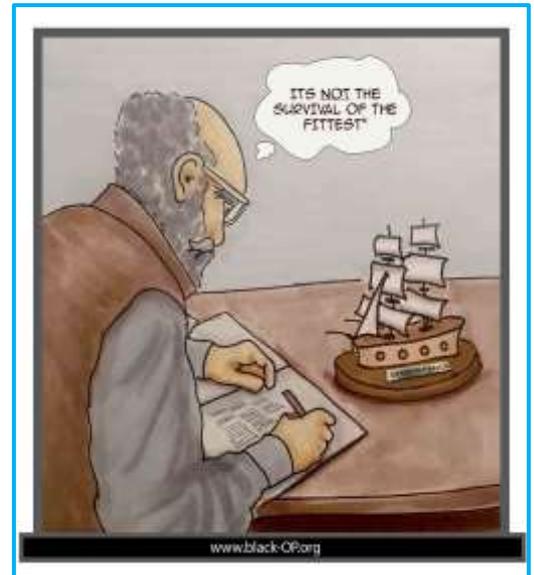
There are three others, **all with Ph.D.s**, who agree with me in that Mental Illness is a part of **Natural Human Development** - **Dr. Malidoma SOMÉ**, **Dr. Elzbieta PETTINGILL** and **Dr. Caroline MYSS**. The address of the following web-site says it all - **SUCCESSFUL schizophrenia!** Mental Illness is not a disorder - it's actually a **development phase everyone passes through eventually!**

**STATUTORY DECLARATION**

I've never actually seen a **Chakra!** **I've seen them represented on diagrams** - **that's all**. However, **John NASH, of "A BEAUTIFUL MIND" fame, has written 18 pages on "The Etheric Body"** and **the Chakras are supposed to be the links between the Physical Body and the Etheric Body.**

## “Black Hole” No 5 - ‘GENETIC ORIGIN OF MENTAL ILLNESS’

Another falsehood\* promoted by Psychiatry!  
A Schizophrenia sufferer in the UK, who is involved in running a self-help group called [Living With Schizophrenia UK](#), put forward the rationale why this ‘**GENETIC ORIGIN OF SCHIZOPHRENIA**’ is just plain silly – Schizophrenia would have been bred out if it was an unfavourable gene – [see second-last paragraph](#), **Point 10**. Take a bow [David BELL](#). Logic reveals Psychiatry for what it is – JUST **SILLY**!



- \* Psychiatrists, supporting the Genetic Theory for the increased likelihood of Mental Illness in a family when one family member suffers Mental Illness, have proven Charles DARWIN (and his good ship – HMS Beagle) wrong – *its not "survival of the fittest anymore?"*

## “Black Hole” No 6 - ‘WHAT’S THE CAUSE OF SEVERE & CHRONIC MENTAL HEALTH PROBLEMS?’

(see top of [Page 31](#))

When someone experiences a Severe and Chronic MENTAL HEALTH PROBLEM° the SUB-conscious Mind is “bubbling up”. Taking pills, or any other Medication, just calms the waters – the problem is still actually there and like any situation where the Genie needs to be let out of the bottle - proper care and guidance is advisable. SEE A **JUNGIAN ANALYST!** This fellow reveals that suffering from a S&CMHP° is actually [a development process to become a Shaman/Shamaness](#).

## “Black Hole” No 7 - ‘WHY IS IT COMMON FOR SOMEONE, WHO HAS A MENTAL HEALTH PROBLEM, TO HAVE DONE SOMETHING AMAZING?’

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The person is highly-developed – i.e. their central-torso to head Chakras have been/are being enlivened to a degree and this makes them able to accomplish amazing things! This amazingness, **after the person has recovered** from their Severe and Chronic MENTAL HEALTH PROBLEM (S&CMHP), [has already been known about for over 50 years](#) and also from correspondences between two (*deceased*) Psychiatrists – also see <[menningerSZASZletters.pdf](#)> (*~30 yrs ago*).

**"Black Hole" No 7 - 'DONE SOMETHING AMAZING' *continued***

That it was known there was a link between "madness" and "genius" is much, much older though and the file <[lack of Understanding.pdf](#)>, in the **QUESTION** column for Point 4, puts it back to [at least the time of Aristotle!](#)

I put forward that sometimes this amazingness is detectable **before** the person suffers from their S&CMHP. I'm one example of this. I won three National Sailing Titles (seniors) before I was 21. I didn't have my Nervous Breakdown (*Depression/anxiety*) until I was almost 30 years old! I have one major advantage over most Psychiatrists – I had the personal experience of a S&CMHP and had to get better to support my young family. It's called "lived experience" now and the problems I had with the (*mainly*) Jungian psychologists I think were partly due to me wanting to take charge of my recovery as much as possible. This "lived experience" was a long and painful process. I don't think that someone can be educated for this position and I would compare it to someone being taught how to climb Mt. Everest at university. Take my tip – use a Sherpa as your guide! In [Shamanism only the one who has healed herself/himself is the true healer](#). There is a like saying in medicine on the same line, "[Physician heal thyself](#)". **Shamanic Illness** is the term commonly used to describe this [phenomena](#).

In addition to this "lived experience" I read widely - particularly about [Metaphysics](#) and [Theosophy](#). So in addition to gaining the experience of what was occurring crucially I actually gained the knowledge of what was occurring. I do admit that my knowledge was somewhat sketchy until I was requested to SUMMARISE the information in [the 'letter'](#), by the retired psychologist who produced the Expert Evidence for me in the court case\*, against some of the public-hospital Psychiatrists from the Illawarra Region of NSW, Australia. The file <[initiatoryFRAMEWORK.pdf](#)> was the final product of the information in this SUMMARY/SpreadSheet from [the 'letter'](#).

\* In The Supreme Court of NSW, Common Law Division, File No 2012/237593

Another example of someone doing something amazing before they experienced their S&CMHP is [John Forbes NASH - Jr.](#) – of the film "**A Beautiful Mind**" fame. He produced that Game Theory for which

**“Black Hole” No 7 - ‘DONE SOMETHING AMAZING’ *continued***

he won a Nobel Prize, “In his early twenties, Nash was internationally recognized as a mathematical genius. While in graduate school at Princeton University he developed a brilliant new economic model about the ways that people and groups reach bargaining agreements. His fame increased as he worked as a young professor and an associate at the Rand Corporation. **N.B.** Apparently NASH shunned conventional treatment after 1971!

At the age of thirty, however, he developed delusions about getting messages from space and was diagnosed as having paranoid schizophrenia. In looking ..”

There are many others! Ian THORPE, “Buddy” FRANKLIN, Wayne SCHWASS, etc. – all **high ACHIEVERS**. I have only included male, Australian, mostly former champion sporting greats so far. My apologies for not including any women and other nationalities. Anyone is welcome to suggest the inclusion of especially female, non-Australian **high ACHIEVERS** from any category!

e.g.

**Britney SPEARS**

← →

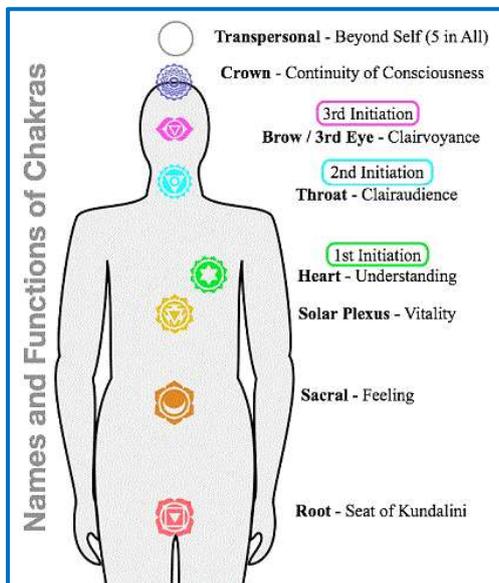
**Sinead O’CONNOR**

This **high ACHIEVERS** category includes those who haven’t yet recovered from their Severe and Chronic MENTAL HEALTH PROBLEM (S&CMHP). Three of the five ‘suffers’ from a S&CMHP haven’t recovered apparently. Ben COUSINS, the former West Coast Eagles star, is still causing problems. I very much doubt that Ian THORPE has fully recovered. Daniel CONN, high ACHIEVER # 4, is unlikely to have fully recovered also. If you inspect high ACHIEVER # 3, you’ll see that Carli FREIBERG “... was studying a Master’s Degree in English ...” – last sentence 3<sup>rd</sup> paragraph of second column.

**“Black Hole” No 8 - ‘WHAT IS THE ROOT CAUSE OF BIPOLAR DISORDER?’**

I think that everything associated with developing the SUB-conscious Mind is linked to enlivening the Chakras. During this process there is some instability and I propose that there is some fluctuation(s) either between these upper torso and head Chakras or within one or more of these Chakras.

**“Black Hole” No 8 - ‘..... ROOT CAUSE OF BIPOLAR?’ *continued***



This phenomena, the fluctuation(s) either within or between the three Chakras – the **Heart Chakra**, the **Throat Chakra** and the **Brow Chakra** – expresses itself as manic/depressive behaviour and it is that well known that a Disorder is named for it – **BiPolar Disorder!** You’d think that some Psychiatrist using a research grant or a student of Psychiatry at university in his/her thesis, would have studied this commonly-known BiPolar phenomenon and gained insight into its origin(s)!

I remember feeling up for a very small time and then I’d immediately crash into Depression and others have spoken of this too. Psychiatry already has a term for someone at the other positive, extreme end of BiPolar Disorder – its called **Hypermania!**

These psycho Psychiatrists actually have another term in this category – Hypomania (*which is Hypermania without the negative psychosis and where the person is often more productive*). **All of this is just useless jargon actually because the problem stems from the SUB-conscious Mind and this is what’s needed to be addressed!**

**“Black Hole” No 9 - ‘WHY DO PEOPLE EXPERIENCING A SEVERE & CHRONIC MENTAL HEALTH PROBLEM (S&CMHP) HAVE PANIC ATTACKS?’**

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I’ve experienced them and they are paralysing. I was asked about them, by the Psychiatrist Dr. Barbara SINCLAIR\*, when I was press-ganged\*\* by the police to the public hospital ‘healing centre’ - Elouera West at Shellharbour Hospital, NSW, Australia.

\* I can use Dr. Barbara SINCLAIR’s name although the NSW Mental Health Act 2007 expressly forbids it, because my incarceration was not conducted under this Act, it was a wholly illegal affair!

\*\* press-ganging - forcing men into military service without notice, was practiced by the Royal Navy in the 19<sup>th</sup> Century

**"Black Hole" No 9 - '... S&CMHP – PANIC ATTACKS?' *continued***

Dr. Barbara SINCLAIR, asked me about their length and my answer was, **"After 20 minutes they began to diminish."** In the Medical Records Dr. SINCLAIR has recorded, **"30 minutes"**. I've previously disputed that Psychiatry is a science at all but this Psychiatrist doesn't even appear to be a good note-taker! I'd estimate that it was almost 1 hour before I was back to normal from the start of my Attack Attacks. I've read of one amazing Panic Attack on an [American BiPolar blog, Paul](#), December 14 in 2014. An excerpt from the account follows. **"In 1986, my girlfriend ..... *"you will be the one"* ..... and it came down in buckets. ...."** I'm envious – my Panic Attacks weren't anything like this interesting! I'd just have to lie on my side in the half-foetal position and endure the severe discomfort and wait for it to pass.

I have read on the internet that enlivening the **Throat Chakra** (see figure following) is even more troubling than enlivening the **Brow/Third Eye Chakra** because the **Throat Chakra** is the more powerful of the two! I have also read on the internet that **Panic Attacks** occur when the **Throat Chakra** is being enlivened. My Panic Attacks occurred soon after my Mental Health Problem came to a head and this fits with the internet sources of information. They also lasted bang-on 20 minutes before they'd begin to diminish!

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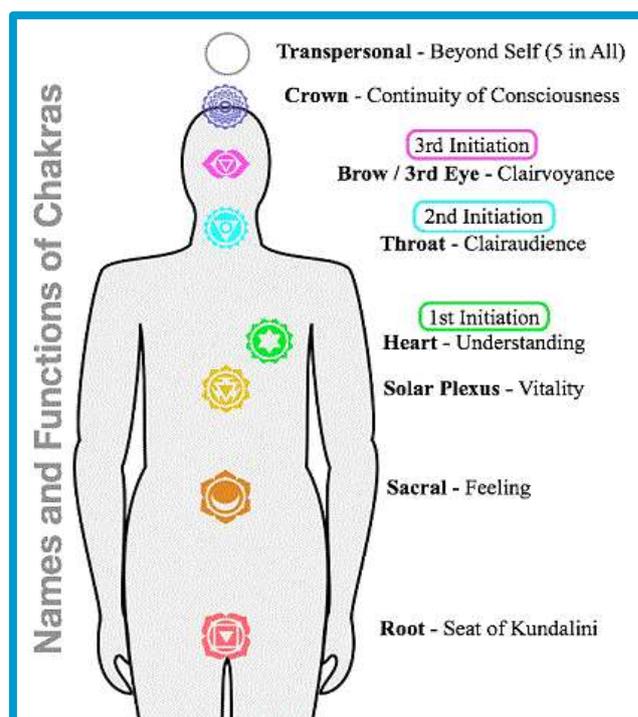
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**"Black Hole" No 9 - '... S&CMHP – PANIC ATTACKS?' *continued***

Enlivening the **Solar Plexus Chakra** allows the person to be more capable because they can exert greater intent, and this is often expressed physically, and is one of the the reasons that someone who has enlivened their **Solar Plexus Chakra** is good/exceptional at sport or some other achievement – see **"Black Hole" No 7** ([Page 11](#)). Their other Chakras, above the **Solar Plexus Chakra**, have obviously been enlivened to a degree and so this amazingness may spill over into other fields of endeavour.

The abilities of the higher Chakras - i.e. **Heart**, **Throat** and **Brow**, are best dealt with by inspecting the file <[initiatoryFRAMEWORK.pdf](#)>. *Research shows that Psychiatry exists all on its lonesome!*

**"Black Hole" No 10 - 'MAINSTREAM PSYCHIATRY IGNORES THE SUB-CONSCIOUS MIND'**

The problem with Psychiatry is that it does not understand what causes what I term a Severe and Chronic MENTAL HEALTH PROBLEM (S&CMHP). Their collectivisation of symptoms (actually effects), into disorders, does not identify the **cause** and therefore everything that follows this initial oversight is simply silly!



**Carl JUNG** – "Until you make the unconscious conscious, it will direct your life and you will call it fate."

These S&CMHPs\* all source from the **SUB-conscious Mind** and the remedy therefore involves the **SUB-conscious Mind**.

**Dreams, Meditation, Art/s Therapy, Hypnotherapy, Sandplay and Guided Imagery/Relaxation** are all valid techniques to address this issue.

\* Severe and Chronic MENTAL HEALTH PROBLEMS

“Black Hole” No 10 - ‘... **IGNORES THE SUB-CONSCIOUS**’ ***continued***

These S&CMHPs source from the **SUB-conscious Mind** and the remedy therefore involves the **SUB-conscious Mind**. **Dreams, Meditation, Art/s Therapy, Hypnotherapy, Sandplay and **Guided Imagery/Relaxation** are all valid techniques to address this issue.**

For those that actually understand the Recovery Process from a Severe and Chronic MENTAL HEALTH PROBLEM (S&CMHP), and there are very few, they know that the S&CMHP **actually presents an opportunity to access increased Mental Power** with the personal benefits and responsibilities associated with this progression. My recovery was hugely influenced by me assiduously recording my Dreams and attempting, in most cases successfully, to interpret these Dreams. It’s quite a detailed process and very time-consuming but the independence I gained from doing this was hugely beneficial and gave me great purpose in life!

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“**Black Hole**” No 11 - ‘**ANY OUTCOME/EVENTUALITY DIFFERING FROM STANDARD PSYCHIATRY IS IGNORED**’

I’ve never met people like these Psychiatrists before! When something other than what they’ve predicted eventuates my experience with them is that they just stay on their standard line! There is no shifting of ground and they just insist that their evaluation/‘clinical examination’ is correct. I think that they should be put up against a “Z” grade psychic and when they are found to be wanting they are simply dismissed from the courtroom. REALITY SEEMS TO COME A VERY DISTANT SECOND TO THEIR APPRAISAL! “**You Can Have Any Kind of Treatment You Want, Providing it’s Our Kind.**” *Individuality is **verboten!***

Another example of this fixation with their standard belief system is provided by correspondence between two, now-deceased, Psychiatrists. The Psychiatrist, Dr. Karl MENNINGER, reported to another Psychiatrist - Dr. Thomas SZASZ, in a letter 28 years ago - <[menningerSZASZletters](#)>, that some patients made **spontaneous**

“Black Hole” No 11 - ‘... **DIFFERING FROM PSYCHIATRY** ....’ *continued*

**recoveries** for which he could ascribe no reason - see yellow-highlighted paragraph of the [page linked to](#). Dr. MENNINGER plainly did not understand the **cause** of these patients not only recovering but progressing to a mental condition improved from their pre-mental health problem and the term **“Weller Than Well”** came into the lexicon. BUT AT LEAST HE UNDERSTOOD THIS OBSERVATION WAS WORTH HIS ATTENTION! It appears that the research was never completed by those who should have been interested with this observation – i.e. Mainstream Psychiatry didn’t further the research! The simple answer is that **INITIATION** took place – and this is the reason for the **“Weller Than Well”** Recovery!



**"Black Hole" No 12 - 'THE COST OF MENTAL ILLNESS'**

**OUR POOR TREATMENT OF MENTAL ILLNESS IS COSTING US**

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11<sup>th</sup> Paragraph down from top

"The Organisation for Economic Co-operation and Development estimates that the average overall cost of mental health problems to developed countries is about 4 per cent of GDP. In Australia, this would equate to more than **\$60 billion a year**, or **about \$4000 for each person who lodges a tax return**, or **more than \$10,000 a family**."

6<sup>th</sup> Paragraph down from top to and including 9<sup>th</sup> Paragraph down from top

"..... It was raised in a noteworthy speech to the National Press Club by Professor Allan FELS, now **chairman of the National Mental Health Commission** ....."

FELS' point was that we've been making a hash of Mental Health for ages, but that if we got our act together, we could not only reduce the misery of up to 3.7 million Australians, but eventually do everyone else a favour.

FELS is, of course, a professor of economics. So he spoke with authority when he argued that mental health is not just a significant social issue – although that should be enough to make us pay attention – it's a significant economic problem as well!

"Mental health is a significant problem for our economy – as significant as, often more significant than, tax or micro-economic reform," he says. (More significant than tax? Not possible.)"

excerpted from [The Sydney Morning Herald](#)\* - Wednesday, August 12, 2015

\* Australian newspaper

Ross GITTINS - Economics Editor

## **“Black Hole” No 13 - ‘CONFLICT-OF-INTEREST’**

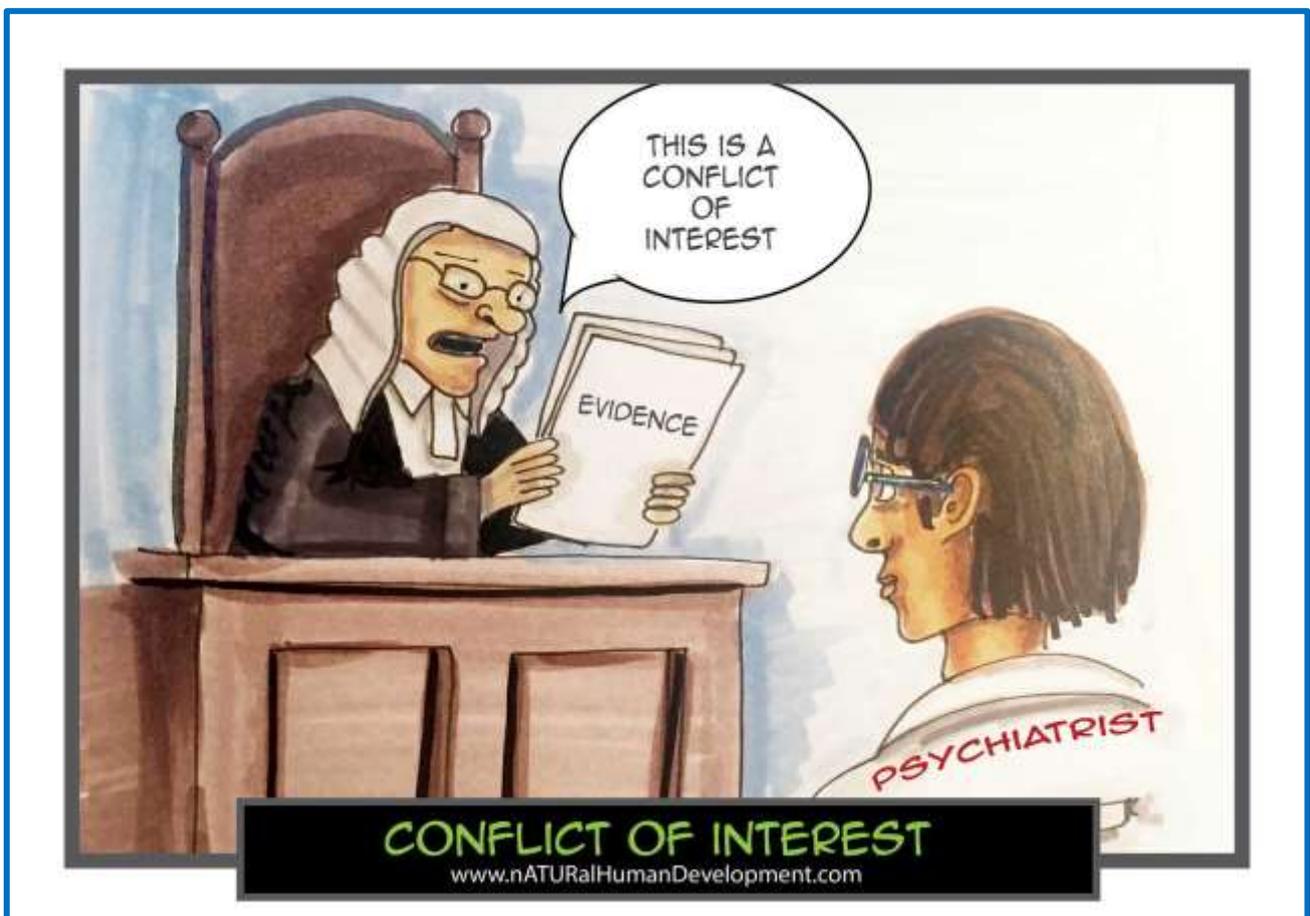
***It’s so obvious!*** These Psychiatrists are in the position of being charged with taking care of a person’s well-being forcibly, through **Involuntary Admission**, as well as forming an opinion on their mental fitness for release into society. When these Psychiatrists are ‘interviewing’ someone which role are they in?

- 1/ the Patient’s Therapist OR
- 2/ the witness to supply Expert Evidence to the court examining the fitness for release into the community.

This is a VERY blatant ‘Conflict-of-Interest’!

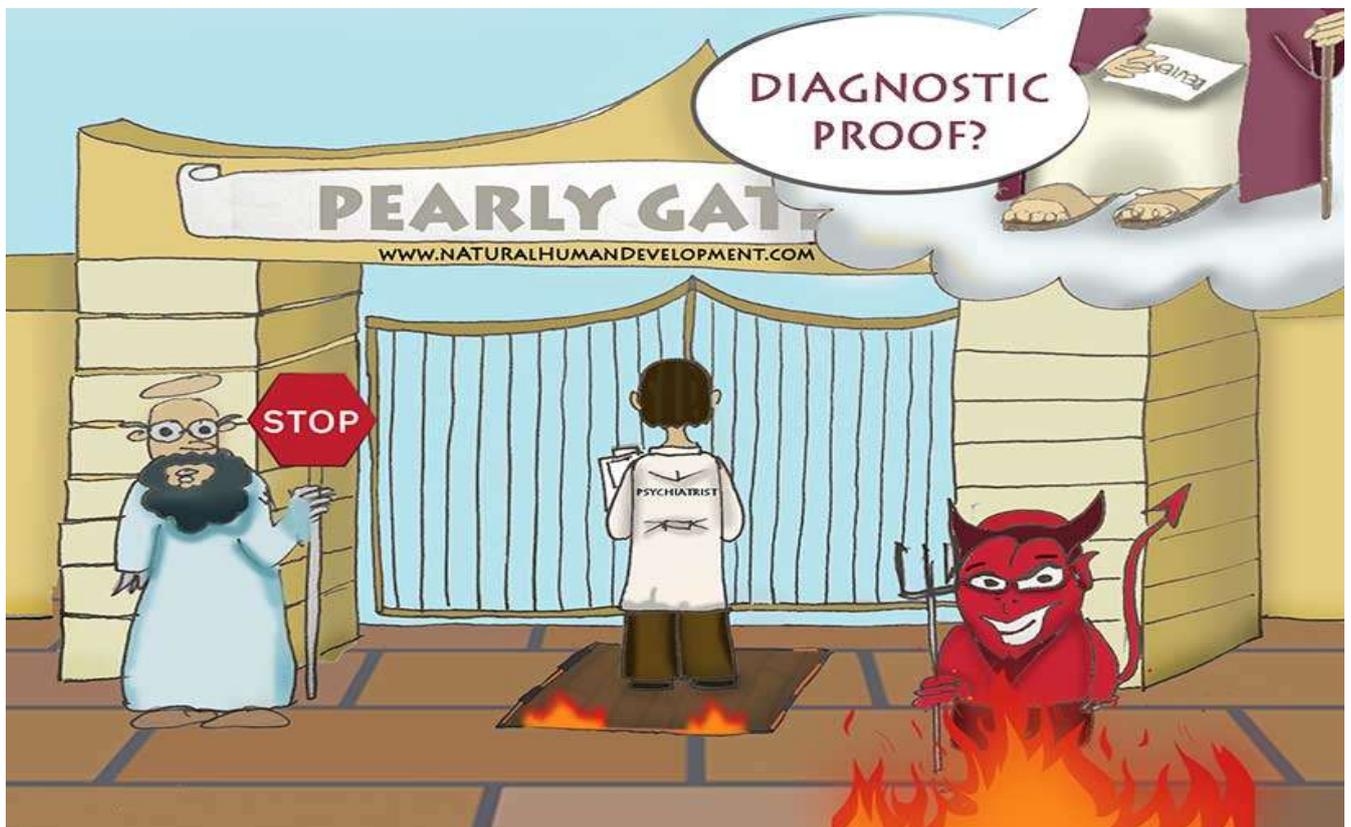
[return to Table of Contents](#)

I don’t believe that this ‘Conflict-of-Interest’ point has been even raised in any court around the world. Also think that this is an indictment on our courts and also a comment on either the Lack of Ethics in Psychiatry or the elementary knowledge-base or reasoning of any Psychiatrist!



## **"Black Hole" No 14 - 'DIAGNOSTIC PROOF?'**

Psychiatry works this **swifty** where is diverts from an OBSERVATION AND/OR ADMISSION FROM THE PATIENT straight to a 'Diagnosis'. It achieves this by utilising its **Book of Magic Tricks** called the DSM-5, the **Diagnostic and Statistical\* Manual of Mental Disorders**. Once this 'Diagnosis' is arrived at then of course these SCAM ARTISTS just simply agree with one another and with this solidarity no chinks in the armour are normally apparent. \* I think that the only **Statistics** in their "Bible" are the the count of hands for each 'Disorder'!



The main problem with Psychiatry is that CAUSE AND EFFECT reasoning is not followed. Their observations and admissions from the patient, which they call symptoms, are actually EFFECTS in science. Everyone knows that EFFECTS have a CAUSE and once this CAUSE has been deduced or arrived at then the correct PROCEDURE can be decided to properly deal with the CAUSE(S)! Psychiatry does not bother to track back to the CAUSE and hence the efficacy of their Diagnoses, and their proposed treatment, are entirely suspect and in most cases damaging! Therefore to say Psychiatry is flawed from the outset is quite conservative – **PSYCHIATRY IS AN ABOMINATION!**

“Black Hole” No 14 - ‘DIAGNOSTIC PROOF ?’ *continued*

SO YOU UNDERSTAND HOW THE SCAM WORKS

1. Publish **meaningless data** and act as if it is factual.
2. Get media support for this **“Repeat Business”**\*.
3. Develop this jargon that **Gert POSTEL\*\***, the guy who posed as a Psychiatrist for 18 months, called **“Linguistic Actrobatics”**.

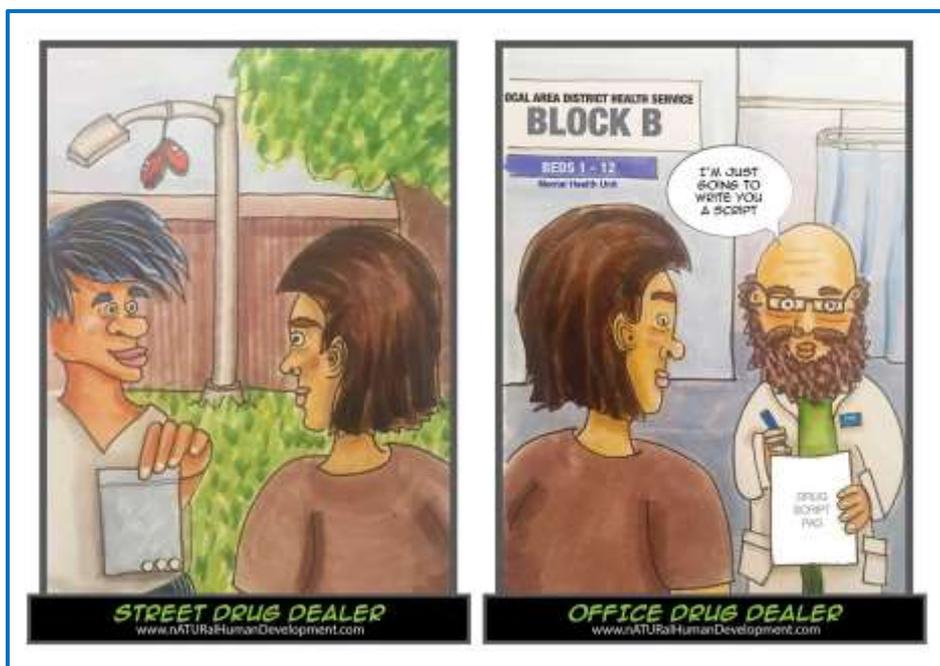
\* I’ve also seen it called **“Revolving Door Syndrome”** – if you don’t cure them they have to come back! With Psychiatry **The Hippocratic Oath** seems to be totally ignored!

\*\* **Gert POSTEL**, a postal worker, successfully posed as a senior Psychiatrist for 18 months! **Get this** – he was found to be deficient in his duties as a Psychiatrist – NO someone from his home-town dobed him in, **“He used to deliver the mail!”** These silly PSYCHIATRISTS actually gave him a rave-review and promoted him! Is there anything sillier than Psychiatry?

**“Holy Grail”**

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Psychiatry has its “BIBLE” – or claim to infallibility not quite yet! Psychiatry is very subjective and relies on this so-called expert coming to a ‘diagnosis’. The way this determination is proven is that **another Psychiatrist** provides his or her opinion! The best that Psychiatry can be called is a sort of ‘in-house’ science. This **fMRI scanner** test for the legal term **mens rea**, or whether or not someone knew that they were breaking the law may get Psychiatry out of this ‘in-house’ science category. I have an idea that it will **end up being like a Lie Detector Test** – most countries don’t accept Lie Detector Results in court!



## **points against Psychiatry and DISCUSSION**

Psychiatry should go the same way as the now-discredited **Phrenology**. Phrenology was a concoction created by a MEDICO (physician) with its primary focus being on 'interpreting' measurements of the human skull. Just as in Psychiatry there was no actual science involved and Psychiatry should be consigned to the Trash Bin also!

***Fundamentally Psychiatry does not follow cause-and-effect reasoning!  
[symptom(s) is/are effect(s) but what's the cause(s)?]***

There is therefore no scientific foundation to Psychiatry!

**“Third World Countries have better RECOVERY RATES  
for Mental Illness than 1<sup>st</sup> World Countries!” - Google**

When Psychiatry can be KOed this simply what's going on? Any status Psychiatry has is therefore undermined because the proof of the effectiveness of Psychiatry is in the production of a worse result where it holds sway!

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### **The DSM and the Medical Model**

If you want to go on a “Wild Goose Chase” ask for ‘The Medical Model’. Ask a so-called Expert on Mental Health this question and you're bound to be given the run-around!

The great problem with Psychiatry is that there are **no Diagnostic Tests to confirm their classifications of the type of Disorder the patient is suffering from!** The even BIGGER problem is that the type of Disorder diagnosed is absolutely irrelevant for the proper treatment of the patient – it does assist the Psychiatrist in prescribing the pills though – all he/she needs do is look at the label on the pill bottle! PROPER TREATMENT is to delve into the SUB-conscious Mind – refer the Severe and Chronic MENTAL HEALTH PROBLEM (S&CMHP) sufferer to a **Jungian Analyst!**

### **failed Petition to the UK Government and Parliament**

- created by James F. R. WRIGHT

**[Update Psychiatric Diagnosis Procedures so they are accountable & evidence-based](#)**

Psychiatry is under criticism for its subjectivity and accountability. Brief crises are defined as lifelong conditions. There is no recognition of this ambiguity. Complaints are seen as symptoms. Patients are misunderstood or slandered. Pessimism of working in a Hospital causes Confirmation Bias. Psychiatry

**points against Psychiatry and DISCUSSION'** **continued**

in its present form is based on a one-to-one interview that is then written up from the memory of the person who conducted the interview. This leaves a lot of scope for misrepresentation, and hard evidence such as videotape is not used. Nor is there group inter-rater reliability, but instead the creation of a "United Front" of Professional Vanity to prevent criticism.

- "[On being sane in insane places](#)" David ROSENHAN;
- "[The Psychopath Test](#)" Jon RONSON;
- "[The Stanford Prison Experiment](#)" Philip ZIMBARDO.

**Likelihood of Offending**

"[The Milgram Experiment](#)"

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[Introduce mental health education to the national curriculum](#)

[Give military veterans priority housing and mental health care](#)

[Mental Health Legislation](#)

[Stop Cutting Essential Mental Health Services in the UK](#)

[Abolish psychiatric electroconvulsive therapy – ECT - electroshock to the brain](#)

**inconvenient Statistics**

[Research Paper – Aust. Inst. of Criminology](#)

"[rare for psychiatrists to predict future violence with a better than 33 per cent accuracy](#)" – 4<sup>th</sup> para  
lead researcher Jillian Peterson, PhD. "[The vast majority of people with mental illness are not violent, not criminal and not dangerous.](#)" - 3<sup>rd</sup> para  
"[The authors suggest that a casual inference about mental illness and violence may yet be hasty.](#)"

**SANE**

[Search](#)

**Open Dialogue** - *getting the best results in the developed world !!!*

**SOTERIA**

**ISPS UK**

**ISPS International**

Psychiatrists and Psychiatry are not the only ones to make a mistake(s) with regard to Mental Illness OR what I call a Severe and Chronic MENTAL HEALTH PROBLEM (S&CMHP). Mental Illness/S&CMHP is the means by which the mind improves its functioning and thereby causes someone to be Initiated. Two authors who have made this mistake are **Richard HARVEY** and **Paul LEVY**.

There are some others who understand that Spiritual Emergence only comes through Mental Distress and the Continuing Education for Mental Health Professionals serves quite a purpose – **Spiritual Competency Resource Centre**. A Psychiatrist, Dr. Nicki CROWLEY, has written a scientific research paper on '[Psychosis or Spiritual Emergence? - Consideration of the Transpersonal Perspective within Psychiatry](#)'. It won an award from The Royal College of Psychiatrists.

A seminar which exposes some of the flaws in Psychiatry – **Putting the Soul back into Psychiatry**.

**The Case Against Psychotherapy**

Jeffrey MASSON – **AGAINST THERAPY**

**NDE → Shamanism**

J. Edwin PINK - B. Met. (technology) **AND (short-term) PSYCHIATRY SURVIVOR !!**

E-mail: [pinkii \[at\] aapt.net.au](mailto:pinkii[at]aapt.net.au)

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### **Files referred to**

<[initiatoryFRAMEWORK.pdf](#)>  
<[1<sup>st</sup> 2<sup>nd</sup> + 4<sup>th</sup> Initiations.pdf](#)>  
<[Shine a Light on Depression.pdf](#)>  
<[the 'letter'.pdf](#)>

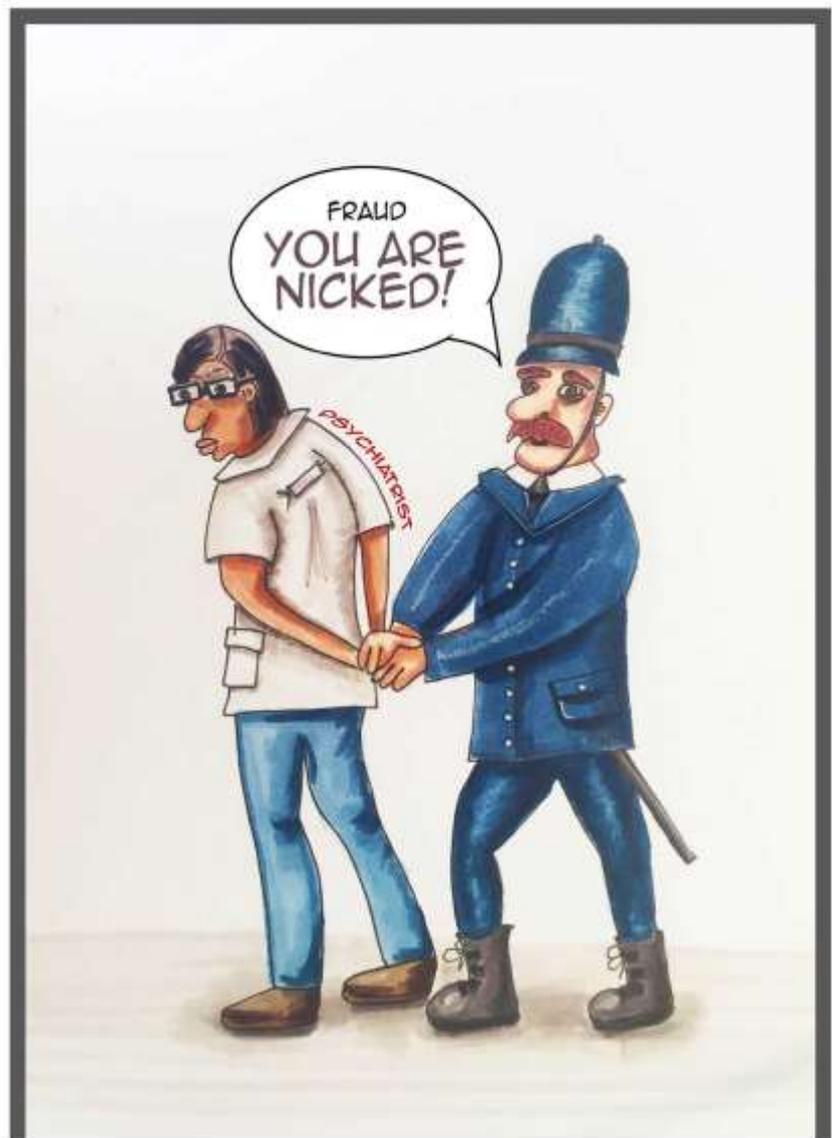
Pages 6,7,7,8,10,12&16 <[menningerSZASZletters.pdf](#)>  
Page 7 twice <[lack of Understanding.pdf](#)>  
Pages 8 & 9 <[MINDACTIVATORS](#)>  
Pages 10 & 12 twice <[TIMELINE.jpg](#)>  
<[involuntaryADMISSION.pdf](#)>

Pages 11 & 17  
Page 12  
Page 13 twice  
**Page 35**  
**Page 37**

It will be a Lawyers Picnic and these Psychiatrists will be involved in that many court cases that the Asbestosis Court Cases will seem quite tame in comparison!

Quite clearly Psychiatry is FRAUD and people should be outraged that this form of Medical Fascism has been allowed to flourish!

**"Third World Countries have better RECOVERY RATES from Mental Illness than 1<sup>st</sup> World Countries."**



**FRAUD**

[www.nATURalHumanDevelopment.com](http://www.nATURalHumanDevelopment.com)

## **BREAKING NEWS**

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### **COURT CASES**

[In British Columbia, Canada, the Attorney General for this state is the defendant in a court case concerning Human Rights.](#) [Mary Louise MacLaren, one of the plaintiffs, has received approximately 300 ECT 'treatments' - Amended!](#) [The musician, D.C., and the Council for Canadians with Disabilities are the other two plaintiffs.](#) **Psychiatric Refugee!**

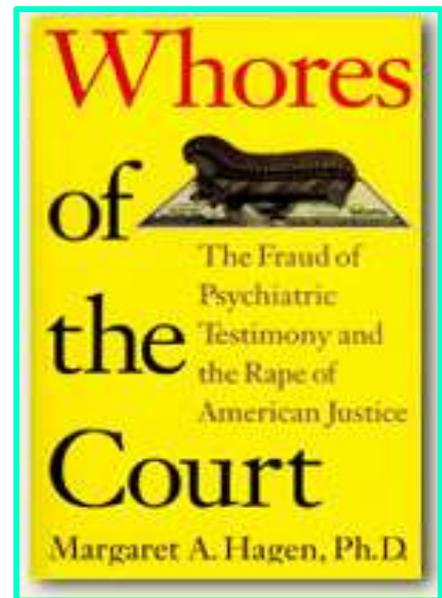
After ECT has been tried on someone a few times, and the 'problem' recurs, why would the treatment be repeated? I know the term "maintenance ECT" can be used to indicate that 'proper treatment' needs on-going upkeep but the suffering of the patient/victim has been over-ridden! The Psychiatrist's bank balance has been topped-up though. **Class Action court case!**

[and another](#)

[Medical Consumers Assoc. - NSW](#)

**[International Protest Against Electroshock](#)**

**[\\$3 million compensation awarded](#)**



**[Whores of the Court](#)**

[ECT damage](#)

Petition to UK Government and Parliament

**[Abolish psychiatric electroconvulsive therapy](#)**

**[anti-Psychiatry Scholarship](#)**

**[Capacity to Refuse anti-Psychotic Drugs](#)**

**[Australian Genetics of DEPRESSION Study](#)** – see top of [Page 11\\*](#)

\* this file <14\_'Black\_Holes'b.docx>

[no link between genetics and the occurrence of depressive symptoms](#)

[Finger-prick test takes guesswork out of selecting an antidepressant](#)

[Psychiatrist taped at interview – withdraws from the case!](#)

“Former cop Mick McGann .....” (first ranking)

[Abolish psychiatric electroconvulsive therapy – ECT - electroshock to the brain](#)

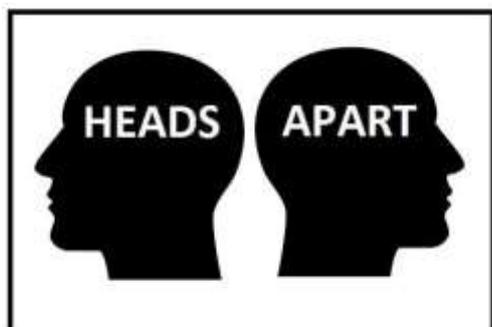
**[Involuntary](#)** Electro-Shock has been banned by an Israeli District Court Judge!

***BREAKING NEWS***     ***continued***

[Speak Out Against Psychiatry](#)

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**Speak Out Against Psychiatry**



[Heads Apart protest](#)

– Hyde Park corner, LONDON

23/4/2017

**ANTI-ECT PROTEST**

Shocking Teddy

central London

16<sup>th</sup> May, 2015



**Network**

**Against**

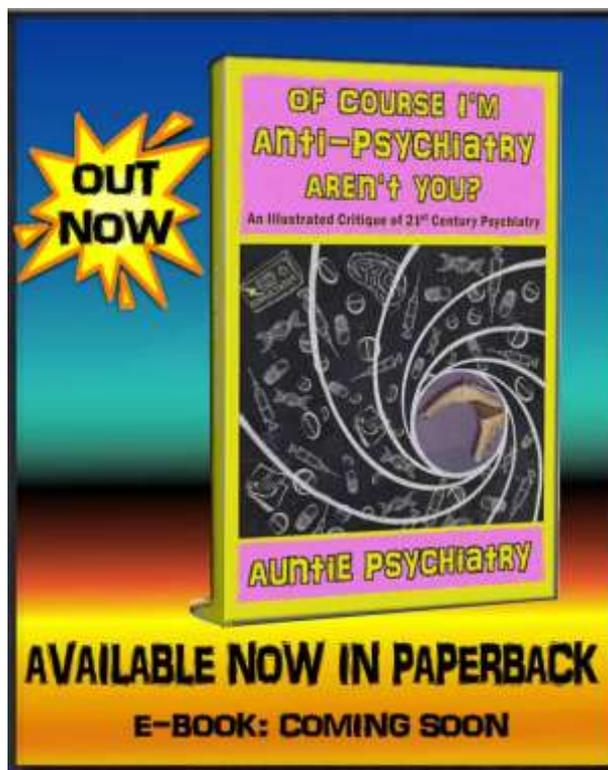
**Psychiatric**

**Assault**

**BREAKING NEWS**

**continued**

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**[Auntie Psychiatry](#)**



**[Indirect Cost Estimate of Mental Illness](#)**

**[Psychiatry's Troublesome History: How Far Have We Come?](#)**

**[Violence? and Mental Illness](#)**

**[ADHD study](#)**

**[DRUGS](#)**

**Psychiatric abuse**

**Carl JUNG - CHAKRAS**

**fleeing from British Columbia**

- [Psychiatric refugee](#)

**TRANSCENDENTAL APPROACH TO SCHIZOPHRENIA**

someone undergoing the mental stress to become a Shaman(ess)

[Schizophrenia sufferers](#)

**Shamanic path**

[Shamanic Initiation and the Legacy of Suffering](#)

(wounded healer)

**Dead Men Walking: Shaman Sickness**

**Placebo effect**

[Drug Checklist](#)

**POISONOUS PILLS**

- the web-site is critical of anti-Psychotics

**Selective Serotonin Reuptake Inhibitor Side-Effects**

[Near-Death Experiences and DSM IV](#)

**Has Psychiatry Gone Uniquely Astray?**

[King's University College - SHAMANISM](#)

[Shamanic Crisis](#)

[Jungian Psychiatrist – John Weir PERRY](#)

["The Far Side of Madness"](#)

["To my amazement the imagery of schizophrenic fantasy perfectly matches that of the mythological Hero's Journey."](#) - Joseph Campbell

[Mental Health Disasters](#)

[Local](#)

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“The future shaman sometimes takes the risk of being mistaken for a "madman"... but his "madness" fulfils a mystic function; it reveals certain aspects of reality to him that are inaccessible to other mortals, and it is only after having experienced and entered into these hidden dimensions of reality that the "madman" becomes a shaman.”

a **SHAMAN** is a **3<sup>rd</sup> Initiate**  
OR  
holder of the  
**1<sup>st</sup> MAJOR Initiation**

**Shamanism:**  
**Archaic Techniques of Ecstasy**  
Princeton University Press, 1951, Page 107.  
by Professor Mircea ELIADE

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**Less Than 7% Get Proper Treatment**

# Medibio on a mission for mental health

**EXCLUSIVE**

SARAH-JANE TASKER  
BIOTECH

Jack Cosentino says he is an “impatient CEO” and the hectic pace he has set in his first five months as head of biotech Medibio — overhauling management, refreshing the board and sacking unwanted shareholders — backs that description.

The chief executive of the Australian-listed company says the aggressive pace will continue because he plans to deliver what will be the “largest mental health company on the planet”.

“I’ve done a lot of projects in healthcare but for my board and I this one is very personal — it’s mission driven,” he said.

“I believe patients are dying in huge numbers and it is time for someone to step up to the plate



HOLLIE ADAMS

**Jack Cosentino has overhauled the company he leads**

and address it. Our team is extremely aggressive because we can’t take this lightly.”

Medibio, which recently added US swim star Michael Phelps and former US congressman Patrick Kennedy to its

board, has developed a test to diagnose depression, chronic stress and other mental health disorders. The test uses technology based on research conducted over 15 years at the University of Western Australia. It uses panel

circadian, sleep and autonomic system biomarkers to objectively quantify and characterise mental illness.

US-based Mr Cosentino says the statistics are startling. A person commits suicide every 40 seconds due to mental illness. One in four adults will have a mental illness in their life and of 350 million patients who present with a mental illness, less than 7 per cent get the care they need.

The spend in Australia to treat depression alone is \$12.8 billion and in the US it is about \$95.8bn.

“I’m an impatient CEO because we are here to deliver big changes and big solutions,” Mr Cosentino says. “This is not a gimmick. This is about the ability to see things that are not being presented today and changing the standard of how it is delivered.”

“Relative to Australia, this company will become the

*Continued on Page 22*

*The Australian • 26/7/2017 page 19*

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## **NOTES**

In the scientific world there is the principle of cause and effect. What Psychiatry has done is identify the effects (*symptoms*) and then has collectivised these symptoms into what it classes as disorders. The cause of the problem has not been identified and therefore Psychiatry is irretrievably flawed from this point onward! - i.e. Psychiatry "treats the symptoms" but fails to address the source of the problem(s).

(referred from the middle of [Page 11](#))

I don't use these DSM-5 type classifications. I say the person is suffering from a Severe and Chronic MENTAL HEALTH PROBLEM (S&CMHP) because the treatment is always the same – treat the SUB-conscious Mind or seek treatment from a Jungian Analyst/therapist.

To me these Psychiatric Classifications are about as useful as a nurse at the Emergency Unit inquiring, "***What type of implement was he stabbed with?***", when the person is bleeding out. The quicker either one or both of the following is accomplished, applying a tourniquet upstream of the wound or direct pressure to the wound, the better!

No matter what the Serious and Chronic MENTAL HEALTH PROBLEM (S&CMHP) is diagnosed as proper treatment is always the same – TREAT THE SUB-CONSCIOUS. Having a consultation with a [Jungian Analyst](#) would be a good start.

## **HEARING**

(referred from the middle of [Page 5](#))

I believe that what is considered the normal method of 'hearing', where the sound waves move the eardrum and this causes that bones in the ear transmit the vibration to the nerves and create electrical signals to go to the brain - "The Pantomime". I think that sound is directly "heard" by the brain and so the actual method of hearing does not change when someone becomes ClairAudient. The brain's perception is simply improved to make what was previously undetectable detectable similar the way a dog's hearing is understood to work where they can hear outside a human's normal audible range.

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**UNITED NATIONS HUMAN RIGHTS**

Article 12

Convention on the Rights of Persons with Disabilities

**torture**

**Article 15 - Freedom from torture or cruel, inhuman or degrading treatment or punishment**

1. No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his or her free consent to medical or scientific experimentation.
2. States Parties shall take all effective legislative, administrative, judicial or other measures to prevent persons with disabilities, on an equal basis with others, from being subjected to torture or cruel, inhuman or degrading treatment or punishment.

Countries which are signatories to this convention on Human Rights must (or are supposed to) ensure that the person(s) with a disability, in this case a (supposed) Mental Disability, are not subjected to torture or to cruel, inhuman or degrading treatment or punishment. Psychiatry is therefore about treatment, one would think, and therefore there should be no objection from this 'profession' that they guarantee their work! I have prepared a **GUARANTEE** (following) to save them from all of the trouble of doing it themselves!

**CAST IRON MONEY-BACK GUARANTEE**

I, ..... (Psychiatrist), guarantee that I can cure Mr/Mrs/Ms ..... (patient/victim) and if I can't then I will refund all of the money I have milked from him/her so that I will not make it seem like my profession is just a lucrative 'Money Mill' and so the patient/victim will be able to afford to have consultations with a capable professional in the Mental Health Field - i.e. someone who can address the issues(s) in the **SUB-conscious Mind**, where the Serious & Chronic MENTAL HEALTH PROBLEM (S&CMHP) is originating.

[\*\*www.NaturalHumanDevelopment.com\*\*](http://www.NaturalHumanDevelopment.com)

I'm sure that there should be no problem at all with any Psychiatrist **GUARANTEEING** their work - AFTER ALL PSYCHIATRY IS ETHICAL - **ISN'T IT?**

## **for a bit of humour**

I think that Psychiatrists suffer from what I'd term '**Diagnosis Disorder**' in that everybody (*bar themselves*) suffers from some sort Mental Illness and they are the only ones capable of correctly determining the type of disorder!

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### **'THE MEDICAL MODEL'**

Ask for a copy of 'The Medical Model' from the authorities. So far I've had two different answers. One was, "***Look it up on the internet.***"

Another answer, from the NSW Head Office, was that each individual Local Health Area has its own 'Medical Model' and these individual 'Medical Models' are tailored to each particular client. In the second answer you can see that Head Office doesn't have its finger on the pulse. I can't understand any reason for the existence of Head Office other than keeping its employees off the dole queue! It doesn't take long to "set the cat amongst the pigeons" with Psychiatry!

I allege that 'The Medical Model' consists of just three words - 'The Medical Model' - and they make the rest up as they go along! 'The Medical Model' in [POISONING](#) the patient(s)/victim(s) chemically as well as [restructuring their brain\(s\)](#) - see MAD IN AMERICA, "The Case Against Antipsychotics" - Page 15. In practice 'The Medical Model' results in full employment for Psychiatrists and psychiatric nursing staff because in the rare case(s) that someone is cured from the Mental Illness and therefore along with new patients/victims there is an ever swelling number of people needing 'care'!

### **DSM-5**

I have a suggestion for "**The Psychiatrist's Bible**" - DSM 5. I think that they should add another disorder to their list of disorders to make the future DSM-6 consist of 375 disorders all up! The Disorder I suggest that they add is 'BREATHING DISORDER' and then the "diagnosis" would be really fast in that the finer points for any "diagnosis" wouldn't need to be pondered over - just apply this 'BREATHING DISORDER' catch-all. (*This is done already with the Schizophrenia catch-all!*)

I think that I'll look up Psychiatry in the Library. I'll start in the Fiction Section!

On examining Psychiatry it doesn't take long to understand that the mantra they "treat the symptoms" applies. It's like if a fireman aims the stream of water at the flames – he'd get the sack in about 30 seconds! The same should happen to Psychiatrists.

**I regard experiencing and recovering from a Severe and Chronic MENTAL HEALTH PROBLEM (S&CMHP) as a process like teething in babies, there is considerable discomfort at the time, but after the process is complete the baby can eat solid foods AND with respect to recovering from the Mental Illness the person increases their productivity, expands their life and their horizons. They also develop new talents, new powers and new effectiveness. (2<sup>nd</sup> paragraph)**

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## **JOKE**

**Q/** What is the difference between a Z-grade psychic and a Psychiatrist?

**A/** The Z-grade psychic is likely to be more POSITIVE!

### **CERTIFICATE OF ACHIEVEMENT**

**CONGRATULATIONS** ..... (Mental Health Patient's name),  
you have recovered from your Serious and Chronic MENTAL HEALTH PROBLEM (S&CMHP), and you are awarded this certificate as acknowledgement of Your Astonishing Achievement!

signed: ..... (therapist)

***N.B. I have never seen such a Certificate!***

**Psycho-Babble to Normal Everyday Language Translation Table**

Elevated	happy – psychiatric personnel use this term as if there’s a problem!
<p>UNWELL</p> <p><a href="http://www.sillyPsychiatry.com">www.sillyPsychiatry.com</a></p> <p><a href="#">return to Table of Contents</a></p> <p><a href="http://NaturalHumanDevelopment.com">NaturalHumanDevelopment.com</a></p>	<p>a term used by nurses, who are <u>obviously instructed to avoid DSM-5 terminology*</u>, but too vague for me to bother to define      * otherwise what need would there be for Psychiatrists?</p> <p>I was termed as “UNWELL” by this expat. Scot, Tom, who I think was Head Nurse at the Wollongong Community Mental Health Team (WCMHT) because of this file! He wanted to visit me at home on Thursday, which is the day the Local Court holds the hearings for fitness for release into the Community I suspected, and I said “NO!” I went back into the WCMHT again the next day and told Tom that I didn’t want them to come around Thursday because I thought that they still might do so. My trust in them is that low! Even after this second refusal I was still scared that they’d come and visit but I was at least armed with my presentation the day before if it went to court and if they’d Involuntarily Admitted me on the day before on the second presentation I’d be out the next day because of the hearing.</p> <p>P.S. It took me some time to get over my two Involuntary Admissions six years ago (see &lt;<a href="#">TIMELINE.jpg</a>&gt;) – they gave me PTSD!!</p>
Psychiatry	A legal game played by university-educated practitioners whose field of <u>so-called ‘expertise’</u> lacks any scientific foundation whatsoever!
<p>DSM-5</p> <p><b>- a Licence to Kill</b></p>	<p>a fictitious assemblage of ideas based on a <u>TORT</u>, presented in book form</p> <p>- where a <u>TORT</u> in Scientific Terms is an incorrect assumption at the beginning and therefore everything that follows is in ERROR!</p>
‘hearing voices’	<a href="#">ClairAudience</a>
‘visual hallucinations’	<a href="#">ClairVoyance</a>
‘Religious Delusions’	<a href="#">1<sup>st</sup> Initiation</a> – <a href="#">“birth of the Christ Principle ..”</a> – para 2
hypermania	<p>This person swallowed a Dictionary!</p> <p><a href="#">Hypermania is a subcategory of bipolar disorder but rarely if ever is there a “low.”</a> (about 2/5ths of the way down the web-page)</p>

<p><b>"DSM vomit!"</b></p> <p><b><u>Grandiose Delusions, Psychosis and Persuatory Ideas.</u></b></p> <p style="text-align: right;"><b>Page 36</b></p>	<p>When the Psychiatrist is not getting his/her way in court and they want to play the usual game of "Defame the Patient" they just rattle off this spiel.</p> <p>Previous to this Dr. Hafeez KHALID had recorded in Wollongong Hospital's Medical Records show that, <b>"I was indifferent to Psychiatrists in general."</b> (I am lucky that he can't mind-read because then he would know what I really thought of them!)</p>
<p>Declared Mental Health Facility</p> <p><b>"Abandon all hope, ye who enter here."</b></p>	<p>a place where people can be incarcerated indefinitely without committing any crime and Psychiatrists and Psychiatry Registrars (trainee Psychiatrists) can interrogate the patient/victim at their convenience</p>
<p>"blame the patient"</p>	<p>a very basic tactic</p>
<p>Schizophrenia</p>	<p>a Psychiatric term for an assemblage of symptoms used to put a negative connotation on a naturally-occurring process everyone eventually passes through</p>
<p>Depression</p>	<p>the negative end of the BiPolar Disorder spectrum</p> <ul style="list-style-type: none"> <li>- I used to feel good fleetingly and then I'd crash into negativity (c.f. Hypermania where is positioned on the extreme positive end of BiPolar Disorder)</li> </ul>
<p>Local Court Hearing determining fitness for release from Involuntary Admission</p> <p style="text-align: center;"><b><u>return to Table of Contents</u></b></p>	<p>A court where the standard-of-proof can drop from where actual evidence is provided to the court, as would be the case with a normal trial, to where <b>"thoughty crimes"</b> are admissible as evidence!</p> <p>Additionally the patient/victim, or his/her legal representative, is not informed/shown the "evidence" before the trial or is permitted to cross-examine the "witness"/Psychiatrist during the procedure.</p>
<p>"Statement of Rights"</p>	<p>A typed piece of A4 paper, which is referred to often but is in fact ignored!</p>
<p><b>COMMON SENSE</b></p>	<p>This word does not appear in the DSM and should not have been included in this Table.</p>
<p><b>REASONABLENESS</b></p>	<p>see directly above</p>
<p><b><u>SCIENCE?</u></b></p>	<p>So far I can detect NO SCIENCE AT ALL in Psychiatry and I have communicated to Australia's Chief Scientist and the State of NSW's Chief Scientist and Engineer and I have received no positive indication from them that there is any science in Psychiatry.</p>
<p><b><u>2003 HUNGER STRIKE</u></b></p>	<p>the authorities ducked for cover</p>

<p><b><u>"I'm going to take you Psychiatrists to court Disorder!"</u></b></p> <p style="text-align: right;"><b>Page 37</b></p>	<p>A new Disorder, dreamed up on-the-run by the Psychiatrist Dr. Hafeez KHALID, during a Local Court hearing to assess my fitness for release from False Imprisonment. The Disorder's validity has not been tested and is not in the current DSM (#5).</p> <p><i>(Dr. KHALID is nonetheless congratulated for his spontaneous creativity though!)</i></p>
<p><b>Psychiatry Survivor</b></p>	<p>One who has been subjected to their "treatment" and survived to tell the tale.</p>
<p><b><u>Involuntary Admission</u></b></p> <p><a href="http://www.NaturalHumanDevelopment.com">www.NaturalHumanDevelopment.com</a></p> <p style="text-align: center;"><b><u>return to Table of Contents</u></b></p> <p><a href="http://www.sillyPsychiatry.com">www.sillyPsychiatry.com</a></p> <p><a href="http://NaturalHumanDevelopment.com">NaturalHumanDevelopment.com</a></p>	<p>This mechanism is basically a denial of NORMAL Justice. The courts are bypassed and the patient/victim can be held without any trial for quite a period. My attitude to this practice is that it needs tightening up and you are referred to the file &lt;<a href="#">involuntaryADMISSION.docx</a>&gt; for my recommendations.</p> <p>I would rather be in jail and <b>accused TERRORISM</b> where the interviews must be recorded and my (<i>terrorism-approved</i>) solicitor must be present for these "interviews" (<i>unless I dismiss him/her</i>) and I'm in court the next day where the Police must either;</p> <ol style="list-style-type: none"> <li>1/ prove I've donated to a terrorist organisation,</li> <li>2/ show I've telephoned Islamic State or</li> <li>3/ have a recording of me planning an attack!</li> </ol> <p>Psychiatrists get away with mere mention of <b>"thoughty crimes"</b>!</p>
<p><b><u>"CARE"</u></b></p>	<p>My Mother was a Sister/Matron, she worked all her life in nursing, <b><u>AND SHE'D BE TURNING IN HER GRAVE</u></b> over the "treatment" mistakenly called (Mental Health) <b>"CARE"</b> in NSW Hospitals!</p>
<p><b>Flash-backs</b></p>	<p>A Natural Process by which the MIND digests information which, at the time of the incident, was too great to Properly Process.</p>
<p><b>Medical Fascism</b></p>	<p>≡* <u>Psychiatry</u> (* means - Equivalent To)</p>
<p><b>MEDITATION</b></p>	<p>A means of ridding Psychiatrists from a person's life in a drug-free manner!</p>

<p><b>Verbal Engineering</b></p> <p style="text-align: center;"><b>Page 38</b></p>	<p>≡ <u>Psychiatry</u> (<i>At last I've found some science in Psychiatry – it is the science of using an assemblage of cleverly-constructed WORDISMS in a manner which is designed to convince the audience that they know what they are talking about!</i>)</p> <p>Alternatively you could use the word "<a href="#">Psycho-Babble</a>".</p>
<p>Psychiatry</p> <p style="text-align: center;"><a href="#">return to Table of Contents</a></p>	<p>≡ Tyranny misspelt</p> <p>Also a method of imprisoning someone, for an indefinite period of time, without the necessity for the Presentation on <u>ANY Physical Evidence!</u></p> <p>- see <a href="#">the Hannibal Lecter of Sweden</a>*.</p> <p>* <i>The coppers were obviously clearing their <u>Unsolved Cases File as Sture BERGWELL</u> "confessed" to more than 30 murders! These <a href="#">silly Psychiatrists</a> couldn't tell the difference between someone making it up and someone telling the truth. Sture BERGWELL, aka "the Swedish HANNIBAL LECTER", gleaned the details of these crimes from these psycho. Psychiatrists to "confess" to and he was held in a Psychiatric Ward for more than 20 yrs.</i></p>
<p><b><a href="#">"Simone D"</a></b></p> <p style="text-align: center;"><a href="#">return to Table of Contents</a></p>	<p>If this procedure, Electroconvulsive 'Therapy' (ECT), hasn't worked after a couple of 'trials' on anyone WHY IN HELL would you even consider continuing it? Can you imagine a doctor prescribing an antibiotic again when it hasn't cured the disease! To repeat the procedure <b>over 200 times</b> IS PURE MADNESS – and Psychiatrists reckon that Simone D is crazy!</p> <p>What this is about is the Psychiatrist, performing the 'procedure', <b>earning 3x the standard rate!</b> The patient is sacrificed for fattening the Psychiatrist's wallet!</p> <p><b>Ask any Psychiatrist about ECT, "We don't know how it works – we just know that it works!"</b> This is not science – a scientist knows what he's doing and my remedy is not to declare ECT illegal but only allow those Psychiatrists, that have received 1,000 ECT 'treatments' themselves, to perform this 'treatment' on others/victims. THIS WILL SORT THEM OUT!</p>

<p><b>"<a href="#">Simone D</a>"</b> <i>continued</i></p> <p><b>Page 39</b></p>	<p>You wouldn't believe that these nutter Psychiatrists could outdo this 200 ECT <u>Treatments?</u> on a single person - but they have! In a civil case a Plaintiff, <b>Mary Louise MacLaren</b> is recorded as having received about <b>300 ECT treatments</b> in Point 22 at the bottom of Page 5 in the <b><u>Statement of Claim</u></b>.</p>
<p><b>anosognosia</b></p>	<p>When the patient/victim doesn't immediately agree with the Psychiatrist's bullshitting the patient/victim is deemed to have 'lack of insight'.</p>
<p><b><u>Drapetomania</u></b></p> <p><b><u>return to Table of Contents</u></b></p>	<p>A conjectural mental illness that, in 1851, American physician Samuel A. Cartwright hypothesized to cause Black slaves to flee captivity. It has since been debunked as <b>pseudoscience</b> and part of the edifice of scientific racism.</p> <p>Fancy that, a man with several skin tones darker than Europeans, wanting to revert back to living as a free man like he was before he was 'blackbirded'!</p>
<p><b>INDIVIDUALITY IS VERBOTEN</b></p>	<p>Psychiatry seems to adopt a one-size-fits-all belief system and only they determine this 'ideal' model. Variation from this 'ideal' model is viewed as wrong and the existence of someone functioning quite well expressing a different model is therefore aberrant!</p>
<p><b>I AM A SUPER-HERO</b></p>	<p>In your lunch-box! Some of these Therapists wish to boost their overly-large egos by pretending that they are God's Gift to the Mental Health Care System. The act that they put on contrasts quite markedly to the treatment they dispense.</p>
<p><b>VERBAL FLATULANCE</b></p>	<p>≡ <b>Psychiatry</b></p>
<p><b>linguistic acrobatics</b></p>	<p><b><u>Gert POSTEL, Psychiatry Imposter</u></b>, used this <b>term</b> to describe PSYCHIATRY - he fooled them for 18 months!</p>
<p><b>OPEN INVITATION</b></p>	<p>You are invited to submit Jokes for inclusion in this Psychiatry to <u>normal English</u> CONVERSION TABLE.</p>
<p><b><u>INITIATION</u></b></p>	<p>This word should not be here as Psychiatrists seem to be completely unaware of it!</p>
<p><b><u>ECT - !?*\↓↓↘∞</u></b></p>	<p>It doesn't get funnier than this - you'll have to use the <b>hyperlink</b> !</p>

## **COMMENTS FROM A PSYCHIATRIC NURSE**

Tim HICKLETON, who I believe is a member of the [Health and Community Services Union](#), added this post to the "[Psychiatry as Bullshit](#)" blog:-

**"Tim Hickleton - March 18, 2018 at 11:38 pm**

**as someone who worked at a Forensic Mental Health facility until recently i can assure you that ECT is used widely , almost always as a last resort, and for some up to 11 times; all for about one months improvement in alertness and social participation. Psychiatry is absolute bullshit and has no basis in fact via laboratory testing. 95 % of Forensic mental patients are in fact substance abusers with brain injuries, not illnesses, so psychiatrists perform planned chemical lobotomies on them, and countless useless assessments, to keep them all in employment. Never seen them cure anyone."**

- \* I understand that Tim was an Organiser or Official of the Health and Community Services Union.

N.B. The author of this "[Psychiatry as Bullshit](#)" article is a PSYCHIATRIST!!!

**[www.BENEFITsofMentalIllness.com](http://www.BENEFITsofMentalIllness.com)**

**[John PINK](#)**