

# **"Black Holes" in Psychiatry** <12\_'Black\_Holes'.docx> 16/6/2016

Psychiatry seems content to leave a number of interesting features/occurrences/phenomena/reports uninvestigated. Some of these "overlooked" items are quite commonly-known.

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Perhaps the most obvious is the phenomenon of ‘hearing voices’. 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.



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

Have you ever heard ANYONE provide a rational explanation for someone ‘hearing voices’? Alternatively have you heard of anyone even investigating this well-known phenomenon?

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 an interest in why someone ‘hears voices’. ‘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 a Mental Institution! Classifying someone as suffering from a Mental Illness, in this case Schizophrenia, is therefore quite serious!

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 phenomenon, "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." I note the negativity in Psychiatry in that there is a fault simply because a Psychiatrist says so!

I think that the Throat Chakra has been enlivened and with the enlivening of this Chakra comes **ClairAudience** – i.e. 'hearing voices'! I would suggest that Professor McGRATH conduct a Literature Survey like I had to do when I was an undergraduate. 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!** Alternatively Professor McGRATH could look up "ClairAudience" in a dictionary!

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 SCIENCE!

I don't understand why the professor has made the deduction that there is a fault once this phenomenon of 'hearing voices' 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 14](#)). When he reports that 2/3rds of the subject sample, some 20,000 odd people, ‘hear voices’ and are high-functioning in our society then surely any researcher would further investigate this phenomenon or report it to others in the field as interesting and worth further investigating.

### “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 mental problems (stress/anxiety/depression) I had some contact with a Jungian Analyst and his comment to me was, ***“I’ve never met anyone as psychic in Dreams\* before.”*** My return comment was, ***“I know people that just read you.”***

- \* Actually being psychic in a Dream is just control of the Astral Body ([2<sup>nd</sup> Initiation](#)) – see <[2\\_initiatoryFRAMEWORK.docx](#)>. 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 he was in charge of complained, ***“It’s like being psychically invaded!”*** (*I never meant to psychically invade anyone.*)

### “Black Hole” No 3 - ‘RELIGIOUS DELUSIONS’

The less-common phenomena accompanying psychosis is 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’ **“Black Hole”** phenomena 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 <[2\\_initiatoryFRAMEWORK.docx](#)>.

Not everyone is psychotic when this occurs though. I was in [Art 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 my painting I said, ***"I know I'm not Jesus – but its 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 that out-of-character, we had a very 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 for the same result. It was only because I'd researched [Theosophy](#) that I was able to put the piece in the puzzle, but I realised this a lot later, maybe years. I'd undergone the [1<sup>st</sup> Initiation!](#)

\*\* my suspicion is that the other psychologist was at least a Mistress of the 1<sup>st</sup> Initiation as two Masters or two Mistresses or one of each are required to be present for a particular Initiation to take place - see <[2\\_initiatoryFRAMEWORK.docx](#)>

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 a lecturer in psychology at the University of Phoenix, Neil KROHN (PhD), is inquiring why Religious Delusions and Schizophrenia seem to be frequently associated on [ResearchGate](#). Would someone tell Neil, ***"Its the 1<sup>st</sup> Initiation!!"***

On the [Symptoms of Schizophrenia](#) web-page on the [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 a members of the clergy are as likely to be contacted by someone entering their first episode of schizophrenia as a doctor."***

\*\*\* **1<sup>st</sup> Initiation** – "birth of Christ consciousness in the cave of the Heart (Chakra)"

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

If you view the ABC television programme Q&A <[Shine a Light on Depression.docx](#)> you see Wayne SCHWASS, a former champion AFL player, hasn't taken the pills for 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 ..***”.

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 are 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)** recur when she ceases taking her Medication? 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!

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 most people its over forever! Fay JACKSON, although experiencing the same thing as Wayne and myself, 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.docx](#)> - top of page).

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 very likely harmful to the pregnant woman and her developing foetus!

I had a Nervous Breakdown triggered by Depression like Wayne and I would describe it as **the most fascinating part of my life!** I'm still deducing and understanding things which happened over this period. I got rid of the Therapists, mainly Jungian psychologists who I thought were far, far better than the Psychiatrists I encountered much later, and read avidly. I recovered by choosing my own path, learning and applying that 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 do a SUMMARY, of the information I presented in the 'letter' <[the 'letter'.pdf](#)>, which developed into the file <[2\\_initiatoryFRAMEWORK.docx](#)>. This web-site, [www.NormalHumanDevelopment.com](http://www.NormalHumanDevelopment.com), is that experience!

To top off what's directly preceding, I was questioned about what I'd been doing by a 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 night! (I think that he altered his therapy to incorporate Dreams – i.e. integrating the SUB-conscious.)

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

## **"Black Hole" No 5 - 'GENETIC ORIGIN OF SCHIZOPHRENIA'**

Absolute rubbish! Another falsehood promoted by Psychiatry! A Schizophrenia sufferer in the UK who is involved in running a self-help group called [LivingWithSchizophreniaUK.org](http://LivingWithSchizophreniaUK.org) put forward the rationale why this **'GENETIC ORIGIN OF SCHIZOPHRENIA'** is silly – Schizophrenia would have been bred out if it was an unfavourable gene. Take a bow [David BELL](#). Simple logic reveals Psychiatry for what it is – ABSOLUTELY STUPID!

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

When someone is suffering from a Severe and Chronic MENTAL HEALTH PROBLEM (S&CMHP) what is happening is that the SUB-conscious 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!

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

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 apparently from correspondence between two (deceased) Psychiatrists – also see <[menningerSZASZletters.docx](#)>.

The idea of a link between "madness" and "genius" is much older though and the file <[1b lack of Understanding.docx](#)> in the **QUESTION** column for Point 4 puts it back to 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) until I was almost 32 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. Its 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 saying in medicine much on the same line, ***"Physician heal thyself."***

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 I actually gained the knowledge of what was occurring. I do admit that my knowledge was somewhat sparse until I further researched the SUMMARY of the information <[2\\_initiatoryFRAMEWORK.docx](#)> in the 'letter' <[the 'letter'.pdf](#)> as requested by the retired psychologist, who produced the Expert Evidence for me in the court case against these Psychiatrists in 2013.

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

***[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*** (see <[highACHIEVERweb-page.docx](#)> files). 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!

**[Britney SPEARS](#)**

**[Sinead O'CONNOR](#)**

This **high ACHIEVERS** category extends to those who have not yet recovered from their Severe and Chronic MENTAL HEALTH PROBLEM (S&CMHP) yet – see <[1b\\_lack\\_of\\_Understanding.docx](#)>. At the 21 second mark of the video clip **Bob's** trophies are shown, at the 18 minute 42 second mark **Missy's** mum states, “... *that she knew the words to every song ..*” AND **Steve** shows panther-like ease in catching the baseball his father throws to him at the 44 minute 53 second mark.

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

I think that everything associated with developing what is classified presently as the SUB-conscious Mind\* is associated with enlivening the Chakras. During this process that 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.

\* in the future it may be classified as the “Limited Access Mind”

This phenomena, manic/depressive, is that well known that a Disorder is named for it! You’d think that some Psychiatrist, using a research grant or a student of Psychiatry at university, would have studied this commonly-known phenomena and discovered insight into its origin(s)!

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

These psycho. Psychiatrists actually have another term in this category – Hypomania. I have one for them – Psycho-Mania where its absolutely stupid to keep making up terms which have no bearing on the treatment.

**"Black Hole" No 9 - 'WHY DO PEOPLE EXPERIENCING A SEVERE & CHRONIC MENTAL HEALTH PROBLEM (S&CMHP) HAVE PANIC ATTACKS?'** Page 11

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 @ Shellharbour Hospital.

\* 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!

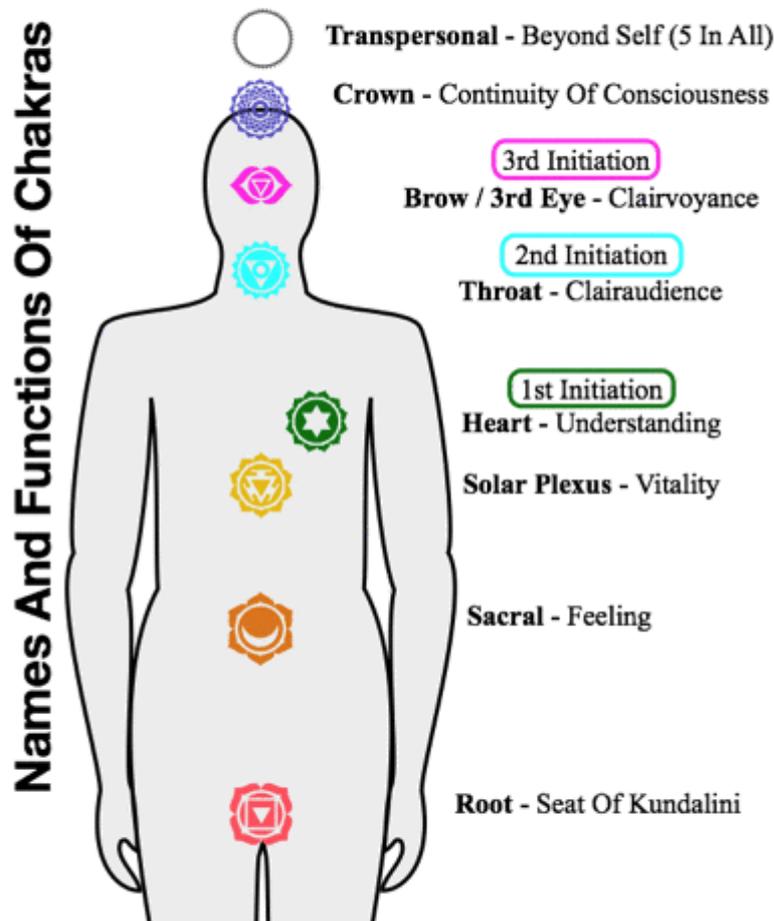
\*\* press-ganging - forcing men into military service without notice, was practiced by the Royal Navy in the 19<sup>th</sup> Century

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 the Attack. This **20 minute period**, before a Panic Attack would start to abate, seems to be common amongst sufferers and I wonder why.

I've heard of one amazing Panic Attack on an [American BiPolar blog](#) – **Paul** – December 14, 2014. **"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 that 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 source of information.



Enlivening the **Solar Plexus Chakra** allows the person to be more capable physically and this is the reason that someone is good at sport or some other physical achievement – see “**Black Hole**” **No 7**. Their other Chakras, above the Solar Plexus Chakra, have obviously been enlivened to a degree and so this amazingness may spill over into other attainments.

The abilities of the higher Chakras. i.e. **Heart**, **Throat** and **Brow**, are best dealt with by inspecting the file <[2\\_initiatoryFRAMEWORK.docx](#)>. Do a bit of research and you'll find out that Psychiatry exists all by itself!

**“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/‘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!

**“Black Hole” No 12 - CONFLICT-OF-INTEREST**

Its so obvious! These Psychiatrists are put in a position of being charged with taking care of the person’s well-being 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!

**Files referred to**

< <a href="#">2_initiatoryFRAMEWORK.docx</a> >	Pages 4, 4, 5, 7, 9 & 12	< <a href="#">the ‘letter’.pdf</a> >	Page 7 & 9
< <a href="#">1<sup>st</sup>_2<sup>nd</sup>_&amp;_4<sup>th</sup>_Initiations.docx</a> >	Page 4 & 5	< <a href="#">menningerSZASZletters.docx</a> >	Page 8
< <a href="#">Shine_a_Light_on_Depression.docx</a> >	Page 6 & 6	< <a href="#">highACHIEVERweb-page.docx</a> >	Page 9
< <a href="#">TIMELINE.jpg</a> >	Page 18	< <a href="#">1b_lack_of_Understanding.docx</a> >	Page 8 & 10
		< <a href="#">involuntaryADMISSION.docx</a> >	Page 20

## **NOTES**

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**

I believe that what is considered the normal method of 'hearing', where the sound waves move the eardrum and that causes that wishbone thingy to move and where that wishbone is anchored to the nerves in the ear 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 inaudible audible similar to a dog's hearing where they can hear outside a human's normal audible range.

Convention on the Rights of Persons with Disabilities

**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.NormalHumanDevelopment.com](http://www.NormalHumanDevelopment.com)**

I'm sure that there should be no problem at all with any Psychiatrist **GUARANTEEING** their work – AFTER ALL PSYCHIATRY IS A SCIENCE – **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!

## **'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 que!

I allege that '**The Medical Model**' consists of just three words - '**The Medical Model**' – and I further allege that they make the rest up as they go along!

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.

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 maxim they “treat the symptoms” applies. Its 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.

**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
UNWELL	<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</p> <p style="text-align: right;">* 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 suspect, 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!
DSM-5	<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 is in ERROR!</p>
'hearing voices'	<a href="#">ClairAudience</a> follows
'visual hallucinations'	<a href="#">ClairVoyance</a>
'Religious Delusions'	<a href="#">1<sup>st</sup> Initiation</a>
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><i>“hostile to the Treating Team”</i></b></p>	<p>when the Psychiatrist does not get his/her way and wants something to say in court denigrating the patient/victim</p> <p>Previous to this Dr. Hafeez KHALID had recorded in <u>The Wollongong Hospital’s Medical Records</u> that, <b><i>“I was indifferent to Psychiatrists in general.”</i></b> (<i>I am lucky that he can’t mind-read because then he would know what I really thought of them!</i>)</p>
<p>Declared Mental Health Facility</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 – I used to feel good and then I’d crash into negativity (c.f. Hypermania where is positioned on the extreme positive end of BiPolar Disorder)</p>
<p>Local Court Hearing determining fitness for release from Involuntary Admission</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 allowed 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>“I’m going to take you Psychiatrists to court Disorder!”</u></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). (<i>Dr. KHALID is congratulated for his creativity nonetheless!</i>)</p>

<b>Psychiatry Survivor</b>	One who has been subjected to their "treatment" and survived to tell the tale.
<b>Involuntary Admission</b>	<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 treated as an accused TERRORIST where the interviews must be recorded and my (terrorism-approved) solicitor must be present and I'm in court the next day where the Police must;</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>
<b>"CARE"</b>	My Mother was a Sister/Matron, she worked all her life in nursing, AND SHE'D BE TURNING IN HER GRAVE over the "treatment" mistakenly called (Mental Health) <b>"CARE"</b> in NSW Hospitals!
<b>Flash-backs</b>	A Natural Process by which the MIND digests information which, at the time of the incident, was too great yo Properly Process.
<b>Medical Fascism</b>	≡ * <u>Psychiatry</u> (* means - Equivalent To)
<b>Verbal Engineering</b>	<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 <b>"Psycho-Babble"</b>.</p>
<b>MEDITATION</b>	A means of ridding Psychiatrists from a person's life!
<b>OPEN INVITATION</b>	You are invited to submit Jokes for inclusion in this Psychiatry to normal English Conversion Table.

**LOVE** 'shot clock' going "to call police"

Euphoric ≡ ultra-super-hypermania (P.S. Don't tell the Psychiatrists or it'll be in the next DSM \*\*\*)

Psychiatry actually a 3 Monkeys science – i.e. ignore REALITY!

Psychiatry ≡ Tyranny misspelt

My face on a dart board in a Psychiatrist's Clinic.

## **CARTOONS**

The DSM on a dartboard as a chart with the Psychiatrist blindfolded throwing darts at the 'chart'.

"The Emperor has no clothes!" Psychiatry on the rump of the horse with a sub-title 'the position of this label (Psychiatry) is purely accidental'.

A heap of Psychiatrists on a rug and me pulling the rug out from under them.

Submarine torpedoing a ship called Psychiatry.

A little boy with Psychiatrist on the back of his lab-coat with his finger in the dyke AND a tsunami labelled "TRUTH" about to crash over the dyke.

FACEBOOK – likes for these anti-Psychiatry Jokes.