Treatment of Patients with Delusional States

Dr Alan Sanderson

Introduction

When, having suggested delusional states as a topic for discussion, I was asked to speak on the subject, I wasn't sure if I should accept. This is because I rarely believe that those who think they are possessed are deluded. A colleague persuaded me. 'For your talk, just accept the ICD/DSM criteria.' I've done so; hence my chosen title. But I still share my patients' beliefs and I treat them accordingly.

Before speaking of the clinical material, I'll begin with a personal anecdote. I had been preparing my talk in Kensington Gardens, some days earlier, when I was interrupted by the squawk of geese. There they were, high up on a long-dead tree that had been shorn of its branches. At the very top of the tree were two little stumps, like the arms of a child's catapult. On each stump stood a noisy goose. Seeing those strange geese standing on their little platforms, haranguing their fellows on the ground, who appeared quite uninterested, reminded me of an event some years before. A colleague and I had written to 200 fellows and members of the College enclosing a CD of talks we'd given, advocating spirit release as a clinical procedure. We weren't expecting much. Just a few answers would have made the effort worth while. Not one person replied. We might as well have written to those grass-cropping geese in Kensington Gardens! From that disappointment I learned an important lesson: seed should not be cast on stony ground.

Now I'm more realistic and I have password 'spirituality'. With this I hope the ground may be rendered a little more fertile. But spirituality is difficult concept to communicate. From countless personal experiences have come countless definitions. My own definition is, 'A sense of belonging to a non-material realm, beyond human comprehension, of which the essence is love.'

I regard spirituality as the soil from which all spiritually-based interventions come. Prayer is their essence. But prayer alone is not our only resource. We can also take direct action. If, as upheld by much religious belief and the prayerful activities of

billions, there is a spiritual dimension which involves the existence of discarnate beings, both positive and negative, then it should surely affect us all, especially the distressed individuals that we are committed to helping. I believe that such discarnate beings exist and that they often affect our mental health. I also believe that we can communicate with them to the benefit of our patients. With my patients' conscious agreement, I negotiate with spiritual entities, which may be affecting them adversely. In this way, it is often possible, with the help of positive spiritual elements, most notably the higher self, to promote beneficial change.

Now for my case study. My patient's problem is classed as somatisation disorder which the individual believed was caused by a possessing spirit.

Clinical Case Illustration

Innumerable hospital investigations had failed to reveal the cause of Pete's trouble. He worked as a senior manager and professional trainer and had a very successful career. Pete came to me as a last resort, after being offered a marvellous job-opportunity abroad. It was a chance that at 50 he couldn't afford to lose.

Before he came, e-mails from both husband and wife had delivered a daunting catalogue of complaints: abdominal pain, joint pains, retching and diarrhoea, wide fluctuations in temperature and periods of severe prostration. Life had become a misery. Had it not been for a wonderfully sustaining and rich marital relationship, he might not have survived. Now the marriage was under threat from an irresistible impulse to have affairs with other women, which he knew he could not sustain and did not really want.

There were two important clues to the cause of the problem. One had come to light a year before, when, during hypnotic regression, Pete had experienced a life in Tibet. As a boy, while being schooled for lamahood, he had been bayoneted to death by a Chinese soldier. The other clue was his conviction of being possessed. How this came about he could not say. He had first felt it after the death of his mother years before. In Pete's words, 'This thing lives in my descending colon. This is its lair. I can show you the exact place. It can be small or large. When it's really at rest it's about the size of a big marble. When it's fully active it penetrates and permeates my entire body, including my brain. At its worst I feel that it's killing me by draining all my

energy and by consuming my cells and preventing my mind from functioning. It is almost never absent.' Of the affairs he said, 'I think I've developed a sexual obsession. I see something in a woman and I want the total experience of being inside her, not just sexually.'

I had Pete relax through visualization and imagine his body filled with light. He described 'A dark, triangular kind of shape' on the left side of the abdomen. What follows is a verbatim account (recorded):

'If it could make a noise, what noise would it make?'
'Constant, intense; a raging scream.'
'And if that scream could find words, what words would come?'
'Hatred.'
A non-human entity then identifies itself as Askinra; in appearance, 'like a dark flame.'
Askinra says, 'I shouldn't be in here. I feel trapped like this.'
Askinra becomes aware of voices and light. Angels are calling, 'Come back! Come out!'
Askinra feels blocked. 'I can only come through him.'
'Tell me, Askinra, what effect are you having on Pete?'
'I'm destroying him. If I destroy him then I can be free.'
'Become aware of the angels that are calling your name and tell me what you see.'
It is as if a pathway goes up through the heart, to the top of the head.
'And where does it lead beyond the head?'
'Into another place that's very different from this one. It is outside this reality. It's the place I'm trying to go, but I can't get there, I can't get through. Every time I try to get out I can't get through.'
'At what point are you stopped, Askinra? Try and get through and tell me what your experience is.'
'It's like a closed door… like something that's locked.'
'Describe the closed door.'
'It's round and white, like bone.'
'Askinra, speak to the closed door that's round and white, like bone. Ask the closed door, 'May I come through?' How does it respond?'
'No.'

'Ask the closed door, 'What must I do, so that you will open for me?''

'Die!'

'Askinra, are you telling me that you are able to die? You are an immortal spirit, Askinra, how can you die?'

'That's what the door is for; it's for the time of death.'

This path of inquiry seems to be blocked. I decide on another approach.

'Askinra, tell me, how old was Pete when you joined him?'

'Twelve.'

Askinra enters at the time of the fatal bayonet wound, during the Chinese invasion of Tibet when Pete was 12 and in that incarnation, preparing to become a lama. It seems that Askinra was there and was taken by surprise.

'Hatred pushes me in there and fixes me in there.'

Pete gives permission for me to speak to the soldier.

'I'm speaking to the soldier who is putting the bayonet into this boy of twelve; who feels so much hatred. You, the soldier, what do you have to say? You can speak to me. You're feeling anger aren't you? What do you say to the little boy?'

'You have to be destroyed!'

'And you hate this boy.'

'I hate everything he stands for.'

The soldier, who on questioning reveals that his name is Chen Ling, now regrets his action. With angelic help, Chen Ling removes his anger from the bayonet thrust. As an indication of his regret Chen Ling gives the boy a tiny pearl. Askinra is now able to pass through the door in the head, which opens onto a place of mountains and light. Spirit guides are requested. The hand of the guide feels like a cool stream. Askinra's last words are,

'Sorry, I never meant to be there. Come and find me in the new place.'

Pete experiences some parting spasms in the left abdomen, but feels much lighter. Healing spirits are called in to cleanse and heal the whole subtle energy system, leaving Pete feeling good.

A month later, Pete described the experience.

'The physical symptoms have gone. It was just as distinct as if you were carrying something and it weighed a certain amount and it had a certain texture and a certain feeling to it and that thing was removed from you. With that thing out of the way, I'm free to think and feel and to be aware in ways that I wasn't before. It has made a huge difference.'

I ask about changes in behaviour. Of the extra-marital liaisons, he says,

'It's as if I had my own feelings back. The compulsion isn't there. There's no longer a sense of something making things happen.' This statement was confirmed by Pete's wife.

At a ten-year follow-up Pete writes, 'The immediate result of Alan's work with me was that I was instantly relieved of a wide range of intensely debilitating physical symptoms upon which all other approaches, both 'allopathic' and 'alternative' had been ineffective. My mental and emotional stance also changed for the better. I had more clarity and felt more contented, and happy, with my present circumstances, and substantially more positive about the future. It is not the case that everything in my life was perfect after this event, or that I never suffered again from either physical illness or emotional upset, but it is for me a fact, that this was one of the major turning points in my life and that, in many ways, I never looked back. My experience was, essentially, that of being freed from 'something' that had trapped me in a limited and painful version of my Self. Since then, my life and work have been successful in a number of ways that I did not, previously, anticipate.'

Discussion

So what can be said about this account? The patient merited three different diagnostic headings: somatisation disorder, delusional state and sexual obsession. He received just one session of 'altered state' work, of a sort which contemporary psychiatric practice considers inappropriate, possibly dangerous and probably unethical, yet the symptoms are banished and he is transformed into an ever-grateful patient. Ten years later he confirms his continuing health and has developed a highly successful business

An interesting case? Surely, but what can one case tell us? Even twenty such cases, with successful outcomes, would not be sufficient to change current methodological concepts. Much repetition by others would be required. Even if the clinical success of spirit release were to be confirmed, it would be held to contravene basic principles of scientific belief and practice. For this reason many would consider it impossible to include spirit release therapy in the corpus of accepted psychiatric concepts and procedures.

William James, philosopher and psychologist, famously said that it takes only one white crow to disprove the rule that all crows are black. The case of Askinra must surely be a white crow. It demands serious consideration.

Where can we go from here? Might contemporary psychiatry fund research in such cases? Even if interested, has it the capacity to handle the problem of investigating the influence of spirit entities on psychiatric patients? Has it the will?

Conan Doyle, a contemporary of William James, has Sherlock Homes say, 'When you have eliminated the impossible, whatever remains, however improbable, must be the truth.' That is accepted good sense. But, since those days, the list of impossibilities has shortened considerably. Space-travel, heart transplants, television, sequencing the human genome and countless other achievements were once inconceivable. Such things were technical 'impossibilities'. Yet it is conceptual 'impossibilities' that shape humankind's inner world. The biggest of these involved the clash between biblical dogma and heliocentricity in the 17th century. Empirical, materialist science prevailed. Since then it has increased its status enormously. But the materialist view is largely based on (unrecognised) metaphysical assumptions, such as that human consciousness is an epiphenomenon of brain activity. Near-death experiences and many other phenomena supporting the spiritual world view have not been answered. Some quantum physicists in particular are very aware of the limitations of a materialist worldview.

When will psychiatry be able to take spirit possession from the 'impossible' list? Spirituality per se is no longer on that list, but spirit attachment and the therapy of spirit release very clearly are. Surely it is time for serious research on spirit attachment to be funded? For those who wish to investigate without prejudice,

clinical material abounds. Indeed, unforeseen advances can come with surprising speed once the shackles of convention are unlocked. How soon? This is the critical question.

Recommended reading

Watkins, J. & H. (1997) *Ego State Therapy*. W.W.Norton, New York.
Zinser, T. (2011) *Soul-Centered Healing*. Union Street Press. Grand Rapids MI.