**Is there an 'X Factor' in Schizophrenic Illness?**

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A discussion of the place of spiritual forces in the aetiology and treatment of schizophrenia.

The purpose of this brief article is to propose that schizophrenic illness can never be fully understood via a medical-biological framework and that it may not be explained either, to a satisfactory degree, by a cognitive-mentalistic scheme of thought. I will propose that genuine spiritual and paranormal forces operate on the person at least during and perhaps before and after their schizophrenic illness and that the realization and acceptance of this should form an important part of the treatment and rehabilitation process for such patients.

The suggestion that schizophrenic people may have paranormal capacities has been made previously [1-3], and in recent years actively psychotic patients prior to medication have been shown to demonstrate far-above-chance clairvoyant abilities that were eliminated once medication had been administered [4,5]. The schizophrenic population also shows an enhanced incidence of believers in the paranormal [6], and this openness and belief previously has been demonstrated to facilitate performance on ESP tests (the so-called 'Sheep-Goat effect')[7]. This leads to the strong possibility that some of the uncanny, bewildering and frightening experiences of the schizophrenic episode cannot be reduced to intrapsychic dynamics [8] , or to errors or biases in cognitive processing [9] , but that they result from a genuine access to forces the full nature of which are outwith the explanatory framework of materialistic science. The lesser cognitive inhibition and the lower threshold of consciousness in schizotypal and schizophrenic subjects may however be two factors that permit such access [12,19].

Given the prevalence of suicide at ten per cent or greater in schizophrenic patients it is likely that the forces that may well so operate are usually not benign and hence theorizing cannot neglect this negative aspect when oriented towards the care and support of such people [13].

Previous research has however postulated the existence of 'Lower' and 'Higher' forms of the kinds of experiences schizophrenic people suffer [10,11] . So, for example, there are 'Lower' and 'Higher' hallucinations, Lower and Higher irrationalisms; delusions; coincidences and the like [10]. I described these previously as phenomena of the 'Negative' and 'Positive' Borderlines [12,13] (see Table I).

Wilson Van Dusen [10] described Lower Order hallucinatory voices as basically out to lie, cheat, deceive, pretend and threaten. They always show themselves to have less talent than the patient. Higher order hallucinations however are more gifted than the patients and instead of attacking his or her attitudes and feelings will have respect for them. They are also more subtle and can convey knowledge completely unknown to the individual concerned. For example, Van Dusen describes a higher order hallucinatory voice that had detailed knowledge (which Van Dusen checked) of esoteric Buddhist symbolism and Greek language and mythology, in a man who was a gas fitter. Clearly this hardly is to be explained by overfunctioning of the dopaminergic and/or serotonergic pathways.

In Van Dusen's work it was found that behaviour violating of one's own conscience could, it seems, produce merciless torture from conscience-like lower order hallucinatory figures while people of little conscience could be 'visited' by real Christ-like figures [10,11].

In previous works I have independently postulated the character of the Lower Order realm also as that which weakens will, distracts, misleads, tricks, encourages self-doubt and self-loathing and, ultimately, kills [12,13]. It does so chiefly by undermining all feelings of self-worth and by eliminating all hope. This may be done via the engineering of horrific coincidences and double meanings (e.g. p. 85 in [12] ), by psychokinesis (p. 43 in [12] ; p. 41 in [14] ), by the orchestration of events to bring about shock and anguish (pp. 3540 in [14] ) and by generally externalizing one's guilt and one's conscience so that it is shaped into a weapon of self mockery and self destruction (see [12,14] ).

The uncanny does seem to characterize both domains but is eventuated via the Negative and Positive realms in different ways. The Lower Order realm produces a bombardment of tricks and innuendo that leads relentlessly 'down' while the Higher Order realm is slower, clearer, less ambiguous and more subtle and 'sends' coincidences on which one has time to build. The Lower Order coincidences are fast and impressive but too distracting and overwhelming to be used productively. This is the typical experience in schizophrenic illness (e.g. p. 8 in [13] ). The Higher Order 'Positive' realm is less showy and its events feel sincere, clear and strengthening. While Lower Order irrationalities such as everyday superstitions can be explained away as in the works of Chris French and Stuart Sutherland (see [15,16]), Higher Order irrationalities such as 'There is a grand purpose behind all things' or 'The deep foundation of the cosmos is beauty and love' are beyond the reach of reductionistic science and clearly of a different genre. They are statements that 'contain' science rather than 'being contained'. They are also distinctly fortifying rather than petty, troubling or irritating.

It also is feasible that not only guilt but also fear is a particularly potent emotion in facilitating Lower Order phenomena whereas the appreciation of beauty and the feeling of love (also for oneself) enables the Positive realm in subtle ways (Chapter 7 in [12] ). Clearly 'life in the body' inevitably partakes of both realms but it is my proposal that their instantiation in physical forms may be enhanced particularly via the schizotypal and schizophrenic minds. The mental health subculture of patients abounds with anecdotes of the uncanny (and these also characterize the reports of schizotypals  see several such examples in Chapters 68 in [12] ). For example the mother of one schizophrenic patient came downstairs in the middle of the night after a disturbing dream  the patient was still awake and in the kitchen  and before she hardly had chance to speak he described her very dream in detail. Patients also commonly report that forces for good and evil are in battle for their soul  a report that may not merely be a derivative of unconscious dynamics. Other patients feel that they are 'in touch with the unconscious of the world' or have been 'touched by God' and find themselves drawn to matters of global concern. Still others have had occasion literally to run to churches when having a return of symptoms or when experiencing the threat of such return [17]. Intuitions of that kind in patients can hardly be dismissed lightly and may indicate that schizophrenic patients are vulnerable to forces that are very difficult for a person educated in our culture to understand and cope with.

A truly extraordinary incident was communicated to me quite recently. A young woman I know had gone for a drink with a schizophrenic man in a pleasant pub in the country. They were in the beer garden at the back and decided to walk through a gate into an adjacent field with their drinks. They did this but when they were about ten yards into the field the young man's 'command hallucinations' as they are known demanded that he go back and check that the gate was shut. He disagreed and instead of immediately obeying them fought them, saying 'No! There's no need, it's shut!' whereupon they pushed him harder: 'Go back!

Go back and check!' Again he fought them, 'No, No! There's no need!' This terrible to-ing and fro-ing went on for several tens of seconds until he was in a state of tremendous tension and anguish. His malaise however was suddenly and quickly resolved: the beer glass, held by the handle, exploded before his eyes.

It seems at least reasonable to infer that 'lower' and 'higher' order spiritual realms do exist; that they operate on different principles and that these regularities do indicate the presence of genuine spiritual laws characterizing domains that could be described as infernal and Divine [12]. Furthermore, and contrary to psychoanalysis, these realms are not merely of mind, cannot be reduced to mind-brain processes or machinations of the unconscious but operate in interaction with such processes. They also seem to manifest themselves via mind-brain operations.

The implication for therapy of schizophrenic people are also clear. Bio-cognitive and cognitive-analytic approaches on this view are seriously defective as sole therapeutic manoeuvres. Positive spiritual interventions oriented towards helping the patient access Higher Order realms are liable to be of long term benefit and perhaps of real curative merit. However there is no reason why medication and psychotherapeutic efforts to decrease anger, fear and self-doubt need not facilitate this endeavour. This is not a plea for drug-free spiritual intervention.

Many spiritual and religious paths could be taken to realize this search for access to the Positive Borderline and Higher Order realms. None of the current religions in the world, other than Satanism, are pre-empted. In the last analysis the individual has to find his or her own way. However it is indicated that a rapprochement of psychotherapeutic and spiritual frames of reference (e.g. [18] ) would likely be beneficial to the long term rehabilitation of schizophrenic patients with medication playing a vital foundational role, as it does, in the control of negative emotions and of attentional processes. It is well known that there is a better outcome for such patients in eastern cultures than in the west this partly is due not only to greater community involvement but to the more positive and supportive attitude of professionals, relatives and friends there to the spiritual and religious aspects of the psychotic crisis. There seems little reason why this should not also characterize mainstream rehabilitative efforts in our own culture.

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