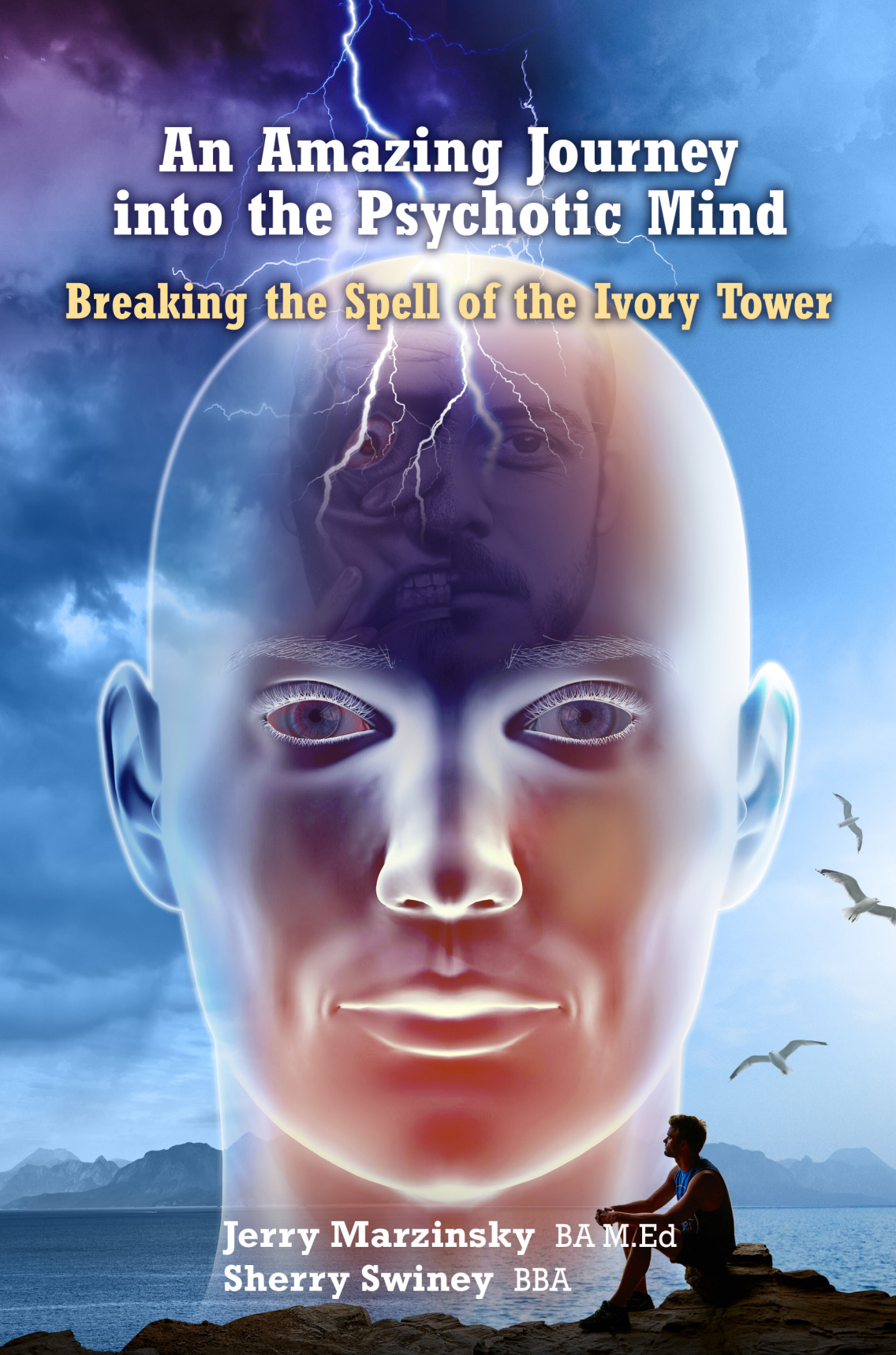


# **An Amazing Journey into the Psychotic Mind**

**Breaking the Spell of the Ivory Tower**



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## INTRODUCTION

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**S**ince the dawn of civilization, a strange and malevolent affliction has stalked humanity; its etiology an elusive mystery.

Like a viper that strikes in the night, its approach is undetectable, its venom invisible, its presence evident only by the long trail of human carnage strewn in its wake.

It is an illness so horrific that one out of ten of its victims will kill themselves to escape it, while the remaining will die three times earlier than the rest of us. Its incidence is increasing.

At present, it is destroying about twenty-three million people a year worldwide.

One of the most frustrating aspects of this scourge is its abject refusal to loosen its grip on its victims. Descriptions of this illness date back to 2000 BC, across several cultures, the oldest being the Egyptian Ebers Papyrus<sup>1</sup>.

Since that time, medical science has searched in vain for a *physical* cure for this malevolent mental illness known as paranoid schizophrenia, the most prevalent and devastating of psychotic disorders.

The World Health Organization has declared it to be among the world's top ten health problems.<sup>2</sup> Yet, research funding is minuscule. The Wall Street Journal reported the National Institute of Mental Health (NIMH)<sup>3</sup> responded to this deficiency by manipulating the statistics: "With a change of the National Institute of Mental Health website in

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<sup>1</sup> Medical News Today What was ancient Egyptian medicine like? 323633

<sup>2</sup> Apps.Who.Int The Global Burden of Disease World Health Organization  
Murray, C. J. L. (1996 p. 21) pdf

<sup>3</sup> National Institute of Mental Health

2017, two million people with this illness simply disappeared.”<sup>4</sup>

This disease actually *speaks* to its victims as it slowly kills them. For countless decades, doctors have stubbornly refused to listen to patients who report this. Such might be understandable if the tormentor’s tidings were unintelligible, but in many instances, this is not the case. Hundreds of patients describe an unrelenting barrage of sinister and malicious messages delivered in complete and coherent sentences.

These relentless assaults, coupled with the refusal of medical providers and others to believe what patients are experiencing, leaves these individuals feeling trapped, alone, misunderstood and desperate. With the realization that no one comprehends what they are undergoing, their anguish mounts.

Desperate for any means to escape their intense suffering, four out of every ten<sup>5</sup> will attempt suicide. One out of every four will succeed.

Added to the weirdness surrounding this affliction, we find another freakish correlation. The Journal of the American Medical Association published a study<sup>6</sup> that reveals a suicide rate 5.9 times higher than the general population for doctors who specialize in the treatment of this disorder.

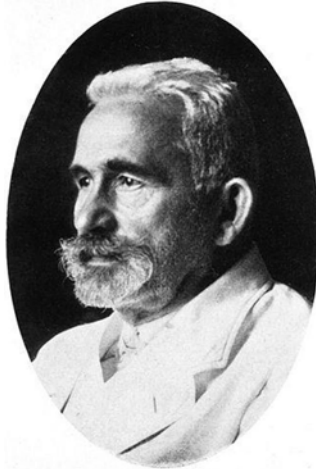
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<sup>4</sup> WSJ.com where did the schizophrenics go 11553640973  
<sup>5</sup> Schizophrenia.com Preventing Suicide in People who have Schizophrenia  
<sup>6</sup> Medhum.med magazine Why Physicians Die by Suicide 17323

## BARKING UP THE WRONG TREE

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**T**here's a good reason physicians have failed to find a cure for this devastating illness. We need to go back to 375 BC to find out why, for it was then that Hippocrates, the father of modern medicine, proposed that *all* illnesses had a physical cause. Based on this concept physical medicine has advanced light years. An untold number of germs, bacteria, and viruses that cause a multitude of diseases, has been discovered, and a wide variety of drugs have been developed to treat them, resulting in miraculous cures. Hippocrates' theory was a smashing success when it came to ongoing advancements in surgery, and medical science appeared to be on solid ground. However, when applied to mental illness, his theory didn't work.



Emil Kraepelin (1856 – 1926)<sup>7</sup>

Around 1911 German psychiatrist, Emil Kraepelin, known as the father of modern psychiatry and psychopharmacology, was one of the first physicians to move into the study and treatment of mental illness. He

was the first to recognize that schizophrenia had a circumscribed set of symptoms. It was Kraepelin who first identified its symptom complex and named it “dementia praecox” which translates to “precocious madness” or chronic, deteriorating psychosis. Following in the tried and trusted postulation of Hippocrates, Kraepelin proclaimed that dementia praecox was of a biological or genetic origin. He made this declaration with no research into the matter. Kraepelin’s speculative theory was adopted as truth by the medical establishment and it proliferated. They taught it to thousands of unquestioning medical students as fact. By 1937 this idea led to the forced sterilization<sup>8</sup> of nearly 250,000 mentally ill patients who were deemed genetically abnormal<sup>9</sup>



Paul Eugen Bleuler (1857 – 1939)<sup>10</sup>

In 1908 Swiss Psychiatrist, Eugen Bleuler gave this disability the name it carries today: schizophrenia. It

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<sup>8</sup> Eugenic Archive.ca Discover Connections

<sup>9</sup> Encyclopedia Virginia Buck V Bell 1927 and Eugenics, the Supreme Court, and Buck v. Bell – Researchgate

<sup>10</sup> Wikipedia Eugen Bleuler



fostered protocols<sup>12</sup> that failed miserably to discover a cause, cure, or an effective treatment for schizophrenia that didn't damage the patient. Bleuler's ideas about the value of these patients' lives are explicit and alarming:

Most of our worst restraining measures would be unnecessary if we were not duty bound to preserve the patients' lives, which, for them, as well as for others, are only of negative value... Even if a few more killed themselves – does this reason justify the fact that we torture hundreds of patients and aggravate their disease? At the present time we psychiatrists are burdened with the tragic responsibility of obeying the cruel views of society: but it is our responsibility to do our utmost to bring about a change in these views in the future.<sup>13</sup>

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The History of Schizophrenia - Schizophrenia.com

<sup>13</sup>

"Models of Madness" by John Read, Amazon.com, p. 35

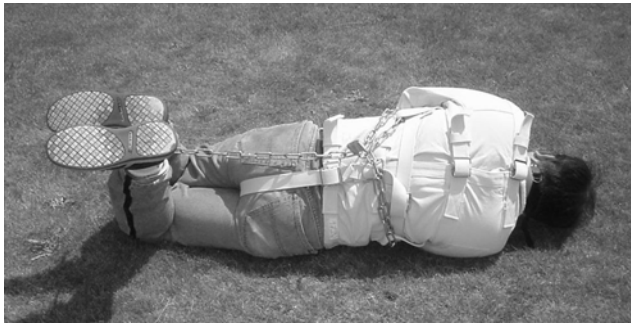
For a clear picture of the extremes to which the medical establishment had gone, it is necessary to view the historical carnage of their treatment procedures.



Trepanning - Detail from The Extraction of the Stone of Madness, a painting by Hieronymus Bosch depicting trepanation (c.1488–1516)<sup>14</sup>

Early treatment attempts dating back to prehistoric days were born out of pure desperation. One such treatment consisted of boring a hole in the victim's skull to let out whatever was suspected to be the cause of their bizarre behavior. No doubt, these patients were left with a splitting headache with no significant impact on this illness. By the 19th century, physicians attempted to poison the schizophrenia germ by pouring distilled alcohol through the hole they had drilled in the patient's skull.

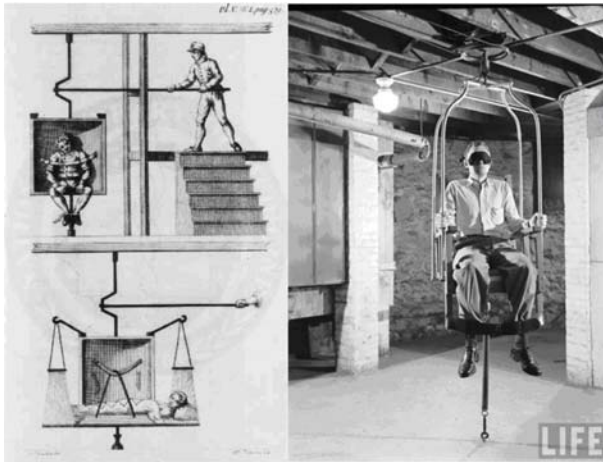




Straightjackets - invented in France in 1790 by an upholsterer named Guilleret for the Bicetre Hospital<sup>15</sup>

As the number of stricken people escalated, institutions were built across the U.S., dedicated specifically to the treatment and management of schizophrenics and other mentally ill patients. Family members suffering from madness were chained to wagons and dropped off at the nearest institution. From inception, these institutions were under-manned. Unprovoked attacks on hospital staff, resulting in serious injury or death, were common.

The most violent patients were locked in padded cells; some were chained to basement walls. Doctors charged with the treatment of these individuals struggled to find methods of rendering these increasing patient populations manageable. With scant means of controlling agitated patients, ward attendants found themselves battling violent psychotics into straightjackets. The attendants cinched up the jackets tightly until the patients wore themselves out struggling against these canvas prisons.



Spinning chairs – Centrifuge Treatment – The Whirling Chair or the spinning chair was used to treat insanity and mania in the 1800s and continued until the 1940's<sup>16</sup>

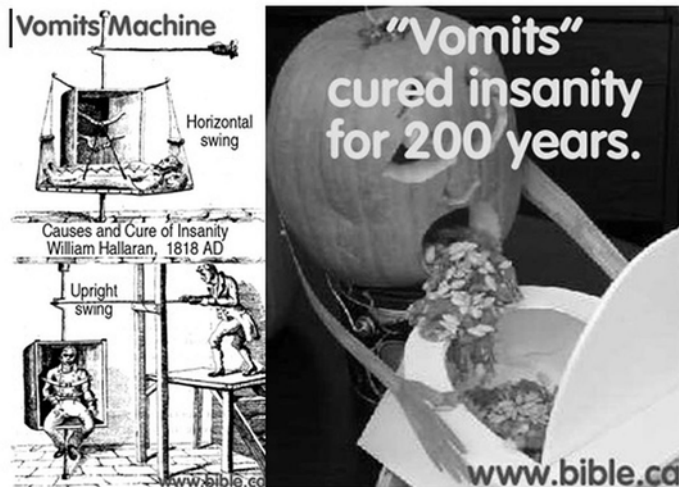
Dr. Erasmus Darwin, Charles Darwin's grandfather, and the inventor of the spinning chair (or spinning couch), believed that sleep helped cure disease. Whirling patients around really fast seemed a good way to induce sleep. American physician Benjamin Rush<sup>17</sup> adopted and facilitated this treatment. Orderlies strapped disturbed patients into a chair and spun it around until they became dizzy and nauseous. The doctor determined the speed and length of the spin time. Common side effects were fear, vomiting, voiding of the bowels and bladder, and anxiety. After prolonged treatment in the spinning chair, no matter how disturbed the patient, they no longer felt like causing problems, at least for a while.

<sup>16</sup>

Hearing Health Matters history of rotational chair

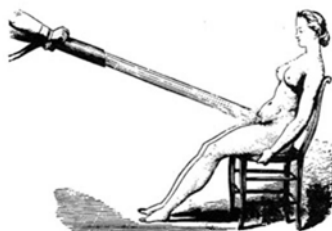
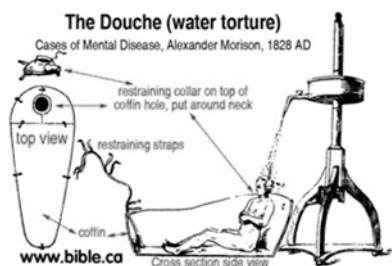
<sup>17</sup>

Wikipedia Benjamin Rush



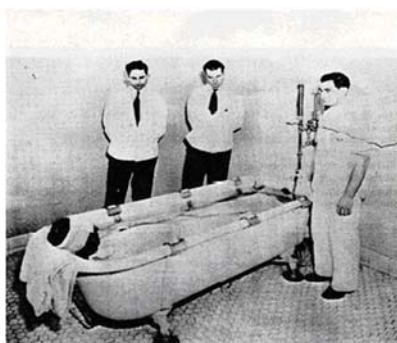
Puking – Used in the 1800's.  
Emetics were introduced later<sup>18</sup>

Other practitioners in the 1800's, noting that nauseous patients were easier to manage, took this treatment to the next level: chemically inducing nausea. This method was known as puking. It proved less troublesome than picking up dizzy, vomit-covered spinning chair patients off the floor and dragging them off to bed. This treatment provided no positive long-term effects on the illness.



Douche circa 1860 – Treatment for female hysteria. Left picture – permission to use granted by artist Steve Rudd<sup>19</sup>  
Right picture<sup>20</sup>

In the 1800s, when schizophrenia manifested in females, physicians construed it as female hysteria and linked it to the presence of a uterus. As such, they subjected females to douches of Epsom salts, apple cider, and grapefruit juice. In extreme cases, they forced women to enter an insane asylum or undergo surgical hysterectomies.



**EXCITABLE PATIENTS KEPT FOR MONTH IN HOT WATER**  
Poughkeepsie, N. Y., April 13.—Dr. Merriam, of the Hudson River State hospital, admitted that excitable patients were sometimes kept for a month in water heated to 90 degrees. The treatment has proved effective.

Hydrotherapy – wrapped like a mummy in the 1930's<sup>21</sup>

<sup>19</sup> Bible.ca psychiatry historic treatments

<sup>20</sup> Wikipedia female hysteria

<sup>21</sup> Cvltnation.com horrifying psychiatric treatments and Sometimes-interesting.com Hudson River State Hospital fourteen decades of mental hygiene

As we moved into the 20<sup>th</sup> century the search continued for a treatment that had even the remotest positive impact on this ungovernable illness and the bizarre behavior it generated. Noting that warm baths often had a calming effect, doctors began experimenting with hydrotherapy, which spawned a variety of water-related treatments.

Hospital staff found hosing patients down with warm water quicker and more efficient than drawing baths. When there was no lasting effect, they subjected patients to a series of hot and cold showers. Repeated failures drove doctors to carry water treatments to extremes.

One such application consisted of mummifying victims with towels drenched in ice water. In some institutions, they strapped patients into a tub of water for hours or even days, letting them out only to use the bathroom. Finding the results disappointing, they intensified their physical assaults. They found psychotic symptoms did not regress even when the patients were strapped to walls for hours or blasted with fire hoses.



Forced Standing – producing stress as punishment  
Permission to use granted by  
owner Maria Braendle<sup>22</sup>

Forced standing was a punishment practiced in the 19th Century, in an attempt to control raving and disobedient patients.

In reversed forced standing, the arms are hoisted but the feet remain flatly on the ground. At first, the body is in a position that is normal for a human being. However, this changes as time passes. As the legs give way, the body falls in exactly the same dilemma as

in the reverse standing handcuffs. The weight of the body strains the arms and the shoulders. One eases this pain only at the cost of pushing up to a standing position, which also creates deep pains in the legs. — Darius Rejali, Ph.D.<sup>23</sup>



Fever Therapy – Injecting Malaria 1930's<sup>24</sup>

One of the most bone-chilling of these treatments was injecting psychotic patients with malaria. Notwithstanding its pucker factor, there was a method to their madness.

In the early 1900s, no cure for syphilis existed. A Viennese neurologist named Wagner Von Jauregg<sup>25</sup> found that the high fever that resulted from injecting malaria-infected blood into syphilitic patients fried the syphilis bacteria. Once the syphilis germs were dead, he administered quinine to kill the malaria. They awarded the Nobel Prize to Wagner for this novel treatment. Based on Emil Kraepelin's unsupported assertion that schizophrenia

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<sup>23</sup> Ccrjustice.org expert report of Darius Rejali, Ph.D. C.A. No. 08-cv-0827

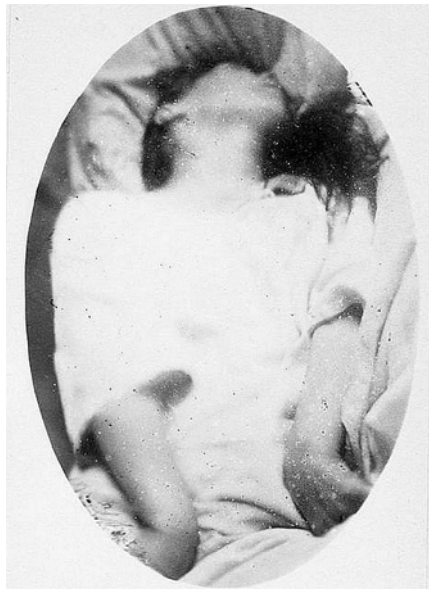
GBL-JFA

<sup>24</sup> Wikipedia Julius Wagner Jauregg

<sup>25</sup> Science Friday.com from fever cure to coma therapy psychiatric treatments

had a biological cause, Wagner tried his germ-cooking treatment on schizophrenics. By subjecting schizophrenics to malaria-induced fevers, patients were so exhausted that they didn't cause problems for a good while afterward. They deemed fever therapy a partial success and implemented it in psychiatric institutions as a management tool, even though it had no substantial long-term impact on the patient's psychotic symptoms.

More convenient injections of sulfur and oils replaced malaria-induced fevers. They also resulted in temporary lethargy and high fever but cured nothing. The schizophrenia germ was fry proof, not at home, or more inconveniently, did not exist. After an interminable number of failures, they abandoned fever therapies, and the wild goose chase for other physical remedies resumed.



Chemically induced seizures<sup>26</sup>



In the early 1900s, Hungarian pathologist Ladislav Von Meduna<sup>27</sup> noticed that few epileptics contracted schizophrenia. After seizing, epileptics appeared euphoric and happy. Von Meduna reasoned that if he could artificially trigger seizures in schizophrenics, they might also become calm and happy. Meduna tested several seizure-inducing drugs, including strychnine, and settled on Metrazol<sup>28</sup>, which induced violent convulsions. He found his schizophrenic patients proved temporarily calmer. Despite his treatment having no lasting effect, Meduna claimed it had cured most of his patients. His Metrazol treatment eventually fell from favor because of its side effects<sup>29</sup>, which included fractured bones, memory loss, and an estimated two percent mortality rate.



Insulin Shock Therapy – Dr. Sakel<sup>30</sup>

In 1936, Dr. Manfred Joshua Sakel<sup>31</sup>, working in a psychiatric clinic in Berlin, accidentally induced a coma in

<sup>27</sup>

Cerebromente.org historia meduna

<sup>28</sup>

Encyclopedia.com history meduna ladislav

<sup>29</sup>

Listverse.com rare old medicines that had horrific side effects

<sup>30</sup>

Wikipedia insulin shock therapy

<sup>31</sup>

Wikipedia Manfred Sakel

one of his psychotic patients with an overdose of insulin. The patient showed some short-term improvement. Sakel published this result and later moved to New York to promote his treatment in U.S. psychiatric hospitals. By the late 1940s, psychiatry had adopted Sakel's treatment as their gold standard and subjected tens of thousands of psychotic patients to insulin shock. At the beginning of the 20th century, psychiatrists knew that the chemical induction of seizures left psychotic patients passive and easier to manage, but the treatment also had severe and dangerous side effects.



Electro Convulsive Therapy<sup>32</sup> (video)

In 1938, an Italian professor of neuropsychiatry, Ugo Cerletti<sup>33</sup>, found that electrocuting the brains of animals also induced seizures and left the creatures comatose. He deduced that he might be able to throw psychotic patients into a coma without the horrible side effects of drugs and potentially electrocute the cause of psychosis, or at the very least stun it. Amazingly, he found that if he sent some 450 volts of electric current coursing through the brain, patients

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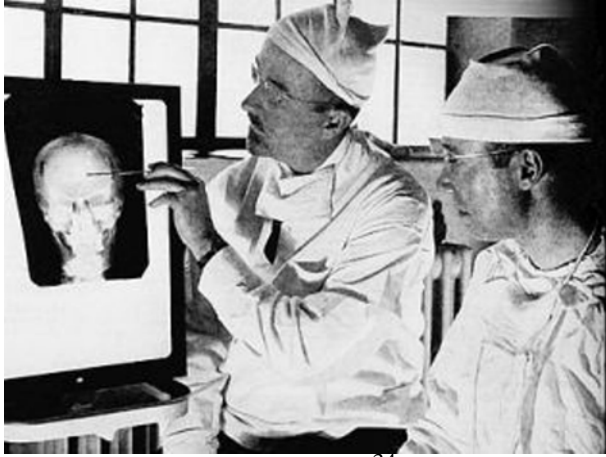
Official Report: Brutal Psychiatric “Treatments”

<sup>33</sup>

Wikipedia Ugo Cerletti

remained lethargic and trouble-free for extended periods; however, the procedure had another incredible benefit. More often than not, and to the astonishment of all, psychotic symptomology receded and remained somewhat dormant longer than with other prior convulsive treatments. This treatment enamored psychiatric hospital staff. When its effects wore off, they could repeatedly shock psychotic patients quickly, easily and inexpensively, as often as necessary to keep them dazed; thus, a new psychiatric standard treatment was born.

Nobody knew how or why electroconvulsive therapy worked, but psychiatrists worldwide were quick to adopt it. The side effects of these violent convulsions included: broken bones, long-term amnesia, headaches, fatigue, nausea, muscle stiffness, shakiness, dizziness, disorientation, and instability. Neurologists reported evidence of brain damage after a single treatment. Central State Hospital, mentioned earlier as the largest psychiatric institution of its day, documented shocking senseless over 3000 patients every year for decades. The lucky candidates were primarily the patients who caused the most problems. If there was a schizophrenia germ, it seemed to recede, at least temporarily, in response to being electrocuted.



Lobotomy<sup>34</sup>

In 1935, a much longer-lasting treatment was identified. Neurologist Antonio Egas Moniz<sup>35</sup> discovered that a violent fecal-slinging monkey permanently calmed down after the prefrontal lobe of its brain was scrambled. Moniz theorized that slicing up the prefrontal lobe of mentally ill patients might have the same effect while leaving the rest of the brain intact. The procedure involved sticking something that resembled an ice pick through the patient's eye socket, driving it into the prefrontal cortex of the patient's brain and jiggling it around. The process was as effective and quick as it was devastating. The operation resulted in permanent mental, cognitive, and social dysfunction. This cost-efficient procedure instantaneously transformed individuals into permanent zombies, barely able to respond to their families or the environment. If turning the patient into a non-functional being was a cure for psychosis, the medical establishment had found one. Starting in the early 1940s and into the 1950s, the use of

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<sup>34</sup>

Wikipedia lobotomy

<sup>35</sup>

Wikipedia Antonio Egas Moniz

this operation drastically increased. By 1951, it was estimated that close to 20,000 lobotomies were performed in the United States and many more in the United Kingdom.

“Ice Pick Lobotomy Anyone? Take a Ride on the ‘Loboto-mobile’<sup>36</sup>. Modern psychiatrists stand on the shoulders of the mobile lobotomist, Dr. Walter Freeman (1895 – 1972). Good ole Dr. Walt pioneered the lobotomy, relieving thousands from what he called ‘the burden of consciousness.’

Dr. Freeman traveled the country in his recreational vehicle, dubbed the ‘loboto-mobile,’ demonstrating his methods and spreading psychiatry’s good news to his colleagues. Dr. Freeman performed 3500 of these procedures without as much as a slap on the wrist. In fact, he is recognized as a pioneer and major contributor to the field of psychiatry.”