Psychosis: Where Do the Voices Come From?
A multi-dimensional approach to finding the origins of auditory hallucinations

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Objectives
1. Examine the difference between the view of a psychotic episode by the African healer and author Malidoma Patrice Somé and by mainstream American psychiatry.
2. Name three possible origins of auditory hallucinations in psychotic patients.
3. Set up resources from higher dimensions to help ourselves stay present and our clients to stay grounded under stress.

Introduction
People who hear voices are usually labeled as crazy, but in other cultures, these people may be revered as conduits between the physical and the spiritual worlds. This breakout examines possible origins of auditory hallucinations and appropriate treatment strategies for the complex, multi-dimensional problem of psychosis.

1. The psychiatric approach
Psychiatry has adopted a medical approach to mental illness, considering each mental and/or emotional disorder a chemical imbalance and looking for a “magic bullet” drug to cure each problem. This approach has had some success in covering up symptoms, but an area where the medical approach has had very poor outcome is the treatment of psychosis/schizophrenia with major tranquilizers. These drugs have long-term detrimental effects on the nervous system such as Tardive Dyskinesia and symptoms of Parkinson’s disease. In addition, schizophrenic patients often present with co-morbidity of depression, anxiety, pain, and other physical problems and are given a medication for each condition without knowing the synergistic effect of that particular combination.

2. A biochemistry approach
The late Carl Pfeiffer, MD, PhD, developed a nutrient therapy approach to help patients, which was further developed by Dr. William Walsh. This approach treats each patient as an individual, using various tests to assess brain chemistry and then natural substances to correct for imbalances. Walsh uses a histamine test to assess whether a patient has overmethylation or undermethylation. In general, the undermethylation problem results in depression, obsessive-compulsive disorder, and autism in children. Walsh reports that 38% of depressed patients are undermethylated. With overmethylation, the body produces an excess of serotonin and other beneficial neurotransmitters, but the over-production results in “too much of a good thing.” These patients generally get worse
with SSRIs. Walsh finds overmethylation correlates with anxiety, panic, insomnia, and sometimes paranoid schizophrenia. Walsh reports that 42% of psychotic patients are overmethylated and that Folate helps correct the problem. Walsh claims on his website http://www.walshinstitute.org that 80% of the patients he treats with nutrient therapy report that after two to three months of treatment, their life is better and their symptoms are sometimes gone.

3. Current state of treatment for a psychotic episode
   a. Medication
   b. Nutrient therapy
   c. ECT

4. Multidimensional view of mental illness

5. First decision tree: do the auditory hallucinations come from inside of the person or from the outside?
   b. Outside origins, symptoms, treatment strategies, and when to refer
      i. Helpful spirit guides
      ii. Earthbound spirit attachments
      iii. Malevolent entity invasion

6. Building resources for ourselves from higher dimensions so we can stay present and grounded
   a. A body protector
   b. An essence protector
   c. True Self/Higher Self

7. Sharing, questions, and evaluation

Evaluation:
1. What is the difference between the treatment of a psychotic episode by African healer Malidoma Patrice Somé and by mainstream American psychiatry?
2. What are three possible origins of auditory hallucinations in psychotic patients?
3. How can practitioners and clients in stress set up resources from higher dimensions?

Bibliography:


