

spiritual path of complete healing, however tortuous or obscure it may seem.



On the Road to Get Our Son Cured From Schizophrenia

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Our family lives in Belgium. We have two girls followed by two boys. In May 2012, on his 20th birthday, our first son was diagnosed and stigmatised as “schizophrenic.” To make matters worse, we were left with no hope, the psychiatrist added: “(1) it is incurable, which means disability for life; and (2) to survive, his use of psychiatric drugs, for life, is required . . .”

Because psychiatrists assume that schizophrenia is a genetic disease, stigmatisation affected our whole family. Our children became afraid that they will not find the love of their lives: “*who would take the risk to have a schizophrenic child?*” Since then, we have met many families traumatised in the same way.

Being a research scientist with a PhD in biochemistry and genetics, I learned: “Who searches, finds!” So, I started to do my own research, exploring the psychiatric literature. That proved to be a rather depressing experience. For instance:

- No psychiatrist-researcher is looking for a cure . . .
- Due to a huge conflict of interests with the pharmaceutical industry, plagued by corrupted and bad science, the psychiatric literature is characterised by “cherry-picking results,” “misinterpreted results,” and “unsupported conclusions.”
- The probability of suffering from any genetic defect is less than one in a million. But, instead of being equal to that, the probability of suffering from schizophrenia is near 1% (i.e., 10,000 times more). Therefore, a genetic hypothesis is invalid. There are other causes than genetics, most notably cumulative traumas.

- Apart from a few exceptions, not looking for causes, psychiatrists look only at symptoms. Then, they prescribe psych-drugs for “stabilising” patients. Stabilisation falls against the Second Law of Thermodynamics, which states: “*everything evolves towards entropy, higher chaos.*” Battles against any illness are chaotic indeed.

After 12 months in psychiatry, with his prescribed high doses of 4 different psych-drugs, our son was so “stabilised” that he had to sleep around 18 hours per day. At 21, he could no longer function properly, could no longer practice any sports, could no longer study, could no longer go out with boys and girls, and could no longer enjoy his youth and Saturday night fevers. He had gained 45 pounds. Dozed off all the time by the psych-drugs, he often fell on the stairs, risking breaking his neck. His saliva drooled uncontrollably from his mouth—an unpleasant effect of clozapine. In the morning, with his pillow completely wet, he woke up bathing in his saliva. In addition, because clozapine endangers immunity, he had to undergo a monthly blood test. He was sicker from the high doses and long-term takes of prescribed toxic psych-drugs than from schizophrenia. Seeing him so miserable increased my determination to find a cure.

In May 2013, after a year of disappointments following scientific research rules, I did my U-turn: turning my back on professionals, I started to research in the direction of diagnosed people.

They do not publish in academic journals, but they do publish a lot. To explore their valuable literature, which is even peer-reviewed, to unveil hundreds of “reproducible” success stories astonished me: with respect to curing mental illnesses, shifting the paradigm, sufferers who managed to heal are the true experts, indeed.

At first, it all looked too good to be true. By synchronicity of life, I had taken a week off work to do our yearly house maintenance. Not willing to share false hopes with our family, I used it for investigating deeper: among therapies, “Open Dialogue” is well reported in the academic literature. By Friday, I was convinced: here is how to get our son cured.

End of the afternoon, back from work, my wife entered our house, slamming the doors. I took an “Open Dialogue” report, and we met in our kitchen. She was furious: “*you took a week off to maintain our house and you did nothing. I hope that you have a good excuse!*” I passed her the report: “*Please, Darling, look!*” She started to read . . . , tears came to her eyes, her legs started to wobble. Before she fell, I managed to sit her down on our sofa. She kept reading. As it had happened to me the week before, the more she was reading, the more she was crying: in her mother’s heart, hope was back too.

We fetched our son at the psych-ward to spend the weekend with us. We passed him the report. Numbled by the high doses of prescribed psych-drugs, he could not express his emotions, but he was very much interested. I showed him and my wife many reprints plus 4 documentaries on DVD, 01h15 each by Daniel Mackler. After dinner, we watched “Take These Broken Wings,” a film about professionals helping sufferers to get cured and two ex-sufferers, Joanne Greenberg and Catherine Penney, who are cured. By the end, realizing that curing schizophrenia is possible, we were excited.

On Saturday evening, we watched “Open Dialogue,” filmed in North Finland, full of interactions with members of the “Open Dialogue” Team. As stated by Robert Whitaker in his 2010 book “Anatomy of an Epidemics,” we understood the following:

“In Western Lapland [. . .] their conception of psychosis is quite distinct, as it does not really fit into the biological, psychological, or psychiatric category. Instead, they believe that psychosis arises from severely frayed social relationships. Psychosis does not live in the head. It lives in the in-between family members and the in-between people. It is in the relationship, and the one who is psychotic makes its bad state visible. He or she “wears the symptoms” and has the burden to carry them.”

When that second film ended, with more tears of hope in her eyes, my wife turned to me and said: “*Darling, to learn more, you must go meet that fabulous Team, learn directly from them and take our son with you!*” Our son confirmed: “*Yes, Dad, please let’s go!*”

By another synchronicity of life, a month later, there was a three days “Open Dialogue” workshop

organised at Hämeenlinna, 115 km north of Helsinki, Finland. Hence, on Sunday, we planned our travel. In the evening, following his health insurance rules, I brought our son back to the psych-ward. He was exhausted. A bit later, fearing that it may be too good to be true, he texted me: “*Dad, do you really think that I have a chance to get cured?*” I reassured him: “*Dear Valère, I do believe in this innovation, and I promise you that you will get cured and get your life back!*” He added: “*Thanks Dad, now I can sleep!*” I cried.

Three weeks later, father and son, we landed 2,000 km away from home at the airport of Kemi-Tornio. We drove directly to Keropudas, the 170 beds psychiatric hospital. We saw two long buildings. The one on our left was clearly empty. The one in front of us was three-quarters empty and lighted for one quarter, where the administration works.

Impressed, we entered that building. Professionals of the “Open Dialogue Team” were all out, working at family homes. Sometime later, a nurse of the team came in. He confirmed the published results and their selective use of psych-drugs: 83% of their patients do not get any prescription for antipsychotic drugs. Within five years, 80-85 % of the patients are cured and in full-time studies or jobs. Good for local taxpayers, costs are more than 20 times lower than the psychiatry as practised out of Western Lapland.

The next morning, his pill-organizer empty, our son realised that he had forgotten his boxes of psych-drugs in Belgium. To go cold-turkey in Lapland was not our plan. My wife emailed us a scan of his prescriptions. We have been to eight pharmacies of Tornio. Worrying for us, the eight pharmacists said: “*Sorry, we do not have these medications!*”

Suddenly, it stuck our eyes out: in Western Lapland, they found a cure for psychosis, which emptied their psychiatric hospital, toxic psych-drugs are no longer on their local market, and they saved tax-payers money. Happy by this evidence of the “Open Dialogue” success, we decided to go to Sweden, where they still have traditional psychiatry. We found the four psych-drugs.

A day later, we arrived at the workshop place. There were 310 participants from 7 different

countries. We met the project leader of the “Open Dialogue” development, Prof. Jaakko Seikkula. We learned that the “Open Dialogue Therapy” has roots in the approaches of Ronald D. Laing, Mikhail Bakhtin, Tom Andersen, etc, and in family therapy.

Organizers had invited a theatre troop from London, UK, to play the role of a family during demos. Inspired by the remarkable “Open Dialogue” results, that troop published a book entitled “The Eradication of Schizophrenia in Western Lapland.” They presented their play in London in 2014.

Once back home, we decided to take our son out of psychiatry and risk our own trials and errors to help cure him. On our learning curve, we discovered ten golden rules:

1. The best medicine is unconditional Love!
2. No healing therapy is perfect, but by combining healing therapies developed respectively for anorexia, bulimia, psychosis, schizophrenia, bipolarity, autism and ADHD, we got to near-perfection.
3. Instead of a stressful clinical environment, for healing, a natural environment is a must. Methods and results obtained in natural environments credited to Karl von Frisch, Konrad Lorenz and Nikolaas Tinbergen in their 1973 Nobel Prize for Physiology and Medicine. They are helpful for optimising healing therapies.
4. Nutritherapy must complement psychotherapy: an adequately fed body enhances healing efficiency.
5. By cross-fertilising therapies, the “Open Dialogue” of Jaakko Seikkula and Birgitta Alakare, the “Living with Voices” of Marius Romme and Sandra Escher, the “Healing Homes” of Carina Håkansson, the “Secret Language” of Peggy Claude-Pierre and the “AutismOne” of Marcia Hinds, we realised that, due to their cumulative traumas, so-called mentally ill are suffering from a powerful negative mind, constantly devaluing them, which drives them mad. A 3 year old patient of Peggy Claude-Pierre called it “*the monster under my hair*.” Therefore, a major task of healing therapists is to help sufferers revalue themselves until their negative mind is gone. Once the monster, the cause of madness, is out of their head, they are cured. As highlighted by Norman Doidge, in terms of neuroplasticity, healing therapies contribute to the rewiring and reprogramming of the brain.
6. A team to accompany sufferers on their healing road is required: they cannot do it alone. With the current psychiatric dogma of incurability,

building a team with members who believe that, with a humanistic and holistic approach, curing mental illnesses is possible, is the most difficult of all.

7. To express their true personality and to interact naturally with their therapists, families and friends, sufferers must be psych-drugs-free. Their supporting team must be in place before starting to taper, because adequate psychotherapy replacing psych-drugs prevents relapses.
8. The healing road is chaotic: acute sufferings, hallucinations and delusions, which are metaphors, plus anger, which is a way to grieve, are absolute and temporary necessities for healing. Curing therapists respect them.
9. Our family accountability confirms: to apply healing therapies, not reimbursed by National Health Insurances as yet, in Soteria-like therapeutic communities, in healing homes or in family homes, is 15 to 30 times cheaper than psychiatry.
10. Don't worry, once cured, stigmatisation vanishes by itself.

After safe peer-guided weaning, our son is now psych-drugs-free for four years. No relapse. He lost his extra-weight and resumed sports. Courageously, he keeps progressing. We are proud of him.

We are now raising awareness, organising short courses, and assembling a critical mass of concerned families and professionals with the view to get Governments to pass laws for investing our taxes into high-quality healing therapies for all mental illnesses.

Closing our story, we are very grateful to ex-sufferers and healing therapists, many of whom we met in person, for their teaching and support.

The Lost Darn Tea-Time of the Soul

Nataliya Yaneva

Bulgaria

My name is Nataliya and I recently turned 32. I'm from Bulgaria. And I have social anxiety and high-functioning depression.