

CASE STUDIES IN
Schizophrenia



David McMillin, M.A.

BASED ON THE EDGAR CAYCE HEALTH METHODS

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Based on the Readings of Edgar Cayce

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DISCLAIMER: This book is directed primarily to health care professionals who are interested in alternative perspectives on the causes and treatment of mental illness. This book should not be regarded as a guide to self-diagnosis or self-treatment. The cooperation of a qualified health care professional is essential if one wishes to apply the principles and techniques discussed in this book.

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Introduction

SCHIZOPHRENIA IS THE mental health equivalent of cancer or AIDS. It inflicts one percent of the world's population and costs tens of billions of dollars each year in scarce health care resources. However the statistical profile of this disorder does not convey the personal devastation which schizophrenia wreaks upon the suffering individuals, families, and friends who must endure years of insanity. To lose one's mind is the ultimate dehumanizing experience.

Schizophrenia is a form of psychosis. As such, certain psychotic symptoms such as delusions and hallucinations are inherent in the illness. During the acute phases of the disorder, the afflicted person may be said to be "out of touch with reality." At least out of touch with reality as we know it. This qualifier is important—as we shall see in some of the later chapters. Perhaps in certain cases of schizophrenia, the individual is out of touch with this reality and in touch with transcendent realms.

At any rate, persons will often hear voices perceived as coming

from outside of themselves. The voices may be singular or multiple. They will sometimes provide commentary or commands. Less frequently, hallucinations involve the other sensory modalities such as vision and touch.

Delusions refer to abnormalities of thought. For example, someone may believe that he or she is being controlled by a dead person or that his or her thoughts are being broadcast to the external world. Delusions of persecution (paranoia) are also common. The classic paranoid delusion is that you are being pursued by the FBI or some other powerful organization. Being convinced that you are Jesus Christ or some other famous historical personage is a typical delusion of grandiosity. Unless you can walk on water or raise the dead, you will probably have a difficult time convincing a psychiatrist that you really don't need one of the powerful antipsychotic medications used to treat delusional thinking. Good luck!

Emotional responses are often inappropriate or totally lacking in persons suffering from schizophrenia. Not surprisingly, interpersonal functioning is often disturbed—sometimes by social withdrawal—occasionally by excessive closeness. We will take a closer look at the full spectrum of psychological and physical symptoms associated with schizophrenia in the pages which follow.

The Medical Model of Schizophrenia

Generally speaking, medical science views schizophrenia as a problem of neurotransmission in the brain. Neurotransmitters are the chemical messengers which allow nerve cells to communicate with each other. In other words, the biochemistry of the brain is abnormal. Specifically, the neurotransmitter dopamine is the most likely candidate among the twenty-eight or so recognized neurotransmitters.

Contemporary research tends to focus on pathology in specific areas of the brain. The limbic system (in the middle of the brain) and the prefrontal cortex (the front of the brain) are likely areas of pathology.

However, this simplistic view of brain dysfunction is problematic. Research has implicated numerous other major neurotransmitters and areas of the brain in schizophrenia. Furthermore, research has clearly demonstrated that other parts of the nervous system are involved (as well as other systems within the body). Notwithstanding all the research and clinical progress that have been made in this

century, schizophrenia is still regarded by modern medicine as an incurable brain disease of unknown causation. The drugs which are used to treat it only suppress symptoms—they do not cure. Many patients respond poorly or not at all to these powerful drugs. In addition, unpleasant and dangerous side effects can complicate drug treatment. Relapse is common.

The Genesis of This Book

A few years ago, while in graduate school studying clinical psychology, I rediscovered the psychic readings of Edgar Cayce. I had been aware of this vast collection of information for many years. I knew that Edgar Cayce had given many readings for persons suffering the full range of physical pathology. I was also aware of the “life” readings which discussed past lives and astrological influences. I was even cognizant that he had given a few readings for persons suffering mental and emotional problems. I had reviewed some of the readings which addressed mental illnesses such as schizophrenia and depression. One of the prominent themes which ran through these readings was the concept of incoordination between the nervous systems of the body. I didn’t know what Cayce meant by “incoordination between the nervous systems,” and like much of the information in the readings I filed it away wondering if someday it would make sense.

You can imagine my amazement when the professor in a graduate course in clinical biopsychology began talking about the physical pathology associated with schizophrenia in just the same terms that Cayce had used decades earlier in his readings. The instructor spoke of the abundant research literature which clearly established the incoordination in nervous system functioning in schizophrenia. He went on to note that this was one of the few things that we know for certain about schizophrenia. Our level of ignorance of this serious illness is almost overwhelming. Naturally, I was curious and wanted to know more. Upon request, my instructor provided me with a list of articles documenting nervous system incoordination in schizophrenia. I was on my way. I didn’t know where I was going, but it felt right and I trusted it.

My academic research resulted in a master’s thesis entitled *Research and Clinical Implications of Autonomic Nervous System Involvement in Schizophrenia*. In my thesis, I blended the psychological and psychiatric literature with my understanding of the

Cayce material. After graduation, I researched deeper into the Cayce readings and expanded my thesis into a book entitled *The Treatment of Schizophrenia: A Holistic Approach Based on the Readings of Edgar Cayce*.

While looking more closely at the readings, I was intrigued to find that Edgar Cayce had actually given hundreds of readings on mental illness. With this realization, I determined within myself to see if this material was relevant to contemporary clinical practice. While modern therapeutic approaches provide varying degrees of symptomatic relief for mental illness, the fact remains that we do not know for certain the cause, nor do we have the cure for any of the major mental illnesses. Maybe the Cayce perspective could make a contribution. I simply wanted to find out for myself if Edgar Cayce's trance-induced observations were true, in any practical sense. If they were valid, the therapeutic implications were enormous.

I set out to apply the information. Without going into detail, I will simply note that I have found the Cayce information extremely helpful in the treatment of major mental illness, including schizophrenia. In a certain sense, this book is one of my attempts at application of the material.

The Purpose of This Book

The purpose of this book is to make the information provided by Edgar Cayce about schizophrenia more widely accessible to persons seeking alternative perspectives on this illness. Such a person may be a family member or friend of someone who has been diagnosed as having schizophrenia. Or perhaps individuals carrying the diagnosis may wish to view the problem from an alternative perspective. To increase accessibility, the style is nontechnical. Readers desiring a more academic presentation of this material may wish to consider the earlier work entitled *The Treatment of Schizophrenia: A Holistic Approach Based on the Readings of Edgar Cayce* (see Appendix).

The structure of most chapters will be built around a group of case studies which illustrate an important concept about schizophrenia. Typically, I will include relevant information from other sources such as medical research and the clinical literature. Additional information from the readings may also be cited when available.

The first part of the book will address the causes of schizophre-

nia. In recognition of the substantial biological dimension of schizophrenia, this section might be viewed as more “mainstream” in its orientation.

The second part will digress to a more expansive consideration of the subject. It will address the context of the human experience for persons suffering major mental illness. In other words, we will consider the meaning of schizophrenia. The position adopted will be defined as holism—a viewpoint which emphasizes the whole self—body, mind, and spirit. From this view, we will hopefully be able to make sense of the causes of schizophrenia cited in the earlier chapters. In part, holism as represented in the Cayce readings states that body, mind, and spirit connect through definite anatomical centers in the body. Specifically, mind interfaces through the nervous systems and spirit manifests through the glands of the body. I regard these anatomical structures as key elements in the “body-soul connection.” This connection is vulnerable to insult from a variety of factors (such as spinal injury). So as you read Part One and note the preponderance of spinal injuries and glandular dysfunction, be aware that these causes relate to a bigger picture of human functioning—the body/soul connection.

Hence, Part Two will go beyond physical pathology to examine the role of the kundalini energy (the “life force” present in each living being), reincarnation, and possession. Hopefully, readers will find the presentation of these extraordinary topics to be sensible and consistent with the material discussed in Part One.

The Work of Edgar Cayce

For readers unfamiliar with the work of Edgar Cayce, the following background information may be helpful. Edgar Cayce was born on March 18, 1877, on a farm near Hopkinsville, Kentucky. His childhood was marked by paranormal experiences such as seeing and speaking to recently deceased relatives and sleeping with his head on textbooks to memorize school lessons. His abilities as a psychic diagnostician were utilized during his early twenties when he developed a gradual paralysis of the throat. Medical doctors were unable to provide relief. As a last resort, he allowed a friend to hypnotize him so that he could reestablish the state of consciousness that he had utilized as a child when he memorized his school books. From this trance state, he was able to diagnosis his condition and prescribe treatments which remedied the problem. Cayce was

hesitant to use his ability for others because he felt responsible for the information. He was concerned that the suggested treatments might have harmful effects. Consequently, many of the early beneficiaries of his services were desperate cases, often given up by medical doctors. Working within the medical establishment, in partnership with various physicians who utilized his gift, Cayce felt assured that his unusual ability would do no harm. After several years as a professional photographer and part-time psychic, Cayce devoted his life to giving readings.

Cayce refused to “cash in” on this ability by performing on stage or offering his services to the highest bidder. Rather, he chose to offer his services to those in need on a donation basis. Consequently, many readings were provided free or for nominal donations. Cayce suffered financial hardship for most of his life and apparently accepted monetary austerity as his karma for having squandered resources in a previous life.

As an indication of Cayce’s interest in providing help to persons suffering from physical illness, most of his psychic readings were given in response to health issues. The remainder covering virtually every area of human endeavor, from religion and philosophy to business and international affairs.

The readings addressing mental health are particularly relevant to the present work and cover the entire field of psychopathology. There exist numerous readings on psychosis, depression, anxiety, dementia, personality disorders, developmental disorders, etc. Other aspects of psychology such as learning and memory, the nature of personality, perception, psychosocial development, consciousness, the meaning of sleep, etc., are interspersed throughout the readings and provide intriguing perspectives on these concepts.

Apart from the content of Cayce’s readings, the trance process itself is a fascinating facet of Cayce’s work. Harmon Bro, in his excellent biography of Cayce entitled *A Seer Out of Season*, provides a glimpse into the trance procedure and the physical context of the readings:

What took place in the morning and afternoon trance sessions, in the months that followed when I heard and took notes on some six hundred of Cayce’s readings, was a profound shock. Nothing could adequately prepare one for the amount of swift helpfulness that flowed from the unconscious man. His outward procedures were simple enough. Cayce sat on his

plain green studio couch in his cheerful windowed study, across the room from his desk and little portable typewriter. He prayed, then lay down and step by step went unconscious. He spoke in measured address about each person or need to which his wife, sitting beside him, quietly directed his attention. After an hour or more of discourse and questions which his secretary recorded in shorthand, he came swiftly back to consciousness, remembering nothing of what he had said, and got up to resume the activities of his busy correspondence and office. It was all done in broad daylight and simplicity, as naturally as if he were still taking portraits in a photographic studio. But the plainness of the process did not take away the jolt of seeing him accomplish day after day what our culture said was impossible.

Although some of the early readings were not recorded, over 14,000 were stenographically transcribed and have been preserved by the Association for Research and Enlightenment (A.R.E.) in Virginia Beach, Virginia. Recognizing the need for confidentiality, each reading is assigned a number corresponding to the person or group requesting information. The identifying number is followed by another number designating the sequence of the reading. For example, a reading cited as 182-6 indicates that this reading is the sixth in a series of readings for an individual or group designated as 182.

I will include abundant examples of readings directly from Cayce's work to provide readers a first-hand glimpse into his psychic technique. In this way, I intend to let the readings speak for themselves to the fullest extent possible. I will provide parallel information from modern research and other important sources. I will also include additional background information from family or medical sources to provide a context for considering each case.

At least a couple of dozen individuals suffering from schizophrenia (or its diagnostic precursor, dementia praecox) sought psychic readings from Edgar Cayce. The readings consistently emphasized the strong biological dimension of this disorder and graphically described the brain dysfunctions which modern medical research is uncovering. Yet, the readings typically viewed this brain degeneration as an effect rather than the primary cause. Quite often other systems were cited as being the basic cause. For example, the endocrine glands and autonomic nervous system were portrayed as major sources of pathology.

In other words, the brain does not exist in isolation. To maintain itself, it requires a constant supply of nutrients and the continual removal of metabolic waste. Without the support of the rest of the body, brain functioning degenerates. The causes and treatment of this degenerative process will be explored in the case studies which follow.

The Perennial Philosophy of the Cayce Readings

The work of Edgar Cayce does not exist in a philosophical vacuum. Rather, throughout the ages numerous individuals have manifested similar paranormal gifts while expounding an expansive view of the human condition. This view has been called the *Perennial Philosophy*. Author Ken Wilber has traced the perennial philosophy through ages of human activity:

But there is a much more sophisticated view of the relation of humanity and Divinity, a view held by the great majority of the truly gifted theologians, philosophers, sages, and even scientists of various times. Known in general as the "perennial philosophy" (a name coined by Leibnitz), it forms the esoteric core of Hinduism, Buddhism, Taoism, Sufism, and Christian mysticism, as well as being embraced, in whole or part, by individual intellects ranging from Spinoza to Albert Einstein, Schopenhauer to Jung, William James to Plato. Further, in its purest form it is not at all anti-science but, in a special sense, trans-science or even ante-science, so that it can happily co-exist with, and certainly complement, the hard data of the pure sciences. This is why, I believe, that so many of the truly brilliant scientists have always flirted with, or totally embraced, the perennial philosophy, as witness Einstein, Schrodinger, Eddington, David Bohm, Sir James Jeans, even Isaac Newton.

Aldous Huxley advocates a similar perspective of the perennial philosophy which emphasizes the "tripartite" quality of human nature. Significantly, the tripartite "body/mind/spirit" interface is a major theme in the Cayce readings and provides the foundation for the "holistic" perspective advocated in this book.

The Perennial Philosophy is primarily concerned with the one, divine Reality substantial to the manifold world of things

and lives and minds . . . In other words, there is a hierarchy of the real . . . But all of these men, even La Rochefoucauld, even Machiavelli, were aware of certain facts which twentieth-century psychologists have chosen to ignore—the fact that human nature is tripartite, consisting of a spirit as well as of a mind and body; the fact that we live on the borderline between two worlds, the temporal and the eternal, the physical-vital-human and the divine . . . Man's final end, the purpose of his existence, is to love, know and be united with the immanent and transcendent Godhead.

Recognition of Cayce's work as being representative of the perennial philosophy—as an extension of a tradition of ideas and practices which underlie most of the world's major religions and philosophies—is essential for a full appreciation of his contribution. From this perspective, he cannot simply be dismissed as a religious fanatic seeking to establish an esoteric cult; a crackpot practicing medical quackery and milking desperate innocents of their resources; or a deluded psychotic experiencing pathological trance states resulting in thousands of incoherent, implausible psychic readings. To the contrary, Cayce's life and work exemplify a long and respected tradition among the great cultures of the world. Although his beliefs have a definite Judeo/Christian orientation, his recognition of the continuity of consciousness, including such Eastern concepts as karma and reincarnation, attest to the scope of his perspective.

We will take up the concept of the "continuity of consciousness" in the second portion of this book when we consider the "transpersonal" aspects of schizophrenia. By transpersonal, I simply refer to those dimensions of the human experience which transcend the personal sense of self (or the personality/ego). These dimensions involve mental and spiritual aspects which stretch our view of the human experience. Certain concepts of the perennial philosophy such as kundalini (the "life force"), reincarnation, and karma are essential for a full consideration of major mental illness.

In other words, human beings are more than biological machines. Complex mental illnesses such as schizophrenia naturally involve more than biological pathology. Furthermore, the effective treatment of schizophrenia involves more than physical interventions. As we shall see, Edgar Cayce adopted a "holistic" approach to healing the person suffering from schizophrenia. Holism means

that the whole person is taken into consideration. From Cayce's perspective, the whole person is a unity or entity involving physical, mental, and spiritual aspects. Along with physical/biological therapies, the mental and spiritual dimensions of treatment are regarded as crucial ingredients in a comprehensive treatment model. The case studies which follow exemplify Edgar Cayce's holistic approach.

PART I

THE BIOPSYCHOLOGY
OF SCHIZOPHRENIA

1

Dementia Praecox

SCHIZOPHRENIA IS AN exceedingly complex illness. In fact, if you were to have the opportunity to observe an ample number of individuals diagnosed as schizophrenic, you might find yourself wondering if they were all suffering from the same disorder. Your observation would not be unreasonable. It is widely accepted by leading researchers that there is considerable variability within schizophrenia as it is currently defined.

Many researchers have interpreted this variability to mean that schizophrenia may consist of a group of related disorders. This confusing situation has arisen, in part at least, from our ignorance of the causes of schizophrenia. The first part of this book will examine the sources of variability in schizophrenia by considering some of the causes noted in the Edgar Cayce readings. In a sense, we will be allowed to lift the curtain of our ignorance—to peek behind the veil of puzzling biological, psychological, and spiritual factors which have been implicated as causes of schizophrenia.

To help us understand the nature of schizophrenia, we will take a

glance down the historical avenue leading to our current diagnostic dilemma. In considering the history of insanity, we may gain a deeper understanding of our subject. Such a review will also help to set the stage for Edgar Cayce's perspective on this devastating disorder.

The term schizophrenia was created by Alfred Bleuler in 1911. Literally, it refers to a split between thought and emotion which Bleuler regarded as the hallmark of the illness. Bleuler's interpretation reveals a psychological emphasis which has persisted until recent times. The focus has been on mental and emotional processes. Naturally, this viewpoint was strongly influenced by the early popularity of the psychoanalytic movement in this country. Hence, aberrant childhood developmental stages were sometimes cited as a cause of schizophrenia.

Can faulty potty training cause schizophrenia? Not likely, yet psychoanalytic theorists found in schizophrenia a fertile ground for hypotheses. One of the strongest and most persistent views focused on poor mothering as the source of the problem. Consequently, guilt-ridden mothers suffered through years of "mom bashing" because their child became afflicted with schizophrenia later in life. Modern scientific research has largely debunked this unfortunate way of thinking about schizophrenia.

During the 1950s, the discovery of the antipsychotic medications shifted the focus to the biological dimensions of the illness. The discovery of the antipsychotic properties of certain drugs (such as Thorazine) can be traced back to the French physician Henri Laborit. Laborit was looking for a drug to prevent a drop in blood pressure during surgery. Although the drug he used failed in that respect, it did have noticeable sedative effects. Subsequent research by French psychiatrists was by trial and error—they gave the drug to persons suffering from a wide range of disorders to see if it had any effect. The medication had powerful calming effects on agitated psychotic patients and thus: "The first powerful drug available to treat serious mental illness was discovered in much the same way as was penicillin: by accident. The discovery was the happy consequence of a chance finding being observed by a person with a fertile mind who could recognize its larger implications." The preceding observation was noted by Nancy Andreasen, M.D., Ph.D., a leading researcher in the field of mental illness.

Modern brain-scan technology has further bolstered the biological focus in schizophrenia. Through a variety of techniques, scien-

tists have noted brain abnormalities in many persons diagnosed as schizophrenic. Some of the strongest evidence comes from studies which document an enlargement of the brain's ventricles in cases of schizophrenia. The ventricles carry cerebrospinal fluid. It is thought that an enlargement of the ventricles results from a degeneration of brain tissue itself. In a sense, the flexible ventricles may expand to take up the space left when nerve cells in the brain deteriorate and shrink in volume. As with most research in schizophrenia, the brain-scan literature is complex and variable. We can only hope that improved technology and further research can unravel the details in this fascinating and significant area of investigation.

So this is where we find ourselves today, in the midst of a biological revolution which has transformed psychiatry. Consequently, psychological explanations have taken a back seat to physiological theories.

In a sense, we have returned to an earlier viewpoint. Previous to Bleuler's psychological rendition, psychiatrists had used the term *dementia praecox* as a diagnostic label for chronically psychotic patients. This term has a strong biological flavor because dementia refers to irreversible brain degeneration and *praecox* means precocious or early. Since the illness often manifested during the late teens and early twenties, this designation was quite literal as a descriptive diagnosis.

Emil Kraepelin, the father of modern psychiatry, was very influential in clarifying the meaning of the major mental illnesses including *dementia praecox*. He believed that *dementia praecox* involved brain degeneration which most likely resulted from a metabolic disorder. Kraepelin's insights are more than mere historical curiosity. Modern psychiatry has shifted its focus away from psychological theorizing and is currently re-examining the seminal work of Kraepelin and the early biological psychiatrists.

So while the emphasis has shifted back to a biological perspective similar to Kraepelin's concept of *dementia praecox*, we have kept the term schizophrenia in use. We have experienced an almost constant revision of diagnostic criteria and types of schizophrenia, yet the term remains. However the problem of variability still plagues medical research. This is particularly evident in the problem of replication in research studies. For example, one team of researchers may report a significant finding, yet other researchers are unable to confirm the important finding in follow-up studies. Thus many researchers have come to the conclusion that schizophrenia

actually consists of a group of related disorders. Each study may use a slightly (or greatly) different blend of schizophrenic subtypes. Consequently, findings would also be diverse and difficult to replicate. Replication is so important because it is fundamental to the scientific process. Without replication, we cannot know if any particular research finding is true or simply the result of a faulty experiment.

I have made this effort to discuss the diversity of the population of individuals diagnosed as suffering from schizophrenia for an important reason. The Cayce readings were decades ahead of current research in discussing the causes of this diversity. Therefore, it is imperative that readers be aware of this acknowledged variance before proceeding to the case studies which follow. To be sure, there are many causes of schizophrenia and they will be addressed in this book.

Likewise, I have emphasized the strong biological aspect of schizophrenia for an important reason. While both terms (*dementia praecox* and schizophrenia) were in use by the health care professionals of his era, Edgar Cayce consistently preferred the term *dementia praecox*. Although several individuals came to Cayce with a diagnosis of schizophrenia, he did not use that term when diagnosing their condition.

Cayce's reluctance to describe persons as schizophrenic may have involved more than diagnostic obsolescence. *Dementia praecox* was a useful diagnostic category. It affirmed organic degeneration and deteriorating course. These were clinical and pathological realities which the readings graphically described.

On the other hand, Bleuler's schizophrenia was conceptualized as a psychological construct inferring splitting of the personality (i.e., a splitting of thought and emotion). From Cayce's perspective, this description apparently did not adequately fit the illness. Such a vague and insubstantial concept may have been deemed unsuitable for the condition of those seeking Cayce's help.

So while modern psychiatry has generally deferred to a more biological stance which is reminiscent of Kraepelin's and Cayce's perspectives (*dementia praecox*), the term schizophrenia has remained part of the psychiatric lexicon. Many researchers and clinicians have decried its use calling it a "wastebasket" diagnosis. It has come to include so much that its meaning has become muddled. The medical establishment has sought to remedy this problem by tightening up the diagnostic criteria for schizophrenia. Theorists have sought

to define the subgroups with labels such as reactive, endogenous, process, type I and type II schizophrenia, etc. Some researchers have even created the classification of "Kraepelinian schizophrenia" to call attention to the foresight of modern psychiatry's founder. These attempts are clearly oriented toward clarifying the biological nature of the illness.

This is where the work of Edgar Cayce may make a significant contribution. Apparently, he was able to "see" the physiological condition involving nervous system degeneration. Furthermore, he claimed to be able to look backwards through time and find the source of the problem.

"Dementia Praecox (as Some Have Diagnosed It)"

Mr. (271) was about thirty years old when he developed schizophrenic symptoms. Reading 271-1 described his condition in explicit anatomical terms. Cayce's account predated by several decades contemporary models of schizophrenia which emphasize brain dysfunction. This reading given on February 13, 1933, noted that "In a general manner the condition may be termed dementia praecox (as some have diagnosed it)." Obviously, the entranced Cayce was already tuned in to the problematic nature of diagnosis. "As some have diagnosed it" affirms the relative nature of psychiatric classification.

He went on to note that such diagnoses were variable. He said, "but the type and nature of the disturbance—physically and mentally, as we find—would indicate that" help might be afforded if certain treatments were provided. Again, the wording is important. He is saying that even within the relatively specific diagnosis of dementia praecox, there could be various types with different natures. In the chapters which follow we will have the opportunity to closely examine these types and natures.

However, the connecting thread which ran through all the cases which Cayce diagnosed as dementia praecox was inevitable brain pathology which modern medical science is so keen on investigating. In this particular case, he cited, "softening of cell cord and brain tissue."

He then commented on the source of the disorder. He traced the pathology all the way back to the womb. The cause was:

Pressures and incoordinations that are shown from prena-

tal conditions, and the activities in the physical that have brought about and indicate the abrasions to the nervous system in such a manner as to make for a . . . condition existent as diagnosed . . .

The expression “prenatal conditions” is vague in this context. In certain cases it included problems with gestation. In other cases, prenatal conditions referred to genetic factors. Sometimes it was suggestive of “karmic” factors (we will discuss these concepts in later chapters). The only thing we can be certain of here is that Cayce was stating that the problem originated before birth.

The explicit descriptions of nervous system pathology were repeated in subsequent readings. For example, in reading 271-5 Cayce described how there was a problem with “those glands that secrete fluids which in the circulation sustain and maintain the reaction fluid in the nerve channels themselves.” Considering that this reading was given on May 1st of 1933, it has a remarkably modern ring to it. He seems to be describing the basis for a breakdown in nerve-cell functioning—perhaps in neurotransmission itself (the process of passing nerve impulses between nerve cells via chemical messengers).

A little later in this reading he went on to describe how the electrical treatments were causing the nervous system to regenerate itself. Cayce noted that:

. . . there is being sent out from these (nerve) ganglia those infinitesimal feelers, as it were, that will gradually make connections with those ganglia and centers in the system that have been destroyed by the reactions in the system which destroyed gland functioning for the creating of these fluids . . .

The electrotherapy treatments just mentioned were of two natures. The primary therapy for regenerating the nervous system was the Wet Cell Battery carrying a gold chloride solution. For a period of three to five weeks, the contact plates of this appliance were to be positioned directly over key ganglia in the nervous system. Cayce said that the low form of electrical energy would allow the vibrations of the gold solution to be assimilated into the body. The glands would thus be stimulated to secrete the fluids required by the nervous system. The combination of these secretions and the direct electrical stimulation would lead to restoration of nervous system

functioning—a literal “rebuilding” of the nervous systems.

I want to be clear about what Cayce meant when he used the expression “rebuild” the nervous system (in certain cases of dementia, he actually said that one could rebuild a brain). He was not saying that new nerve cells would be created. Rather, that the existing degenerated nerve tissue would be nourished and stimulated to regain a normal healthy state (to send out “from these (nerve) ganglia those infinitesimal feelers”).

This was not viewed as a quick or easy process. It would require patience and persistent application of a variety of related therapies which we will be considering in the case studies of this book.

The second form of electrotherapy recommended for this young man was a device referred to as the Radio-Active Appliance. The Radio-Active Appliance (also referred to as the Impedance Device) was frequently recommended by Cayce for the treatment of a variety of problems. It was said to function strictly at the vibratory level working directly with the low electrical energy or life force of the physical body. The readings state that this appliance works with the same vibrational energy as the Wet Cell Battery but is less powerful.

The Radio-Active Appliance was often suggested to relax and coordinate the systems of the body. The readings insisted that the appliance did not produce any energy, rather it utilized the body’s own vibratory energies by redirecting them to establish equilibrium.

The term “radio-active” in no way signifies atomic radiation of a toxic nature. In fact, the vibrational energy associated with this appliance cannot be measured with current scientific technology. The original designation was intended to describe the interaction of the appliance and a subtle energy or “life force” (i.e., like a radio and radio waves). The name was later changed to Impedance Device to avoid confusion as to the nature of the energies involved.

The amazing thing about both these two forms of electrotherapy is how mild they are. Most persons feel little or no sensation while using them.

Several other physical therapies were recommended in addition to electrotherapy. Specific recommendations for diet and exercise were provided. A gentle spinal massage was to be given in the evening when Mr. (271) was ready for bed. During the massage and as he was drifting into sleep, suggestions were to be given:

... during such periods (of massage) (for most often we would find the body would gradually fall into that state of near

between the waking and sleeping state) make gentle suggestions that QUIET, REST, PEACE, HAPPINESS, JOY, DEVELOPMENTS IN EVERY MANNER THAT ARE CONSTRUCTIVE PHYSICALLY AND MENTALLY, will come to the body through its rest period! Or, the suggestion to the deeper portion of the subconscious forces of the body.

Cayce referred to this natural form of hypnosis as suggestive therapeutics. Suggestive therapeutics is a powerful hypnotic technique for dealing with behavioral problems and facilitating the healing process. Suggestive therapeutics was often recommended in cases of major mental illness.

The application of suggestive therapeutics is simple. Because most people were unfamiliar with the techniques for inducing a hypnotic trance, the readings advised that suggestions be provided during the various physical treatments. At that time, the person was usually in a relaxed receptive state of mind. Thus during the electrotherapy, massage, and manipulations the caregiver was directed to talk to the patient in a calm, firm voice; giving positive suggestions for physical, mental, and spiritual healing. The suggestions could also be directed towards undesirable behaviors or lack of cooperation.

As was the case with Mr. (271), the readings also frequently advised that bedtime be utilized as a time for suggestive therapeutics. During the first few minutes of sleep, a slumbering individual is in a hypnogogic state and is very open to suggestion. This form of suggestive therapeutics is sometimes referred to as presleep suggestions.

As with all forms of suggestive therapeutics, presleep suggestions are made to the person's unconscious mind and should be positive and constructive in tone and content. The particular content of the suggestion for this man was changed in reading 271-5:

Then, in the suggestions that we would make when the body is sleeping, resting, there should be had those that will make for the better creative forces; for to reach the subconscious self it must be without the physical-mental self. See? Yet in the waking state, in the activity, there will be seen those reactions occasionally; at first possibly once a week, possibly once a day, possibly several times a day, dependent upon how persistent the suggestions are made with the active forces that are being

set out in the system from the physical angle. See? Change the suggestions, then, in this manner, or to this:

THERE WILL BE, IN THE WHOLE OF THE PHYSICAL AND MENTAL BODY, THAT RESPONSE TO THAT CREATIVE ENERGY WHICH IS BEING CARRIED INTO THE SYSTEM. PERFECT COORDINATION WILL COME TO THE BODY. THERE WILL BE NORMAL REACTIONS IN EVERY WAY AND MANNER THROUGH THE CREATIVE FORCES OF DIVINE LOVE THAT IS MANIFEST IN THE HEARTS AND MINDS OF THOSE ABOUT THE BODY.

This should be repeated three to four times, until it has gradually reached the subconscious, or the unconscious, or the consciousness of the living forces that are impelling activity in a distorted condition, as to the balance in the mental forces of (271).

In a sense, you can think of suggestive therapeutics as a form of mental programming similar to computer programming. Only in cases of chronic schizophrenia (i.e., dementia praecox), where there was actual nervous tissue degeneration, the process was more complicated. It was as if both the "hardware" and the "software" of the system would have to re-created. The physical therapies focused on rebuilding the "hardware" (the nerve tissue) while suggestive therapeutics (and a group of "spiritually" oriented therapies which we will discuss presently) were to serve as the "software" or mental program, as it were. In other words, the readings stated that as the nervous system was being rebuilt, it was important to give it constructive information for its new "program."

This brings us to the "spiritual" dimension of therapy. The business of speaking, acting, and even thinking constructively in the presence of a suffering individual might be called manifesting the "fruits of the spirit," to use a biblical expression. In contemporary psychiatric terms, it is called providing a "therapeutic milieu." In other words, the total environment (or milieu) is structured to be therapeutic. For example, the first reading given for Mr. (271) insisted that he be put:

... in an environ that is as of a growth—and the body physically and mentally treated as an individual, a unit, rather than as a class or as a mass consideration . . .

At the time of this reading, Mr. (271) was in Pinewood Sanitarium, a private mental institution in Katonah, New York. He was likely receiving better care there than he would have gotten at one of the state mental asylums of that era. And yet he was apparently still being treated as a dementia praecox case (or in today's terminology, a schizophrenia case). Remember that we are speaking of 1933, over twenty years before the antipsychotic medications were introduced. To receive a diagnosis of dementia praecox was essentially a therapeutic "kiss of death." As Cayce noted in a similar case of a twenty-two-year-old man, Mr. (5405):

In the present environs, and under the existent shadows, very little may be accomplished for those individuals in authority take little interest in even possibilities, where there have been, and are evidences of this nature or character of dementia praecox . . .

Very often, these persons were simply herded together in locked wards and encouraged to vegetate. Cayce stated the first step in the treatment of this young man was to remove him from the institution and provide him with individual care in a positive, constructive environment. Specifically, he recommended a place with a "clean atmosphere, in plenty of sunshine and out-of-door activity."

To implement the treatment plan in a proper environment, Cayce suggested that Mr. (271) be provided:

. . . with a companion constantly that would make for those engagements mentally and physically in activities that are constructive and yet, with patience and persistence, have those activities carried on in such a way as to make for constructive thinking, constructive activity, both as to the association and as to the speech, and as to the environment.

The recommendation for companion therapy was commonly made in cases of dementia praecox. Cayce was decades ahead of his time in making this recommendation. There are several contemporary psychosocial rehabilitation models using a similar approach. The modern terms for such adjunct caretakers include companions, advocates, counselors, advisors, operatives, attendants, and support persons.

Cayce clearly stated the role of the companion. Naturally, adher-

ence to the treatment plan was a top priority. This was a particularly difficult assignment in the case of (271). First of all, the man chosen as a companion had no experience in working with persons suffering from mental illness. Even if he had been trained in the social services of his day, it is unlikely that he would have been prepared for some of his assignments. For example, recall the recommendations for suggestive therapeutics. This is not a skill commonly taught to mental health professionals, even in our time.

The use of behavioral modeling was also recommended by Cayce. Behavioral modeling is a term derived from research in social learning theory. It is a well-documented fact that we learn much of our behavior from observing others. This process is fittingly referred to as "observational learning." From a clinical standpoint, therapeutic observational learning can best be accomplished with the aid of a person "modeling" the appropriate behavior—hence the term behavioral modeling. This may all seem painfully obvious to readers. However, keep in mind that these theories and the research which supported them were not accomplished until the 1960s and 1970s. Yet Edgar Cayce was incorporating such concepts into treatment plans thirty to forty years ahead of mainstream psychiatric rehabilitation. Here is a sample of his advice for utilizing behavioral modeling. This excerpt comes from the fifth reading given for (271):

Q. Is there any way in which to get this body to eat any form of fruit?

A. Gradually. Listen to just what has been given! The body assumes activities and acts by suggestion of everyone around the body! If all around the body eat fruit, the body will gradually eat fruit itself! Isn't that just what we have been saying?

Q. Should I (the companion) insist upon his getting up in the morning, or does it antagonize him?

A. As given, it is best that the body arise as soon as it awakes. Do not antagonize, but suggest! Do so yourself, and the body will get up too!

Note that Cayce is describing behavioral modeling as almost a form of suggestion (i.e., suggestive therapeutics). Instead of words being programmed into the person's mind, behaviors are being suggested. In the same reading, Cayce actually elaborated upon the physiology of how behavioral modeling is incorporated into nervous system patterns. He described how stimuli from the sensory organs

were relayed to the rest of the nervous system for processing:

Hence by speech, by vision, by odor, by feeling, all make a sensitive reaction on a body where there is being electrical stimulation to ganglia to make for connections in their various activities over the system.

Hence it may be easily seen how careful all should be, how much precaution, patience and persistence must be had in making every suggestion; by speech, by sight, by feeling, by vision, by eating, by sleeping, by all senses of the body; to coordinate with the proper balance being made in the system. See?

Remember that the physical therapies (and especially the electrotherapy) were rebuilding the nervous systems. Sensory information was being implanted into the new nerve relays, as it were. Thus all sensory stimuli in the environment, whether it be suggestive therapeutics, behavioral modeling, the cleanliness of the facility, etc., was to be constructive in nature. He stated that if you merely provided the physical therapies without regard for the type of information that was being encoded into the nervous systems, you could end up with a mess. Cayce's view of the therapeutic milieu even included the mass media:

When reading matter is desired, do not give the body reading matter other than that which is constructive. No gang land. No underworld. Not a great deal of animosity or excitement in the reading matter . . .

Q. Are movies occasionally well for the body?

A. Provided they do not carry that same element of reaction to the mental body as we have indicated (violence). Those that present reactions of a constructive nature are well.

Remember, you are dealing with mental recuperative forces; and conditions act upon the mind just as would be experienced in the development of a six to eight, to twelve year old child!

But the mind is being rebuilt! Give it the proper things to build upon! else there will be found that the reactions and tendencies will be towards those things destructive, or whatever is taken in the mind.

Speak, act, think constructively about the body! Some may consider it a hard job, but it's worth it . . .

I regard the therapeutic milieu and companion therapy (as presented in the Cayce material) as representing the spiritual aspect of treatment. In order to effectively provide the therapies recommended by Cayce, one has to have a great deal of love for another human being. Call it what you will—use another word if you find the term “spirituality” offensive. Cayce used the biblical expression “fruits of the spirit” to express this dimension of treatment. Spirituality included patience, persistence, kindness, gentleness, and so forth. You get the idea.

And yet, he insisted that the companion maintain certain boundaries and not give into every whim of his charge—“not condoning or allowing the body to have its own mental way, and react to same, but in an even, gentle tone and manner” to provide a constructive environment for healing. The readings tended to view the issue of personal boundaries on an individual basis, taking into consideration the resources at hand. In cases of severe disability, the companion carried a great deal of responsibility in the initial stages of treatment. As the suffering individual gained sanity, more self-responsibility was expected and encouraged.

This approach is similar to modern therapeutic models which place the initial burden of responsibility on professional caretakers (such as the staff of a hospital psychiatric ward or state hospital). As the individual responds to treatment, more self-responsibility is expected. Because some psychiatric patients develop manipulative techniques for avoiding responsibility, the question of how much self-responsibility is appropriate must always be addressed. We will note instances of how Cayce dealt with the issue of balance of responsibility in subsequent chapters. For now, I simply want to point out that this is not an easy assignment. As we shall see, it was not effectively carried out in this case.

Before discussing the outcome in this case, I do want to make a point concerning Cayce’s philosophy. I will not go deeply into theory here except to designate Cayce’s approach as a prime example of “holism.” In fact, Edgar Cayce has often been acknowledged as the “father of modern holistic medicine.” Cayce repeatedly insisted that we are each triune beings comprised of body, mind, and spirit. His treatment plans typically reflected this conceptualization of the human condition. Regarding the case of (271), note the emphasis on a holistic treatment plan. The foundation was laid with a strong physical emphasis as one would expect in a case involving neurological impairment. However he went on to prescribe mental and

spiritual interventions such as suggestive therapeutics, companion therapy, and therapeutic milieu. This theme of holism is so important, it will be echoed numerous times in various contexts in the following chapters.

The outcome in this case is difficult to assess. Reading 271-7 notes:

... there are tendencies towards betterments, and of conditions that may be builded to bring about a much nearer normal reaction in the coordinating of the mental and physical reactions of the body.

The reading went on to discuss that the progress was necessarily slow due to the severity of the condition. Cayce encouraged a continuance of the therapies which were producing the "improvements or the stopping of deterioration in the white matter of the brain impulse." The general tone of this reading is that the neurological deterioration had been halted and modest gains in rebuilding the system were being made. He went on to observe:

For there are periods when the reactions are near normal. The periods then of what may be termed rationality, in reasoning, are longer; they may not be but a moment longer, but to this experience that may mean many years of sane rationalism, if those moments are taken advantage of.

In reading 271-8, Cayce cautioned that:

... while there may not be said to be at present any greater deteriorative forces active in the membranes, or those disorders that disturb the equilibrium of the reactions in nerve systems through the activity of the brain centers, little of a contributory cause to a betterment has been added since last we had the body here.

Apparently the burden of responsibility weighed too heavily on the companion at this point. The small observable gains (and Cayce's assurance that unobservable neurological healing was occurring) were not enough to bolster the morale of the companion. After about four months of struggling to implement Cayce's treatment plan, the companion quit and a new companion was enlisted.

A few weeks later (271) was returned to a mental institution. In a letter dated May 1, 1934, the mother states, "I am glad to tell you that (271) is doing very well . . . He has certainly improved a lot and is contented . . ."

While the readings noted a halting of nerve deterioration in this case, the rebuilding process was apparently not fully achieved. One of the primary stumbling blocks cited in the readings was the lack of application of the electrotherapy. Repeatedly, the companion was chided for not being able to get (271) to accept this therapy. Reading 271-8 did acknowledge the beneficial effects of outdoor physical exercise, yet:

. . . without . . . the low electrical forces, with those supplies of the minerals necessary to be active in constructive influences in brain tissue and nerve elements of the system . . . (the outdoor activities) are hardly efficient in keeping constructive forces.

The powerful therapeutic effects of minerals such as gold were strongly emphasized in the readings and we will discuss this intriguing topic in later chapters. Evidently, in this case the electrotherapy was not utilized consistently enough to produce the full desired results (although a decided improvement was noted by the mother).

The actual period of treatment in this case was only about five months. Keep in mind the meaning of the term dementia praecox. It referred to a chronic degenerative form of psychosis with actual brain deterioration. To translate this into modern diagnostic context (in which schizophrenia is viewed as a collection of types or related subgroups), dementia praecox would be considered as a "worst case scenario." We are not talking here of a splitting of psychological processes or anything of that nature. The pathology is organic (and from a mainstream medical standpoint, irreversible).

With this in mind, it is not surprising that Cayce recognized the necessity of a long duration of treatment in this particular case. In reading 271-5, he remarked:

It (treatment) will be long (as time is counted by individuals), it will mean persistence, it will mean patience, it will mean keeping the mental balance in spiritual creative forces that are the builders for the body.

Although Cayce sometimes provided a specific time frame as part of his prognosis, in this case he did not. Perhaps this was linked to the duration of the illness. In other cases, he sometimes commented that early intervention could mean faster (and surer) results. This is consistent with the views of contemporary psychiatry. Early diagnosis and treatment of schizophrenia is associated with shorter duration of treatment and better outcome.

Naturally, in cases of long-standing pathology, it would be difficult for a companion to maintain a consistent treatment regimen. Frequently in such cases, the entranced Cayce would make a referral to the Still-Hildreth Osteopathic Sanatorium in Macon, Missouri. This remarkable institution was employing many of the natural methods of healing recommended in the readings. Doctor A. G. Hildreth, using records maintained at the Still-Hildreth Sanatorium, also emphasized the importance of early diagnosis and intervention by citing the following statistics:

RESULTS IN 840 CASES OF DEMENTIA PRAECOX

Admitted within first 6 months of illness

263 patients. Recovered 179, or 68 percent.

Duration of illness 6 months to 1 year

163 patients. Recovered 78, or 48 percent.

Duration of illness 1 to 2 years

129 patients. Recovered 37, or 29 percent.

Duration of illness over 2 years

285 patients. Recovered 57, or 20 percent.

When all cases of dementia praecox were considered as a group, a cure rate of 38 percent was reported. The dramatically improved prognosis produced by early intervention led Hildreth to proclaim, "It is our firm belief that if patients could be given osteopathic treatment at the onset of the condition in dementia praecox, the percentage of cures would be much greater: nearer one hundred percent than thirty-eight."

Some Key Points to Remember

In many respects, this chapter has laid the foundation for the chapters which follow. First, we encountered the concept of variability within schizophrenia. Variability is a bugaboo for medical research. Inconsistent research findings, lack of replication, and

constantly changing diagnostic criteria result from variability. If schizophrenia is actually a group of related disorders, we need to define these groups and adjust our classification system accordingly.

It is important to recognize variability now at the beginning of our consideration of the Cayce material. The numerous case studies which we will examine acknowledge the various “types and natures” of schizophrenia.

We have taken the time to review the history of the diagnosis of schizophrenia. We have encountered the term dementia praecox. Dementia praecox referred to a relatively specific illness involving brain degeneration, long-term decline in functioning, and poor outcome. When psychiatry replaced it with schizophrenia, the strong biological emphasis was lost and has only recently been re-established. Apparently, Edgar Cayce recognized the inherent problems with the term schizophrenia. Perhaps he stuck with the older diagnosis because it was less ambiguous. When he gave readings for individuals presenting with psychotic symptoms without the characteristic brain degeneration of dementia praecox, he usually abstained from making a formal diagnosis. He would simply state the cause, the nature of the pathology, and a treatment plan to address it. There was so much variability in such cases, he wisely avoided labeling these people with an ambiguous and limiting diagnosis.

In the chapters which follow, we will be using the terms schizophrenia and dementia praecox interchangeably. This is the simplest way of translating the older terminology into its modern counterpart. However, it may be helpful to also keep in mind that schizophrenia may be comprised of various subgroups. Dementia praecox might more accurately translate into the more severe and degenerative forms of schizophrenia—schizophrenia with strong biological pathology.

Furthermore, dementia praecox itself probably included various subgroups. I don’t want this complex point to be a stumbling block for readers unfamiliar with the intricacies of psychiatric classification. If you find this distinction confusing, simply think of dementia praecox as being the same as schizophrenia. If you desire a deeper understanding of this subject, you may wish to consult a more academic treatment of the topic (see the Appendix for a more scholarly book I wrote on the treatment of schizophrenia).

We have considered the case of a young man which Cayce diagnosed as suffering from a form of dementia praecox. We have noted

the brain pathology and treatments recommended to correct it. The causative factor in this case was not as clearly defined as in most of the case studies which follow. Cayce simply called it a "prenatal" condition. Several readings were given and nonprofessional caregivers had considerable problems implementing the treatment recommendations. However, after several months of therapy, the mother reported noticeable improvement in her son's condition.

We have also been introduced to the concept of holism. Holism is the foundation of Cayce's approach and will be strongly emphasized in the chapters which follow.

2

The Genetic Connection

STUDIES OF HEREDITY represent one of the most substantial areas of research in schizophrenia. The idea that genetics is somehow linked to craziness goes back many centuries and is part of the folklore of mental illness. In this chapter, we will encounter just such a notion—that insanity can be carried in the bloodline (or in this case, literally in the blood itself).

Before exploring this case study, let's take a few moments to briefly review the results of some modern studies of heredity in schizophrenia. The most impressive studies have focused on cases of identical twins. In the simplest possible terms, this research indicates that when one of the twins is stricken with schizophrenia, the other sibling has about a fifty percent chance of also suffering from the illness.

The obvious objection to such studies is that environment could have been a causative factor. Specifically, the family system in which the children were raised could have produced the abnormality. Ingenious researchers have overcome this objection by examining the

records of twins separated at birth and raised in different family environments. The statistics held true. Identical twins raised in different environments showed a strong linkage when one of the pair developed schizophrenia. This research has become widely recognized as proving that there is a definite genetic factor at work in schizophrenia.

However, interpreting these results is a bit more difficult. How does one account for the fact that on average only fifty percent of the cases of identical twins became afflicted. Why not one hundred percent? Apparently, some other factors must be involved. A little later in this chapter we will take a look at a possible explanation of this phenomenon, a concept known as diathesis/stress. First, we will consider the case of a twenty-four-year-old man who received a warning from Edgar Cayce concerning a genetic factor which made him at risk for suffering from schizophrenia.

An Unheeded Warning

Mr. (282) was fascinated by the occult. He desired to learn about psychic matters and even to develop his own latent intuitive abilities. His wife and sisters were also interested in psychic phenomena. They were strongly supportive of his seeking a psychic reading from Edgar Cayce.

On June 10, 1930, the first in a series of nine readings was given for this young man. This reading stated that:

... there are disturbances, and these—unless corrected—must eventually cause distresses that would be much harder to combat with than at present. These have to do with the glands in the system . . .

This ominous warning was reiterated nine months later when a life reading indicated that “these tendencies are innate.” A life reading is different from a medical reading in that it emphasizes psychological and spiritual (or soul) factors which influence us.

Note the choice of words used by Edgar Cayce. The expression “innate tendencies” is an important clue to understanding the types of genetic factors associated with schizophrenia. We will address this distinction a little later.

Apparently (282) and his family did not recognize the seriousness of the warning given in his initial reading. They were aware that

there was a history of mental illness in their family heritage. They knew that an aunt on his father's side was confined to a mental institution.

However, (282) did not heed the suggestion to utilize the electrical appliance (the Wet Cell Battery) which was recommended. Eight years later in 1939, when Mr. (282) was suffering a schizophrenic breakdown, the entranced Cayce remarked: "The warnings were given—they were NOT heeded!"

The first symptoms of psychosis began in the early months of 1938. Correspondence from this period clearly indicates the nature and severity of the problem. Hugh Lynn Cayce, the eldest son of Edgar Cayce, wrote his father on March 15, 1938, cautioning Edgar of (282)'s behavior: "The situation with (282) here is peculiar. I am hoping to be of some help to him. He simply has a strange twist which borders on religious fanaticism." Ten days later, Hugh Lynn noted that (282) had apparently regained his mental equilibrium and "seems perfectly balanced."

On May 13, a friend noted: "(282) at the present moment is flopping around from one enthusiasm to another, not rooted in any one thing. I feel he has nothing stable nor of any permanent constructive value to contribute to the Association (for Research and Enlightenment)."

Following the first in a series of breakdowns, a letter from (282)'s wife dated July 3, 1938, informed Edgar Cayce that:

... Both doctors here suggest an institution but none of us want to take the responsibility on our shoulders, so an uncle suggested we send him to Germany where his mother ... has money and can take him to doctors and care for him, and, too, he would not be with strangers, and would not annoy friends of the family here.

Now let us look at a portion of a reading given for this man during the acute stage of his illness. Reading 282-8 was given on July 6, 1938, in response to a request from (282)'s wife.

We find that from and through the highly sensitive and nervous conditions, owing to material as well as mental reactions, there are incoordinations between the impulses and the physical activities.

These produce MENTAL reactions of an UNUNIFORM or of

an exaggerated nature within the mental and physical bodies.

If there would be brought anything near to normalcy, there must be not only a change of environment, a change of scenes, but a change of thought as well.

If there will be a great change wrought in the physical and in the environmental forces of the body, and under the new environs the low electrical forces (Wet Cell Appliance) applied for the creating of the better vibratory forces, with suggestive therapeutics—or mental suggestions for the body applied—these as we find would bring the normal forces and near to normal reactions through this body.

Note the similarities in the treatment plan for this young man and the case of (271) in Chapter One. First there was to be a change of environment. Electrotherapy combined with suggestive therapeutics could then alter the glandular imbalances which were affecting the nervous systems. A follow-up question sought clarification on the best possible environment for (282):

Q. Would placing entity on a farm restore his balance?

A. Not as we find; unless there is an entire change of environs and outlook, as WELL as the application of those suggestive forces and the low electrical forces, to CLOSE as it were the centers through the system to the influences from without—which naturally produces a softening of the reaction between the impulses of the nerve forces themselves.

So just taking him to a rural area with clean air and natural surroundings were not sufficient to produce healing. The physical and mental therapies were necessary. Note the reference to closing “the centers through the system to the influences from without . . .” We will get more deeply into the concept of “centers” and “influences from without” in the second part of this book when we discuss transpersonal aspects of schizophrenia such as the kundalini energy and discarnate possession. At this time, I will only remind the reader that (282) had spent many years immersed in the occult. His intense metaphysical preoccupation may have led to an “opening of the centers” and certain psychotic symptoms.

I would also call your attention to the expression “softening of the reaction between the impulses of the nerve forces themselves.” This appears to be describing the early stages of dementia, a condi-

tion explicitly associated with possession in several cases in the readings (see Chapter Twelve). Reading 282-8 went on to emphasize the importance of the spiritual aspects of treatment:

Of course, it is necessary that all that atmosphere of fear be eliminated. This may be done the better by not only the prayers of others, but the acting towards the entity and the working in the same manner that they pray!

Ye desire consistency, normalcy in the reactions of the body! Then there must be THAT acted, and THAT lived by those seeking same for the body!

Mr. (282) received the treatments in Germany as specified in reading 282-8. Eventually he was able to return to the United States and resume a normal life. His mother remained in close contact with the A.R.E. (Association for Research and Enlightenment) over the years and occasionally mentioned her son in her letters. A few representative excerpts are included here to document the twenty years following (282)'s breakdown.

(9/23/46): "(282) is down in (. . .), Florida, to be near his family (ex-wife (301) and daughters (299) and (314)). He has a bank position."

(10/4/47): "(282) is doing well and is happy with his two daughters, especially (299) who is quite grown up."

(12/22/47): "(282) is in Florida, has a nice position at Purina's."

(3/19/55): "(282) writes contented letters, has his own bungalow and enjoys his daughters and grandchildren."

A letter from Mr. (282) to Hugh Lynn Cayce dated January 20, 1959 (over twenty years after his initial breakdown), concludes:

Through my mother I have heard that the Association continues to be active in many ways, so I am writing to let you know that while it has been quite impossible for me to participate in a way in which I would like to have done in the past, I

have not forgotten the many benefits my family and I have received, and hope that circumstances will permit some degree of activity on my part in the near, as well as distant future.

The recovery of Mr. (282) was certainly not an easy accomplishment. It required several months of therapy and a couple of years of family support. Fortunately, the treatment was provided very early in the illness. The readings frequently linked early intervention and consistent application with positive results. I make this point because many of the persons who sought Edgar Cayce's help did not apply the recommendations provided in the readings. This will become quite apparent in the chapters which follow. Therefore this case is exemplary in certain respects.

While the treatments produced excellent results, there was additional concern expressed by family members who feared that they might also have inherited the tendency for insanity. Mrs. (457) was a sister who was experiencing considerable anxiety over this possibility. She felt that she was on the verge of a breakdown and sought a couple of readings from Cayce to clarify the hereditary aspect of her brother's and aunt's mental illness. The following excerpt was taken from reading 457-4 given on February 9, 1939:

Q. Can I inherit or pass on to my children the mental and physical disease of my aunt?

A. POSSIBLE; but very, VERY improbable—if there is kept a normal balance of the elements in the blood supply for replenishing all nerve energies of the system; which CAN be, may be tested by an analysis of the bloodstream for those hormones of the perfect coagulation and perfect balance between red blood and white blood supply.

Q. Can childbirth cause it?

A. Not in this body.

Q. Can I be in any way affected by it?

A. Only as the mental self dwells upon same and thus create a field, an attitude for such reactions as to cause a disturbance.

Q. Could overwork or any overstrain bring about this mental snap?

A. Only as such would bring deterioration to that supply as indicated, that must be kept in balance.

Q. Is it true that this mental weakness has been in the family for generations and comes up at intervals?

A. Where there is the lack of sufficient of the negative and positive plasm about each blood center, such is a weakness.

So this reading confirmed that the tendency for mental illness was a family trait which could manifest when conditions of imbalance were present. The tone of this and a subsequent reading was to minimize the genetic vulnerability and focus on how the condition could be prevented. The following selection from reading 457-5 is significant because it provides specific means of detecting and curtailing the hereditary factor:

One of the sexes is not more subject than the other. And the injection of new blood will soon change the whole situation—or in ONE generation, though it may skip and enter the next.

The condition is, as indicated there, the number of positive units about the center of the atomic force as related to procreation; and this—as is used in body-building when there is the age or the certain environs as to cause or produce a deteriorating or lack of activities in the procreation of the atoms for its re-creation—brings about a lack of those elements as we have indicated.

Hence the active forces that create those in body—structure of the natures which add to the nerve plasm, or the grey matter in same, would be the corrective measures; as may be had by the vibratory influence of Gold or Silver—dependent upon that found to be lacking in the blood plasm.

It would not be necessary that ANY have more than one such test, IF there is then ADDED, through such a vibratory means or manner, those hormones that would bring a normal balance for the cycle of procreative forces. Ready for questions.

Q. Should the blood test be made by any or all members of my family?

A. Only if there is the desire for procreation.

Q. Should tests be made at definite intervals?

A. As we have indicated, only once is necessary IF those proportions of the influences necessary are added to bring a normal balance.

Q. Could my brother (452) affect his wife or his children in any way? (he was thinking of getting married)

A. Should not—if there are the precautions, or if there are the activities such as to bring that balance necessary in the

whole system. There's NO affectation!

Q. Is my brother (282)'s case anything similar? Has he inherited anything, or has he a similar blood condition?

A. Read what has been given respecting this in times past! The warnings were given—they were NOT heeded!

Q. What precautions should be taken in the case of (282)'s children?

A. These should not be affected. No precaution necessary here.

Q. In the women of the family, would menstrual troubles or childbirth cause it to develop?

A. Not necessarily.

Q. Was my aunt's mental case due to physical condition?

A. To this deterioration as has been indicated.

Q. Has (282) inherited anything from her, or has he a similar blood condition?

A. Read that which has been given as to the warnings here—this is much better than to approach from the mental attitude of this body, (457).

Q. Any further advice to this body?

A. Do not dwell upon such. Be sure there is at all times sufficient Vitamin B in the diet, as well as with the blood test if found deficient in the procreative plasm then add same through the vibratory forces of Gold (Wet Cell Battery with chloride of gold).

These excerpts are consistent with other readings which maintain that a heredity glandular deficiency is involved in some cases of schizophrenia. Apparently, this deficiency can be measured by analysis of a blood sample.

The readings seem to portray a diathesis/stress model of heredity in the family of (282). Diathesis/stress refers to a widely held view of genetics in which genetic factors may not necessarily cause a particular disease. Rather, they may only predispose the individual to the condition. Other factors (such as stress) are required to "trigger" the genetic factor into action.

In the case of (282), this stressor may have been the mental imbalance produced by his extreme religious fervor. The readings state that some forms of dementia are produced in persons "strained by great religious fervor or excitement." Perhaps the "strange twist which borders on religious fanaticism" noted by Hugh Lynn Cayce

was a factor in (282)'s breakdown. His sister, (457) was cautioned not to worry about inheriting the condition—her mental distress could “create a field, an attitude for such reactions as to cause a disturbance.” Perhaps the mental and emotional stress of worrying could also serve as a trigger to activate the latent genetic factor.

The concept of diathesis/stress is supported by controlled studies of twins who are at risk for developing schizophrenia. This research leaves little doubt that heredity plays an important role in mental illnesses such as schizophrenia. Yet heredity cannot be the whole story. As mentioned previously, even in cases where one identical twin develops schizophrenia, the other sibling (with identical genetic material) has only about a fifty percent chance of suffering the illness. So some other factors must be interacting with the genetic vulnerability to produce the condition.

Another Case Study Involving a Genetic Factor

There are a couple of other cases in which the readings cited genetic factors in schizophrenia. For example, Mr. (5690) was twenty-seven years old and hospitalized in a state institution when reading 5690-1 discussed the genetic factors leading to schizophrenia (or as the readings preferred, dementia praecox):

There are physical defects in the cerebrospinal nerve system. There are also the lacking of elements in the physical forces, as produced by conditions—some a lacking of elements in the physical forces, as produced by conditions—some a tendency in innate influences; not as wholly hereditary innate, as much as hereditary tendencies. Then, with the physical defects, these in their combination bring about that as has been called dementia praecox. This an inability of coordination between sympathetic, cerebrospinal (nervous systems), and the general physical body.

Thus the condition resulted from a combination of factors including heredity. The physical defects were spinal pressures, a subject that we shall examine at great length in later cases. The hereditary tendencies were triggered by a “lacking of elements” produced by the physical injury. So here we have both sides of the diathesis/stress model coming into play. A hereditary predisposition was triggered into action by a biological stressor (a glandular defi-

ciency resulting from a physical injury).

Note that Cayce appears to be describing varying degrees of genetic probability. The genetic factor may be quite strong or “innate.” Presumably, in such a case, the hereditary pattern would require little or no stressor to trigger it into action. Alternatively, a hereditary “tendency” would require a definite stressor to activate it.

The readings recommended that Mr. (5690) be sent to the Still-Hildreth Osteopathic Sanatorium to receive spinal adjustments and electrotherapy. The parents could not afford the treatments and the man apparently lived a long life but was never able to care for himself.

Some Key Points to Remember

Without doubt, heredity is a significant causative factor in many cases of schizophrenia. The research literature strongly supports such a conclusion. However, in certain cases, other factors are apparently involved in triggering the hereditary patterns into action. To help explain this complex topic, we have briefly discussed the concept as diathesis/stress.

In this chapter we have considered two cases of schizophrenia in which genetics played a major role. The case of (282) is a fascinating example of Edgar Cayce’s psychic ability. He was apparently able to detect the defective genetic pattern, forecast the result if left untreated, and propose a preventative measure. When the warning went unheeded, he was able to provide helpful direction for treatment. The positive outcome in this case underscores the importance of early intervention.

The suggestions given to family members to avoid the hereditary problem could serve as a helpful preventative model. In other words, the same interventions used to treat schizophrenia may be helpful in avoiding it. Specifically, the use of electrotherapy with gold was recommended to counteract the genetic flaw.

Obviously, a genetic predisposition for schizophrenia can occur at conception. The joining of specific genetic material contained in sperm and egg influences the probability of suffering this devastating disorder. Our next chapter will examine other prenatal factors (such as birth trauma) which can also predispose the newborn to schizophrenia.