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Combating The Tyranny of Thoughts: A C-CTherapy® Perspective

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ABSTRACT

This monograph takes as its point of departure the medical treatment of Schizophrenia. It identifies the common denominator afflicting these patients as insistent, compelling thought-voices. A non-medical, non-volitional unified treatment design is touched upon regarding the patient's capacity to combat his self-victimization.

THE JOHN NASH STORY

The John Nash story offers an example of the problems Schizophrenics face. I will use his story, depicted in the movie "A Beautiful Mind", to focus upon the common features of this disability.

The movie portrays Nash's struggle with Schizophrenic behaviour. He illustrates the kinds of behaviour that occur in someone with a medical diagnosis of schizophrenia. Further, the condition illustrates the confusion, doubt, and ambivalence of the sufferer.

John Nash, Nobel Laureate, experienced mental delusions and hallucinations centering on conspiracy and suspicion. He heard voices commanding and demanding and pushing him around. His doctors treated him with medication, shock treatments and hospitalization. John Nash complained about these treatments and concluded:

- he would not return to the hospital,
- he would not submit to any more shock therapy,
- he refused medication because it interfered with his thinking and scrambled his mathematical computations. Also, he complained about sexual dysfunction and not being available emotionally to his son.

He also made important discoveries.

- The insistent, compelling voices he heard were not coming from others.
- He discovered that these voices resulted from his own habits of thought.
- He came face-to-face with the fact that other people weren't producing his affliction.
- He was disappointed with the available medical programs.
- He needed a way of restraining his mental bombardment, the tyranny of his thoughts.
- He developed his own treatment approach to replace the medical programs.

First we will look at what approach succeeded and then we will examine what his approach lacked.

WHAT SUCCEEDED

John Nash had to control his sensory input so that human behaviour impressions from his surroundings didn't overwhelm him. Nash used the following strategies.

- He limited that which was unfamiliar.
- He restricted himself to known people and places.
- He maintained a systematic daily routine.
- He checked out facts with people whom he trusted to deliver bonafide information.
- He restrained the urgency of the “voices” by applying real information that neutralized their validity.

On one occasion he said to an observer, “If I don't give them [the voices] anything, they don't have anything over me.” In C-CTherapy®, this statement would translate to, “If I don't validate their commands, they can't get to me.”

These strategies allowed John Nash to sustain a daily routine which included consistent attendance at the Princeton University Library. He grew to tolerate verbal interchanges with students and, eventually, was even able to teach. He further relied on his wife, students and colleagues to confirm that what he saw and heard matched with what they saw and heard.

Here we witness an eminently creative human being afflicted by mental interference that would have immobilized him -- as it would any person. By devising his own means of coping with the interfering “voices”, John Nash managed to carry on with his daily tasks. His achievement was considerable when one takes into account the intense mental activity in his head. That John Nash did not spend the rest of his life in a mental institution as do most others with this disability attests to his human spirit.

WHAT WAS LACKING

Nash credited as real, his phantom commands, demands, accusations. Like anyone, he listened and unwittingly treated his thoughts as if they reported universal realities. It was impossible for him to ignore these thoughts as his habit of listening to his thinking predominated. He did not know, however, that he validated these voices.

Crediting the contents of his thinking as true was his habit. It is because of this common human habit to validate the thoughts that pop into one's head that Nash had trouble dismissing the traffic of his thoughts and their crazy-making behaviour. By assigning his crazy-making voices to something tangible such as patterns in the text of newspapers and magazines, he complicated his efforts. Validating these voices kept him hallucinating. Thus, he was trapped.

Seeking logical answers to an illogical condition initially confounded him. John Nash did not know the structural workings of his functioning mentality. That is why he had no way of counteracting his crazy-making habit. Without the mental means to neutralize the workings of his habit, he was at its mercy. This is what John Nash's plan lacked and what C-CTherapy® fulfills.

HISTORICAL AND CONTEMPORARY PERSPECTIVE

HISTORICAL PERSPECTIVE

Emil Kraepelin (1856 -- 1928) was a pioneer in the field of mental health. The German psychiatrist was the first in the field to put order into what had been a murky realm of disordered clinical notions. Kraepelin's take on Schizophrenia was that a patient so afflicted displayed mentally “fragmented” behaviour.

Also, Kraepelin's contemporary, Kurt Schneider, observed and recorded schizophrenic symptoms. Schneider's

observations highlighted “thought insertion, thought broadcasting, delusions of control, and voice commenting”. Schneider further observed that this mental activity created a profound state of anxiety in patients. Clinicians of the time were influenced by Kraepelin’s and Schneider’s findings.

Besides the characteristics that Kraepelin and Schneider noted, I was struck by the mental confusion, doubting, and equivocation affecting my own patients. I saw my patients as driven by insistent, demanding and commanding voices taking charge of their lives. Anxiety and mental confusion resulted.

It is because of my clinical concern that I question the clinical practice which places patients in a diagnostic slot based upon subjective assessments. After all, human beings display all levels and degrees of distractibility, confusion, doubt and anxiety. For instance, depressives, paranoids, phobics and bi-polar patients all exhibit these symptoms. Any patient exhibiting an assortment of schizophrenic-like symptoms $\tilde{A}\pm$ and there are many people around the world $\tilde{A}\pm$ will become a victim of a mis-diagnosis and be assigned a medical category of Schizophrenic. That is why a danger exists in employing “fragmented mind” as a diagnostic yard-stick. The point is that mental health treatment is still an art, not a science.

CONTEMPORARY PERSPECTIVE

While I have found that schizophrenics exhibit the variety of symptoms attributed to them by mental health practitioners, the diagnosis which resulted did not produce a treatment program. Because a diagnosis does not lead to a way of treating aberrant behaviour, I was confronted with a point of departure, namely that mental health diagnostic efforts are not aimed at psychotherapy treatment.

My patients at Weyburn Hospital in Saskatchewan exhibited all sorts of behaviours. For instance, some saw visions. Others heard messages coming through the air, via the television or radio. Still others held that the text of a book took on a life, dancing around or jumping off of the page. Or, while walking down the street and stepping on a crack in the sidewalk, they might hear the voice of doom telling them to take two steps backwards, one-half step to the right, or their mother would die. The Schizophrenic does not question the craziness of these demands, he simply obeys. John Nash was no different.

I determined that this matter of voices had to be addressed. I began with the following observation. All mental activity -- thinking -- originates from one source. That source is inside one’s head where functioning mentality resides. Its key function is thinking. Thinking is that act which produces thoughts. Thoughts take on a voice inside a person’s head. In short, one hears oneself thinking thoughts. For the schizophrenic, the voices shout while for everyone else they are simply murmurings.

When crazy-making thoughts are a part of our thinking activity, they are difficult to regard as unusual. A schizophrenic is used to their presence and takes them for granted. They are a given. They are constant and consume all of one’s attention, as John Nash experienced. In the schizophrenic, some of those thought-voices are assertive and insistent.

However, the pioneers did not credit thinking as integral to the patient’s mental health. Nor did they include the matter of voices in their therapy. Today, drugs and Electro-Convulsive Therapy are used to mute and blunt mental activity. Hence, the phrase “chemical lobotomy” mentioned by Peter R. Breggin, M.D. The fact is that thoughts do not disappear even when bombarded by harsh medical measures as John Nash discovered.

Unlike the pioneers who were preoccupied with disease, I regard the many forms of mental functioning -- schizophrenia being one form -- as a normal function in human beings. In order to work clinically, I find it more accurate to divide mental functioning into two divisions, namely, the volitional and the non-volitional. [[Excerpts](#),

[Glossary](#)] The volitional houses logical, reasoned thinking, whereas, the non-volitional houses emotional, mentally reactive thoughts. Thinking originating from the volitional area of one's mental functioning is unemotional, neutral in nature. On the other hand, the non-volitional system is emotional, illogical, irrational and, dynamically, mentally reactive. The reflexive nature of this division is why thoughts originating from the non-volitional area are forceful, repetitive, preoccupying and not easily dismissed. I call the repetitive, illogical thinking coming from this division "thought-voices". John Nash's thought-voices came from this, the reactive non-volitional area of his mental functioning.

Because medical-model therapies lack a treatment method for dealing with thought-voices, I created my own therapy format to fill this mental health treatment void. My treatment design aims specifically at the action of thought-voices. The focus of my clinical innovation is for the patient to blunt the power of insistent, commanding thought-voices. The patient learns how to neutralize their dictatorial manner. I call my treatment design Counter-Conditioning Therapy trademarked as C-CTherapy®.

THINKING IS NORMAL

Reflect for a moment upon your own thinking and voices. Who does the talking to you inside your head? You do the talking. You can't avoid the talking inside your head or the thinking that results from it. You are the only person hearing that thought activity. Now, extend that ability to other people.

People think all of the time. Thinking is a personal and private activity. Thinking is normal.

John Nash was no exception. He heard the voices inside his head. His problem was that he mistook them for real conversation. He was not aware that his thoughts were outside the bounds of logic. His problem was not that he was ill, but that he was bombarded with too many thoughts. Consequently, Nash was being run by those thoughts, the basis of his hallucinatory activity.

John Nash's intelligence did not protect him from mental turmoil. Nor did his intelligence enable him to understand the cause of that turmoil. His gnawing state of frustration did not abate. Lack of success led to lashing out at people. Scientific theories were of no help.

Despite his frustration, he kept looking for answers. Eventually, he took on the challenge of his own disruptive thoughts.

THINKING AND SCAPEGOATING

Nash grew up with the common myth that solutions to behavioural problems came from outside himself, that people caused his turmoil, thus, they could remove his turmoil. As he saw it, someone or something was transplanting thoughts into his head. It may seem far fetched, but where John Nash was coming from at the time, a holy man, a philosopher, his grade school teacher, even the president of the United States could qualify as the culprit.

This myth fueled another mental habit, that of scapegoating. Scapegoating implies that people possess the power to implant thoughts thus possessing the power to produce behaviour in others. Swept up by the habit of scapegoating, he validated the fiction that others were responsible for his mental suffering.

Likewise, scapegoating leads the sufferer to search outside himself for solace. The common denominator is that one's problems come from the outside, therefore, their solutions come from outside as well. That is why seekers of solace pursue all sorts of external avenues, such as, Transcendental Meditation, 12 Step, Spirituality and other strains of philosophical and cognitive therapies. That is why John Nash searched for the fictitious external culprit

Ã± the person or thing to blame, before he implemented his own treatment plan.

HOW JOHN NASH'S HEAD WORKS

John Nash suffered from the power of his insistent voices. John Nash's thought-voices shouted and were inflexible. They commanded and demanded. They conveyed rigid, unalterable attitudes and beliefs Ã± a black or white framework. They were beliefs "carved in stone". They were not philosophical musings. In this mental setting, arguments backed by evidence carried no power. Nash was immersed in an illogical thought-voice dictatorship, but knew nothing about its mental origin or structure. Consequently, he did not fathom that his mental perambulations were a vital constituent of his bizarre behaviour. Nor had he heard of the non-volitional system or its role in his mental operation.

The non-volitional system operates in a mentally consistent fashion. Its composition conforms to the character of any pattern. All patterns are composites of traits or features exclusive to that individual's style. Patterns are predictable and repetitious. This is why patterns produce a consistent result.

Each person's mental pattern and its contents are unique to that individual. There exist no duplicates. Hearing the mental workings of the non-volitional pattern inside one's own head makes for a solo experience.

John Nash was up against the fact that no generic solution exists for combating the tyranny of the non-volitional system. He had to compensate for the absence of a generic solution and his ignorance about mental functioning.

THE PROBLEM WITH "WHY"

One problem John Nash had to overcome was the "why" question. For eons, human beings have asked the question and depended upon the answers as the foundation of solutions. That is exactly what the pioneers and contemporary mental health practitioners rely upon, as if the "why" question will answer treatment solutions. These practitioners pursue the "why quest" out of tradition.

John Nash got stuck on "why", also. Why was "why" so important? He was looking for explanations and answers to cope with his puzzling behaviour. They were supposed to supply him with a prescription for right behaving. Nash attempted to comprehend his thought-voice activity in the same intellectual way he approached physics, mathematics and philosophy -- the same approach employed by the medical-model. Following the medical-model assumption that non-volitionally based activity lends itself to reasoning led him astray.

Figuring out "why" the voices were talking, while they talked at him, legitimized and ensnared him in their persecution and conspiracy themes. Understanding, analyzing and figuring sabotaged his goal of relief from suffering. In fact, asking himself why he had crazy thoughts reinforced his preoccupation with crazy-making voices. This route proved to be nothing but a mental trap. This was his first mistake.

The second mistake was an assumption that his will-power, alone, could overcome the reactive activity of the non-volitional system.

Applying will-power to deal with the mental turmoil collides with the action of the persistent and demanding non-volitional thought material. The voices inside Nash's head required obedience. For anyone with voices screaming inside their head, ignoring these voices will prove futile. In fact, the opposite happens. Ignoring or suppressing the thought-voice activity increases their volume and degree of insistence. This result attests to the power and forcefulness of the non-volitional system.

John Nash's will-power failed against the dictatorial demands of his thought-voices.

THOUGHT-VOICES PRODUCE BEHAVIOUR

I have noticed that when I accuse myself of being "Stupid!" that I automatically feel bad. My thoughts focus upon disparaging subjects. My own mental accusation moves me along a series of unhappy reminiscences. It is amazing how one accusation burgeons into a series of grievances, criticisms and protests, all of which drive me to feel depressed. Also, I noted how the flow of negative preoccupations occurs without any deliberation on my part.

My experience and John Nash's experience with thought-voices have something in common. For each of us, they catch our attention. While my thought-voices accused me of stupidity, John Nash's centered around conspiracy and suspicion. He responded to his urgent thought-voices with anxiety. Consequently, his behaviour signaled to others that of an anxious person.

Let me outline the sequence from thought-voice to behaviour. In the case of John Nash, he watched people. The act of watching people fired off thought-voice commentary. His voices shouted that people were investigating him. This thought-voice commentary produced anxiety. This anxiety produced agitated behaviour. All this action took place internally.

Then, his agitation led Nash to physically and verbally confront people. Others witnessed Nash's behaviour because behaviour displays itself outwardly. His thought-voices forced him to respond in this aggressive way because he had no way to counteract their prosecutory messages. This is how thought-voices can cause one to turn into a social pariah.

The lesson is that thoughts do not stand in isolation.

IGNORING THOUGHT-VOICES CREATES PROBLEMS

Attempting to ignore insistent, demanding thought-voices ignite a battle between the messages in the thought-voices and real information. Insistent thought-voices such as: "Watch out for them!"; "People don't like you!"; "Don't trust people!"; "Don't believe what people say!"; "People don't care about you, they only think of themselves!" These are the kinds of messages which evoke alarm and are frequently at odds with real information.

The real information is that the surrounding people are busy leading their own lives unless there is, in fact, an actual attack. Surrounding people don't realize that they have been mentally conscripted by the schizophrenic who expects them to pay attention to his ravings.

The schizophrenic bounces between the fact that people are not paying attention and the constant and repetitious voices maintaining that people are investigating him. This mentally concocted pseudo-threat catches and holds his attention. It is impossible for him to ignore or rid himself of his insistent voices. Yet, working to do so places him in a battle with himself.

John Nash's off-the-wall thoughts were more important than the real world of bona fide information. His bizarre thoughts were more significant than the workings of the real world. Remember, Nash did not intentionally create this scrambled mental state, for no human being deliberately seeks mental turmoil.

John Nash's early attempt to ignore the thought-voice activity, as I mentioned previously, produced anxiety. John Nash did not realize that thwarting the dictates of the thought-voices would come at an emotional cost. If he were to act on this with resolution -- challenge the demands and commands -- he would need more courage than

he possessed. Challenging the thought-voices is a personally scary act. Because the schizophrenic hears his dictatorial voices as absolute truth, challenging them is mental risk-taking of a high order.

Thus, the compulsion to obey is enforced by the fictitious legitimacy of absoluteness. That is why John Nash -- as would any person -- caves into the forcefulness of his dictatorial voices.

THE COMPLEXITY OF FUNCTIONING MENTALITY

All human beings think whether awake or asleep. Yet, people take for granted this act of mental sophistication which functions continuously. They rarely credit the integral role thoughts play in functioning mentality.

Functioning mentality is the interplay between two divisions of mentation. One division, the volitional division, accommodates the function of logic and reason. The other division, the non-volitional, holds illogical and reactive thoughts. Both divisions allow us to think. The interaction between the two divisions applies to all of our emotional reactions and non-volitionally driven behaviour. That interaction constitutes functioning mentality.

That thoughts are the product of two areas of functioning mentality is a revolutionary notion. Neither physicians nor mental health clinicians discern the existence or comprehend the operational differences between the two divisions. Nor, do these professionals realize the crucial role these mental divisions play in the dynamics of an individual's mental health. Functioning mentality is not a simple process.

SENSITIVITY AND INTELLIGENCE

Sensitivity and intelligence also play a role in the complexity of functioning mentality.

Sensitivity is defined as, "...our responsiveness to stimuli.... Intelligence is the mental ability to grasp and utilize information, the means by which data is mentally processed and interpreted. Our intelligence and sensitivity forge into mental acuity." These attributes hone our receptors in the sensory and factual world. [[Women, Genesis](#)]

Sensitivity and intelligence [mental acuity] intensify one's receptivity to the stimuli of human behaviour. Because human behaviour constantly surrounds us, one can not help but notice what people do. For instance, while walking down the street, one is struck by the sounds and gestures of the people, their style of clothing and the variety of their behaviour. One registers this carnival of motion, sound and colour. One cannot help but receive these impressions upon one's mentality. People who are highly intelligent and highly sensitive, such as John Nash, readily take in and sustain these impressions.

What a person absorbs in childhood is a function of his mental acuity over which he has no control. The more sensitive and intelligent the child, the more susceptible he is to the force and influence of these impressions when they activate later in life. For instance, John Nash's sensitivity and intelligence guaranteed him a hyper-receptivity to his bizarre thought-voices.

Each individual is born with his or her own degree of mental acuity. Sensitivity and intelligence remain for life and cannot be discarded. Dissimilar degrees of sensitivity and intelligence, plus all the human variations in functioning mentality, amount to many billions of differences in human behaviour. The enormity of this world of variation and complexity must be taken into account in any successful psychotherapy as well as integrated into any mental health treatment program.

GHOST-PHRASES

During the child's early years, he hears grown-ups speaking the words and idioms of their time. Their tone of voice and verbal inflections emphasize their attitudes and underline their judgements. The child absorbs this atmosphere. Later, the young adult mobilizes these phrases, both mentally replaying them and speaking them aloud. I call these phrases "ghost-phrases".

Some common ones are: "Listen to me! I'm speaking to you!"; "That was stupid, don't do that again"; "Hurry up, you can read that later"; "Don't be so smart, who do you think you are"; These harsh, demanding, accusatory phrases become self-victimizing later in life. I call these self-accusatory phrases "ghost-phrases" because they recycle material collected since infancy into our mental reservoir, as if the past were resurrected in the present.

When Thomas [one of my early patients] was a child, he was immersed in the manners and tones of his parents. Without picking and choosing from his parents' manner and tones, he mentally absorbed and registered them. Then as a young adult, he inadvertently replayed these phrases when he spoke to his mother. He spoke just like his father's ordering, commanding voice. As a full-fledged adult, he talks his father's talk. This talk was not deliberate talk, it just came about through habit.

The ghost-phrases change from a benign state in the child to an active and demanding one in the young adult. The young adult speaks the ghost-phrase as if it were his own. On many occasions, Thomas's way of talking to his mother duplicated his father's style that "people aren't behaving right". While Thomas' style is now set and has become his signature, he was unaware that his ghost-phrases were absorbed during childhood.

The intrusive influence of ghost-phrases occurs frequently in people who are rigid in temperament and hold themselves to a high standard of behaviour. They tend to relive, evaluate and analyze behaviours for their correctness. That they are human beings and subject to the same universal traits as the rest of us rarely enters their mind. These high standard people view their world in black or white terms. Without "shades of grey", they rigidly adhere to an inflexible view of the world of human behaviour. This either-or absolute stance leaves no room for any adaptability in attitude. Mental inflexibility is not a frivolous matter. Rigidity leads to confrontation. The activity of ghost-phrases can serve as a clinical tool.

Ghost-phrases constantly running through a person's head fully occupy that person's attention. This condition heralds the beginnings of schizophrenic activity and can be used by the clinician as an early sign.

THINKING IS A HUMAN BEHAVIOUR UNIVERSAL

John Nash did not only develop physically, he, simultaneously, developed mentally. This developmental process followed precise maturational lines in which he acquired mental functioning and the ingredients of his thoughts. In other words, the contents of one's style of thought evolves over a period of time. The adult John Nash was the product of this normal evolutionary process. John Nash's problem was that he was bombarded by too many thoughts. He suffered from a highly active non-volitional system rather than a disease.

Thinking and its accompanying activity are universals of human behaviour. This is another point of departure from the medical-model therapies. Consider these observations:

- Human beings think all the time.
- All human beings react to their thoughts.
- Reacting to thoughts produces behaviour. I call this mechanism the "automatic reflex network" because the behaviour follows the thought without any deliberation on one's part. [[Glossary](#)]
- The behaviour produced by an automatic reflex is not of the intentional variety.

From where does this automatic reflex network originate? Its origin is part and parcel of mental development and is a factor in the dynamic of the non-volitional system

MENTAL DEVELOPMENT

From birth the baby is surrounded by people. The infant absorbs the action from this behavioural environment in the form of impressions. An infant does not mentally register the surrounding action in any intelligible or orderly mental fashion, however. His or her impressions arrive helter-skelter -- unorganized, disjointed, unconnected. The infant has no contextual frame of reference with which to place these impressions.

Gradually during mental development, the child's impressions start coming together and display the beginnings of his character. The child demonstrates preferences. He favours certain toys, clothing and verbal expressions. Later, he develops opinions which he considers uniquely his own. Sentiments and dispositions, the influence of mental conditioning, evolve into a predictable way of behaving. The child carries his mental style into adulthood and operates from his style for the rest of his life. The mental signature which emerges from this process defines his uniqueness.

ORIGINS OF MENTAL CONDITIONING

FAMILY ATMOSPHERE

I consider the family arena to be the primary reservoir from which the growing child mentally develops. The family atmosphere is the principal contributor to the child's mental development and lays down the foundation of the person he is to become.

John Nash, like the rest of us, absorbed mental impressions primarily from his parents. His parents had parents, and so on through the generations. The accumulation of generational influences left its unique stamp upon each succeeding generation. John Nash was a product of this family atmosphere.

This does not mean that John Nash, or anyone, had a hand in the selection process of the impressions they absorbed. The impressions which became a part of John Nash's thought-voice repertoire were those that were frequently repeated within the context of the family. John Nash's thought-voice content, therefore, represents the emotional, reactive heritage laid down by his family and previous generations.

The atmosphere from which the child absorbs is nourished from many sources. The infant, born into a nuclear family, absorbs impressions from a limited number of human behaviours. Whereas, the infant raised in an extended family has a larger number of human behaviours from which to draw impressions, the infant of a tribe still larger. [[Child2](#)]

John Nash absorbed impressions from his nuclear family. These included rules and regulations both spoken and implied. As is the case for all children, he could verbally parrot the exact often repeated commands and demands. The thought-voices he acquired became a configuration of his parents' frequent commands and demands issued during early development. [[Child1](#)]

The constant bombardment of mental impressions from his human surroundings implants itself in the child's mental conditioning. The parents' tone of voice implies a certain emotional state; that is, friendly, dictatorial or inconsequential. This tone of voice orients the child to whether or not he need pay attention.

Succeeding generations exhibit common family characteristics. For instance, my fifth cousin on my father's side

lives in Scotland. He shares a common Scottish heritage with me even though I live in Canada. I play the bagpipes, he plays the bagpipes. His grand-parents were brought up in the same geographical region as my grand-parents, although my grand-parents later moved to Canada. In our extended family, we share a heritage which crosses borders and generations.

The family atmosphere is the well-spring, the beginning of one's mental conditioning. It is the unit which carries the many centuries of that family's generational contribution. The child is the beneficiary of the family's contribution as well as the culture's. The child's unique mental absorptions are a result of the in-put from these combinations.

Onto all the many developmental factors at work, add the unique sensitivity and intelligence of each individual. All of these features influence the volume and persistence of the thought-voice activity. John Nash exhibited their influence. He was grappling with the impact of the thought-voice impressions upon a sensitive, intelligent self. Three decades of research at the Center finds that the more sensitive and intelligent a person, the greater the impact of the thought-voice activity.

ATTITUDES AND BIASES ACQUIRED FROM FAMILY ATMOSPHERE

Conventional wisdom holds that attitudes and biases come out of the blue. They emerge from a non-specific source such as the air we breath. In fact, attitudes and biases originate from the same source as thought-voices -- frequent repetition of commentary and mannerisms within the family.

The infant observes and takes in impressions almost from the moment of birth. The child observes his parents watching and noticing the behaviour of others. The child, additionally, hears the tone of parental comments regarding the behaviour of others. The parents speak in terms of black or white, superior or inferior, good or bad, right or wrong. The child registers the sound of judgement. He registers modulation or variation. The child mentally incorporates these frequently heard tones. The repetitiousness is the avenue that implants the sounds of black or white, superior or inferior, good or bad, right or wrong. The sounds of judgement and evaluation.

Allow me to illustrate how the impressions acquired during childhood carry over to adulthood. One prominent item is that of judging behaviour. The child watches and hears how his parents interact. He absorbs the verbal texture of their interplay. In the child's head, tones and their context get converted, subsequently, into a measurement. The measurement and value placed on the tone by the child varies because he has heard and absorbed both positive and negative judgments. These measurements remain with him for life.

John Nash, for instance, considered himself superior to his contemporaries and held himself to a higher standard. As he said in the movie, he had no time for "lesser mortals". His father had grandiose aspirations for John Nash. The son had to live up to the father's expectations. Achievement and criticism, holding yourself above others, was the atmosphere in his family.

As parents judge and criticize so, eventually, does the child. Self-criticism, personal morals and manners reveal themselves as the child reaches adulthood. As an adult, he then voices his attitudes and biases as if they were absolute truths, in the same way as his parents.

Family, individual sensitivity, intelligence and culture are all contributors working in unison. Where I depart from current mental health theorists is that I consider the family and the culture in which the child is raised as the paramount contributor to the mental health of the child. Genes, the car he drives, the food he eats are not the primary contributors. These considerations are secondary.

THE SOCIAL TYRANNY OF THOUGHT-VOICES

The child sits in the family. The family sits in the culture. The culture, a product of its history, lives in current time.

As Charlie Chaplin wrote in his autobiography: "...like everyone else I am what I am: an individual, unique and different, with a lineal history of an ancestral promptings and urgings, a history of dreams, desires, and of special experiences, of all of which I am the sum total."

Today, western cultural influences include schooling, church, fraternal associations and marketing slogans. A child hears: "Be the best you can be."; "Be honest and truthful."; "Thou shall not lie."; "Be a good neighbour."; "Be prepared!"

Society demands compliance with these vague standards. If you are bombarded by slogans such as these you cannot help but respond to the imperatives in them. If you do not have a foggy idea about how the imperatives translate into action, how do you comply? Not knowing what to do creates confusion. Meanwhile, the thought-voices still shout their slogans. The individual attempts to comply, but the vagueness sabotages him. That's the dilemma that confounded John Nash.

In non-industrial countries, the story teller takes the place of marketing slogans, schools and community associations. As the cultural historian, he relates and reinforces the myths and parables of the tribal heritage, including rules, regulations and rituals. Individual members hear the story teller through their own mental filters. The family, as well, has its own mental filters because the family interpretation is heavily influenced by its specific history. It is the family atmosphere which activates and implements the interpretation of the rules, regulations and cultural mythologies. Through his family, the developing child receives a spectrum of the cultural heritage evolved through the generations of the family. Although the cultural heritage influences the family and the child, the day-to-day family interpretation predominates.

HOW THOUGHT-VOICES SHAPE THE STREETS OF SOCIETY

John Nash said he did not much like people and that they did not like him either.

Look beyond John Nash into the streets of any metropolis. We see reclusive and uncommunicative outcasts who shout at the air, gesticulate, talk to imaginary beings and ignore their personal hygiene. We call them crazy and stay out of their way. We, the ordinary people, do not know how to respond to bizarre behaviour. That is why we shun and avoid the John Nashes' of the world.

Schizophrenics are preoccupied with the demands and commands of their dictatorial ghost phrases. They answer back as if the antagonists were real people. These bizarre acting, disheveled people are in the throes of dialoguing with the ghost-phrases of their thought-voices. In short, there is no conformity, and therefore, no social fit.

The difference between the street person and John Nash is that the street person is not as creative as John Nash in dealing with ghost-phrases. That John Nash did not spend the rest of his life in a mental institution, as do most of these others, attests to his creative ability in dealing with this mental affliction. This point is overlooked by social commentators who are totally ignorant of the mental life with which this Nobel Laureate had to contend.

THE TYRANNIES

Thought-voices result from conditioning. Without thought-voices there would be no ghost-phrases. The ghost-phrases are a sub-set of the thought-voices. No human being could be victimized by his own mental conditioning

without ghost-phrases. Early conditioning establishes the climate for the mental tyrannies.

Bizarre behaviour is a product of the tyranny of the ghost-phrases. The mechanics can be broken into parts:

- 1.) the habit of listening for how to behave right,
- 2.) the habit of legitimizing the talk of the ghost-phrases,
- 3.) the habit of figuring out how come the ghost-phrases exist.

Many people go about their business unhampered by voices shouting in their head. They have only one track of thought-voices. John Nash, and those like him, have several tracks playing at the same time. They must contend with rampaging thoughts. Schizophrenics must carry out their daily responsibilities despite the continuous fight between thoughts inside their head.

Often John Nash's ghost-phrases overrode factual information. He responded to the ghost-phrases as if they knew everything, just as he responded to his parents when he was a child. To him his parents' opinions and tenets were law.

He could not promptly distinguish between the ghost-phrases and real information. His ghost-phrases sabotaged the factual material with the equivalent of "That's a pile of baloney". "That's a pile of baloney" was treated as fact, fact was treated as a "pile of baloney". This is why it was so difficult for John Nash to not listen or to disobey his ghost-phrases. Consequently, he did not appreciate the fact that he was a victim of his own head.

THE PATIENT WORKS WITH HIMSELF

Nash was well placed to deal with the action inside his head, for he lived there. In actuality, he was the only one living there. This is so for each and every human being. Many people, however, behave as if they do not live inside their own head. They act as if people other than themselves have power over them. This is a common state of mind and creates universal problems.

Through trial and error, John Nash took hold of his dealings with his ghost-phrases. He developed an approach which altered his response to them. For instance, he resolved to not respect them as a bonafide source of reportage. At the same time he avoided the adversarial attempt to rid himself of his thinking. Remember what John Nash said to an observer, "If I don't give them [the voices] anything, they don't have anything over me." John Nash was successful because he developed ways for getting around the insistent urgings of his ghost-phrases. His efforts alone gave him some control over the behaviour that the ghost-phrases provoked.

Without knowledge about how his head works, any patient remains at the mercy of his ghost-phrases. He has no way of intervening with their tyranny. Short of a personal method for combating the tyranny of the ghost-phrases, the patient is stuck with turmoil and mental pain for the rest of his life. Because the ghost-phrases produce his mental turmoil, his personal method must supply him with the means of coming to grips with their origin and characteristics. This strategy is the key to his coping with the power of this mental function.

THE C-CTHERAPY® PERSPECTIVE

I am advancing a mental health treatment design in which the patient is the expert on himself. The patient is his own change agent. My design diverges from the medical-model in which the practitioner assumes both of these roles. C-CTherapy® also differs from the medical-model in that therapies of the genre promote the notion that "thinking differently" will cure the patient of turmoil. Thinking differently, however, is an intellectual, cognitive project rather than a mental building project. Cognitive -- thinking differently Æ± does not convert into operating differently.

In C-CTherapy®, the treatment effort centers around the patient building for himself a mental platform. This building process enables the patient to work with the non-volitional division of his functioning mentality. It is the non-volitional division which houses the ghost phrases and their production of mental turmoil.

Here is a summary of the C-CTherapy® points of departure from the medical-model design of mental health treatment programs.

- 1.) C-CTherapy® views patients as suffering from the bombardment of too many thoughts.
- 2.) In C-CTherapy, working with the “voices” is the treatment approach.
- 3.) Diagnosis is provided by the patient becoming initial focus of the treatment plan.
- 4.) C-CTherapy® views diagnosis as highlighting the patient’s ghost-phrase activity.
- 5.) Mental health patients suffer from a highly active non-volitional system rather than a disease.
- 6.) Thought-voices and the sub-set of ghost-phrases are key to the production of mental turmoil.
- 7.) C-CTherapy® teaches the patient to manage the bombardment of too many ghost-phrases.
- 8.) The family and the culture are paramount contributors to the child’s mental signature.

The Center’s exclusive treatment design is based upon these following points:

- 1.) Schizophrenia, as well as any other mental affliction, is not a disease. There exists no pathogen of record.
- 2.) Thinking, thoughts and functioning mentality constitute normal human processes.
- 3.) In schizophrenia, the patient is bombarded with crazy-making thoughts. Medication only reduces the volume of those thoughts.
- 4.) C-CTherapy® enables the patient to neutralize the intensity of the bombarding thought-voices sans medication.
- 5.) C-CTherapy® is a building, self-management process.

All of the above are incorporated in the Center’s unique, unified psychotherapy. The C-CTherapy® unified, non-volitional treatment design is based upon experiential research. The goal, emotional self-management, results from a mental building process. The treatment effort concentrates on the patient’s ability to mentally operate differently.

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