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Difference between demonic possession and schizophrenia

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ASSUMPTIONS

Staying for five years at the Faculty of Philosophy of the Society of Jesus in Zagreb, I gained significant knowledge about the existence of God, angels and demons. It was precisely that period of my life that inspired me to write this topic. In this paper, I want to look at various invisible influences that are difficult to name, to understand that they exist, to know how present they are and at what levels they operate. This paper is written for the purpose of better understanding and distinguishing certain influences in order to avoid bad reactions towards people who have these problems.

The second reason for writing this paper arose from the fact that there are very few works and data on this topic. Any communication on this topic with people from one's own life or virtual life would turn into a conflict between science and faith. Communication would go from scientific to a mocking level, denying everything that is not visible to our five senses. If I tried to talk about this topic on a serious level, there would be skeptics without real arguments and experience who would declare this topic ridiculous. All these skeptics have one thing in common, and that is that they have completely lost touch with the world around us. By the world, I do not mean only the experiential and external one, but also the spiritual one.

In this paper, the emphasis will be placed on the immaterial and parasitic influence of non-human origin, because they are insufficiently processed and are only one part of our lives. Modern science believed that demons belonged to the dark past. Even today, several centuries later, the reports of respected members of society such as doctors and scientists who wrote down phenomena that they could not even explain are being ignored, just as modern science is unable to do this today, because it is not possible to put all these cases in the drawer of schizophrenia. hysteria or mass psychosis.

What I will present in the paper is the way in which people struggle with carrying that burden, the consequences of which can be physical, emotional and psychological. Demonic entities have always been a story unto themselves. For the most part, they were considered a figment of our twisted imagination. In Christian belief, they are considered to be incorporeal beings of higher realities who turned away from serving God and placed themselves in the service of Satan. In this paper, I will explain how demons enter the host,what are the symptoms and what are the causes of the attack. When I describe the difference in the main symptoms, some of which are surreal, the difference between demonic possession and schizophrenia or some other mental illness should be clear. I chose schizophrenia because it is the most similar of all mental illnesses to demonic possession.

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DEMONIC POSSESSION

C. G. Jung, believes that believing in ghosts is absurd. Man believes that the creatures from the air that linger in his environment exert an invisible but very important influence. The souls of dead people are mostly thought of in this case. This belief can still be seen among Aboriginal people in Australia today. In the West, less and less is believed in ghosts, but also in other metaphysical beliefs. However, we are witnesses that regardless of that, we still have a large number of people who believe in ghosts. In the time of materialism, belief in ghosts flourished. Therefore, these people mark the reaction of the human spirit against the materialist worldview.

From the point of view of history, it is not at all unusual that we have used the belief in spirits as the most effective weapon against materially established truth, since belief in spirits has a genuinely functional meaning for primitive man as well. Terrible dependence of primitive man on the environment, multiple threats, the difficulty of his life, indulgence in nature, insufficiently restrained affects, all this connects him to psychic realities, so he is often in danger of falling completely into a materialistic attitude. However, his belief in ghosts, his perceptions of the spiritual constantly break his connections with the visible and tangible world. Therefore, he follows these spiritual laws in the same way as the laws of physical nature, that is, he lives in two worlds. His physical reality is at the same time the world of ghosts.

If we examine a little more closely what the phenomenon of ghosts consists of, then we will find several psychological facts. The first is that vision of ghosts is not uncommon in primitive nations, while in enlightened man it happens

much less often, perhaps only during some illness. It is quite certain that a cultured man is less attached to the ghost hypothesis than a primitive one, but I am also sure that a European who uses all the exercises and procedures necessary for a sorcerer to make ghosts visible has identical observations. It is also known that a European can have all sorts of strange psychic observations when he is forced to live under primitive conditions in the long run.

An important pillar of belief in ghosts are dreams. In a dream, personalities often appear, which primitive consciousness gladly understands as ghosts. For primitive man, dreams have incomparably greater value than for a cultured man. In particular, a very common case is the appearance of the dead in dreams. Naive reason considers this the reappearance of the dead.

Further sources of ghosting are psychogenic illnesses and neurotic disorders, especially of the hysterical type. Like all illnesses, they stem from psychological conflicts, which are largely unconscious. If it is about the deceased, then the assumption is that his spirit is what exerts a harmful influence. As pathogenic conflicts often go back to childhood, it is understandable that the spirits of deceased relatives are especially important to primitive man. The cult of the dead primarily means protection from the malevolenc of the dead.

Many patients just feel haunted by parents who have already died. The psychological subsequent action of the parents is so strong that a whole system of the cult of the dead was formed in a number of nations. Mental illness is of undoubted importance for the emergence of belief in ghosts. In primitive peoples, according to closer data, the most common diseases are delirium, hallucinations and catatonia, which belong to a wide area of schizophrenia. Mentally ill people have always been considered to be possessed by evil spirits. With his hallucinations, the patient meets the belief. Patients of this type suffer less from vision, but significantly more from auditory hallucinations. They hear voices. These voices are most often the voices of relatives. Naive reason, of course, has the impression that these hallucinations come from ghosts.

Belief in spirits cannot be spoken of if the existence of the soul is not taken into consideration. Belief in the existence of the soul is correlated with the belief in spirits. Just as in primitive belief a spirit is most often the spirit of someone from the dead, so it is also believed that this spirit was previously the soul of someone alive. This is the case where it is believed that man has only one soul. However, this assumption is not widespread at all, but it is often believed that man has several souls, one of which has survived death and the other is immortal. In that case, the spirit of the dead is one different soul of the living. In primitive belief there are not only spirits of the dead, but also demons of elemental forces, which are believed to have previously been human souls or parts of it. Spirits are from a psychological point of view, unconscious autonomous complexes, which appear as projections, in the future they have no direct associations with the Self. While spirits feel foreign and do not belong to their own selves, this is not the case with one or more souls. Soul complexes appear as something belonging to one's own self, and their loss is felt as a disease, as opposed to a complex of spirits whose relationship to the Self-causes disease, and whose separation means healing. This is the reason why in primitive pathology the cause of the disease is considered not only the loss of the soul,but also the obsession with the spirit. Both of these theories are in pretty good balance. According to this state of affairs, the existence of unconscious complexes belonging to one's own Self, which should not normally be associated with the Self, should therefore be sought. The first are soul complexes, and the second are spirit complexes.

Ghosts are not unconditionally dangerous and harmful, but can be translated into ideas to develop beneficial effects. the best example of this was the apostles. According to an observer from the side, they were in a state of ecstatic confusion, but it was from this that a new teaching emerged, which spread throughout the Roman Empire. Ghosts are complexes of the collective unconscious, therefore either sick thoughts or some other unknown ideas. The spirits of the dead arise in such a way that the one who connected the deceased with his relatives loses its real application with death and therefore falls into the unconscious where the latter revives the collective content, which often ends in adverse effects on consciousness. Adverse effects may occur in the form of loss of libido, depression, or physical illness. Of the postmortem events, parapsychological phenomena are the most frequently mentioned. The phobia of superstition, with enlightenment, leads to extremely interesting reports being removed quickly.

In most of the spiritualist literature, I have just researched the tendencies that emerge in communication, and in doing so I have come to the conclusion that in spiritualism there is a spontaneous attempt of the unconscious to penetrate consciousness in a collective form. The efforts of the so-called spirits go towards either raising the awareness of the living or providing their psychotherapeutic efforts to the newly dead. Spritism as a collective phenomenon goes so far as medical psychology shows manifestations of the same notion called, the science of spirits, which are characteristic of the collective unconscious. Such things neither confirm nor deny the existence of ghosts [1].

According to the theory, the disease occurs at the moment an evil spirit enters the patient's body and the person becomes possessed. Possession has a lot of different types of diseases. Possession is not always universal. There are at least three ways one can try to expel a ghost from a possessed person. The first consists of bleeding, beatings, flogging. The second consists of moving the spirit to another living person, such as ananimal. The third, which is the most common and well-known, consists of conjuring, better known as exorcisms.

An individual loses his identity and becomes a completely different person. When he speaks, he begins to change his voice, as if it were a completely different person. It's not uncommon for that person to start doing some unusual movements that they certainly couldn't do and not get hurt if it wasn't possessed.

There are two types of possession. The first is somnabulistic and the second is lucid. In the first situation, the possessed person loses consciousness and the intruder speaks for him, so that when the person regains consciousness, he does not know what the intruder said or did. In the second case, the person is self-aware but cannot decide for himself in every case, but fights the intruder. Another

important distinction is spontaneous and artificial possession. Spontaneous possession occurs without the will of the possessed,where the patient seeks help from an exorcist. Artificial possession is not a disease, but a conscious mental technique to accomplish some goal. The third important distinction is whether it is an overt or a latent possession. Overt possession occurs when the spirit speaks from the mouth of the possessed person, and latent when the patient is unaware of it. In the second case, the exorcist must try to find a way for the spirit to speak through the person, only then can he begin the exorcism. It is always easier to cure a person when it comes to overt possession.

Exorcism can also be observed if some form of psychotherapy. The exorcist never speaks in his own name, but in the name of a higher power. Preparing for an exorcism is not easy. It includes fasting and prayer. Exorcism should at best include the possessed, the exorcist, and another witness. The struggle between the exorcist and the possessed person can last for days, months, and sometimes even years, and even that is no guarantee that the person will be completely cured. It often happened that the exorcist also became infested after the exorcism. While we can say that possession is almost the same in most countries, there is evidence that this may change depending on the country in which the possessed is located. Dynamic psychologists still cannot find a way to cure the possessed. Of course, there are some similarities between schizophrenia and possession [2].

According to Freude's teaching, only human illusions are contents that are associated with the categories: God, soul, demon, devil and faith in general. Adler believes that man can be saved only by science, which is why it is necessary for him to replace faith with science. The divided psyche is the demon that has possessed the sick. It is no foreign spirit, but part of his own spirit. According to Jung, it used to be called the devil and today it is called neurosis. The difference is minor because there is one stranger who cannot be mastered and stands within our control of the will. According to all these opinions, the church cannot remain neutral. People of earlier periods expressed themselves by talking about Satan and demons. Encouraged by the trial of Aneliese Michel in Aschaffenberg, a full professor in Vienna, Dr. Kremer, says: Biblical settings should start from that point of view, so we cannot act as we did before. Because of all this, after the Second Vatican Council, the church abolished the division of the lower order of exorcists and greatly reduced exorcisms in the liturgy, and slowly began to return to the old practice of exorcism. According to Kremer, the exorcism that took place in Klingberg is opposed to recent theology. After all, the Bible says heal the sick and exorcise the devil (Mt 10: 8).

This kind of evil spirits can only be cast out to pray. Since, according to biblical teaching, man is most often oppressed by sin, sacramental absolution is the first thing that is thought of in the Bible as exorcism.For Christian practice in matters of parapsychological abuse of religious elements, which we have termed obsession, the principle would apply that such mentally ill people should be sent to a psychiatrist, and he himself should go to a priest if he wants. This view does not conflict with the Christian faith in the existence of the devil, just as it does not deny the possibility of God allowing possession [3].

The biggest question in this thesis is how to distinguish the devil of evil from psychological evil? How do you know if a patient needs the prayer of an exorcist or the help of a psychiatrist? All these issues create mistrust and uncertainty, science in each other. In recent years, psychology and psychiatry have progressed at an incredible rate that even some priests have begun to believe unconditionally only in them as a possible solution to the problem. On the other hand, psychiatrists themselves find that the case is unsolvable, so they seek the help of exorcists. The difficulty of this issue is real, so we must approach it that way. I asked this question at a summit in the premises of the psychiatric clinic of the University of Rome and it provoked a great response from psychiatrists throughout Italy. The first thing I note is that it is very important in the case of anything to see a psychiatrist first. Contacting an exorcist comes only later, if any of the suspicious symptoms appear. The main problem in this is created by the patients themselves, who deny their difficult condition.

Since exorcists and psychiatrists work at different levels, I started the whole seminar by pointing out three necessary assumptions that the exorcist encounters:

- The devil is real
- The devil can possess a person and that person may obviously have natural diseases that cannot be cured medically
- Only he who believes in God can cast out devils in his name

The psychiatrist uses methods recommended by science, while the exorcist heals with prayer. The very fact that psychiatrists in Italy came in large numbers to the lecture is encouraging in terms of cooperation in these two areas. Of course, both sides must do what is in their domain. There

have also been cases where patients have been unnecessarily sent to an exorcist. Both work for the good of man and this is an important aspect of the view of healing.

Interestingly, in 1994., the Manual of Statistical and Diagnostic Mental Disorders first mentioned the word 'possession', assigned to a situation in which a person is considered to be influenced by a spirit. Something like this was truly unthinkable before. Important in this collaboration is that the psychiatrist does not even have to be a believer, he does not even have to believe in Satan and his powers. It is enough that he can see the limits of his science and not think he knows everything. There have been such cases. Another important thing is the diagnosis. In order to arrive at a safe diagnosis, it is not only important that the psychiatrist can do nothing more, it is important to recognize the symptoms that indicate the person's possession.

When a person comes to an exorcist the first question should be, what is the diagnosis from the doctor. People sometimes know how to come to the exorcist themselves after several failed attempts at various psychiatrists. The exorcist must always be the last chance. But even an exorcist should not proceed with the procedure before he is convinced of the symptoms of possession. If the exorcist decides to do so, there is a short exorcism that primarily has a diagnostic role, because only in this way can it be determined with certainty whether it is a possession or not. In most cases, it was sufficient for recognition. The practice itself is also very important for exorcists. Those who have more practice find it easier to recognize symptoms that are important to diagnose [4].

HISTORY OF DEMONIC POSSESSION: From the beginning of the world, ancient cultures have believed in the spiritual life. Beliefs in spirits were characterized as the only connection with God. Ghosts can be dead souls, fallen heroes, deceased family members, etc. The Greek word 'daimones' from which the word demon originated referred to natural spirits at the time, and later Plato came up with a slightly deeper concept. We can also find this term in the Septuagint, which in Hebrew is called 'shedim'. The first written record of demons comes from the Sumerians, the area of present-day Iraq. They called the demons 'gid-dim.

Dual Persian religion Zoroastrianism promotes power, which is good on the one hand and evil on the other. The word paganism is sometimes used too often to encompass different beliefs. One of the common elements of popular paganism is prayer and sacrifice to a large number of spirits. Paganism has entered the world of religions, and has always been part of something supernatural such as gods and spirits. There are records that in ancient Canaan and the Philistines they even used people as sacrifices to please the spirits. Fortunately, this practice was not so common later.

There is evidence that the ancient Jews and Romans also knew how to sacrifice women and children to get closer to the Gods. More or less almost the entire ancient world relied on sacrifices, only more animal than human. In present-day America, we have evidence that the Maya, Incas, and Aztecs drugged young girls, frozen them, and mummified them. In present-day Mexico, there is evidence of child sacrifice to bring them closer to the Gods. The nails of some children were removed to make the Gods happier. The Israeli texts mostly talk about evil spirits in the period from 420 BC.

There is a lot of demonic preoccupation in the biblical texts. Not everyone believes in evil spirits. Sadduces, for example, are not. Many medieval Jewish philosophers never questioned the existence of evil spirits, except Maimonidies. Many Jews criticize Kabbalistic practice because they act voluntarily.

After the fall of the Roman Empire a new great religion that emerged was Islam. The Prophet Muhammad was born in Mecca in 571 AD. During his lifetime he spread storyes on jinn. According to him, the jinn are angels. Some good, some evil. Newer Islamic theology goes so far as to distinguish three types angels, jinn and demons. All three can influence people, but only jinn and demons can possess a person. Belief in possession has not changed since then. They almost completely reject all medical reasons and consider possession a fact. In the west, a little rarer [5].

As far as Catholic doctrine is concerned, exorcism can be divided into seven historical periods:

- The Time of Christ and the Apostles - The Gospel is quite clear in the direct conflict between Christ and Satan. Christ confronts and defeats Satan
- The beginning of Christ's life began with persecution and temptation. In his work, Christ defeats Satan and frees the persons he has possessed. The importance of this struggle is shown in the light of redemption. Modern theologians even have evidence in which Jesus made known what is disease and what is possession. After Jesus' death, the apostles continued to follow his example, and they cast out devils themselves. The Devil is mentioned over 1,000 times in the Bible, 568 of them in the New Testament.
- In the first three centuries - All Christians performed the role of casting out the devil in the name of Christ. At this time it was quite important. Exorcisms were of great apologetic importance because they attracted pagans and converted them to Christianity. Emperor Justinian goes so far as to believe that in some cases only Christians could cast out the Devil. Tertullian affirms the effectiveness of the expulsion of Satan. Origen for the first time brings an even newer element in exorcism itself. He believes for the first time that the Devils are not only expelled from persons, but from objects, animals and space. This was a term that the church fathers tried to practice as soon as possible, but it finally came to light at the end of the 17th century.

- From III. to VI. century - This period is very important for the whole church in the field of exorcisms. Great historical events such as the victory of Constantine and Theodosius can foretell the victory of Christianity by paganism. What gives the most impetus to exorcism is the appearance of monks. Around 300, during the persecution of Emperor Diocletian, Marcellin and Peter stand out. Peter is considered not to count the apostles as the oldest exorcist and monk. False exorcists and cheaters also appeared at the time. It was then that the first canonical provisions began around the Western Catholic Church. The Synod of Rome was held under Pope Sylvester, and the exorcists were placed in smaller ecclesiastical orders. Thus, the exorcists will be placed in a smaller order. Unlike the Western Church, the Eastern Church had no intention of caconizing exorcists, but considered it the charisma and ability to do of every believer. Not much has changed today. In 416, Pope Innocent I decreed that exorcisms could be performed only under the authority of the bishop.
- From VI. to XII. This is a long period in which the practice of exorcisms in the East and the West was in full swing. Churches were supplied with exorcists, and there was a school for exorcists that has disappeared completely today due to non- use. At that time, the older exorcists were helped by the younger ones, and they gained experience. Then, for the first time, the Ritual came out, which became official in the process of exorcism.
- From XII. to XV. - This period was quite sad for the church. Culturally, the church has risen, magnificent buildings have been built, but great heresies and anti-church disputes are emerging. Europe was heading towards war, and women (only some) became witches. Women, who may have needed exorcism, are being persecuted and burned at the stake. One of the most famous is St. Ivana Arska. 1252 Innocent IV. Authorizes the torture of heretics, and not long after the world hits the plague.
- From the 16th to the 17th century - This was a really bad period. The period in which exorcisms gave way to persecutions. Exorcisms are kept to a minimum, and people are demonized and killed. The church realized that the reform of exorcism was urgently needed. Emperor Charles V took the initiative to restore the rites of exorcism instead of the church. Priests but also Popes fell under the influence of time at that time. A similar horror occurred in the Protestant church. There were no bonfires where the exorcisms continued. It all depended on the country. For example, Spain was notorious for persecution, while no case was reported in Ireland.
- From XVIII. to this day - The cessation of the witch hunt happened all of a sudden. Priests were expected to return to the old practice of exorcisms, but they did not. There was great disinterest on the part of the church. Exorcisms began to be performed less and less, and the church began to cover it up. Finally, of all the prayers, the Church decided to choose prayers for exorcisms. In 1614, the Roman Rite was first revealed, containing the most important prayers for exorcism. Every future Pope changed these prayers a little, but in structure they remained the same [6].

SYMPTOMS OF DEMONIC POSSESSION: According to psychiatrist Simone Morabito, there are three unmistakable symptoms:

- ❖ Disgust towards all that is holy, according to hearing the name of Jesus, before blessed water, blessed oil, relics of saints, holy rosary and other objects.
- ❖ Occurrences, or psychomotor restlessness in which the mind of the possessed, unlike the mind of the mentally ill, is armed with hatred.
- ❖ Parapsychological phenomena, in which the possessed guess secrets about other people, even those over thirty years old. It can happen that they guess the near future of those present [7].

According to the priest Pellgrino Ernetti believes that there are at least four signs of temptation in the devil. He divided them into these four categories to better explain the difficulty a patient may face.

- ➢ Devil's temptation - this is the most regular and unusual satanic influence that manifests itself through human evil. The man feels helpless, but again falls under the influence of evil. The devil's temptation comes from an inner stimulus, that is, our own self, in other words, regardless of the fact that we are ready and willing to do something, there is a force that pulls us in the wrong direction.
- ➢ Devil's Infestation or Disorders - Exclusively special cases of psychiatric order, as well as certain illusions, hallucinations, deliriums and various parapsychological manifestations, infestations can be performed by the devil in any room or environment, whether personally or internally and externally. Mostly it is an infestation of certain rooms, with forests that appear at any time of day, with lights that appear without ordinary day or electric light, with sounds that appear day and night, with the removal of objects or overturning furniture and seats, mattresses suddenly turned into beds of thorns and nails, plates and cups that break into pieces in the kitchen, with doors and windows that suddenly open and close without the presence of wind, with chairs that move around the house by themselves, with taps from which blood flows instead water, etc.

A lot of families are mentally ill from this way of intimidation, because the nerves are torn, and pains appear that are not

shown on the devices in the psychiatric and clinical picture. The devil can also act on our inner powers without using our external senses and external stimuli. The person the devil infests literally feels obsessed with boring fantasies, which last until a state of madness, and that it is not a real state of madness because the ideas that bother that person are that his brain fills with inner speech, day and night, sometimes even years.

A person wakes up with anxiety, despair, anger and irritability, the complete opposite of what his nervous system has learned. Sometimes a lasting sense of stench can occur, which encourages vomiting, displaying obscene and monstrous visions that impose themselves and cause permanent fears to madness. Internal noise that occurs at any time of the day, and has nothing to do with clinical and auditory phenomena. Sometimes it happens that at night you hear whipping, blows to the hands and feet, invisible but real, real bruises, swelling, wounds that release pus, clinically can not be classified and no cure can be found.

Devil's Possession - This manifestation of Satan is among the most difficult after the previous two. It is a true lordship which he exercises directly on the body and indirectly on the soul. The human being becomes a means of his despotic and perverted power. Experience shows that Satan uses their bodily powers however he pleases. It can lift the body into the air and hold it for a long time, transfer the body at high speed from one place to another, speak ancient and modern languages that the patient does not know, recite passages he has never read before, modify physical body functions such as digestion, blood circulation , breathing, etc.The person occupies various positions that he never imagined he could, such as running with his eyes closed and avoiding all obstacles, play and paint well without learning activities, give deep voices, know things from the past, read thoughts and other unusual acts.

- Devil's Obsession - If the previous three do not heal then the fourth and worst stage occurs. Man's devilish obsession reduces him to an almost animal state, destroys his vegetative system, sleep and appetite are lost, and the person is permanently declining. People go to various specialists and other experts but there is no success. The patient at this stage truly suffers from anorexia, loss of appetite, unable to sleep, persistent bloody diarrhea, severe headache, distorted face, inflamed eyes, loss of will to live, and the intellect is almost gone. Psychology, psychiatry and neurology cannot interpret these phenomena because the elements of analysis elude apparatus and control. Today, more and more specialists work in the presence of an exorcist and this achieves satisfactory results, and the patient does not fall into similar conditions again [8].

The most famous Catholic exocystist, Don Gabrielle Amorth, testified that he was present with various types of exorcisms. He believes that going to the doctor is the best way to start. If the patient shows some unusual symptoms, it is the main way to suspect something bigger than the disease itself. Certain general diagnoses can often hide the real disease in the patient. Sometimes it can happen that the drugs have the opposite effect, for example, when the sedative is even more disturbing. Of course, this does not necessarily mean that it is a possession.

There was one interesting case of a young man suffering from insomnia. Despite being given sleeping pills, he was unable to sleep for eight days. He lay stretched out on the bed or wandered the hallways of the clinic. When he left the clinic, one exorcism was enough and everything returned to normal.

Like psychiatrist Morabito, Gabriele Amorth also believes that the most significant symptom is aversion to the world. Disgust with everything in the world can manifest in several ways. For example, aversion to prayer in people who have always prayed in the first stage can manifest as yawning or imposing sleep. On other occasions, when praying, the person starts vomiting or has a persistent cough. He may lose concentration to such an extent that there may not be a trace of concentration to follow a prayer or Mass. One of the safer cases is that the mouth is completely paralyzed and the Eucharist cannot be said or received. Sometimes it happens that one cannot stand or approach the church.

Another type of sensitivity is associated with blessed water, whether it is drunk alone or mixed with food. Aversion to everything dedicated, such as pictures, statues, relics. Apart from the impossibility of entering the church itself, strong reactions can be noticed in special places, such as shrines. Violent reactions that make a person angry and aggressive, even if it is different in nature, which is why he can swear, destroy objects, attack those present, especially those who are in the process of praying. It is not uncommon for this person not to remember his madness when he calms down One of the surest symptoms is a person's angry reaction if one prays over him. He often falls to the ground and rolls, curses, becomes violent against those present, can change his voice and say unimaginable things. We can ask ourselves if there are any unusual disturbances in the person himself. A person can hear voices, feel that someone is touching him regardless of being alone in the room, see people who are not there, part of his body becomes paralyzed. Here, doctors would certainly have a lot to say with regard to suggestions and duplication of personality.

One woman's legs became electrified during exorcisms, so when she sat on the bed, her legs would make strong movements and so on all night. Doctors could not help, and the husband turned to an exorcist. After the advice, he started watering her legs every night before going to bed with the sign of the cross. Sudden movements would calm down and then stop. A similar case happened to a man whose

legs were left paralyzed. He did not feel anything during the needle prick, only to react to one drop of blessed water as if it were a needle prick.

I often ask people if something strange is happening to them in the house. There is a possibility that the house is under infestation. Sometimes it's just one person living in the house, so when it heals, the disturbances stop. Squeaking, banging, walking, noises, opening and closing drawers and doors, disappearing objects, unpleasant odors such as burns, feces, sulfur, rotten meat or incense can be heard in the house.

In order to establish that it is truly a possession, it is sometimes necessary to go to the near past. For example, if a person has been to some spiritualistic sessions, visited sorcerers, occultists and magicians, there is a good chance that it is a possession.The effect of exorcism itself is judged by a person's behavior. There is no time period for exorcism. If the exorcist notices that there is no reaction when praying, then it is not possession. They are very rare in cases where only one exorcism is sufficient for healing. As for healing, it comes in most cases, and in those who do not come, the patient is always relieved of pain and suffering.

The most difficult cases Amorth saw were the phenomena of vomiting nails, glass, strands of hair, iron. Perhaps the most difficult case was when Satan ordered a person to turn on the radio. The person repeatedly vomited almost two kilos of heavy material. Now an interesting thing. Why do people who vomit such objects have no internal injuries? Because when they vomit, they materialize from saliva into an object. So until the last moment, they salivate [9].

T. K. Oesterreich in his book Obsession, states as something characteristic of the external image of obsession three characteristics: Facial expression, change of voice and the emergence of a new self. Instead of a calm face, the face becomes grinned, the voice longing. The natural self is lost and changed, in such a way that the new voice does not speak in a way like the previous self of the possessed personality, but like a new self [10].

CAUSES OF DEMONIC POSSESSION: These questions are very interesting, and it is not easy to give the right answer to them, but we can try to get closer to the heart of the problem. According to Amorth, there are four reasons why a person may fall into devilish possession or distraction. There are two causes without human guilt, and there is no responsibility for it, and two are human responsibility.

- The first reason doesn't make much sense, but it's about "surrendering". The person is not able to choose whether he will be afflicted with a disease, trouble or in this case possession. By this the most famous are the Catholic saints, among the most famous Padre Pio.
- The cause may be some kind of sorcery. Again, this is not about personal responsibility, but there is sin in the one who caused the witchcraft. Even the most innocent person, a small child can be affected by sparrows. This is mostly related to the evil eye, macumba, cursing, etc.
- Visiting dangerous places and seeing dangerous people. Whoever turns to sorcerers and cartomans, wizards, participates in spiritistic sessions, whoever dedicates himself to occultism, negromancy, all these persons run the risk of falling under the devil's influence and possession.
- The fourth cause also as the third causes the complete responsibility of the individual. One can fall into devilish evils while committing sins or severe and minor crimes. One of the cases was with a young man who was enjoying hard drugs and a woman who had abortions. And after all this, one question arises. What interest does the demon have in all this? The answer is no. Everyone is possessed out of pure malice, it is not important to him the evil he does but it is important to completely destroy that person [11].

EXAMPLES OF DEMONIC POSSESSION: In the sea of unusual stories and unfoldings, we will mention only a few to show as closely as possible that possession can absolutely not be compared to any disease.One of the stories was with a woman who had some interference. The husband and wife went to visit the priest, and the wife did not have regular menstruation after a year and a half of marriage. She often fainted and was allergic to almost all foods, which would cause her diarrhea. When praying over him, he loses consciousness again. After a while he rises again and feels peace. Her appetite returns and she is suddenly no longer allergic to food.

A similar situation occurred in Italy. The young woman was in a coma and her parents called a priest. After a few minutes of prayer, the woman wakes up and falls into a coma again. The priest prays over her again, and she wakes up again. Suddenly he gets up and walks. Regardless of the better situation, the priest decides to visit this family a little more often. Over time, things get worse. The woman gets frequent diarrhea. With the onset of exorcisms the troubles increase. The woman can no longer put anything in her mouth, vomit everything. Suddenly he starts vomiting objects. In fifteen days, the woman fell into a coma at least three times. Exorcisms do not help. Suddenly, after hours of praying over her, the woman rises. Parents try to hide from their children what is happening.

The following year, they decide to change houses and move in with their parents. That's where the problems come back. The woman begins to vomit papers that begin to stack like puzzles on their own. On them was written the date of their wedding. Suddenly the woman vomited a pair, on which he wrote some date. The priest thought it was the date of the woman's death. On the date it was written, the couple decided to do another exorcism. The woman felt something sting in her uterus.

When she fainted again they saw the needle and asked the doctor to remove it. It turned out to be a spell. And when they thought that everything was calming down, the woman started vomiting the papers again. When the paper was collected, the name of the guy who was in love with her was written. Further investigation led to that guy who admitted to paying the sorcerer to cast a spell on her. The woman then lost about thirty pounds, from excessive vomiting. They also came across a sorcerer who cast a spell. He also admitted everything. The woman eventually survived.

The second situation is with an eighty-five-year-old man, completely healthy, according to the doctor's testimony, who calmly smokes his forty cigars a day. He was married and had one son. His wife died while riding on a trailer. The mother of the deceased wanted her daughter to be married to her other daughter, since her daughter died. It was a woman who was already pregnant with another man. The mother wanted that child to have an abortion. The son-in-law didn't want that. In order to take revenge on that mother who was quite deep in occultism, she made a doll in which she put pieces of glass.

Then the man decides to leave the place where he was with the deceased woman and decides to move. That's when his problems begin. Nails and glass begin to spit out of his mouth. Doctors do not find any disease in him. At one clinic, he started vomiting nails during an X-ray, but they don't find anything in his stomach on the recording. The nails were twenty-five centimeters long. After several exorcisms, his life slowly began to return to normal. But not completely. Inexplicable events continued. While trying to enter the church, some force refused him from the entrance. Unusual noises and moving things began to happen in his house. He had a large vineyard. One day he noticed that two vines had been torn off precisely. The occupants kept watch every day, but were unable to find the perpetrator. In fifteen days the whole vineyard was destroyed. Then the priests decided on the exorcism of the house. After a few times, all the interference stopped.

One man fell ill many years ago. He had various incomprehensible symptoms, which medicine could not diagnose. Turning to one exorcist, everything went in the right direction. He felt it for the first time right after he put on his suit. A little later, dressed in that suit, he began to feel great anxiety. The will was paralyzed, and the other physical manifestations were unusual and painful. The whole body was rubbed with tingling and some unusual heat. This phenomenon could last for several hours. His eyes were swollen, and his disfigured faces appeared as he looked in the mirror. Other distractions that attacked him were incomprehensible fear, diarrhea, paralysis. He went to the doctor often but without success. After a few exorcisms, everything returned to normal.

Among the most difficult cases Amorth considers these. A woman who worked as a nurse for years and did her practice very well. Interestingly, no one at the hospital noticed that she had any problems. The reason is that she most often had seizures in her own house. Shouts, breaking pictures and plates. A similar thing is with a woman in her thirties. He is a victim of heavy possession. A woman is of larger build, and the only way to pray over her is to keep her bound. Suddenly, during prayer, a woman gains supernatural strength.

While praying over her, the priest asked why he was not coming out, while the demon replied that it was because Satan was punishing him. This sentence is very important because it can be sensed that there is also a certain hierarchy among demons. They hate or fear each other. Problems can arise when deciding on an exorcism. Regardless of the situation, exorcisms must not be done voluntarily, but the consent of the person must always be awaited. Among the more difficult cases, it should be noted that after praying, the woman began to levitate around the room [12].

LITURGY OF EXORCISM: The Catholic Catechism for Adults states that the church is officially authorized in the name of Jesus Christ to pray for protection from the temptation of an evil enemy and to separate man from his presence. Exorcism comes from the Greek word and means oath and cursing. Based on biblical testimonies, the Church believes in the possibility of obsession. In this sense, the church exercised authority to cast out evil spirits. If we take into account that demonic powers are equal to cosmic forces that are analogous to the

world, the freedom and responsibility of the person as an individual must not be diminished.

The first Roman rite, 'Rituale Romanum', was created in 1614, and last appeared in 1954 in its supplemented edition, entitled 'De excorcisandis Obsess a deamonio'. A very important turning point in the earlier practice of exorcisms can be seen in the new structure of exorcisms, which were made in the eighties. This new device should completely, replace Rituale Romanum from use. As early as 1985, the Congregation for the Doctrine of the Religion gave bishops guidance on how to deal with exorcism cases. One of the main points of this science was that the application of exorcism is performed only when all the possibilities of medicine and psychology have been exhausted. The use of exorcism alone must not suspend medical treatment. If the patient refuses medical treatment, exorcism should not be used. Also, no trial exorcism should be used. If the case is very difficult, then you should contact the bishop who will later decide whether to do it or not [13].

There is a section in the rite that deals with exorcisms and is divided into two chapters:

- ✓ Norms to be adhered to in exorcism
- ✓ The rite of exorcism possessed by the devil

A priest engaged in exorcism must have the special permission of the Ordinary, must be pious, prudent and

without vices. He must also be mature, a man worthy of respect and an exemplary life. He must do his job properly. He must not fall under the influence of false witnesses, but must recognize for himself whether it is an obsession or not. To discern this, he needs practice, and he himself will feel it over time to perform exorcisms. He has to watch everything the demons say and do, because they can make a problem of deception. Sometimes ghosts hide in the body, so the exorcist seems to be rescued.

Demons still use other obstacles to make it harder for priests to save a person. If possible, the possessed should be brought to a church or other holy and honorable place, away from the crowds. He must have a crucifix in his hands, but he must also be careful not to be hurt by an evil spirit. The exorcist must not engage in conversation or any unnecessary and curious questions, which do not concern his service, but must only command the demon to be silent and answer questions, in order for the person to be healed sooner. When he sees that the spirit is losing strength, then move even harder and bolder to get rid of it. If he notices a wound on a man's body, he should pour it with the blessed water he must always have on hand. He must be careful of which words the demons are more afraid of and repeat them as often as possible. If he notices that he succeeds, he should say them until he wins. The exorcist must not give any medicine, but leave that care to the doctors.

Always have some people close to you who will help him hold the person in case of a more difficult case. In deliverance, let him not use his own words but the words of Scripture. If the occupants are possessed, he should be warned that if he is not careful, he can return to his original state [14].

The priest delegated by the Ordinary to perform this office should first go to confession or at least elicit an act of contrition, and, if convenient, offer the holy Sacrifice of the Mass, and implore God's help in other fervent prayers. He vests in surplice and purple stole. Having before him the person possessed (who should be bound if there is any danger), he traces the sign of the cross over him, over himself, and the bystanders, and then sprinkles all of them with holy water. After this he kneels and says the Litany of the Saints, exclusive of the prayers which follow it. All present are to make the responses.

LITANY OF THE SAINTS: The Litany of the Saints is used in ordination, Forty Hours', processions, and other occasions. Both the Roman Ritual and the Roman Pontifical direct that the first three invocations be repeated. The music for this litany is given in the music supplement. The invocations are sung (or recited) by the chanters or the priest; the responses by all.

P: Lord, have mercy. All: Lord, have mercy. P: Christ, have mercy. All: Christ, have mercy. P: Lord, have mercy. All: Lord, have mercy.

P: Christ, hear us. All: Christ, graciously hear us. P: God, the Father in heaven. All: Have mercy on us. P: God, the Son, Redeemer of the world.

All: Have mercy on us. P: God, the Holy Spirit. All: Have mercy on us. P: Holy Trinity, one God. All: Have mercy on us.

Holy Mary, pray for us,* * After each invocation: "Pray for us."

Holy Mother of God, Holy Virgin of virgins, St. Michael, St. Gabriel, St. Raphael, All holy angels and archangels, All holy orders of blessed spirits, St. John the Baptist, St. Joseph, All holy patriarchs and prophets, St. Peter, St. Paul, St. Andrew, St. James, St. John, St. Thomas, St. James, St. Philip, St. Bartholomew, St. Matthew, St. Simon, St. Thaddeus, St. Matthias, St. Barnabas, St. Luke, St. Mark, All holy apostles and evangelists, All holy disciples of the Lord, All holy Innocents, St. Stephen, St. Lawrence, St. Vincent, SS. Fabian and Sebastian, SS. John and Paul, SS. Cosmas and Damian, SS. Gervase and Protase, All holy martyrs, St. Sylvester, St. Gregory, St. Ambrose, St. Augustine, St. Jerome, St. Martin, St. Nicholas, All holy bishops and confessors, All holy doctors, St. Anthony, St. Benedict, St. Bernard, St. Dominic, St. Francis, All holy priests and levites, All holy monks and hermits, St. Mary Magdalen, St. Agatha, St. Lucy, St. Agnes, St. Cecilia, St. Catherine, St. Anastasia, All holy virgins and widows, P: All holy saints of God, All: Intercede for us. P: Be merciful, All: Spare us, Lord. P: Be merciful, All: Graciously hear us, Lord. From all evil, deliver us, Lord.* * After each invocation: "Deliver us, Lord." From all sin, From your wrath, From sudden and unprovided death, From the snares of the devil, From anger, hatred, and all ill will, From all lewdness, From lightning and tempest, From the scourge of earthquakes, From plague, famine, and war, From everlasting death, By the mystery of your holy incarnation, By your coming, By your birth, By your baptism and holy fasting, By your cross and passion, By your death and burial, By your holy resurrection, By your wondrous ascension, By the coming of the Holy, Spirit, the Advocate, On the day of judgment, P: We sinners, All: We beg you to hear us.* * After each invocation: "We beg you to hear us." That you spare us, That you pardon us, That you bring us to true penance, That you govern and preserve your holy Church, That you preserve our Holy Father and all ranks in the Church in holy religion, That you humble the enemies of holy Church, That you give peace and true concord to all Christian rulers. That you give peace and unity to the whole Christian world. That you restore to the unity of the Church all who have strayed from the truth, and lead all unbelievers to the light of the Gospel, That you confirm and preserve us in your holy service, That you lift up our minds to heavenly desires, That you grant everlasting blessings to all our benefactors, That you deliver our souls and the souls of our brethren, relatives, and benefactors from everlasting damnation, That you give and preserve the fruits of the

earth, That you grant eternal rest to all the faithful departed, That you graciously hear us, Son of God, At the end of the litany he (the priest) adds the following: P: Antiphon: Do not keep in mind, Lord, our offenses or those of our parents, nor take vengeance on our sins. P: Our Father who are in heaven, hallowed be thy name; thy kingdom come; thy will be done on earh as it is in heaven. Give us this day our daily bread; and forgive us our trespasses as we forgive those who trespass against us; and lead us not into temptation, All: But deliver us from evil Psalm.

P: God, by your name save me, and by your might defend my cause. All: God, hear my prayer; hearken to the words of my mouth. P: For haughty men have risen up against me, and fierce men seek my life; they set not God before their eyes. All: See, God is my helper; the Lord sustains my life. P: Turn back the evil upon my foes; in your faithfulness destroy them. All: Freely will I offer you sacrifice; I will praise your name, Lord, for its goodness, P: Because from all distress you have rescued me, and my eyes look down upon my enemies. All: Glory be to the Father. P: As it was in the beginning. After the psalm the priest continues: P: Save your servant. All: Who trusts in you, my God. P: Let him (her) find in you, Lord, a fortified tower. All: In the face of the enemy. P: Let the enemy have no power over him (her). All: And the son of iniquity be powerless to harm him (her). P: Lord, send him (her) aid from your holy place. All: And watch over him (her) from Sion. P: Lord, heed my prayer. All: And let my cry be heard by you. P: The Lord be with you. All: May He also be with you. Let us pray. God, whose nature is ever merciful and forgiving, accept our prayer that this servant of yours, bound by the fetters of sin, may be pardoned by your loving kindness. Holy Lord, almighty Father, everlasting God and Father of our Lord Jesus Christ, who once and for all consigned that fallen and apostate tyrant to the flames of hell, who sent your only-begotten Son into the world to crush that roaring lion; hasten to our call for help and snatch from ruination and from the clutches of the noonday devil this human being made in your image and likeness. Strike terror, Lord, into the beast now laying waste your vineyard.

Fill your servants with courage to fight manfully against that reprobate dragon, lest he despise those who put their trust in you, and say with Pharaoh of old: “I know not God, nor will I set Israel free.” Let your mighty hand cast him out of your servant, (The name of the person), so he may no longer hold captive this person whom it pleased you to make in your image, and to redeem through your Son; who lives and reigns with you, in the unity of the Holy Spirit, God, forever and ever. All: Amen [15].

Then he commands the demon as follows:

I command you, unclean spirit, whoever you are, along with all your minions now attacking this servant of God, by the mysteries of the incarnation, passion, resurrection, and ascension of our Lord Jesus Christ, by the descent of the Holy Spirit, by the coming of our Lord for judgment, that you tell me by some sign your name, and the day and hour of your departure. I command you, moreover, to obey me to the letter, I who am a minister of God despite my unworthiness; nor shall you be emboldened to harm in any way this creature of God, or the bystanders, or any of their possessions. The priest lays his hand on the head of the sick person, saying: They shall lay their hands upon the sick and all will be well with them. May Jesus, Son of Mary, Lord and Savior of the world, through the merits and intercession of His holy apostles Peter and Paul and all His saints, show you favor and mercy. All: Amen.

Next he reads over the possessed person these selections from the Gospel, or at least one of them.

P: The Lord be with you. All: May He also be with you. P: The beginning of the holy Gospel according to St. John. All: Glory be to you, 0 Lord. A Lesson from the holy Gospel according to St. John (John 1:1-14)

As he says these opening words he signs himself and the possessed on the brow, lips, and breast. When time began, the Word was there, and the Word was face to face with God, and the Word was God. This Word, when time began, was face to face with God. All things came into being through Him, and without Him there came to be not one thing that has come to be. In Him was life, and the life was the light of men. The light shines in the darkness, and the darkness did not lay hold of it. There came upon the scene a man, a messenger from God, whose name was John. This man came to give testimony to testify in behalf of the light that all might believe through him. He was not himself the light; he only was to testify in behalf of the light. Meanwhile the true light, which illumines every man, was making its entrance into the world. He was in the world, and the world came to be through Him, and the world did not acknowledge Him. He came into His home, and His own people did not welcome Him. But to as many as welcomed Him He gave the power to become children of God those who believe in His name; who were born not of blood, or of carnal desire, or of man’s will; no, they were born of God. (Genuflect here.) And the Word became man and lived among us; and we have looked upon His glory such a glory as befits the Father’s only-begotten Son full of grace and truth! All: Thanks be to God.

Lastly he blesses the sick person, saying: May the blessing of almighty God, Father, Son, and Holy Spirit, come upon you and remain with you forever. All: Amen.Then he sprinkles the person with holy water.

A Lesson from the holy Gospel according to St. Mark (Mark 16:15-18)

At that time Jesus said to His disciples: “Go into the whole world and preach the Gospel to all creation. He that believes and is baptized will be saved; he that does not believe will

be condemned. And in the way of proofs of their claims, the following will accompany those who believe: in my name they will drive out demons; they will speak in new tongues; they will take up serpents in their hands, and if they drink something deadly, it will not hurt them; they will lay their hands on the sick, and these will recover."

A Lesson from the holy Gospel according to St. Luke (Luke 10:17-20).

At that time the seventy-two returned in high spirits. "Master," they said, "even the demons are subject to us because we use your name!" "Yes," He said to them, "I was watching Satan fall like lightning that flashes from heaven. But mind: it is I that have given you the power to tread upon serpents and scorpions, and break the dominion of the enemy everywhere; nothing at all can injure you. Just the same, do not rejoice in the fact that the spirits are subject to you, but rejoice in the fact that your names are engraved in heaven."

A Lessonfrom the holyGospelaccordingtoSt.Luke (Luke 11:14-22)

At that time Jesus was driving out a demon, and this particular demon was dumb. The demon was driven out, the dumb man spoke, and the crowds were enraptured. But some among the people remarked: "He is a tool of Beelzebul, and that is how he drives out demons!" Another group, intending to test Him, demanded of Him a proof of His claims, to be shown in the sky. He knew their inmost thoughts. "Any kingdom torn by civil strife," He said to them, "is laid in ruins; and house tumbles upon house. So, too, if Satan is in revolt against himself, how can his kingdom last, since you say that I drive out demons as a tool of Beelzebul. And furthermore: if I drive out demons as a tool of Beelzebul, whose tools are your pupils when they do the driving out? Therefore, judged by them, you must stand condemned. But, if, on the contrary, I drive out demons by the finger of God, then, evidently the kingdom of God has by this time made its way to you. As long as a mighty lord in full armor guards his premises, he is in peaceful possession of his property; but should one mightier than he attack and overcome him, he will strip him of his armor, on which he had relied, and distribute the spoils taken from him."

P: Lord, heed my prayer. All: And let my cry be heard by you. P: The Lord be with you. All: May He also be with you. Let us pray.

Almighty Lord, Word of God the Father, Jesus Christ, God and Lord of all creation; who gave to your holy apostles the power to tramp underfoot serpents and scorpions; who along with the other mandates to work miracles was pleased to grant them the authority to say: "Depart, you devils!" and by whose might Satan was made to fall from heaven like lightning; I humbly call on your holy name in fear and trembling, asking that you grant me, your unworthy servant, pardon for all my sins, steadfast faith, and the power - supported by your mighty arm - to confront with confidence and resolution this cruel demon. I ask this through you, Jesus Christ, our Lord and God, who are coming to judge both the living and the dead and the world by fire. All: Amen.

Next he makes the sign of the cross over himself and the one possessed, places the end of the stole on the latter's neck, and, putting his right hand on the latter's head, he says the following in accents filled with confidence and faith: P: See the cross of the Lord; begone, you hostile powers! All: The stem of David, the lion of Juda's tribe has conquered. P: Lord, heed my prayer. All: And let my cry be heard by you. P: The Lord be with you. All: May He also be with you. Let us pray. God and Father of our Lord Jesus Christ, I appeal to your holy name, humbly begging your kindness, that you graciously grant me help against this and every unclean spirit now tormenting this creatureofyours;throughChristourLord. All:Amen.

EXORCISM

I cast you out, unclean spirit, along with every Satanic power of the enemy, every spectre from hell, and all your fell companions; in the name of our Lord Jesus +Christ. Begone and stay far from this creature of God.+ For it is He who commands you, He who flung you headlong from the heights of heaven into the depths of hell. It is He who commands you, He who once stilled the sea and the wind and the storm. Hearken, therefore, and tremble in fear, Satan, you enemy of the faith, you foe of the human race, you begetter of death, you robber of life, you corrupter of justice, you root of all evil and vice; seducer of men, betrayer of the nations, instigator of envy, font of avarice, fomentor of discord, author of pain and sorrow. Why, then, do you stand and resist, knowing as you must that Christ the Lord brings your plans to nothing? Fear Him, who in Isaac was offered in sacrifice, in Joseph sold into bondage, slain as the paschal lamb, crucified as man, yet triumphed over the powers of hell. (The three signs of the cross which follow are traced on the brow of the possessed person). Begone, then, in the name of the Father,+ and of the Son, + and of the Holy + Spirit. Give place to the Holy Spirit by this sign of the holy + cross of our Lord Jesus Christ, who lives and reigns with the Father and the Holy Spirit, God, forever and ever. All: Amen. P: Lord, heed my prayer.

All: And let my cry be heard by you. P: The Lord be with you. All: May He also be with you.

Let us pray.

God, Creator and defender of the human race, who made man in your own image, look down in pity on this your servant, N., now in the toils of the unclean spirit, now caught up in the fearsome threats of man's ancient enemy, sworn foe of our race, who befuddles and stupefies the human mind, throws it into terror, overwhelms it with fear and panic. Repel, 0 Lord, the devil's power, break asunder his snares and traps, put the unholy tempter to flight. By the sign + (on the brow) of your name, let your servant be protected in

mind and body. (The three crosses which follow are traced on the breast of the possessed person). Keep watch over the inmost recesses of his (her) + heart; rule over his (her) + emotions; strengthen his (her) + will. Let vanish from his (her) soul the temptings of the mighty adversary. Graciously grant, 0 Lord, as we call on your holy name, that the evil spirit, who hitherto terrorized over us, may himself retreat in terror and defeat, so that this servant of yours may sincerely and steadfastly render you the service which is your due; through Christ our Lord. All: Amen.

EXORCISM

I adjure you, ancient serpent, by the judge of the living and the dead, by your Creator, by the Creator of the whole universe, by Him who has the power toconsign you to hell, to depart forthwith in fear, along with your savage minions, from this servant of God, N., who seeks refuge in the fold of the Church. I adjure you again, + (on the brow) not by my weakness but by the might of the Holy Spirit, to depart from this servant of God, N. , whom almighty God has made in His image. Yield, therefore, yield not to my own person but to the minister of Christ. For it is the power of Christ that compels you, who brought you low by His cross. Tremble before that mighty arm that broke asunder the dark prison walls and led souls forth to light. May the trembling that afflicts this human frame, + (on the breast) the fear that afflicts this image + (on the brow) of God, descend on you. Make no resistance nor delay in departing from this man, for it has pleased Christ to dwell in man. Do not think of despising my command because you know me to be a great sinner. It is God + Himself who commands you; the majestic Christ + who commands you. God the Father + commands you; God the Son + commands you; God the Holy + Spirit commands you. The mystery of the cross commands +you. The faith of the holy apostles Peter and Paul and of all the saints commands + you. The blood of the martyrs commands + you. The continence of the confessors commands + you. The devout prayers of all holy men and women command + you. The saving mysteries of our Christian faith command + you.

Depart, then, transgressor. Depart, seducer, full of lies and cunning, foe of virtue, persecutor of the innocent. Give place, abominable creature, give way, you monster, give way to Christ, in whom you found none of your works. For He has already stripped you of your powers and laid waste your kingdom, bound you prisoner and plundered your weapons. He has cast you forth into the outer darkness, where everlasting ruin awaits you and your abettors. To what purpose do you insolently resist? To what purpose do you brazenly refuse? For you are guilty before almighty God, whose laws you have transgressed.

You are guilty before His Son, our Lord Jesus Christ, whom you presumed to tempt, whom you dared to nail to the cross. You are guilty before the whole human race, to whom you prof erred by your enticements the poisoned cup of death. Therefore, I adjure you, profligate dragon, in the name of the spotless + Lamb, who has trodden down the asp and the basilisk, and overcome the lion and the dragon, to depart from this man (woman) + (on the brow), to depart from the Church of God + (signing the bystanders). Tremble and flee, as we call on the name of the Lord, before whom the denizens of hell cower, to whom the heavenly Virtues and Powers and Dominations are subject, whom the Cherubim and Seraphim praise with unending cries as they sing: Holy, holy, holy, Lord God of Sabaoth. The Word made flesh + commands you; the Virgin's Son + commands you; Jesus + of Nazareth commands you, who once, when you despised His disciples, forced you to flee in shameful defeat from a man; and when He had cast you out you did not even dare, except by His leave, to enter into a herd of swine. And now as I adjure you in His + name, begone from this man (woman) who is His creature. It is futile to resist His + will. It is hard for you to kick against the + goad. The longer you delay, the heavier your punishment shall be; for it is not men you are condemning, but rather Him who rules the living and the dead, who is coming to judge both the living and the dead and the world by fire. All: Amen. P: Lord, heed my prayer. All: And let my cry be heard by you. P: The Lord be with you. All: May He also be with you. Let us pray. God of heaven and earth, God of the angels and archangels, God of the prophets and apostles, God of the martyrs and virgins, God who have power to bestow life after death and rest after toil; for there is no other God than you, nor can there be another true God beside you, the Creator of heaven and earth, who are truly a King, whose kingdom is without end; I humbly entreat your glorious majesty to deliver this servant of yours from the unclean spirits; through Christ our Lord. All: Amen.

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Therefore, I adjure you every unclean spirit, every spectre from hell, every satanic power, in the name of Jesus + Christ of Nazareth, who was led into the desert after His baptism by John to vanquish you in your citadel, to cease your assaults against the creature whom He has, formed from the slime of the earth for His own honor and glory; to quail before wretched man, seeing in him the image of almighty God, rather than his state of human frailty. Yield then to God, + who by His servant, Moses, cast you and your malice, in the person of Pharaoh and his army, into the depths of the sea. Yield to God, + who, by the singing of holy canticles on the part of David, His faithful servant, banished you from the heart of King Saul. Yield to God, + who condemned you in the person of Judas Iscariot, the traitor. For He now flails you with His divine scourges, + He in whose sight you and your legions once cried out: "What have we to do with you, Jesus, Son of the Most High God? Have you come to torture us before the time?" Now He is driving you back into the everlasting fire, He who at the end of time will say to the wicked: "Depart from me, you accursed, into the everlasting fire which has been prepared for the devil and his angels."

For you, 0 evil one, and for your followers there will be worms that never die. An unquenchable fire stands ready for you and for your minions, you prince of accursed murderers, father of lechery, instigator of sacrileges, model of vileness, promoter of heresies, inventor of every obscenity.

Depart, then, + impious one, depart, + accursed one, depart with all your deceits, for God has willed that man should be His temple. Why do you still linger here? Give honor to God the Father + almighty, before whom every knee must bow. Give place to the Lord Jesus + Christ, who shed His most precious blood for man. Give place to the Holy + Spirit, who by His blessed apostle Peter openly struck you down in the person of Simon Magus; who cursed your lies in Annas and Saphira; who smote you in King Herod because he had not given honor to God; who by His apostle Paul afflicted you with the night of blindness in the magician Elyma, and by the mouth of the same apostle bade you to go out of Pythonissa, the soothsayer. Begone, + now! Begone, + seducer! Your place is in solitude; your abode is in the nest of serpents; get down and crawl with them. This matter brooks no delay; for see, the Lord, the ruler comes quickly, kindling fire before Him, and it will run on ahead of Him and encompass His enemies in flames. You might delude man, but God you cannot mock. It is He who casts you out, from whose sight nothing is hidden. It is He who repels you, to whose might all things are subject. It is He who expels you, He who has prepared everlasting hellfire for you and your angels, from whose mouth shall come a sharp sword, who is coming to judge both the living and the dead and the world by fire. All: Amen.

All the above may be repeated as long as necessary, until the one possessed has been fully freed. It will also help to say devoutly and often over the afflicted person the Our Father, Hail Mary, and the Creed, as well as any of the prayers given below.

The Canticle of our Lady, with the doxology; the Canticle of Zachary, with the doxology. P: Antiphon: Magi from the East came to Bethlehem to adore the Lord; and opening their treasure chests they presented Him with precious gifts: Gold for the great King, incense for the true God, and myrrh in symbol of His burial. Alleluia.

Canticle of Our Lady (The Magnificat) (Luke 1:46-55)

P: "My soul extols the Lord; All: And my spirit leaps for joy in God my Savior. P: How graciously He looked upon His lowly maid! Oh, see, from this hour onward age after age will call me blessed! All: How sublime is what He has done for me, the Mighty One, whose name is `Holy'! P: From age to age He visits those who worship Him in reverence. All: His arm achieves the mastery: He routs the haughty and proud of heart. P: He puts down princes from their thrones, and exalts the lowly; All: He fills the hungry with blessings, and sends away the rich with empty hands. P: He has taken by the hand His servant Israel, and mercifully kept His faith, All: As He had promised our fathers with Abraham and his posterity forever and ever more." P: Glory be to the Father. All: As it was in the beginning.

Antiphon: Magi from the East came to Bethlehem to adore the Lord; and opening their treasure chests they presented Him with precious gifts: Gold for the great King, incense for the true God, and myrrh in symbol of His burial. Alleluia. Meanwhile the home is sprinkled with holy water and incensed. Then the priest says:

P: Our Father who art in Heaven, Hallowed be Thy Name; Thy Kingdom come; Thy will be done on earth As it is in Heaven. Give us this day our daily bread; and forgive us our trespasses as we forgive those who trespass against us, and lead us not into temptation. All: But deliver us from evil. P: Many shall come from Saba. All: Bearing gold and incense. P: Lord, heed my prayer. All: And let my cry be heard by you. P: The Lord is with you. All: May he also be with you. Let us pray.

God, who on this day revealed your only-begotten Son to all nations by the guidance of a star, grant that we who now know you by faith may finally behold you in your heavenly majesty; through Christ our Lord. All: Amen.

RESPONSORY: Be enlightened and shine forth, Jerusalem, for your light is come; and upon you is risen the glory of the Lord Jesus Christ born of the Virgin Mary. P: Nations shall walk in your light, and kings in the splendor of your birth. All: And the glory of the Lord is risen upon you. Let us pray.

Lord God almighty, bless +this home, and under its shelter let there be health, chastity, self-conquest, humility, goodness, mildness, obedience to your commandments, and thanksgiving to God the Father, Son, and Holy Spirit. May your blessing remain always in this home and on those who live here; through Christ our Lord. All: Amen.

P: ANTIPHON FOR CANTICLE OF ZACHARY: Today the Church is espoused to her heavenly bridegroom, for Christ washes her sins in the Jordan; the Magi hasten with gifts to the regal nuptials; and the guests are gladdened with water made wine, alleluia.

Canticle of Zachary (Luke 1:68-79)

P: "Blessed be the Lord, the God of Israel! He has visited His people and brought about its redemption. All: He has raised for us a stronghold of salvation in the house of David His servant,

P: AND REDEEMED THE PROMISE HE HAD MADE THROUGH THE MOUTH OF HIS HOLY PROPHETS OF OLD ALL: To grant salvation from our foes and from the hand of all that hate us; P: To deal in mercy with our fathers and be mindful of His holy covenant, All: Of the oath he had sworn to our father Abraham, that He would enable us P: Rescued from the clutches of our foes to worship Him without fear, All: In holiness and observance of the Law, in

His presence, all our days. P: And you, my little one, will be hailed `Prophet of the Most High'; for the Lord's precursor you will be to prepare His ways; All: You are to impart to His people knowledge of salvation through forgiveness of their sins. P: Thanks be to the merciful heart of our God! a dawning Light from on high will visit us All: To shine upon those who sit in darkness and in the shadowland of death, and guide our feet into the path of peace." P: Glory be to the Father. All: As it was in the beginning.

ANTIPHON: Today the Church is espoused to her heavenly bridegroom, for Christ washes her sins in the Jordan; the Magi hasten with gifts to the regal nuptials; and the guests are gladdened with water made wine, alleluia.

THEN THE CELEBRANT SINGS: P: The Lord be with you. All: May He also be with you. Let us pray.

God, who on this day revealed your only-begotten Son to all nations by the guidance of a star, grant that we who now know you by faith may finally behold you in your heavenly majesty; through Christ our Lord. All: Amen.

ATHANASIAN CREED

P: Whoever wills to be saved must before all else hold fast to the Catholic faith. All: Unless one keeps this faith whole and untarnished, without doubt he will perish forever.

P: Now this is the Catholic faith: that we worship one God in Trinity, and Trinity in unity; All: Neither confusing the Persons one with the other, nor making a distinction in their nature. P: For the Father is a distinct Person; and so is the Son; and so is the Holy Spirit. All: Yet the Father, Son, and Holy Spirit possess one Godhead, co-equal glory, co-eternal majesty.

P: As the Father is, so is the Son, so also is the Holy Spirit. All: The Father is uncreated, the Son is uncreated, the Holy Spirit is uncreated. P: The Father is infinite, the Son is infinite, the Holy Spirit is infinite. All: The Father is eternal, the Son is eternal, the Holy Spirit is eternal. P: Yet they are not three eternals, but one eternal God. All: Even as they are not three uncreated, or three infinites, but one uncreated and one infinite God. P: So likewise the Father is almighty, the Son is almighty, the Holy Spirit is almighty. All: Yet they are not three almighties, but they are the one Almighty. P: Thus the Father is God, the Son is God, the Holy Spirit is God. All: Yet they are not three gods, but one God. P: Thus the Father is Lord, the Son is Lord, the Holy Spirit is Lord. All: Yet there are not three lords, but one Lord. P: For just as Christian truth compels us to profess that each Person is individually God and Lord, so does the Catholic religion forbid us to hold that there are three gods or lords. All: The Father was not made by any power; He was neither created nor begotten.

P: The Son is from the Father alone, neither created nor made, but begotten. All: The Holy Spirit is from the Father and the Son, neither made nor created nor begotten, but He proceeds. P: So there is one Father, not three; one Son, not three; one Holy Spirit, not three. All: And in this Trinity one Person is not earlier or later, nor is one greater or less; but all three Persons are co-eternal and co-equal. P: In every way, then, as already affirmed, unity in Trinity and Trinity in unity is to be worshiped. All: Whoever, then, wills to be saved must assent to this doctrine of the Blessed Trinity. P: But it is necessary for everlasting salvation that one also firmly believe in the incarnation of our Lord Jesus Christ. >All: True faith, then, requires us to believe and profess that our Lord Jesus Christ, the Son of God, is both God and man. P: He is God, begotten of the substance of the Father from eternity; He is man, born in time of the substance of His Mother. All: He is perfect God, and perfect man subsisting in a rational soul and a human body. P: He is equal to the Father in His divine nature, but less than the Father in His human nature as such. All: And though He is God and man, yet He is the one Christ, not two; P: One, however, not by any change of divinity into flesh, but by the act of God assuming a human nature. All: He is one only, not by a mixture of substance, but by the oneness of His Person. P: For, somewhat as the rational soul and the body compose one man, so Christ is one Person who is both God and man; All: Who suffered for our salvation, who descended into hell, who rose again the third day from the dead; P: Who ascended into heaven, and sits at the right hand of God the Father almighty, from there He shall come to judge both the living and the dead. All: At His coming all men shall rise again in their bodies, and shall give an account of their works. P: And those who have done good shall enter into everlasting life, but those who have done evil into everlasting fire. All: All this is Catholic faith, and unless one believes it truly and firmly one cannot be saved. P: Glory be to the Father All: As it was in the beginning. Here follows a large number of psalms which may be used by the exorcist at his discretion but these are not a necessary part of the rite. Some of them occur in other parts of the Ritual and are so indicated; the others may be taken from the Psalter. Psalm 90; psalm 67; psalm 69; psalm 53; psalm 117; psalm 34; psalm 30; psalm 21; psalm 3; psalm 10; psalm 12.

PRAYER FOLLOWING DELIVERANCE

P: Almighty God, we beg you to keep the evil spirit from further molesting this servant of yours, and to keep him far away, never to return. At your command, Lord, may the goodness and peace of our Lord Jesus Christ, our Redeemer, take possession of this man (woman). May we no longer fear any evil since the Lord is with us; who lives and reigns with you, in the unity of the Holy Spirit, God, forever and ever. All: Amen.

SPLIT PERSONALITY

The main reason why I mention a split personality lies in the fact that there is a possibility that a psychologist or

psychiatrist can easily replace it with possession. The first time modern psychology encountered multiple personalities was between the 1980s and 1990s, but the first problem is still written in the Confessions of St. Augustine. Augustine mentioned here his past, which was pagan, until he rose from the "dream" and converted to Christianity.

The phenomenon of possession has for years been considered part of a multiple personality. Two species have already been mentioned, lucid and somnabulistic possessions. Possession can be latent, while multiple personality can only emerge through the influence of hypnotic maneuvers or automatic writing. There is a possibility that the split personality existed much earlier, but was unnoticed due to possession.

One of the most famous cases of split personality occurred in 1815. Mary Reynolds was the daughter of parents from England who migrated to the United States, Pennsylvania. They lived in the countryside, mostly among Indians and a few whites. In the spring of 1811, when Mary was 19, she went with a book in her hand to the field, where she was found unconscious. She quickly got up and recovered but became deaf and blind for fifty weeks. Her hearing returned suddenly, and her sight over time.

Three months later, she fell asleep so deeply that when she woke up she would lose her memory as well as her speech. At 19, she acted like an infant. She quickly regained all her memory. Five weeks later she returned to her original position, as if nothing had happened. A few weeks later, the same situation happened again, where she lost her memory, hearing and sight. Her condition changed for fifteen years, until she stopped at the age of 35 and did not change until her death.

The differences in personality of these two situations are quite large. In the first case she is calm, withdrawn, with a tendency to depression, while in the second case she has become overjoyed, extravagant and sociable. Her two personalities are completely different. This second case gave her family a headache because she was too carefree and without any fear. She even grabbed a rattlesnake with one bare hand. In one of her memoirs, she said that during a deep sleep, a dead sister, Eliza, appeared, who was an excellent connoisseur of the Holy Scriptures. She remained in another state for the rest of her life.

In the nineteenth century, many books had already been written and a lot of research had taken place on the subject of split personalities, so the need arose to classify them. The classification of splitted personalities can be divided into three parts.

- Simultaneous multiple personalities
- Successive multiple personalities
  - mutually cognizant
  - mutually amnestic
  - one-way amnestic
- Personality clusters

❖ Personalities arecalled simultaneous when thedistinction of one and long can be manifested at the same time. One person cannot speak with more than one personality because there are two streams of consciousness. In a true split personality, each personality is individual and does not depend on each other. Therefore, these cases of split personality are very rare. Much more complex are the cases in which memories from the past appear with hallucinations, while the person at the same time remains conscious of his identity.

❖ (a).This case of split personality is not so common. The case can best be explained by this example:

- The 29-year-old woman's personality was divided into A and B, after experiencing trauma. Her father committed suicide. For a while after that, she felt restlessness, hallucinations, and frequent mood swings. One evening while playing the piano, she felt there was someone inside her trying to sing with her voice. After a few weeks, person B was able to make full use of her body. Since then, both personalities have changed, but they have been aware of each other. Person A was normal, her consciousness. A woman who has a good becground and is more shy. Person B seems to be an older woman who considers herself a reincarnation of the late Spanish singer. She sings very well and speaks English with a Spanish accent. She is eccentric, passionate and her main interest is sexual in nature. Person A and B were on good terms, more like two friends. Person B never sleeps and says he knows person A very well. Person B is dominant in this personality.
- The psychiatrist decided to hypnotize both personalities separately. Person A was saying things that room B knew until she was hypnotized. After hypnotizing person B she fell into a delirium of fear. She saw the person who committed suicide. A horror was going on deep in her mind. The psychiatrist tried to figure out some psychogenic factors. Person A knew some three girls who came from Mexico and who spoke Spanish. Not long after, she met a person who had Spanish roots. On the other hand, the patient felt sexual repression and internal conflict. The psychiatrist concluded that the personalities emerged in response to a conflict from the past.

❖ (b).In this group of personalities, persons A and B know nothing about each other. The best example of this situation was given by S.I. Franz in 1933:

- In December 1919, Los Angeles police picked up a person who had drifted through the streets in a dazed state. The person, who wore various war decorations, told police he did not remember anything from life

before 1915 and thought he had identity problems. The old man recognized him as his son but he could not recognize her. Police have managed to trace his identity to some extent. His name was Charles Poulting and he was from Florida. His accent was Irish. He traveled extensively throughout the United States and fought on the battlefield in France, Belgium, and East Africa during World War I. He explained to the psychiatrist his experiences, and how he was attacked by wild beasts in Africa while escaping from German captivity.

- As he tried to regain his memory, police again found him disoriented wandering the streets. This time he told a psychiatrist that his name was Charles Poultney and that he was born in Dublin. He was a man of forty-two years of age who remembers only twenty-seven years. The psychiatrist tried to somehow restore Poultney's memory, using the states where he had traveled. Going through the states, Poultney became more and more emotional. He said he had a domestic monkey in Africa who was devoured by a leopard. The assumption is that he probably mistaken this monkey with his friend and with the passionate situation that happened to him while fleeing from the Germans. After that, the memory began to slowly return. He began to remember himself.

Franz believes that the patient went through 3 different stages. Person A, B and C. Person A existed from birth to September 1914. Person B existed from September 1914 to February 1915. Parts of the personality slowly came out probably after heavy fighting on the battlefield in southern France. Personality C appeared in February 1925 and remained until therapy in 1930. During the therapy, the patient only knew personality C, he did not even know that there were A and B. Franc managed to restore his personality A and C, but he had no connection with B.

❖ (c).This means that personality A knows nothing about personality B, but personality B knows everything about personality A. The first to investigate this type of personality was Professor Eugene Azam from the University of Bordeaux. This is best explained in the following example.

Felida was born in 1843 and was the daughter of a naval captain. The captain was still alive when she was a child, and Fečida had a very difficult childhood. She had felt quite stressed since childhood. At the age of thirteen, problems with hysteria arose. She was quite grumpy, but also a hard worker. She constantly complained of headaches and neuralgia. Almost every day she experienced crises, where she would fall into acute pain, after which she would fall into a state of lethargy for a few minutes. When she came back from lethargy, she was a completely different person, fun, free, free-mided. This condition usually lasted for several hours, after which she would fall into lethargy again, so she returned to her normal state. Azam believes that she was an averagely intelligent person in her original state, and even more brilliant in another. In the latter state she was aware of her life. In her normal state, she did not know about her alter ego.

One day Felida asked for Azam's advice because she felt nauseous in the abdomen. Azam diagnosed the pregnancy, which was not clear to her. When she returned to her second stage, personality B laughed because she knew what it was all about. She married her boyfriend, gave birth to a child and after the birth the situation improved a lot. She stopped going to the therapist. Suddenly, it all came back after the second pregnancy. Azam noticed that there is an unusual desorder of the vegetative nervous system. She was suffering from a disease that showed no symptoms of that disease. During sleep, blood came out of her mouth and part of her head swelled completely. Personality B was dominant. In this case, we come to an incredible thing. Personality A was sick, while personality B was a completely healthy person.

❖ For many years the only cases were published as a dual personality. Then they realized that the human brain is a matrix that has a lot of sub-personality and diversity. Mesmerists have found thatifapersonishypnotized, there is a possibility that a third person may appear. Clusters of personalities sometimesdevelop spontaneously, but again it also depends on the researcher and whether he consciously or unconsciously suggests something, that these personalities develop. The most famous case was that of Mrs. Beauchamp:Morton Prince met Christine Beauchamp in 1875. She was then a student at New England University and was quite educated, spending time reading. She had a sense of responsibility, duty and scrupulousness. She suffered from a headache, a lack of willpower which is why Morton decided to bring her in for treatment. Prince knew that she had lost her mother quite early, that she was dissatisfied and had experienced a lot of trauma in her youth, that she had even run away from home once.As he wanted to rid her of the problem, Prince decided to put her under hypnosis. Under hypnosis, she showed only one personality. A few weeks later, Prince decided to put her under hypnosis again and there was a big surprise. Beauchamp has created three different personalities. Prince named them B I, B II and B III. B II and B III only appeared under hypnosis. B II was a more intense personality itself while B III was the complete opposite. Beauchamp in the waking state did not know about these two personalities, but B II knew about personality B I, but not about B III, while B III knew about B I and B II. When he showed one personality to another, the personality considered that other stupid. After that, B IV. All these personalities were playing with her mind, and it was hard for her to deal with it.Through years of research on the dichotomous personality, more and more new cases have been discovered. Initially, this was thought to be a mental division or loss of connection with an organic modification of the brain. In

1910, there were more and more such cases and more and more doctors investigating these cases. Dynamic psychology has unfortunately invested very little effort in research on dichotomous personality. An interesting thing happened in Italy. On the EEG, one person proved to be different, when going into his alter ego [16].

SHIZOPHRENIA

When we talk about schizophrenia, we usually mean psychosis, mental illness, nervous breakdown, insanity or schizophrenia itself. The tendency to feel various mood swings can sometimes be called bipolar disorder. In order to be able to distinguish some of these cases, there are a few things that need to be considered:

- ✓ If a person talks to himself, he sees, tastes, smells everything that other people are not. Sometimes they are hallucinations.
- ✓ He believes in some illogical things. For example, he believes in conspiracy theories and that the secret services control his thoughts. This is sometimes considered a delusion. If they think people want to hurt them, it's paranoid delusions. If they are considered special, then they are grandiose delusions.
- ✓ He has problems with thinking and concentration. While for most people it is just a passing thing in life, for these people it is very difficult and I can't handle it. It is difficult for them to concentrate on other things in their lives. People may be preoccupied or confused. The voices they hear sometimes know how to try to communicate with them. Sometimes these people talk in a way that is hard to follow.
- ✓ Over time, some people are inexpressive, closed, unmotivated and apathetic. It's hard for them to even take care of themselves. These symptoms may also be part of the disease, and may be negative symptoms of the medications prescribed to them.
- ✓ Often these cases occur in situations where a person has faced stressful situations. Indeed, it is very difficult with great certainty to separate psychosis from other emotional problems, which may be the result of some trauma in the distant or recent past.

Everyone's experience of these diseases is different. Some have one, some more experience. Some people have slightly more frequent cases, some only in difficult and stressful situations. A lot of people avoid going to mental institutions because they don't see it as a problem. Sometimes the voices they hear are not problematic, but can be pleasant and lasting. On the other hand, there are people who are bothered by this, so they contact a mental health institution. Another important thing in the fight against mental illness is our cultural background. We can say that Western psychiatry in Europe and the US rests roughly on the same basis. African psychologist Hendrick Verwoerdje, on the other hand, wrote about racism during apartheid, believing that when one cultural group considers something the norm, it can be misinterpreted because another does not consider it abnormal. For example, some may believe that the voices they hear may be from demonic possession and not from the disease itself. In order to help the patient, all factors should be taken into account.

Interestingly, almost 10 percent of people hear voices or talk when there is no one around. At least one in a hundred people has been diagnosed with schizophrenia, and the British Psychiatric Chamber estimates that there are currently around half a million Britons with the diagnosis. A lot of them hear voices all the time, but they don't think they're sick. Most of them would go to the doctor only when they realized that these were voices that put them at some risk. Interestingly, many people believe that these delusions originate from extraterrestrial abduction, ghosts or telepathy.

It is important to warn the person in time to know what the symptoms are, so that they can go to the doctor in time. The main reasons are:

- ➢ Distinguishing psychotic experiences from normal ones
- ➢ Know that experiences can have normal and ill
- ➢ Let the clinician make the diagnosis
- ➢ Maybe the mental illness is real
- ➢ There are good and bad cases of looking at mental illness [17].

Schizophrenia is inherently quite complex, so we will have to explore it a little deeper. According to Balint, schizophrenia has two explanations. The first is the physical, that is, the process that acts on the central perceptual systems, and this determines the hallucinations. The other is psychological and it mostly attacks the functions of the ego. Scientists have linked the disease to the influence of certain causes of a psychological nature that affect physiological predispositions. Some schizophrenics use magic and consider it omnipotent to fulfill certain deeds.

The first real systematic research in the families of schizophrenic patients began in the 1990s in the United States. Kraepelin was the first to introduce so-called clinical images under the common name 'dementia praecox'. The name was first suggested by C. Morel and later converted by Bleuler to schizophrenia. Since then, research on schizophrenic patients has focused on thyroid function and eating habits. One scientist said most schizophrenics were born in March. Based on that, a lot of hypotheses have been created. Psychiatrists divided the clinical picture into 30-40 different types and subtypes, using sources of Greek etymology. It is a bit unusual that at that time no one wanted to express themselves on this topic at all.

The first studies conducted in 1949 focused on the nature of the relationship between a parent and a schizophrenic patient, and showed that this relationship was quite unsatisfactory. They tried to describe the dominant personality traits of individual family members, and this mother was usually considered to manipulate feelings and is the dominant person to protect and reject at the same time, and for the father to be passive, absent, sick from the family as an effective person.

In 1958, L. C. Wynne used the term pseudo-community to explain the way in which some families show harmony, all to cover up hatred, cruelty, and mutual destruction. In his work, Wynne extended the theory of social roles in an appropriate and useful way, taking into account, more than the usual subjective experience of the one who plays a certain role. In any case, there was a growing diversity of family relationships, which allowed for deepening relationships. There was a general lack of interest in the community to confront non-complementary observations. There was a pseudo- community in the families of some schizophrenics that was resilient and powerful in those families. In 1956, in a paper entitled 'Towards a Theory of Schizophrenia', psychologists set a precedent for thinking about family interactions. In this paper, they elaborated on putting in a difficult situation, which was a stimulus for schizophrenic families in the development of schizophrenia in one selected member.

The general characteristics of this situation are:

- An individual who is involved in an intense relationship, a relationship that he feels is of vital importance, must accurately distinguish what kind of message is being delivered to him in order to be able to respond to it correctly.
- He is caught in a situation in which the other person in that relationship expresses two sets of messages, one of which nullifies the other.
- An individual is incapable of interpreting the messages expressed and of deciding which series of messages to respond to. He cannot make a normal statement.

The dilemma of a schizophrenic or future schizophrenic patient in the case where one or both parents make such a maneuver is impossible so the only thing he can give is an answer that is considered psychotic. In his reality in which the patient grew up, he limited himself to the number of his possibilities. This will always be the case until the social field changes due to changes in the family, which can be provoked from the outside. It can also be a therapeutic group. The family must try to take the patient to therapy, to open the patient up for discussion and to remember the unfortunate events of his past. The patient may try to use his reason but often becomes confused.

So far, the focus has been on emotions and stress, which were the product of unpleasant emotions and their role in the development of psychosomatic illnesses. Negative emotional symptoms are a prominent feature of most mental disorders and secondly, stress can be an important cause in the development of the disorder. There is no evidence that stress is the only cause of psychotic disorders although it exacerbates the symptoms of the disease.

Currently, newer research is beginning to look for genetic predispositions to getting the disease. Although there are several scientific papers, none has been confirmed as safe. The word schizophrenia has the meaning of separating mental functions. The term originated in the early 20th century, and this term is most often associated with the term madness. The biggest problem is its exact determination. Its symptoms are varied and often coincide with the symptoms of other mental disorders and often change as the disease progresses. Because of this, there have been many attempts to separate schizophrenia into several disorders, but it has not been successful.

HISTORY OF SCHIZOPHRENIA: We can say that the history of the development of the concept of understanding schizophrenia is the history of understanding psychotic disorders in general. Like many other body syndromes, schizophrenia has been defined, explained, and redefined over time since it was written. Current diagnostic criteria (DSM-5 and ICD-10) provide relatively clear criteria that meet the criteria of good clinical practice in diagnostics or potential research. We must not fall into the trap of thinking that today's practice is also the best practice because they are disagreements about the diagnosis of schizophrenia itself are current today.

Perhaps a good example of disagreement is precisely the question of whether schizophrenia has always existed or is a disease of recent date. Written traces dating back up to two thousand years before Christ describe conditions and behaviors that would probably be diagnosed today as schizophrenia. Thomas Crow says that schizophrenia is what defines the human species and that it has existed since the human species existed as such. Fuller Torrey, on the other hand, argues that schizophrenia was extremely rare or non-existent until 200 years ago and that it appears along with the industrial revolution. However, today's consensus is that schizophrenia is an old disease of unknown cause and that some of its features change over time (pathoplasty). In many textbooks, the history of schizophrenia begins with Emil Kraepelin, who gave the syndrome we call schizophrenia today dementia preaecox, or Eugen Bleuler, who renamed preacox dementia schizophrenia.

In ancient times we also find terminology that could describe a schizophrenic patient, so Hippocrates uses the term paranoia in addition to melancholy and mania, but not in the meaning we attribute to this term from World War II onwards because it comes from the Greek words para and noi, which means beyond reason, but in the context of a clinical presentation that we would describe today as schizophrenia. In ancient

Rome, the term dementia was used (which again would mean without reason), which was used for people who were until a certain moment of normal, normal behavior to later become different / abnormal (without reason). The late 14th and early 15th centuries describe the French King Charles VI. Crazy (le Fol or le Fou). His biography contains detailed descriptions of episodes in which his "madness" returned, calmed down, and then reappeared. And we would probably diagnose him as schizophrenic today. At the end of the 18th century, detailed descriptions of the so-called "Obsessions" of people, who today would probably be diagnosed with schizophrenia.

Later, until the 19th century, patients who would be diagnosed with schizophrenia today were attributed dementia, paranoia, monomania, amnesia, moria, versaniu tipica, etc., depending on the clinical picture (we could say according to the leading symptom). In the early 19th century, Phillipe Pinel used the term dementia as a synonym for insanity.

In 1845, the Belgian psychiatrist Benedict Augustin Morel introduced the term démence précoce for patients whose mental illness began in adolescence with insanity, bizarre behavior and had an irreversible and deteriorating course. Benedict Augustin does not consider démence précoce to be a special diagnostic category or nosological entity, but with this name he emphasizes a particularly pronounced group of symptoms in the then defined nosological entity, madness.

Karl Ludwig Kahlbaum has called a similar disorder versania tipica since 1874 and specifically describes the symptoms of catatonia, which he considers to be a symptom of structural brain disease. Kahlbaum describes that in catatonia, in addition to mental deterioration, there are symptoms of muscle rigidity, stupor and verbigeration, while his student Ewald Hecker later named hebephrenia in 1871. Kahlbaum previously described hebephrenia in 1863 as cognitive decline beginning in adolescence and disorders in affect and thinking, but he did not specifically name such a condition, which Hacker later did. In the 19th and early 20th centuries, psychiatry developed most intensively in Germany. Emil Kraeplin accepted Morel's title dementia preacox and introduced it for the first time in 1899 in the fourth edition of his textbook on psychiatry. Kraepelin grouped earlier descriptions of individual clinical pictures and merged them into one nosological entity preacox dementia.

In the late 19th and early 20th centuries, the term dementia preacox experienced such expansion in Germany that it was practically generally accepted as synonymous with (any) insanity. Kraepelin was a student of W. Griesinger, who dealt with the classification of psychiatric diseases, which he considered to be of organic origin, brain diseases, and engaged in the systematic description of the symptoms and signs of psychiatric illnesses. He, on the other hand, considered the clinical picture we call schizophrenia today to be primary madness caused by cognitive rather than affective decline. This the idea, the conception, of mental illnesses that are primarily cognitive, on the one hand, and primarily affective on the other, is accepted by his student Emil Kraeplin. Kraepelin worked in hospitals in Heidelberg and Munich, and in addition to Griesinger, he was strongly influenced by his close colleague Alzheimer, who also worked with patients who are cognitively impaired, but in old age.

For psychiatry, this was a turning point in which diseases that have an affective dimension were separated from those that have a cognitive dimension. Those that have a cognitive dimension are divided into those with early onset and late onset. Kraepelin further builds on this foundation a dichotomous psychiatric classification of mental illness that is still relevant today. On the one hand, it puts affective disorder or manic-depressive psychosis, and on the other hand, intellectual / cognitive disorders such as dementia preacox and senile dementia (later called Alzheimer's disease). Kreapelin considered that the main indicators of dementia preacox are onset in adolescence or early adolescence, long-term deteriorating course by type of dementia in the presence of hallucinations and suspicion. In addition to the hebephrenia and catatonia described so far, Kraepelin adds a clinical picture that he describes as hallucinatory paranoia.

Finally, Kraepelin includes hallucinatory paranoia, hebephrenia, and catatonia in preacox dementia. He subsequently added the simplex form as the fourth type of preacox dementia. He considered dementia preacox to be a disease, an entity, probably of metabolic or endocrine etiology. On the other hand, patients suffering from primarily affective disease, manic-depressive psychosis have episodic onset of the disease, with periods of proper functioning without long-term deteriorating consequences.

Here it is important to note that even in the current diagnostic criteria, the criterion of course in addition to the criterion of outcome or outcome of the disorder in the presence of certain symptoms and signs forms the basis of the diagnostic process in psychiatry. Later in his work, Kraepelin himself points out that all patients with preacox dementia do not have an unfavorable outcome, but some have an episodic course of the disorder with a more favorable outcome.

It is on this basis that Eugen Bleuler in his work Dementia preacox oder die Gruppe der Schizophrenien, in 1911, changes the name dementia preacox to schizophrenia. In his chapter on preacox dementia in Aschaffenburg's psychiatric discussion, Bleuler says the term dementia preacox is impractical and suggests replacing it with the term schizophrenia. The name schizophrenia comes from the Greek words shizos = cleft, and frenos = soul. Bleuler believes that dementia preacox, now called schizophrenia, is not a single clinical entity, but a syndrome, a group of different pathophysiological / pathomorphological disorders with a

similar clinical picture that is not necessarily deteriorating, but may have a more favorable outcome decay is not at the core of the disorder, but the separation between affective and mental life. Bleuler significantly expanded the concept of schizophrenia (for the first time he introduced concepts such as alcoholic hallucinations, latent schizophrenia, etc.). He accepts Freud's psychodynamic conception and explains the schizophrenic process in Freud's dissociation terminology. Schizophrenic divides symptoms into primary and secondary and states the importance of premorbid personality and premorbid functioning. Bleuler's attitude was significantly different from Kraepelin's in the sense that schizophrenia is not one disease, but a syndrome, a group disorders, marked by one common characteristic: "a special way of being in the world." He believes that the progressive dementia course of the disease is by no means an essential characteristic, but an incidental characteristic in some patients, although a larger number of patients have permanent deficits. Bleuler does not consider schizophrenia to be a completely defined disorder, but a syndrome that may be amenable to correction in the future.

Bleuler declared himself an organic psychiatrist at the time, and today he would probably present himself as a biological psychiatrist, however as his time, the time of the development of psychoanalysis, psychodynamic concepts affect the new, Bleuler's conception of schizophrenia. At the time, we could say that Bleuler was the first clinician to have a psychodynamic approach in the hospital system. He knew Freud personally, Jung was his assistant, and in 1910 he left the Swiss Psychoanalytic Society.

Eugen Bleuler believes that schizophrenia has fundamental symptoms or primary symptoms also called 4A. These are Association Disorder, Autism, Ambivalence and Affect Disorder. In addition to these fundamental symptoms, Bleuler also speaks of accessory symptoms or secondary symptoms such as hallucinations, delusions and catatonic symptoms. According to Kraepelin, accessory symptoms are the key to diagnosis. Of the fundamental symptoms, Bleuler considers the association disorder to be the leading, if not the pathognomonic, symptoms of schizophrenia.

Today, we define a disorder of associations as a formal disorder of thought flow, ie dissociated thinking, which Bleuler also calls schizophrenic thinking, and considers it a possible pathognomonic sign of schizophrenia. Bleuler believes that the fundamental symptoms of schizophrenia can be found in all patients. On the other hand, accessory symptoms give a specific clinical picture of an individual patient and condition the differentiation of certain forms of schizophrenia. Accessory symptoms may occur in other psychiatric disorders and are not characteristic of schizophrenia. Kraepelin himself, in the latest edition of his psychiatry textbook, omits the term dementia preacox and accepts the name schizophrenia. Another of Bleuler's merits is the premiere introduction and definition of the term "autism" in the context of schizophrenia.

In his reflections on this topic, Josip Glaser states that Kraepelin's division of endogenous psychoses into dementia precox and manic-depressive psychosis was based on Kahlbaum's idea that by comparing the most common symptoms present and the course of the disease, the most appropriate clinical unit could be identified. Kraepelin believed that the development of diagnostics of such a clinical unit would coincide in both etiology and anatomical substrate. Such an approach was also supported by Sigmund Freud, believing that in time the anatomical substrates of certain syndromes or even symptoms would be identified.

However, he abandoned such an "absolute understanding". Jaspers, who says that the idea of an absolute nosological unit in psychiatry is actually an idea in Kant's sense: the notion of a task whose goal is unattainable. However, today this idea is the backbone of scientific research in neuroscience and is a measure of the degree of our knowledge. After Kraepelin and Bleuler, the concept of schizophrenia was further developed by the German psychiatrist Kurt Schnider on the basis of his own research, which he published in 1938 in the journal Nervenarzt.

According to Schneider's conception, there are no pathognomonic symptoms and signs of schizophrenia but only characteristic symptoms, those that occur more often or less frequently in schizophrenia. Schneider's conception is the first real attempt to operationalize the diagnosis of schizophrenia. He classifies these symptoms as first-order and second-order symptoms. If the patient, according to Schneider, has any first-degree symptoms, the diagnosis of schizophrenia is clear. This symptom must be without a clear organic cause. In this way, a hierarchy of symptoms was introduced, according to which an organically clearly defined cause always takes precedence, and the so-called endogenous to one that is not clearly defined cause. Schneider's first-order symptoms are significantly different from Bleuler's fundamental symptoms of hallucination and insanity, which, according to Bleuler, are merely accessory symptoms of schizophrenia. Nevertheless, Schneider's symptoms of the first and second order had a significant impact on the later development of psychiatric classifications and on diagnostic criteria (ICD-10, DSM-5).

Adolf Meyer is considered the father of American psychiatry even though he was born in Switzerland and studied medicine in Zurich. In 1904, he formulated his dynamic, biopsycho-social conception of schizophrenia. It is dynamic because, in addition to biological, it also takes into account psychological, but also social, that is, environmental factors in the development of the disease. For today's schizophrenia, he suggests the term parergasia, which has never been more widely adopted and expanded.Meyer later criticized Bleuler's 1911 concept of schizophrenia, arguing that schizophrenia was not an autonomous entity but a maladaptation to logical understanding in terms of the patient's individual experiences and specific individual life histories.

Meyer emphasizes that schizophrenia or, according to him, parergasia is a progressive maladaptation of an individual, a habit of disorganization and an attempt to avoid difficulties instead of trying to meet decisive action. The result is disorganization personalities and the ultimate departure from reality. Thus began the widespread, primarily American, application of the term schizophrenic reaction, which was finally in the DSM-I of the 1950s and 1960s, and later the 1970s, through the DSM-II, a diagnostic category as such, and no diagnostic category schizophrenia. However, the name schizophrenia returns from DSM-III to DSM-5, and the diagnostic criteria for schizophrenia are based on Schnider's first-order symptoms and Bleuler's secondary symptoms. We cannot diagnose schizophrenia with Bleuler's fundamental symptoms according to the DSM classification. Schneider's criteria are even clearer in the ICD-10 classification, but with this classification we can diagnose schizophrenia and with Bleuler's fundamental symptoms, as Bleuler's simplex form of schizophrenia is retained in this classification. ICD-8, 9 and 10 also talk about schizophrenia according to Bleuler's pattern, and DSM-III to DSM-5 talk about schizophrenia as a single entity, again according to Schneider's conception.

The American School of Psychiatry has brought some more innovations in the conceptualization of schizophrenia. Thus, in 1933, Jakob Kasanin defined schizoaffective psychosis as another form of schizophrenia based on the observation of nine patients. In these patients, in addition to schizophrenic symptoms, he noticed affective and sudden onset of the disorder, as well as better recovery.

Four years later, Norwegian psychiatrist Gabriel Langfeld marks a special group of patients whose disease begins abruptly and quickly recedes or with a very good prognosis, with no residual symptoms, as schizophrenic disorder, which later enters the DSM classification system (since DSMIII). Langfeld's idea was to separate "true" schizophrenics who have a worse prognosis and a worsening course from those with better prognostic outcomes. Ernst Kretschmer, a German psychiatrist, advocates the idea that the constitution is important for the development of psychiatric disorders, so, according to Kretschmer, asthenic material is a predisposition for the development of schizophrenia. The dimensional concept of schizophrenia began to develop in the 1970s, when factor analysis was developed as a statistical tool.

The first analyzes singled out two dimensions of schizophrenia symptoms, positive symptoms and negative symptoms. Today's dimensional approach to the symptoms of schizophrenia distinguishes five dimensions of symptoms: positive symptoms, negative symptoms, cognitive symptoms, depressive / anxiety symptoms, and aggressive / impulsive symptoms. The dimensions of schizophrenia symptoms are actually the groups of symptoms that most commonly occur in schizophrenia. In the last decades of the 20th century, the term schizophrenic spectrum began to be used.

The concept of the schizophrenic spectrum is introduced by Seymour Kety with the aim of genetic research of schizophrenia. The schizophrenic spectrum according to Kety includes the hard part of the spectrum: schizophrenia acute or chronic, while the soft part of the spectrum consists of paranoid states, paranoid personality disorder, schizoid and schizotypal personality disorder. Today, the term schizophrenic spectrum is found in the DSM-5 classification.

In the 1980s, Timothy Crow introduced the division of schizophrenia into two types. Crow is actually based on Bleuler's views that schizophrenia is a syndrome of various disorders, that is, that there is not one schizophrenia, but schizophrenia brings its own categorization. It should be borne in mind that this is the time of penetration of neuroimaging methods, primarily CT, into the clinic. On the other hand, the dimensional approach was formed then primarily positive or primarily negative form of schizophrenia. Crow combines a dimensional approach with the findings of neuroimaging methods, primarily CT, and brings two types of schizophrenia, type I and type II. Type I schizophrenia has an acute onset and a more favorable outcome.

The clinical picture is dominated by the positive dimension of symptoms, hallucinations, delusions and formal thinking disorders. Patients respond more favorably to antipsychotics and have no morphological changes in the brain. In Crow's type II schizophrenia, the onset of the disease is slow, sneezing, and the outcome is less favorable. These patients in the clinical picture have predominantly negative symptoms, autism, avolition, anhedonia, poverty of verbal and affective expression. They react poorly to psychopharmaceuticals (antipsychotics) and have morphological changes in the brain, most often atrophy of the cortex and expansion of cerebrospinal fluid spaces.

PSYCHOTIC DISORDERS

The three main features of manic-depressive psychosis are: The underlying disorder is a sensory disorder, this disorder occurs periodically, and recovery from a seizure returns the person concerned to their original state. This feature should be especially remembered when considering the social effects of psychosis. Manic depressive psychosis mainly occurs between the ages of twenty and thirty-five, and is more common in women than men. Milder forms of adult psychosis can also be found, which occur in the form of graded sequences, to slight mood swings, and even to a bad psychotic picture. Cyclothymic temperament is a state between normalcy and psychosis. People who have this type of temperament experience quite pronounced changes in mood. There are long periods in their lives, when they are grumpy and silent. Then begins a period of good mood, when

they are full of energy. It turned out that some people had a cyclothymic temperament before the onset of psychosis.

Psychotic feelings of depression are characterized by extreme despair, ie this condition can lead to suicide. In the UK, up to six thousand people commit suicide, and a large number of them suffer from affective disorders. If these diseases are not treated, they can last for years. Thirty years ago, these types of diseases were quite taboo because it was not known how to approach the patient, but today there are several ways to treat these diseases. Depression can be easily treated today. The problem with depression is that the patient does not see the symptoms of the disease, so nine can find a way to cure it. After all, this is perhaps the main problem, because the patient has no insight into the disease, and on the other hand, he is destroyed by guilt. This type of guilt prevents him from seeking a solution.

Because of this, it is important for people living in the community to learn to recognize abnormal depressive reactions. Despite the complexity of this disease, modern medicine has come to the conclusion that the treatment of this disease is very effective. We sometimes classify depressions as endogenous and exogenous. Endogenous are those in which environmental factors are considered insufficient to justify the severity of the disease, while exogenous are those in which the stressor is much more obvious such as the loss of a loved one, job, etc. Many psychiatrists believe that there is no difference between these two depressions because stressors have always been present in patients, itis only a matter of time before they come to light. However, it is important that psychiatrists can try to differentiate between different types of depression for practical reasons, not only because of the risk of suicide but also because it can lead to the most effective form of treatment.

Another disorder that psychiatrists investigated extensively was thought disorder. Interestingly, one part of this work suggests the presence of some process, which mixes with the patient's thoughts. It doesn't necessarily have to always be listening to voices. Thought can be so changeable, and the level of consciousness is not. Sometimes the flow of thoughts is disrupted. For example, in the blockade of thoughts, the interruption occurs in the sequence of thoughts, so that the patient suddenly stops talking while talking, and when he returns to talking, he often says something completely different. Some patients feel pressure of thought, when ideas run through their heads too much. For others, there may be a poverty of ideas.

Another group that is quite common are hallucinations. Hallucinations are spiritual experiences influenced by lush imagination that occur without external stimuli. Auditory hallucinations are the most personal, because schizophrenics hear voices. However, there are several other types of hallucinations and they relate to touch, smell, taste, feeling in the body. The voices that patients hear can be lewd and derogatory, and the patient often knows how to respond to those voices in the same way. In primitive peoples, this is often classified as an obsession. The voices a person hears can be persecutory, but also roads of deception.

Sometimes voices can affect sexuality, ie sexual intercourse, masturbation, etc. Patients' attitudes may be different. Chronic patients may be indifferent to their voices, while others are confused. Even if those voices don't drive them to suicide, sometimes those voices can be so disturbing that they see the only way out is suicide.

As the schizophrenic withdraws more and more into himself and his inner self, all this together becomes more and more sick, so he becomes less and less able to relate to social conditions. As his emotional connections with the outside world fail, so does he slowly fade away. Withdrawing emotions from the object of the outside world can sometimes make a person look dead for a schizophrenic. Frequent schizophrenic deceptions always leave patients indifferent at first. With all these feelings in which the schizophrenic feels as if he is in his own world, he begins to lose his personality. A person is almost non-existent. He is desperate and lonely without any correspondence with other people. Anxiety and defenses have existed since early childhood. Fantasies are the most powerful. He sometimes calls himself a savior, but such creativity is sometimes the only thing left for him. The schizophrenic dissociates parts of his ego from himself. It is an unconscious process because he does not understand that the voices he hears come from him. Much of what is unconscious in our country becomes conscious in them.

But he does not recognize himself and his own past experiences in his current hallucinations, even if they come from his own head. In projection he must deny. He cannot understand that his altered feelings are the result of the fulfillment of hallucinatory desires. He fills his own world with the share of fear, love and hate. The person has such a heavy inner drama that it is almost impossible for us to feel it. The term glass wall was sometimes used. It was mostly used as a barrier between us and schizophrenics. There is neither a wall nor a barrier on his part, because he has lost his sense of self.

Schizophrenia is an emotional illness that consists of emotional shocks and conflicts. Returning the schizophrenic to infantile patterns of behavior gives the impression that he experienced some fixations in his early emotional development. The infantile approach of emotional reactions becomes more pronounced due to the greater power of feeling of an adult. Therefore, in a situation of severe catatonic schizophrenia, complete recovery can occur. The old nightmares are gone forever. The patient has enough ego strength to resist the attack and is only transiently in an abnormal state under the influence of internal struggles. The severity of the disease is an indicator of the strength of his defenses, not just a measure of the strength of that disease. The fact that fixations can occur at the earliest

period, paranoid schizoid state imposes on us the fact that the factors determine a separate schizoid temperament, for example, some children are difficult to raise, even if they are given love and understanding

Schizophrenia has four groups.

- Simple
- Hebephrenic
- Catatonic
- Paranoid

❖ Simple schizophrenia begins in adolescence. The main symptom is the superficiality of emotions with indifference that sometimes becomes numbness, with an increased lack of urge. The course of the disease is usually insidious. Because the personality has been eaten away for years, the patient is often unable to continue doing the job. It decays in society, falls into poverty, social isolation and sometimes crime.

❖ Hebephrenic schizophrenia begins a little later. Here, too, the development of the disease is quite insidious. In addition to superficiality, a form of thought disorder appears. Occasionally there are delusions and hallucinations. Neurotic and hypochondriac behavior may initially mask the true course of the disease. For example, an excellent student can start dropping subjects at school. It can end up in a permanently dreamy state. Hebephrenics are mostly preoccupied with the basic issues of life, the problems of philosophy and science, while at the same time becoming incapable of overcoming the difficulties of their own lives. In young people, the first early sign of hebephrenia may be depression and obsession. Depersonalization, loss of feeling, feeling that the outside world is unreal, other possible early symptoms. There may be a suicide attempt.

❖ Catatonic schizophrenia begins at the end of the teenage period. It can start after a period of insomnia or depression, with increased loss of contact with the environment. This disease can lead to unusual facial grimaces. If a patient is denied a request, it can lead to hallucinations and delusions. During this period the catatonic patient may be mute by refusing food and attention. The most common initial symptom is stupor. In this situation, the patient seems completely alienated and inaccessible. He occupies unusual postures of the body and can be completely and physically immobile. Body shaking can be intrusive. He refuses to please others. Interestingly, when a patient recovers from a catatonic state, he often gives accurate information about everything that happened to him. Such a memory remains intact despite the fact that his personality was completely annulled at the time. In catatonic states, there may also be sudden bursts of arousal. Catatonic states can also begin as a sudden outburst of psychotic arousal. His external events are so distorted by disturbed thoughts that he may have a need to invent new words. A catatonic can find a secret language, which is meaningless.

❖ Paranoid schizophrenia or the last group occurs at a later age than the previous three. The main feature of this schizophrenia are deceptions that are accompanied by secondary deceptive interpretations. Personality in other respects can be preserved for a long time. Deception is a persecutory patient thinking that someone is watching him, following him, talking about him or plotting against him. There may be significant differences in the severity of the disorder. While one person may keep his strange knowledge to himself, another feels completely incapable of living and working. Paraphrenia and paranoia are subgroups of paranoid schizophrenia that we think have special properties. There is no point in separating them much. Early forms of schizophrenia are usually more destructive than later acute attacks of the disease, as if a more mature person can resist attacks more effectively. Schizophrenia can subside at times, but also permanently damage the personality. Of course, the importance of this lies not only with the individual but also with the community in which the patient finds himself. This course of the disease discounts only at times. Many people could easily be characterized as schizophrenics, but even many experienced psychiatrists are wary of this classification. A quarter of schizophrenics experience severe, permanent personality damage. In the second quarter, there is less serious damage. the third quarter shows minor damage and the rest recover from the attack.

SYMPTOMS OF SCHIZOPHRENIA: Hysterical symptoms can be physical or mental. In hysteria, almost every symptom of illness, paralysis, shivering, vomiting can be imitated. The most common symptoms are dizziness or physical pain. Mental symptoms may include amnesia and disturbances of consciousness. Cases of multiple personalities, in which a person acts as if they are another person, are very rare. The basic mechanism in hysteria is dissociation. It represents, an unconscious escape into illness.

The best example of this is:

The young woman looked completely calm in the team conversation. Medical students stared at her paralyzed legs and posed at her. She had no worries. She believed that her troubles were the result of hospital treatment, due to some minor difficulty. She also believed that paralysis could be resolved with surgery.

In reality, the paralysis was not related to any known physical illness. Many months of psychotherapy passed until the patient could not admit that she was filled with

feelings of guilt. She came from a family that was in a sect, in which they believed that sexuality was something bad and dirty. When she experienced her first sexual intercourse, which was rape, she dissociated herself from that event. That means she threw out every conscious memory of it. Her symptom of paralyzed legs was unknowingly symbolizing some things. He represented a compromise between the desire to experience instinctive pleasure and prohibition. Her emotions were completely suppressed and no one could blame them for what happened.

Her neurosis is marked by a sense of compulsion. The obsessive person feels that he should resist coercion and knows that it can interfere with everyday life. A rather rigid hard-working and self-sufficient person has an obsessive personality. From her virtuous state her strange sexuality can be revealed. Her obsessive behavior is compensation for that. Obsessive ideas are there to overcome deeper anxiety. People who are more prone to bites of conscience emotional stress stimulates ideas and fears of neurotic intensity. Well-known examples of obsessive behavior date back to childhood, when we had to do some banal things obsessively. Exaggeration of such events can lead to neurosis. In old age this happens for example when a person keeps coming back because he thinks he may not have shut off the gas. Strange habits turn into complex rituals that take a person so much time that he can do nothing else because of them. Sometimes it is very difficult to distinguish neuroses from psychoses. Neurosis signifies conflict. It reflects internal tensions and unadjusted responses to stress. Neurotics can have unpleasant answers to commonly asked questions. A neurotic person is not aware of his inner conflict. Sometimes we can see in completely healthy, intelligent people that they are unaware of their feelings. All psychiatric teachings take the view that the interpersonal relationships of a neurotic person stem from her earlier life. For a neurotic person, one part of the past does not represent this. Such a person failed to find the right solution then. In the worst case, such a person can be said to be difficult, not crazy. Whether she is prone to obsessive-compulsive disorder or something else, she acts as if the reality is exactly the same for her and others.

In 1928, Schilder hypothesized that the 'locus' of schizophrenia was essentially narcissism. We know nothing about the special experiences at that stage, and the phase of his psychosis can be considered typical of the psychology of narcissism. The ego works through reality through desire. Thought compels, so action becomes unnecessary. At the same time, we look at the will as a physical whole, conceived in physical terms. Tausk showed that in schizophrenia the instrument of action is the bass body and in the last analysis the sexual organs. The patient said she was influenced by an asexual illegitimate child who sometimes appears with a helpless penis. The patient considered herself an illegitimate child and thought she had supernatural powers. Schizophrenia, among other things, means a split personality, or absence in wholeness. So a fifty-five-year-old worker complained that every time he went out to drink water, the baby in him rebelled and demanded that he get drunk too.

The patient's name was John, and the baby was named Little John. For everything he did or did Little John always asked for the same thing. John wanted to get rid of the baby as soon as possible, so he tried in a serious voice to make her leave. He was born in Hungary. He spoke to the baby in English and she answered him in a sobbing voice in Hungarian that she could not live without her mother and that there was no one to feed her. It is clear that the patient felt like an adult and like a baby. The patient later lost touch with reality. In the case of partially schizophrenic and partially schizophrenic patients, duality was mainly expressed through self-criticism and constant suspicion.

The phenomenon of parallel ego and superego, which from this case turns into an obsession. Superego in this case uses contradictory voices that harass him. The patient sometimes considers them conscience, and sometimes accusatory demons. Under such conditions, any learning is impossible, because no matter what happens or whatever he does, he will always have doubts about his actions. The patient cannot do anything the way he wants. In the stage that occurs between thought and expression, a contradictory urge can make it impossible to perform an action. Therefore, we can see patients interrupting some pre-planned movements in a hurry. Mechanisms happen in every action. A negative stimulus directed towards the environment can turn into a hallucination. For example, a catatonic man who wants to eat something will shout at the voice that is bothering him. The dichotomy of such thoughts is nothing but a lack of wholeness. The patient cannot be united with just one choice.

Kempf said one patient told him that when he addresses her, he thinks she is addressing herself. She identified with who he was and what he was saying. When a nurse chased a cat, she thought she was being chased. She asked him to go to the sauna because she thought it was a hot box in which he was in the fetal position and to bathe in his own urine and feces. The walls were narrowing and it was shrinking. While she was in that box, she dreamed that a white girl was caressing her and proposing erotic games to her. In the character of the white girl, oral eroticism and infantile regression are shown at the same time. In the moments of her fantasies she could do nothing but run away from everything. During one such crisis, she saw a cat eating her kitten's umbilical cord. She identified with it so much that she thought she would eat her own child.

According to Bleuler, such identifications are considered a transitional period. It often happens that one part of the personality is released in order to bond with another person. For the patient, these are always other people's experiences. The tendency to identify is seemingly the opposite of schizophrenics. Difficulty communicating with others, stiff

and rude behavior. The schizophrenic is frightened by the thought that someone wants to change him. The absence of ego does not allow him to interrupt the identification process that has already begun. One patient dreamed of having a bitch who wanted to take him. He was afraid that his psychoanalyst, whom he considered a wizard, would steal it from him. The dream bitch was in fact his own bitch, whom he considered the other self. A dog is both his disease and his personality.

Phases of passivity that schizophrenics believe is susceptible are more common than active phases. Thus one patient felt that divine souls had driven him to fornication. A schizophrenic is a martyr. In the modern world, he is persecuted by gangs, Freemasons, Catholics, Communists and others. And of all this the most significant fact is that he identifies with his persecutors.

Loss of ego borderline is a characteristic feature of schizophrenia. The patient complains that people know what he thinks, that his ideas are not protected in his head, but that other people can read them. These things happen only with children, in cases where parents instinctively know what the child wants.

Psychologia dementia praecox' comes down to withdrawing the libido state. It can be assumed that everything comes down to erotic interest. In many cases, the reality completely declines, so that patients do not recognize or trace a psychological adjustment. Reality clashes with unconscious content. We must note that this is not just about losing erotic interest but overall interest. If libido is just sexuality, we have to ask ourselves how things are with castrations. In cases where libidinal interest in reality has declined, it does not necessarily mean that it is necessarily schizophrenia.

Psychic energy is something more than just erotic interest. If we wanted to explain the loss of the relationship, the schizophrenic rift between man and the world from the withdrawal of eroticism, then the bloating of the sexual concept perfected by Freud would arise. Then every relationship should be declared sexual, and we can no longer distinguish what the word sexuality indicates to us. Schizophrenia lacks much more reality than can be attributed to sexuality. It is missing so much because it will never occur to anyone that reality is nothing but a sexual function. If libido introversion had the consequence of losing reality, it could be compared to those in schizophrenia. But that is not the correct premise. Freud showed that introversion and regression of sexual or erotic libido in the best case lead to neurosis, but not to schizophrenia.

One of the first examples of schizophrenia occurred in Britain in 1960. Erick was admitted at the age of nineteen. He was detained legally. Clinical findings of his mental state at the time spoke of impulsive behavior, refusal to cooperate, thought disorder, incoherent self-assessments, denial of his plight, seeking to be released from hospital and going to the university he had left two days earlier of his own free will. He ran wildly in his pajamas, demanding that he get out of the 'suit', that the nurses had to restrain him with large doses of sedatives. He had ideas of relationships and auditory hallucinations. He believed that people who didn't even know him underestimated him. He thought the staff was telling him to leave the hospital which he had tried several times.

The immediate background to his admission to the hospital was that seven days earlier, fourteen days before the end of the semester, he had called his father and told him without explanation that he was leaving his studies and returning home to London. He began his train journey, stopping halfway and trying to hitchhike back to the university Police found him in a distraught condition and put him back on the train to London. He came home quite tired and hungry, but he was not ready to talk about himself. His mother welcomed him and he just pushed her away rudely. Immediately after that he went to kiss her.

That same evening, he wanted to go back to university again instead of getting some sleep. Sensing that they could not cope with the situation, the parents called the family doctor, who gave him strong sedatives and sent him to bed. Erick wondered what to do, and his father told him the best thing he had done was to get home. Because I can help him even though he didn't think he needed help. He slept well that night, but in the morning he decided to go to university again. At the invitation of the family doctor, Eric was taken to a mental institution. The father said that Erick always longed for affection, but at the same time he always hesitated to accept it, especially from his father. He said Erick was running away from cuddling and any sense of affection. He shuddered at the thought that Erick really hated his mother. Father was relieved to hear that he was not responsible for his illness.

The father saw no signs of his illness, the only signs he cited were excessive interest in politics, returning from university for no reason, returning to university without explanation and when he said he hated his mother. According to his father, his life was above average. The whole time Erick was in the hospital he was trying to escape from her. The mother confirmed everything the father said. During the meetings, the father became more and more moralized. The mother attacked her father after the fifth session. She blamed him for never being present in the family, because his father had gone to India when Erick was twelve and had not been there for eighteen months. She felt that he, as the husband in the house, had not made a single serious decision. The rest of the family went with him to India, only to return to England later. Erick joined in the attacks on his father, to make his father say his mother was to blame for protecting him too much by not allowing him to do something on his own.

From that moment on, the conversation shifted from Eric to a married couple. During the meetings, the family also came

to the conclusion that their relationship was not the best. The reasons for his illness were emerging more and more. My father's life was also very bad. They came from the working class, and his brother beat him constantly, while his father was a drunkard. The mother came from a lower class and she dominated that family and had no time for family. She didn't want her children to get married. When she gave birth to Eric, she lost her maternal instinct. Her younger sister gave birth to an illegitimate child and as she had to give it up, it all hit her hard. Erick was born a normal child.

Erick was a good student, but he had no friends outside the family. He never went out with any girls. All of this together turns out that Erick was an intermediary to the parents to fulfill their own wishes. He has little room left to be what he is. His existence for others was more important until his existence for himself. At one session he said he had to do something positive, so he wanted to go back to college. He wanted to show independence from his parents, who hampered him a lot in his desires. It is true that Erick has not performed a single independent act in his life, because everything he wanted had to match the complex of his parents. The secret of his return from university becomes completely understandable if we do not see it as a strange act but if we look at it as an act he wants to do as an independent man.Apart from his irrational coming and going, the characteristics of the disease are mainly within the framework of his inexplicable ideas that people make remarks about him, that he is a lazy and sexually perverted person. He started to lose concentration and for the first time he said it was due to masturbation.

At this point, her parents argued that masturbation was what could have led Eric to a lack of self-confidence. The father still seems quite inaccessible to his grief, that he unconditionally attributes it to self-pity. Some of the remarks his father said offended Eric, but no matter what, he was still without a sense of anger at his father. As the session progresses, the link between Eric's condition and his father's poor traits becomes increasingly apparent. The father increasingly accepts responsibility for this and moves towards a more exposed position in the family. The father, under pressure from his mother, admitted his guilt, while Erick could say his feelings of anger but only to his father. Although the main things were finally clarified, the main difficulties remained, and that was Eric's relationship with his mother. Eric's first hospital stay lasted four and a half months. He then returned to the university and successfully completed the semester. However, before returning home, he wrote a letter to his father accusing him of not devoting enough time to his family. He said he hated it because of his laziness, but because she wrote him a letter, she actually loved him. His letter was quite contradictory and confusing, which was first noticed by a psychiatrist. He was admitted to a mental hospital again.

He attacked staff and other patients. He was treated with high doses of sedatives. He heard vague voices. He wanted to go to South Africa to fight the regime. Of course, his family wouldn't let him. To fully understand this part of development, we need to understand the interrelationship of the fantasy systems of its members.

In order to be diagnosed with schizophrenia, there are some criteria that must be repeated for at least 1 month or more. And those are:

- Delusions
- Hallucinations
- Disorganized SpeechCatatonic behavior
- Negative symptoms such as emotional expression

It is important to see when the disturbances started, the amount and severity of the disturbances, the place where they most often occur and whether there are any problems from childhood or adolescence.

The time in which the disturbances recur is also important. Symptoms must recur over a period of 1 month and disturbances for at least 6 months. In order for schizophrenia to be diagnosed, at least two of the above 5 must be repeated during this period.Schizoactive disorders, depression, and bipolar disorder have been ruled out because there are no manic episodes with active symptoms. If mood episodes occur actively- passively and not during the whole period, it is also not schizophrenia. It is important to note whether this is due to the use of an intoxicant or another drug. Schizophrenia can also be diagnosed if it is a type of autism that was diagnosed in childhood, and hallucinations and other symptoms of schizophrenia are added to that autism for at least a month.

STATISTICS IN SCHIZOPHRENIA: Statistics in schizophrenia give quite interesting results. This time we will focus on the statistics of a mental hospital in London, which published the results of the research. The groups consisted of 42 patients, 20 men and 22 women aged 15 to 35 years. Patients were selected after a continuous series of hospital admissions according to the following criteria, which were the same for women and men:

- At least two senior psychiatrists, including the rest of the staff, considered them schizophrenic.
- They have not suffered from any organic disorder of the epilepsy type, which could affect functions considered to be impaired in schizophrenia.
- Intellectually they were average.
- They did not have any head surgery.
- They got between 50 and 150 electric shocks in a year.
- At least one parent of the family had to be alive and available for the interview. It didn't matter who they lived with, it just mattered that they collaborated.

The selected patients were clinically identical to schizophrenic patients admitted to two hospitals. 24% of all patients admitted to one of the hospitals were diagnosed with schizophrenia. The data agrees with all the papers they received from other hospitals. The problem was the lack of data because some data date back to 1958.

The results are as follows. All patients were discharged within one year of admission. Seven and 17% were re-admitted a year later. The average length of stay was 3 months. No significant difference was found between hospitalization and release of men and women. Thirty patients were discharged home, and others went to live in an apartment, home, or elsewhere. Of the seven newly admitted, four lived at home and three outside the home. There was no gender difference here either. Thirty-two patients were discharged to be employed. Twenty-six of them worked for at least a year, two for less than a year, but at least six months. Three of the seven admitted were women from the group where the reception was the first.

In general, the evaluation of the results of psychiatric treatment is a methodological problem. Especially when it comes to schizophrenia. There are no generally accepted methods of treating schizophrenia, nor are there generally accepted indicators of cure criteria. The re-hospitalization rate is perhaps the best indicator of treatment. The largest number of papers on this topic has been published in the United States. These are reports in which the rate of new admissions varies constantly. Tuteur's work on chlorpromazine treatment shows that 20.4% of discharged patients returned to the hospital within three years, while Pollach's second paper on chlorpromazine reported that 716 out of 716 discharged patients were re-admitted.

Mandel and Rapport found that in the group treated with tranquilizers and psychotherapeutic interviews, once a month, 21.6% of patients were readmitted during the first year of discharge. In their work of 596 patients, Free and Dodd found that 3.51 of the first and 14.6 of the second were re-admitted to the hospital within a year of discharge. Orlinski and D'Elia reported that 13,036 fired schizophrenics were 45.5% of those cared for later. A report by Renton and co-workers, which tracked 132 schizophrenic men and women, found that 18.1% of them were re-admitted to hospital during the first year of discharge or committed suicide. Kelly and Sargant reported 48 schizophrenics of both sexes, who were treated with various combinations of ECT, deep and modified insulin coma phenothiazines. In these reports, they showed that during the two years of follow-up, 42% were received at least once and 6% were lobotimized. In the case of Kelly and Sargent, there is no list of criteria and selection of causes. It is not clear whether the diagnosis was verified by another psychiatrist independently or confirmed unanimously. In Renton's case, a group selected from among hospitalized patients was diagnosed, according to the international classification according to number 300. Based on the examination of data, only those cases were selected that met the criteria of the researchers. An unknown number of all those diagnosed on the basis of a clinical trial were excluded.

The Medical Research Council (MRC) has published four papers offering some comparisons. Wing and co-workers were discharged from a group of 158 schizophrenic patients admitted to a London hospital between 1955 and 1966 over the next two years. Of these, 19.4% of men and 30.9% of women were readmitted within two years of discharge. A second MRC report showed that 625 schizophrenic men and women admitted in 1956 to three London mental hospitals and discharged within 2 years, 64% were readmitted within three years of first admission.

Recently, the same team reported on a group of male schizophrenics from eight London hospitals they followed a year after discharge. Of the 128 patients, 41% were re-admitted within one year of discharge. When the group was reduced by expelling those patients whose diagnosis was in doubt, the rate remained the same.

The work of the MRC is more favorable for comparison with previous research. It is possible, for example, that their patients do not represent persons diagnosed as schizophrenic, because in the work done by Cooper et al., There are symptoms that must necessarily be included in order for the disease to be classified. Interestingly, in the new sample that was made, the number of re-admitted men is quite small. Let's say 17% versus 43% that was in the previous survey.As we have already mentioned, it is very difficult to know whether the patients have been completely cured, despite the fact that more than half of them remained at home and did not return to the hospital. It is believed that the main reason why fewer and fewer people return to the hospital over the years is that medicine is advancing and working with patients is becoming more successful. Caring for them after leaving the hospital should be an extension of therapy, but it depends not only on the doctors but also on the families to which the patients return. There were an average of three phone conversations, before the family session. Brown and co-workers reported a significant tendency for patients returning home, where there is strong emotional involvement, with a family member, to generally return to the hospital. Of the 5 re-admitted women, two did not live with the family, and of the two re-admitted men, one lived outside the family. 72% of men and 70% of women who were not readmitted were able to adapt socially enough and live a normal life.

The tendency is very clear, today schizophrenics recover quite well and quickly in the hospital. The problem is in the return. It is difficult for most to return to the environment where they experienced a breakdown. At least 50% of schizophrenics who returned to their families returned to the hospital after one year. For a long time to come, patients will have to return to their families, where they have to suffer

with each other. Intensive work with them and patients should help them not to disturb each other.

Today's statistics of Schizophrenia are a little different. Schizophrenia affects 20 million people worldwide. The annual number of new cases of schizophrenia is 1.5 per 10,000 people. Schizophrenia is one of the 15 leading causes of disability in the world. Approximately 5% of people with schizophrenia die by suicide, usually at higher risk at the onset of mental illness. Approximately 20% of people with schizophrenia attempt suicide at least once.

STATISTICS IN THE USA:

- The prevalence of adult schizophrenia in the United States is estimated at 1.5 million per year.
- Schizophrenia is often diagnosed in young people in their late teens to their early 30s, with symptoms that often occur earlier in men than in women.
- The average life expectancy of individuals with schizophrenia in the United States is 28.5 years.

PSYCHOTIC SYMPTOMS AND DIAGNOSIS OF SCHIZOPHRENIA ACCORDING TO RACIAL ETHNICITY:

- The lifetime prevalence of self-reported psychotic symptoms is highest in blacks (21.1%), Latinos (19.9%), and Caucasians (13.1%).
- The lifetime prevalence of self-reported psychotic symptoms is lowest in Asian Americans (5.4%).
- Research has shown that black Americans are three to four times more likely than white Americans to be diagnosed with schizophrenia.

STATISTICS OF SCHIZOPHRENIA AND VIOLENCE:

- Patients diagnosed with schizophrenia are four to six times more likely to commit a violent crime than the general population.
- 6% of murders are committed by patients with schizophrenia in Western countries.
- One study in Sweden found that 13.2% of patients with schizophrenia had at least one violent offense.
- In the first five years of being diagnosed with schizophrenia (or related), 10.7% of men and 2.7% of women were convicted of violence in Sweden
- The rate of violent offenses among patients with schizophrenia and related disease was almost five times higher than among their siblings and almost seven times higher than the corresponding persons in the general population in Sweden.

People with schizophrenia may also have concomitant medical problems. The following figures represent the percentage of people with schizophrenia who have the above-mentioned mental health problem:

- Symptoms of depression: 30% -54%
- Post-traumatic stress disorder: 29%
- Obsessive-compulsive disorder: 23%
- Panic disorder: 15%29

BIOLOGICAL ASPECT OF SCHIZOPHRENIA: The specificity of a neurological condition can sometimes be a mistake due to consciousness usurped by external influence. The main example is Tourette's syndrome, which is characterized by unusual physical tics and outbursts that can sometimes be blasphemous. A lot of such cases have passed, and a lot of people are still unsure whether it's from demonic possession, some kind of madness, or something third, until Tourette Syndrome came into the neurology of the late 1800s.

Sometimes, epileptic seizures have such an appearance that it seems to someone on the outside that it is a satanic disorder, because it attacks nerve cells and the brain. It includes seizures and a state of absence, as well as outbursts of certain parts of the body. Complicated variants of such a condition, such as temporal lobe epilepsy, present very unusual symptoms that include hallucinations, a subtle sense of smell, illogical fear, anger, or happiness. Because of these bizarre symptoms and the patient's inability to do anything during a seizure, this condition generally confuses those who observe it.

There was one case in which a woman's hands were shaking, all out of her control. Since she was a Muslim, her family called the imam, who was consulted by a psychologist. Both considered it to be the result of demonic possession. After the doctor identified the anxiety, he prescribed her mild sedatives and a serotonin antidepressant, to address the shivering problem. Only her family considered it a ghost attack. A similar case happened to a man whose whole body was shaking uncontrollably. With cognitive therapy, he managed to reduce the shaking and along the way he learned the types of body relaxation. Because seizures are always psychogenic, the anxiety condition increases rapidly.

The third case is of a man who admitted to practicing the occult. He also suffered from seizures, but these were seizures such as are mostly not seen in neurological corridors. Medical research, laboratory research, MRI, EEG was all negative. Periodic seizures that did not follow any anatomical logic were assumed to be non-anxiety. This case was of a spiritual nature. There are a lot of similarities between possessions and different types of seizures, but fortunately today there is a modern way of testing in which all this can be checked. In the right type of attack, brain dysfunction usually occurs on an EEG or MRI.

Perhaps the most famous case in the history of the Exorcism that took place in Germany, the girl Anelliese was initially also diagnosed with seizures. She was also shaking a lot, but when she went for a CT and EEG, absolutely nothing was shown.30 The tendency to hear voices or strange beliefs sometimes has to do with family and genetics play an important role. The methodology and results of the study on the genetic factor of schizophrenia are a topic of debate in professional journals. It is not possible to ignore genetics from external influences, given life circumstances. The main way genetics is compared are identical and non-identical twins.

This is also called GWAS or 'genome-wide association study'. This technique is used when you want to more precisely check the difference in genetics with or without a disease. We have to take all this research with a certain amount of doubt. Because disease- based genetic research is mostly taken in general. So for example people who have problems with concentration or emotion. For some, genetics is most important, and according to the latest study, it has a match of about 6 percent. That is why it is very difficult to say that schizophrenia is a genetic disease. Whereas genetic risk was previously investigated, today it is less and less the case. There is much more evidence that social impact and life circumstances are a much clearer case for experiencing psychosis if you have a sensitive temperament. Sensitivity can be good, but people who are too sensitive are more likely to experience some trauma.

Another interesting area is called epigenetics. This is the area where our genetic mechanisms 'switched on', 'turned up' or 'turned down' depending on the situations we experience in life. So the gene is responsible for the production of a particular protein that can be more or less active depending on external influences. It is often said that psychosis can be caused by an imbalance or difference in brain neurotransmitters. One of the proofs for this claim comes from the effect of drugs. People who use a lot of cannabis are at a much higher risk of developing psychosis, even though they may have sought their peace of mind from outside influences when taking drugs. They can also hear voices, which are also a product of neurotransmitters. Also in the case of diagnosing schizophrenia there are differences in the behavior of the chemicals. There are more than 100 neurotransmitters in the brain, but the researchers concentrated on only three, namely: dopamine, serotonin, glutamate.

The dopamine hypothesis starts from the theory that psychosis may be the result of differences that the brain produces neurotransmitters. This theory has been researched for thirty years, and three pieces of evidence support it. First, brain imaging using dopamine injections suggests that there are differences in how chemicals behave in the brain in people diagnosed with schizophrenia and those who are not. Second, antipsychotic drugs are to stimulate dopamine. These drugs can trigger Parkinson's disease. Parskinson's disease is associated with a problem with dopamine mechanisms. And third, drugs such as amphetamines, which increase dopamine production, can also produce psychotic experiences.

One of the newer neuroleptics that affects neurotransmitters differently is serotonin. Research on the subject of serotonin and glutamate is quite unconvincing for now. The function of neurotransmitters is to transmit information. For example, dopamine is used in situations where fear or danger receptors are involved. Interestingly, they do not get involved in the case of paranoid anxiety. Knowledge of the biochemistry of psychotic disorders is quite limited, so it is very difficult to give any concrete conclusion. Research shows different structures and functions in people who have been diagnosed with schizophrenia and in those who have not been diagnosed with any mental illness. One of the differences is, for example, the size of the hippocampus and amygdala. There are always some similarities in groups of people and it is difficult to know if someone has experienced psychosis or not.

A lot of studies compare people with and without schizophrenia. Because schizophrenia is very difficult to diagnose, the two groups are difficult to compare. For example, hearing voices does not always mean schizophrenia. In many cases, people have used various medications against psychosis. Recent studies show that drugs can change the structure of the brain, for example the brain can shrink.

Most important of all, life experiences can leave trauma and physical scars on the brain. The best example is the discovery that they can see physical changes in the hippocampal area. Recent findings also suggest that individuals who have experienced psychosis have, in most cases, had a traumatic experience in the past. Certainly, there is no conclusive evidence that biochemical abnormalities are a major cause of mental problems. Most psychotic problems start with stressful situations. Schizophrenia has long been thought to be a biological disease, and hearing voices is always a brain problem. Brain disease was mostly treated with pills. It is important that the best way to help people is to find a way to prevent these diseases.

In 1898, Bleuler was chosen to succeed Forel at Burgholzli Mental Hospital. In addition to teaching students, his job was to give research results. He published his first book in 1911. Bleuler's doctrine of schizophrenia is quite misunderstood. The starting point of his doctrine was to understand people that no one had ever understood, and that was schizophrenics.

During his period of living and communicating with them for twelve years, he tried to figure out what 'senseless' in their delusions actually meant to them. He tried to make emotional contact with his patients. This way of working originated with Jung, and later helped Freud in his analysis.

Bleuler developed a new theory of schizophrenia. This was called organo-dynamic theory. He hypothesized that schizophrenia came from an unknown cause, a presumption of toxic substances in the brain that play an important role.

In the chaos of schizophrenia symptoms, he distinguished between primary psychogenic symptoms that are produced directly from an unknown organic process and other psychogenic symptoms that come from primary symptoms. He believed that there were many variants of the main symptoms or separations between different mental functions, for example between effectiveness and intellect and effectiveness and desire. According to him, autism was a concept of the consequence of association. His whole concept of schizophrenia can be compared to Schlegel's philosophical theory in which man communicates with God, nature and the universe because he is separated in himself between reason, desire and fantasy.

Bleuler believed that schizophrenia is a various acute condition that considers the entities of the disease in itself. He believed that if patients had the right intensive care, they could fully recover, and if they were poorly cared for, schizophrenia could return. Bleuler worked on these researches mainly at a time when there was no cure for this disease, but he had various devices in his hospital that gave some astonishing results. At the time, he was one of the most successful psychiatrists of his time.

During the first half of the 20th century, numerous studies saw a genetic link to various mental illnesses, including schizophrenia. A recent study says that despite only 1% of people being diagnosed with schizophrenia, the genetic link between relatives can affect up to 10% of the chances of getting schizophrenia. This also applies to relatives who were adopted into another family at birth. A study conducted by Holzman, Matthysem and Kallman says that identical twins have a 45% chance of getting schizophrenia than non-identical twins who have a 10% chance. The fact that 100% chance of identical twins is less than 45% suggests that life experience makes a difference. The modern view of schizophrenia is that there are people for whom life experience may or may not activate the disease. There are several experiences that can cause schizophrenia, but according to the latest research, exposure to stress is one of the main factors. In some studies, it has been confirmed that exposure to stress promotes a schizophrenic attack.

Strange as it may sound, the main way in studying schizophrenia came from studying Parkinson's disease. In 1960, it was reported that people dying from Parkinson's disease had a dopamine deficiency. Interruption of the transmission of dopamine, which causes Parkinson's disease, has a link between it and schizophrenia through the effects of chlorpromazine and reserpine, it has been suggested that the same drug may help to combat schizophrenia. This is how the dopamine theory of schizophrenia came about .The theory is based on the premise that schizophrenia is caused by an excessive amount of dopamine and vice versa, and drugs make up a reduction in dopamine.

Reserpine reduces the amount of dopamine and monoamine, breaking their synaptic vesicles. Drugs like amphetamines and cocaine can cause schizophrenic episodes because they increase the amount of dopamine in the brain. In 1963, Carlsson and Lindqvist tried to act on the amount of dopamine in the brain via chlorpromazine, but their expectations were not met. The amount of dopamine remained unchanged. They concluded that chlorpromazine is a false transporter and receptor blocker that binds to dopamine receptors not by activating them, but by preventing them from activating dopamine.

In the mid-1970s, Snyder and his colleagues measured the degree of diversity of antischizophrenic drugs. They concluded that chlorpromazine and other effective antischizophrenic drugs are very prone to dopamine receptors and that they work. However, there is an exception. Although haloperidol was one of the strongest antischizophrenic drugs it was quite averse to dopamine receptors. Furthermore, they concluded that butyrophenone spiroperidol has the greatest proximity to receptors and an antischizophrenic effect. This is by far the most accepted theory of the disease.

The dopamine theory of schizophrenia still cannot explain why it takes several weeks for the symptoms of schizophrenia to subside, when dopamine transfer is stopped after only a few hours. The best answer to this would be that neuroleptics initially amplify the outbreak of dopamine neurons, the later the reduction occurs.

Brain examinations in schizophrenics show large abnormalities of the cerebellum and cerebral cortex, and the cerebral ventricle, but there is no evidence of direct damage to the dopamine circuits. One of the questions left unanswered is whether the brain of a schizophrenic is developmentally conditioned or only does the damage occur later? Nevertheless, it is now generally accepted that schizophrenia is a developmental disorder. On the other hand, neuroleptics are effective only in eliminating those major symptoms, such as hallucinations and insane thoughts, while they cannot cure emotional numbness or speech poverty. In 1992, Jaskiw and Weinberger theorized that the abnormal development of the prefrontal cortex causes excessive reactions to stressors and thus contributes to the activation of schizophrenia symptoms.

METHODS OF TREATMENT: The first drug against schizophrenia, chlorpromazine, was discovered in the early 1950s. Chlorpromazine was produced by a French drug factory. It is produced as an antihistamine. The French doctor noticed that chlorpromazine, which was given before the operation for swelling, has a calming effect on patients, so he suggested that it could have a similar effect on psychotic patients with whom he had difficulty coping. His assumption was incorrect, but it was an incentive for chlorpromazine to

continue to be explored as a sedative. They concluded that chlorpromazine reduces the symptoms of schizophrenia. It does not cure schizophrenia, but it calms the anxious and activates the emotionally numb. At best, it gives patients hope that they will return to a normal life.

Shortly after researching chlorpromazine, an American psychiatrist began researching a plant from India called snake root. It has reportedly been used for years to treat mental illness. The main ingredient of this plant was reserpine, which confirmed its ant schizophrenic action. Reserpine is no longer used because it can cause a drop in blood pressure. Although these two drugs are different, their ant schizophrenic effects are similar. First, the effect is visible only after two or three weeks. Second, the onset of the drug is usually associated with motor effects similar to Parkinson's disease such as tremor, muscle stiffness, and decreased voluntary movements. These similarities led to the hypothesis that chlorpromazine and reserpine act by the same mechanism.

To be able to know how to treat psychosis, the best way is to categorize them. Each psychosis determines a particular mode of treatment. The first effective methods of treating psychosis were discovered in the 1930s. We owe all the progress in psychiatry to these methods. The term physical healing dates back to that time. Some psychiatrists take shock treatment for this type of treatment, but in recent times most psychiatrists believe that this treatment is not only shock therapy but also treatment with drugs and neurosurgery. This term is taken and attributed to any physical treatment of mental disorders. It is best to begin by exploring the possibility of treating depression and mania. Electro-convulsive therapy often referred to as ECT or electroplexy is one form of treatment. It is considered a modern form of treatment out of the mistaken belief that epileptic convulsions prevent schizophrenia. A way was sought to address seizures in schizophrenic patients. The very idea of causing seizures was not new.

However, in order to use these methods, there is a great inconvenience for patients because various hallucogens are used for these attacks, and the spasms that are created are caused by passing current through two electrodes, located on the patient's head. At that time, this method was considered safe and convenient, and it was discovered that ECT is effective not only in schizophrenia, but also in endogenous depressive psychosis. Psychiatry uses the provocative term 'shock treatment', but the method given to the patient is overt seizures, which are generally not used today.

The modern method is a modified ECT. In this method, the patient is given an intravenous anesthetic, usually thiopentone, so that he sleeps during that seizure. The spasm itself is modified by one of the tanim groups of drugs, relaxants, which quickly paralyze the muscles. As a result, the patient not only sleeps but also barely noticeably convulses. Usually nothing more than twitching of the toes and muscles. Some medications can relax the muscles by modifying the spasm attack, but mostly those that have a short-term effect are used. Today, succinylcholine is mostly used for this. A few shocks are given, every two shocks go a few days apart.

While ECT is sometimes used in the treatment of acute symptoms of schizophrenia, the situation in action in endogenous depression is much more specific. In physical terms, it is not clear why it is so effective, and this therapy is best affected by depressive illnesses that occur later in life. Such patients have always been obsessive, difficult personalities who have many times experienced a breakdown in middle age. They lose interest and become incapable due to symptoms such as insomnia, hypochondria, depression and feelings of guilt of a deceptive degree.

Patients tend to wake up quite early, and then their mood is lowest. They have a tendency to show psychomotor retardation, which recovers rapidly with ECT therapy. Atypical depressions in which it is difficult to fall asleep and in which there is a bad mood in the evening are not corrected as well by ECT as expected.

Classical manic-depressive psychoses are also not removed by ECT. It is important that the doctor detects the presence of manic-depressive symptoms as soon as possible, no later than the fortieth year of life. Only a manically depressed patient will show improvement after ECT. It will also not help people who alternate between a period of mania and a period of depression. Electric therapy not only has a short-term effect, but can cause the patient to develop hypermania, which is much more difficult to treat manias were treated a lot with ECT, but the approach was abandoned after successful treatment with tablets.

Patient selection is also very important in order to benefit from electro-convulsive therapy. It is a form of healing that has outgrown the passions. The fact is that patients who are in great danger of life, on their own, ECT has helped the most in suicide prevention. As for mania, there are several types of medications. The best known derivative is phenothiazine, better known as chlorpromazine is particularly effective. Chlorpromazine is actually a sedative. Sedatives can alleviate the mood of pathological excitement and excessive activity of the patient.

As for other forms of depression, until 1957, ECT was the only successful way to treat depression, but only some of its forms. Then new effective drugs were introduced, and one of them is timoleptic. These drugs are called iproniazid and tofranil, and both of them gave rise to separate from the group of drugs due to different actions. Today, iproniazid is considered toxic for further use. However, this drug was the first monoamine oxidase inhibitor, and it acted by preventing an enzyme or organic catalyst from reducing the concentration of serotonin in the nervous system. Brain serotonin levels cannot be directly related to depression or depression release.

Iproniazid, which was quite effective, would cause liver damage. There is a risk of liver damage with other monoamine oxidase drugs, but to a lesser extent. Some of these drugs are isocarboxazid, phenelzine, and tranylcypromine. These drugs are mostly used in reactive depression. It takes a few days for their action to begin with different effects. We will take phenelzine as an example. This drug helps patients in whom tension and anxiety are as conspicuous as depression. It also helps patients with psychosomatic symptoms, who have physical pain and depression.

People who suffer from reactive depression accuse other people of being to blame for their mood. Emotional problems seem worse in the later parts of the day than when they wake up. They are able to solve all difficulties before depression. In the case of atypical depression in young people, isocarboxazid helps more than other drugs. It is important that the patient receives the right dose of a drug, and when the symptoms subside, the dosage of the drug is slowly reduced, so that the patient would not otherwise fall back into the old state. In addition to drug poisoning, phenelzine causes dry mouth, hard stools, dizziness, confusion, and possibly impotence and urination problems.

Headaches can be quite uncomfortable, but they are quite rare, so they can be associated with exhaustion or, much more dangerously, bleeding in the brain. These drugs also stimulate the action of other drugs used by the patient. The patient must avoid eating foods that contain tyramine, which includes cheeses and dairy products. Alcohol consumption should also be avoided. Monoamine oxidase inhibitors cannot be used at all with another group of drugs, called imipramine.

If these drugs are given at the same time as imipramine, adverse effects may occur. In endogenous depression it is much better to use imipramine drugs. Thus, it can be said that imipramine drugs as well as its subgroup amitriptyline, desipramine, nortriptyline are effective in depression, in which the symptoms are psychomotor retardation, waking up early in the morning and excessive guilt. The group of imipramine drugs is slower and needs at least ten to fourteen days to show its effect. Since these are slower medications, it is important to be careful that the patient does not commit suicide.

Doctors who use physical therapy point out that ECT as the primary form of treatment for engogenic depression is still worse than drugs that contain imipramine. The antidepressant effect of imipramine builds up gradually and is often the first symptom of improved sleep disturbance. The dosage of imipramine must be gradual, in order to reduce the side effects and to get the patient used to them. Similar to previous medications, when symptoms decrease, the dose is reduced gradually. Research has confirmed that in manic- depressed patients, a small dose of imipramine used for a long time is sufficient to reduce symptoms.

When medications for depression appeared, the use of ECT decreased. Thus, in a patient who is not seriously ill, drug treatment can be administered instead of electricity, and those to whom ECT is attributed have a reduced number of shocks and are given medication along the way. An upset patient may also be given a sedative, but care must be taken as sedatives can also cause depression.

The mode of action of monoamine oxidase and imipramine inhibitors is still unknown in terms of biochemical activity. Doctors use many medications and it would certainly help if they knew how the medications achieve their effects. If nothing else, perhaps drugs could be created faster and more effectively.

It is difficult to separate the physical mode of treatment from individual and group psychotherapy. This can only be done through scientific prediction in which it can be expected what will happen when the patient receives medication or ECT. The methods must be specially treated so that we can show the real effectofawholerangeof antidepressant drugs. however, psychiatrists are of the opinion that psychotherapeutic boundaries should be sorted out first. ect can only change living conditions, but depression can return.

Treating depressive illness can be dangerous for the patient because it can lead to suicide. That is why the skills needed by a psychiatrist who must judge whether he should be managed as an external or internal patient are needed. An interesting case is in the mental hospital in Kent, where people who were locked in hospital rooms today are successfully treated with lay volunteers and experts in a good atmosphere. Where the dangers are too great, treatment within the hospital is mandatory. Mental hospitals even at a time when there was not so much technology had a very low suicide rate. It is assumed that this is due to the open door policy.

We must now look at the physical forms of treatment for schizophrenia. We will consider shock treatment first, and then medication. It has already been mentioned that ECT is also sometimes used in the treatment of acute symptoms of schizophrenia, such as catatonic arousal. The first treatment for schizophrenia appeared as ECT, in the 1930s. It was an insulin coma treatment in which patients experienced deep states of unconsciousness by injecting the hormone insulin. This form of treatment is no longer in use because the control effects have been poorly assessed, but sedatives have also appeared. Some older experts still believe in insulin shock therapy despite the negative effects shown by experiments. Some experts continue to advocate prefrontal leukotomy, a form of brain surgery thought to be useful in severely disturbed schizophrenics. Today, most experts believe that finding a sedative makes thisprocedureunnecessary.

A sedative is a sedative, but under its action a person is not sleepy. A large number of drugs have been launched on the market under the label of sedatives in recent years. Using chlorpromazine, the first real effective sedative was found,

according to which the standard of new drugs is determined. This drug prompted the creation of a whole group of similar drugs or phenothiazine derivatives. These are very complex drugs that have a calming effect. They soothe overly active patients. They are most helpful in acute schizophrenia, ie in cases where the patient may be severely agitated by seizures and hallucinations. They have not only a calming effect, but patients who are reluctant to wake up from such a condition. In some patients, phenothiazine may even eliminate all symptoms of schizophrenia as long as it is used. In others, it can only alleviate the disease. These differences are evidence that schizophrenia is not just a one-sided disease. In any case, the most important sedatives, such as phenothiazine, improvedtheprospectsforthe future of acute and chronic schizophrenia by reducing the acuteness of symptoms andtheonsetofpersistence.

However, it must be noted that a large number of patients remain constantly schizophrenic, and will have to use medication for almost their entire lives. Phenothiazines have a large number of side effects, which are not as harmful as the effects of antidepressants. Stiffness and shivering often occur at high doses, but this can also be controlled with other medications. It is still not certain whether one drug is better than another, except in the case of trifluoperazine, which is known to be certainly best in the case of withdrawn schizophrenics, as well as in paranoid schizophrenics. We should mention that there is now a newer sedative haloperidol. It does not correspond to phenothiazines in terms of chemical composition, but it has so far been very successful in treating schizophrenia andmania.

Increased success in the treatment of social disorders with the help of drugs has led to the fact that psychopharmacology has become an independent profession. Today, lithium has been found to be an effective drug for treating mania and hypomania because it acts specifically, but also quite slowly. Lithium has an important prophylactic effect by alleviating bouts of mania and depression. New drugs that have a therapeutic effect in endogenous depression belong to the group of imipramines, which are dibenzepine, dotiepine, doxepin and iprindol. They have less harmful effects than other drugs.

Progress has also been made in the treatment of schizophrenia. Thus, the action of phenothiazines in the form of injections at intervals of one to four weeks has been shown to improve the patient's condition. It has even been shown that this drug can reduce a patient's re-hospitalization by almost half. The chemicals attributed to them help addressthefearofpersecutionandanxiety.

A lot of people find neuroleptics useful, especially in cases where crises are at their peak. They can reduce stress levels and alleviate intensity. For some people, they may be useful even after experience or for a longer period of time, to reduce intensity and frequency. There is no longer any doubt that neuroleptic pills are useful, but there is controversy as to how they work. Many of them believe that they affect dopamine neurotransmitters, in order to treatcertaindiseasesandcorrectchemicalimbalances. Neni believe that antipsychotics are quite deceptive. In practice, this looks quite different, because they affect our emotions and thoughts, in a similar way as other psychoactivedrugssuchasdiazepam.

These medications can be useful in cases where one experiences deceptive thoughts. Therefore, some psychiatrists believe that in these diseases, medication must come first, not disease. This typically means that medications can be beneficial to people who are under stress, but that it is not the same as trying to cure a disease by putting on a biochemical abnormality. Some people may benefit from these medications during therapy and some may not. Real professionals therefore must always give the right information to people what could really move them.

Until recently, anyone who had experienced some type of psychosis had to use medication for the long term. But this view is changing. The British Journal of Psychiatry has suggested that the effectiveness of antipsychotics may have some time. Analysis of the pools results suggests that only about 20 percent of people have experienced total improvement. Recent research has shown that people who used short-term medications often regained their illness while those who used them in the long term, even if they reduced the dose, had a significant improvement.

A lot of medications have side effects as well as the desired ones. The most common side effects with antipsychotics are stiffness, tremor, weakness, tension, and muscle cramps. Some also believe that they can cause fatigue, apathy and lethargy, which are negative symptoms of schizophrenia. A recent study confirmed that old and new neuroleptics affect patients cognitively and emotionally. The controversy was, is it wise to use them in the long run given all these side effects. For some, however, this is good because they avoid psychotic attacks on a long-term basis. In others, they may increase brain size and have heart problems. This causes great problems for clinicians and they must be careful whether to prescribe them to the patient or not. A smaller amount is perhaps the best solution though. A lot of people gain weight, so they risk getting diabetes.

Recent research has confirmed that there are still fewer unwanted things than desirable ones. This is proof that people who have schizophrenia still have less life expectancy than others. There is another study that confirmed that psychiatric medicine has increased the life expectancy of many people. A lot of people have a psychological effect. People think if they use pills that they are not as harmful as others because according to their understanding pills are the ones that keep them on the ground and not themselves. It is important that these people know that the pills are there just to help them. During fieldwork, people who take pills may still not be able to completely rewrite what a particular person needs. When,

how many times, which drug is difficult to guess exactly at first. Therefore, when attributed toneuroleptics,it is very important that they are used pragmatically, so that thei reffect can be seen over time. So if necessary and change the therapy, just to help the patient.

Antipsychotics are always first on the list to attribute to a patient. Sometimes even in cases where there are side effects they can be quite helpful. It is important to agree with people whether it is wise to continue taking these medications or to stop. If the doctor thinks that the therapy should be continued, these people should be given support. It is important to know that it is also very dangerous to stop taking the pills at once, after using them for a certain amount of time. This should be agreed with the clinician.

Pranks make pills for a certain person, with the least side effects sometimes it takes time. We all have different chemistry and our body reacts differently to certain therapies. The best way to find the right therapy is trial and error. If two therapies were initially ineffective, clozapine should be tried. As there can be a lot of side effects, it is important to monitor the blood count, but the one who will take it must give the last blessing.

A lot of people use these drugs only when the experiences have already become unbearable. After that, only a small proportion of patients still use it. But they are not aware that their further use can prevent new attacks and possible forced hospitalization. Only some decide to take these medications in the long run so as not to get into these problems. It is important to know that clinicians are there to help people, but they must also respect the patient's decisions. Most medications come in the recommended doses, but clinicians must be interested in recommending the right dose anyway.

There is no evidence that higher doses are much more beneficial than smaller ones, but higher doses can cause more side effects. Because of this Royal College Psychiatrists have recommended that higher doses go only in special cases. One neuroleptic can be used once. The large amount of neuroleptics prescribed can be a concern. Research has shown that psychiatrists attribute the maximum dose to one in three people, and at least 43 percent of people receivemorethanoneneurolepticdrug.

PRIMITIVE/ALTERNATIVE TREATMENTS FOR SCHIZOPHRENIA: Among many primitive people, a few illnesses, even psychogenic death, can result from breaking the taboo that illness is not a theory, but a fact that is identified with many witnesses. One of the missionaries in Congo, Reverend Grebert, said:

In Samkita, a man named Onguie began to suffer from convulsions and was taken to a dormitory where he fainted. When he wanted to see him again, he was surrounded by boys holding his arms and legs, trying to open his clenched hands, risking breaking his fingers. As he was frightened, they did not notice the foam on his mouth, which was suffocating him. His body bulged, but later relaxed. They gave several explanations.

One was that he ate bananas that were used for manioc. His grandfather's said if he tasted those bananas he would die. Violation of ancestral prohibitions, for them, represents the fear that there has been a collapse within the internal organs. Showing into him how he was shaking, literally under his skin. There was no doubt that this was serious. It was not possible to give him any medicine.

The poor child lost consciousness and started a rattle. The man who led that tribe brought a medicine, that is, an egg that was mixed with other substances. Meanwhile, we tried to revive him with rhythmic transactions on his chest, but we failed to hold his tongue. We were unable to save him and the boy died in our arms.

This was one of the three cases the missionary mentioned. Twenty-three ended in death. The third survived because they gave him a European medicine, but there were difficulties there as well. This is proof that Western medicine has great difficulties with diseases in Central Africa.

In Polynesia it is also reported that there have been many taboo violations, only slightly different. Death comes much less dramatically and much more slowly and calmly, the patient just lies down, refuses food and dies in a few days. What matters here is not so much what he broke the taboo, but what is shown on the pillar of shame. There are also people who believe that violating natural laws can be the result of certain diseases. Confession of sin is not a good method of healing everywhere, because where it exists it has a higher level than confession of sin itself.

It doesn't matter if it is a taboo violation, arbitrary or not because even in some cultures, it can be a sin when you encounter a certain type of snake. In such cultures, morality plays an important role and is mostly of a sexual nature. Among all diseases, difficult births and sterility are believed to be the result of some sins. In primitive tribes there is no secrecy in confessing sins, everything happens in public. Confession of sin takes place in several ways, such as washing, vomiting, or bleeding.

The Aztecs in Mexico mostly confessed to the priest. Sins were mostly associated with disease. With the Incas, it was a little different. The confession was public, and the whole ceremony included the invocation of the Gods, a confession, which contained a list of sins, encouragement, and penance. Here, too, confession was made in cases of illness, because when someone in the tribe was ill, everyone from the Incas had to confess.

Sin is defined as a free act against morals and religious laws. A lot of diseases towards them are the result of sin. Confession existed to make it easier for people, but also to heal them. Plenty of these treatment concepts remain today. One of the most popular sins is masturbation. The

word sin is not used in modern psychology, but guilt can be considered. The link between guilt and physical illness cannot be ignored.

Satisfying frustrations has been considered a disease since time immemorial. Maori have always said that dissatisfaction in the heart brings upset and anxiety. For many centuries, medical manuals brought about two conditions that were known. One is homesickness and the other is lovesickness. The first can also be called nostalgia, which is mostly experienced by soldiers or others who leave the country, so that feeling of nostalgia is so strong that they cannot concentrate on anything else until the shadows come back. Lovesickness is a case where a young man or woman has no luck in love. They slowly wither until they unite with the object of their love, which they most often keep secret. In the nineteenth century, psychiatry ruled out these two cases. The French Jesuit who traveled America could not believe how the Indians believed in gratification. They thought it would be cruel not to give man the subject of his worship, which he experienced in his dreams.

One Jesuit missionary, Father Raguenau, gave an excellent way of believing and practicing the Hurons. The Hurons believed that there were three ways to get sick: Natural cause, witchcraft, or unfulfilled desires. For some unfulfilled desires, they can also appear in dreams. Dreams can thus be forgotten, and desires do not have to appear in them at all. Diviners know how to predict the object of their desire just by looking at the water. If the patient is seriously ill they will say which object is impossible to reach. If there is a chance that he will recover, they will set up several objects of their desire in the dream festival. Objects are placed on their table, and this includes dancing and socializing. Of course, all these objects must be returned later. Sometimes that man not only heals, but becomes rich. Some donors who leave their objects may become ill while losing that object of their lust. The Dream Festival is a combination of therapy, public merriment and change of ownership. According to Jesuit, this dream festival is a collective madness in which those who dream attack others. One priest attended a dream festival and a tribe wanted him a killer wanted his coat. Sometimes frustrating desires are neither possessive nor libidinal.

Dr. Louis Mars explained the paranoid reaction of an individual in Haiti who survived stressful situations and difficulties. He was quite tiring and irritating to others. Everyone in Haiti is diligent, so they listened to him with attention. This stress gradually recedes and he can easily return to his community. A lot of people feel frustrated because they don't get support from their families.

One of the main differences between modern scientific healing and primitive healing is that the primitive is mostly done as a ceremony. In most cases, the ceremony is not a secondary element but also a major element in healing. There are many ways of ceremonial healing. Most of these rituals are already quite outdated, so they are moving to newer methods of treatment. Sometimes it is the capture of myths from a particular tribe such as the creation of the world or the story of the gods. In most ceremonial healings, the patient is integrated into the group to which he belongs. This includes family, clan and tribe. The ceremony can be effective through rituals, costumes, music and dance.

Treatment by involvement in the original trauma was described in an Indian tribe from California. The Pomo tribe has several different types of doctors. One of them is the "singing doctor" which is used only in the method of scaring. If the disease is unknown and the symptoms are unclear, the healer may think the reason is between the patient or the spirit. The medic consults with the family to find out what the patient is doing before he or she becomes ill. The medic tries to reproduce the vision as close as possible. He can dress up as a ghost or make a monster model. The whole scene suddenly becomes familiar to the patient. If the patient feels severe fear it is assumed to be a ghost. Normal treatments are used to remove the patient from the state of collapse. The medic then removes the ghost costume or destroys the model before it enters the patient's mind. Recovery is considered to be very rapid.

The patient was suffering from a serious illness for which there was no treatment. The family remembered that he was hunting in the olanins on the day he fell ill. The medic assumed the patient had seen a water monster at the source. He made a model of a large snake that he could move with the help of wires. The monster was painted white, red and black. When the patient saw this in fear he began to attack the people around him. It took six people to calm him down until he finally fell. The medic made him sweat, bathed him, gave him water to drink, and told him that the main reason was that he had seen a water monster and that it had been haunting him ever since. The man recovered very quickly.

Another patient, a woman, feared overnight only to eventually faint. The "singing doctor" assumed she had seen a ghost. He soon disguised himself as a ghost, with the help of her father frightened the patient after which he calmed her down by explaining the story to her. The next day she felt good.

This type of therapy can also be called psychic shock therapy. The Zuni tribe where there is not so much healing is told by a group of healers to heal with the help of divine society. These gods were believed to enter healers during the ceremony. There are several noticeable facts in these treatments. These are collective treatments that are not organized by one man but by society. Second, it can also be a psychodrama. These are the three chief healers, who are dressed in costumes and sacks of the three gods, all with the help of society. The third is religious therapy since the gods are brought close. Fourth it can be a beautiful therapy because of the song, the rituals and the costumes. Fifth, part of the treatment may be like a disease from another being. Sixth, the patient is expected to return to society after recovery.

Ceremonial healings were also found among the Navajo Indians. Their ceremonial healings are not with the help of medics. The ritual is so complex that it takes a man several years to learn the bulk of the ceremony. It often happens that the Navajo tribe falls into an anxious depression as a result of an ugly dream, the illusion that they have seen a ghost, or the fear that they have offended a sacred animal. The patient is sometimes so ill that he dies of starvation. In these cases, the only way to save him is with the help of a real medic. It's amazing how much he can help. The only parallel in ceremonial healings and the Western world is that medicine can be sacred, and this is most common in Mediterranean countries. One of the most famous is Lourdes in France. After individual preparation, patients gather in a group of pilgrims from their parish. Many parishes know how to merge into larger groups and go on long trips. Each parish and bishop or nation has its own individuality. The culmination of these ceremonies is that the pilgrims enter the innumerable multitude with great religious enthusiasm. There are a number of cures that have been proven.

Primitive therapy procedures are often complex and difficult to classify. One of the therapies is ceremonial healing by incubation. Incubation means literally lying on the ground. The patient must spend the night in a cave, lying on the ground. In this way, he will get a vision in a dream that should cure him. This method of therapy was most used in ancient Greece. Some believe it existed before. In the past, incubation took place in large caves. Those who came to these caves had special preparations which included drinking water from the "fountain of oblivion" and the "fountain of memory". In these caves they have terrifying visions in which they are passionately affected. The priests then place the visitors on a "memory chair" so they can discern what they saw. Patients do all this with great awe. One of the most controversial treatments is hypnosis treatment. Hypnosis or semihypnosis often occurs in various primitive treatments. Bastian says he experienced a very pleasant kind of hypnosis. It is not clear whether this hopnosis was voluntary by the medics and whether there were any side effects in the end.

Undoubtedly, a particular physician can consciously and purposefully use hypnosis during ceremonies. This is why medics are often allowed to do them. It is roughly similar on all continents. Australian medics say that at the final initiation, their bodies open, their organs are replaced by other organs, and people become healthy without any scars. It is also said that medics can produce a collective hallucination. These hallucinations are very similar to those in Tibet. All of these facts about hypnosis and physicians do not necessarily mean that hypnosis is used every time for therapeutic purposes. One of the oldest chionotic procedures took place in ancient Egypt in the third century BC. This hypnosis was used on a young boy who was fixated on one object while in a trance. This proves that hypnosis was used for clairvoyance, and not for therapeutic purposes.

A lot of healing procedures so far have used the word magic or have had some magical elements. The best definition of magic is the inadequate technique of man's power over nature and the erroneous anticipation of science. With their pseudo- techniques, magicians strive for modern man to achieve adequate scientific means. Where science is neutral magic is divided into good and bad. Magic is also described as a system that is significant to social life and unjustifiably projected onto the material world. The rites are designed in the fashion of social ceremonies. In this way the magician gains control of the forces of nature such as time, the fertility of animals, the abundance of crops and the way to cure diseases. The practice of primitive medicine called magic can be divided into several subgroups:

- There is something rational about taking drugs or poisons, even if most magical substances work like a placebo.
- Parapsychological powers such as clairvoyance and telpathy can only be used occasionally.
- Hypnotic manifestations may play a role from time to time.
- There are a lot of tricks and deceptions.
- Suggestion is probably the most important thing in working with magic. The man believes in the procedure of magic and thinks that it will help him. The magician believes in his power and the whole society believes in the existence and effectiveness of magic. Belief in magic is universal in primitive society. Even in a civilized society, people believe in magic, mostly by magic. They believe that magic can kill a person who is not near them. This is not just a false belief because there are plenty of records that something like thishappenedinAustraliaandMelanesia.

It has always been assumed that primitive medicine is the realm of irrationality and fantasy, so we must know that modern pharmacology has given a large number of current remedies bass from primitive medicine. Some populations have developed excellent natien therapies that have been at a high level. One of the most interesting studies was among the Mano tribe in Liberia. A list of approximately one hundred conditions was compiled, of which only fifteen were magic or some other irrational method. More than two hundred herbs have been used in medicine as a type of infusion, detoxification and more.

Ethnologist J. Qvistad spent time with the Lapland tribe. For mentally ill patients, the healer attributed the general rules of life: abstinence from alcoholic beverages, tobacco, coffee, getting up and going to bed early, and doing an easier type of work. Someone has to be constantly around him without him realizing that he is being watched. The patient must not use any medication, but must bathe twice a day in the sea, once in the morning and once in the evening. If he becomes

aggressive, he should not be tied up, but rather placed in a room without objects that could injure him. If he attacks a person he must get a slap on the naked body with a twig. One of them has to talk to him and show no fear. Many mentally disturbed patients have been successfully treated in this way in Lapland.

The main differences between primitive treatment and primitive therapy are:

- A primitive healer plays a more essential role in his society than doctors do today. He is not only concentrated on the health of his people but is sometimes a passionate wizard or poet who knows the history of the world or the history of his olemen. Long before the healer always had professional status always with the chief or the priest, and once there were all three. Each tribe had different healers. For example, shamans gained great prestige if they managed to cure the disease of soul loss.
- In the case of a disease, especially if it is more dangerous, the patient puts all his hopes in the person rather than in his medication. This means that the healer must have some skills and knowledge. Maeder distinguished three types of primitive healers: the first is one who heals with rational methods. The other is a magician who acts through prestige and suggestions. The third is a religious healer who, through his savior, heals the awake and creates in the patient a tendency to self- healing.
- A primitive healer is a very skilled and smart person who has reached his status through long and hard training. Most primitive healers received training through other healers and group members who passed on secret knowledge to them. Many of them had to go through the initiating illness. Ackerknecht distinguishes three types of physicians: non-spiritual whose visions and trances are induced by alcohol, drugs, and fasting. Inspirational who do some kind of self-hypnosis something like trances. Real Shamans who become shamans only after some kind of mental illness. Of course, this is a normal mental illness.
- The healer may not be proficient in fractures, but he has extensive knowledge of drugs, massages, and other empirical treatments. His most important method of treatment is psychological in nature. In primitive societies the difference between mind and body is not as clear as in our society.
- The primitive mode of treatment is generally always public. In most cases, the patient does not go to the healer alone but with relatives who remain present during treatment. Sometimes the whole tribe is present during the treatment. Of all the theories of disease, sorcery is the most widespread.

Today, many people wonder if schizophrenia exists. If schizophrenia does not exist, madness certainly does.

The label of schizophrenia is placed on people who are considered human by society. Madness is hidden in each of us. When a person stops adapting to social customs, the person is considered crazy by society. This is where the medical device comes into play.

In the Middle Ages in Europe, madness was respected as a different way of being and knowing. Only after the Renaissance and the beginnings of capitalism in the 17th and 18th centuries did the process of excluding the insane begin. Here we must distinguish between mind and knowledge. Mind and mindlessness are both ways of knowing. Madness is a way of knowing, that is, another form of empirical research. In the 19th century, a new branch of medicine, psychiatry, developed. During the 1950s and 1960s, many papers were published in the field of schizophrenia. One of the most significant works was published in 1956, in which an experimental theory of schizophrenia based on communication pathology was advanced. This work did not cause the idea of schizophrenia as a disease.

The work carried out in the USA paved the way for the view of schizophrenia not as a disease process that takes place in one person, but rather as something that takes place between people. The objective perspective is lost in the field of subjectivity, that is, it is as if the very method of studying the field of madness must be involved in that madness. Analytical rationality, which is logical for the outside, works with the epistemological model in such a way that the observer in the act of observation does not affect the field of the observed, nor does the field affect him. If we look at the specific situation betweena psychiatrist and a patient, where the former diagnoses the latter, it differs from the one in which the doctor examines the patient's central nervous system.

The doctor forms an impression of the patient, but at the same time the patient forms an impression of the doctor. The diagnostic act in psychiatry is not a medical action as it is usually understood, but rather a micropolitical mediation that ingeniously possesses repressive violence. Cooper believes that external mediation from a hideous group results in the exclusion of one of the members. Exclusion is actually done to release tension in the group. This is mostly about the vulnerability of the person who is excluded.

To devise a schizophrenic initiation scene, what we need is not a new kind of method but a new kind of spirit. Our spirits are shaped by our self so that if we act differently in relation to other people we can be labeled schizophrenic, and this can distort normal minds to reshape them in such a way that the language of madness becomes everyday language. The initial schizophrenic breakdown begins to say the word "no". A person who says "no" says it when he cannot express himself by other means. Another means could be withdrawing into one's own thoughts. Metaphorical language may actually be more appropriate in the normal

world than much more literal language. Mental health is much more associated with insanity and is in stark contrast to normality.

The difference between a sane man and a lunatic who becomes a hospitalized schizophrenic is simply that the sane man retains a sufficient number of strategies, traps, disempowerments in a sane world.

UNCOSCIOUSLY

In order to better understand the work of our consciousness, we will dedicate this part to the unconscious. With the well-known compensatory relationship between consciousness and the unconscious, it is very important to find the possibility of determining values for unconscious actions. If we want to implement an energetic way of observing psychic events, we must keep in mind that conscious values can disappear, and they can no longer show up in a corresponding conscious action. In such cases, we have to expect the phenomenon in the unconscious. Since the unconsciousisnotdirectly accessible, the assessment can only be indirect, that is, we have to take auxiliary methods for any assessment. with subjective assessment, feeling and knowledge help.

Conscious assessment not only fails in relation to the manifestation of the unconscious, but wrong assessments are marked as suppression. Thus, subjective assessment is excluded in evaluating the intensity of the value of unconscious contents. In order to enable an indirect assessment of some content, we need objectivity.

The struggle of opposites would constantly take place during the outbreak of conflict, and this would mean a backward movement of the libido. Through the collision of opposites, contradictory pairs are devalued. The loss of value increases, and this loss is perceived by consciousness. To the extent that the loss of value of conscious opposites progresses, the value of all those psychic processes that do not come into consideration and therefore never reach conscious application increases.

This is mainly about unconscious elements. The value of the background of consciousness and the unconscious increases the influence on consciousness. Unconscious values acquire self-importance self-indirectly. The censorship to which they are subject is a consequence of the orientation of the conscious contents. The manifestation of the unconscious manifests itself in the disruption of conscious flows in the form of symptomatic actions and neurotic states in the form of symptoms. Semi- conscious or unconscious, those psychic elements that are useless in real life are squeezed out over the threshold of consciousness, and because of this they are usually separated from directed psychic function.

The need for causality in primitive man is very great. He cares much less about interpretation than telling stories. Thus, we can see how mythical fantasies arise in our patients. They are not invented, but are presented as images or series of representations that are imposed from the unconscious. When they are verbalized, they have the character of connecting episodes with the same values as mythical expositions. This is why phantasies originating from the unconscious are so akin to primitive myths. A myth is nothing but a projection from the unconscious, and it represents typical psychological phenomena. In the same way, leadership can be left to the unconscious only when there is a desire for leadership in the unconscious urge. This is one of the cases where consciousness is in trouble. Here we come to the question of how one's own self relates to this situation.

Then the calculation between one's own self and the unconscious begins. During this calculation, a third, transcendent function is established. At this level, the main word is held by its own self. Opposite the individual selfstands a product that can owe its existence mainly to unconscious events, so that it is in a certain opposition to the self. This point of view is important for dealing with the unconscious.

The unconscious and the self should be considered equally valuable. The consciousness of a civilized person has a limiting influence on the unconscious, so that the unconscious can often have a dangerous effect on one's own self. Just as self-suppresses the unconscious in the first case, the liberated unconscious can overcome the self in psychic life. The danger lies in the fact that one can no longer consciously defend oneself against the onslaught of affective factors, a situation that usually occurs at the beginning of schizophrenia. This danger would not exist if we could reckon with the unconscious and free ourselves from the dynamics of affects. This is attempted to be achieved through the intellectualization of the opposite position. Dealing with the unconscious must be versatile, since the transcendental function is not a partial process, but a complete event in which all aspects are included. The effect must be included in its full value. Intellectualization is an extraordinary weapon against affects, but they should only be used where vital threats are involved.

The treatment of neurosis is not only a psychological treatment, but a restoration of the personality, so it is therefore a versatile measure that touches all areas of life. When calculating between one's own self and the unconscious, the unconscious must be recognized as the appropriate authority. the calculation must be guided by one's own self, but one consciously lets the word go. This calculation is best shown in those cases where the "second" voice is more or less discernible. It is easy for these people to fixate on the "other" voice and to see their answers from the point of view of their own self. It is like a dialogue between two equals in which each recognizes the other's valid argument and therefore considers it worth the effort to agree with each other or to clearly demarcate opposing

points of view. Since the path to agreement is rarely open, as a rule, a permanent conflict occurs that requires sacrifices on both sides. The ability for internal dialogue is a measure of external objectivity.

There are three psychological modalities. As the first model mode should be highlighted consciously and unconsciously. Each individual makes a difference, and their psyche works consciously or unconsciously. Of course, it is only a matter of greater or lesser awareness, because total awareness is impossible. The extremely unconscious state of the psyche is characterized by the predominance of forced, instinctive processes, the result of which is uncontrolled inhibition or the absence of inhibition. The psychic flow is contradictory and takes place in illogical opposites. In that case, consciousness is at the level of dreams. In contrast, the extreme state of awareness is characterized by heightened vigilance, a predominance of will, and an almost complete absence of instinctive determinations. In this case, he is unconsciously at the animal level.

Another modality is extraversion and introversion. These modes regulate the question of whether conscious contents will be attached to external objects or subjects. They therefore put the question to external or internal. This factor is so important that noticeable habitual attitudes arise from it.

The third modality gives direction towards the spiritual and the material. Matter is indeed a subject of physics, but it has a psychological dimension. Likewise, just as matter should ultimately be understood only as a working hypothesis of physics, spirit is a hypothetical quantity that requires a new interpretation. The reality of matter is convincing on the first line due to the perception of our senses, and the existence of spirit relies on psychic experience. Psychologically, we cannot determine anything other than that there are contents of consciousness that can be labeled as contents of material origin and those that are of spiritual origin. In civilized consciousness, there is a sharp demarcation, while at the primitive level, matter appears as spiritualized, and spirit as materialized. From these categories arise ethical, esthetic, intellectual, social and religious values that primarily decide on the final use of dynamic factors.

The problem of instinct is incomplete without considering the concept of the unconscious. Instinct requires the supplementary concept of the unconscious. Unconscious are all psychic phenomena that lack the quality of consciousness. They are subliminal, and every psychic content must have a certain energy value. The deeper the value of one content of consciousness falls, the more the latter falls below the conscious threshold. because of this, it unconsciously contains all the lost memories. These contents are created through unconscious activity from which dreams also arise. These contents also include the deliberate suppression of unpleasant thoughts and impressions. We call the set of all these contents the personal unconscious. In this, we also encounter unconscious properties that are not acquired but inherited, and these are our instincts.

They originate from the inner compulsion of unconscious motivation. This includes intuitions, observations and understandings, which are an important condition of all psychological processes. Instinct and archetypes of perception form the collective unconscious. We consciously call this collective, since there is no individual, but general, expanded content. Instinct is by nature a general phenomenon that has nothing in common with human individuality. Archetypes of understanding have the same quality as instinct, they are also collective.

The unconscious is not unknown at all, that is, it is psychologically unknown to us, which means that when it comes to consciousness, it does not differ at all from the psychic contents. Everything that I know, what I think, that was once conscious, but is currently forgotten, everything that was perceived by my senses, and my consciousness did not pay attention, falls under the unconscious and there is a possibility that it will come to consciousness only later. These contents were less subject to conscious processing, but they can be brought into consciousness at the next moment. According to Wilhelm von Occam, nothing changes outside of the relationship to the conscious Self if the content becomes unconscious. Where the second self appears and competes with the first self is a very rare case. Evidence like this shows us that the unconscious is actually the subconscious. Emphasized complexes in the unconscious do not change in the same sense as consciousness.

Although in the unconscious state the events take place as if they were conscious, the unconscious still belongs to a more primitive level. It approaches the instinctive form, taking on the properties characteristic of an instinct. We come to the paradoxical conclusion that there is no conscious content that is not unconscious in some other sense. There is no unconscious psychic content that is not conscious at the same time. In these circumstances, we have no choice but to assume that between the conscious and unconscious state there is something central, let’s call it approximate consciousness. The unconscious basis of dreams is only apparently infantile. In reality, it is about primitive, that is, thought forms that rest on instincts, which appear in childhood. They are not infantile or pathological. The archaic basis of our spirit constitutes an attainable given that does not depend on individual experience or subjectively personal arbitrariness. Just as the body has a history of development in stages, so does the psyche. While directed thinking is a fully conscious phenomenon, the same cannot be said for fantasy thinking. A large part of its content belongs to the conscious, a lot of it takes place in the unconscious and therefore can only be indirectly concluded. Fantasy products are most often dreams. They offer a mysterious exterior and give meaningtounconsciouscontents that are only indirectly

concluded. Our considerations show that the products of theunconscioushaveaffinitieswiththemythical.

Activated unconscious contents are always projected, this means that they are revealed on external objects or are present outside one's own psyche. The projection that occurs during suppression is not made consciously by the individual. The advantage of the projection is that we get rid of the painful conflict.

The intrusion of the unconscious is a real danger for the consciousness when it is unable to accept and integrate the contents due with understanding. When the intrusion of the unconscious occurs, it is often a situation in which the unconscious overtakes consciousness. Consciousness somehow stopped, because of which it unconsciously moved forward. Looking back leads to regression. Regression is an involuntary introversion, a psychological content and an endopsychic factor. Regression is turning to the past caused by depression in the present. Depression is an unconscious phenomenon of compensation whose content, in order to achieve full effectiveness, must be made conscious.

This can be done by consciously regrading and integrating the following depressive tendency into consciousness. In the place of instinctive security, insecurity appears and thus the necessity of a knowing, evaluating and deciding consciousness appears. If consciousness succeeds in compensating instinctive certainty, it will replace instinctive action with reliable rules and ways of behaving. This creates the opposite danger of separating consciousness from instinct and putting conscious will in the place of natural impulse. If the schizophrenic split between man and the world were to be explained from the withdrawal of eroticism, then every relationship with the surrounding world should be declared a sexual relationship. In schizophrenia, reality is missing much more than could be attributed to sexuality. If it were introversion of libido, it would already have the consequence of loss of reality in neuroses, which could be compared to that in schizophrenia. But that is not the case. As Freud himself showed, intro version of the sexual libido lead stoneurosis, but not to schizophrenia if a psychic process has remained unconscious, then its retention from consciousness is probably only a hint of the fate it has experienced. Every mental process exists in an unconscious state or stage and then passes in to a conscious stage. It is not necessary for every unconscious process to turn into a conscious one. Each individual process first belongs to the unconscious, and then under certain circumstances it can pass into the conscious system. Perhaps we can best explain this with a spatial concept. The system of the unconscious is equated with one large vestibule, in which mental feelings are located. Next to this vestibule comes another smaller space in which he consciously resides. At the threshold of both rooms, a guard performs his duty, who monitors certain mental feelings, censors them and does not let them into the smaller room if they arouse his displeasure. Feelings in the anteroom, or the unconscious, are hidden from the conscious eye because it is in another room. That is why they should remain unaware in the beginning.

But if they managed to push through to the threshold, and the guard pushed them back, then they are unable to become conscious, that's why we call them suppressed. Those feelings that the guard missed do not become conscious immediately, but only when they attract the eyes of the conscious. That's why we call this second room the preconscious system. The fate of suppression in every single feeling is that it is not unconsciously passed into the system of the preconscious. We meet this guard when we meet resistance to analytic treatment in moments when we try to remove repression. That guard between the unconscious and the preconscious is nothing but censorship under which we found the formation of the manifest dream that is subjected to it. The daytime remnants in which we recognized the causes of sleep were the subconscious material that experienced the influence of unconscious and repressed desires at night, and thanks to their energy managed to form a latent dream.

Under the rule of the unconscious system, this material is subjected to such processing as is unknown in normal life. The relation to the conscious, which is connected to the preconscious, was valid for us only as a sign of belonging to one of the two systems. Sleep is not a pathological phenomenon, it also occurs in healthy people. When researching resistance, we heard that it comes out of the patient's Self, and his hidden traits of his nature. His featurestookcareofthesuppression,or atleastparticipatedinit.

THEDISSOCIABILITYOFTHEPSYCHE: There is no basisthatunconsciouspsychicprocessesmustunconditionally have a subject, and we also do not believe too much in the reality of psychic processes. The problem only becomes when unconscious military ranks are assumed. If it is not only about drives but also about choice and decision that are characteristic of the will, one cannot avoid the conclusion that there must be an available subject to whom something is shown. This would replace consciousness in the unconscious, which replaces the thought operation. Psychopathologists, unlike psychologists, know a psychological phenomenon called dissociation or dissociability of the psyche. It consists in the fact that the mutual connection of psychic processes depends on many conditions. Not only are non-conscious processes independent of the experience of consciousness, but a separation can also be noticed in conscious processes. There are cases where the whole personality is not actually separated, but only small parts are separated, which are more likely and much more frequent. This is about the ancient experience of humanity, which we see in the ancient belief about the existence of a large number of souls in one individual.

Psychiatric experience shows that it takes very little to break the achieved unity of consciousness and return it to its

original elements. Through dissociability, we are enabled to get rid of those difficulties that arise from the existence of consciousness. If it is true that the contents of consciousness become unconscious with a loss of energy and vice versa, with an increase in energy, unconscious processes become conscious, and it must be expected that an unconscious voluntary act must possess energy that enables it to become conscious. This is secondary awareness, which consists in the fact that the unconscious process is presented to the deciding subject. This process must have the energy amount required for consciousness.

Secondary consciousness is presented in a personality component that is not accidentally separated from the consciousness of one's own Self. This kind of dissociation has two different aspects. In one case, it is a matter of conscious content that, due to suppression, reached areas below the threshold of consciousness. In the second case, the secondary subject consists of an event that has not yet found access to consciousness, because there is no possibility of its perception in consciousness. The consciousness of one's own Self cannot receive this event due to a lack of understanding, and because of this it mostly remains subliminal. Its existence should not be attributed to suppression, but rather to the result of subliminal events that, as such, were not aware of it. Since in both cases there is an energy amount sufficient for awareness, the secondary subject nevertheless acts on the consciousness of its own Self. The contents that appear in consciousness are initially symptomatic. Symptomatic contents are mostly symbolic and represent indirect representations of unconscious states and events. So, it is possible that he unconsciously hides the contents so that his own Self could perceive them. This is not only about repressed things, but about subjectively perceived contents, such as demons and gods, for example. This state is neither pathological nor special, but an originally normal state that contains the integrity of the psyche in the unity of consciousness.

Psychoid is the sum of all targeted, deliberate and physical, including central nervous functions that serve to sustain life. Common to the psychoid and the psyche is goal orientation and the use of previous experience to achieve the goal. It includes memory and association. Psychoid is often confused with the term psyche. The flaw of organic understanding is that the activities of matter related to some goal are accepted as psychic, so that life and psyche merge into one. It is impossible to imagine the essence of psychic function independently of its organs, even though we experience psychic events without their connection to the organic substrate.

If the term psychoid is used, it actually means a psychic, or mental quality, but a quality that has reflective events. If the unconscious can contain all that is known as a function of consciousness, then the possibility arises that in the end consciousness and the subject possess some kind of their own Self. This conclusion is often used in the concept of the subconscious. At the same time, the assumption of subconsciousness, which is immediately joined by that of superconsciousness, points to what I really care about here, to the fact that the other psychic system that exists next to consciousness is of absolute importance because it can change our understanding of the world. Our picture of the world must not be only temporary because if we take the hypothesis of the unconscious seriously into consideration, it will disappear or be different from the present. This is possible only if the fact about the unconscious is correct. It can be proven only when the un conscious contents become conscious, that is, when the mani festations of dreams, fantasies and complexes are integrated into consciousness with the help of interpretation.

FOURA SPECTS OF THE ACTIVEUN CONSCIOUS:
Flournoy's exploration of the unconscious best described the direction to go. His first problem was how to avoid the hypothesis of parapsychological processes. He followed the trail of these phenomena in order to return to the forgotten memory. He demonstrated psychologically through the unconscious to get to the origin of spiritistic messages. His other main research concern was creative activity. He describes a young mother dictating philosophical fragments that were far beyond the scope of her knowledge. Unconsciously, it also has a protective function. Flournoy mentions cases in which he unconsciously provides comfort for recovery from a mistake that has been made. The third function of the unconscious is called compensation. It is particularly noticeable in the case of Helen Smith. A well-educated young woman felt frustrated by her social and financial circumstances. Her subliminal fantasies, her romances, brought indirect fulfillment of wishes. The function of the unconscious manifests itself in the romances of the subliminal imagination. According to Flournoy, this is essential for understanding media psychology. The media does not want to deceive, but sometimes fat takes control.

At the end of the 19th century, the problem of the unconscious was approached from several perspectives. We have four aspects of the active unconscious:conservative, dissolving, creative and mythopoetic.

- Conservative functions record a large number of memories, unconscious perceptions, which are stored without the conscious individual knowing anything. There were cases of patients who, with a fairly high temperature, spoke a language that they had completely forgotten before. Hypnosis provided "hypermnesia," and dream researchers could identify new dream images as forgotten memories. Korsakoff best illustrated the patient who had a fear of electrical machines although each time he seemed to have forgotten the previous electrical treatments. Flournoy believed that cryptomnesia could explain the facts about clairvoyance andtelepathy.Various psychologists and philosophers

have debated whether apers on retains the unconscious through out his entirelife.

- Dissolving functions of the unconscious include two sets of phenomena. The first consists of psychic phenomena that were conscious at one point, but have become automatic. The second consists of dissociated parts of the personality that interfere with normal life processes. The best example of this is post-hypnotic suggestion. The assumption that everything that disturbs us is imprinted in our unconscious was self-explanatory.
- The creative function of the unconscious was best explained by Galton.
- The mythopoetic function is the middle area of the subliminal self where the unusual production of inner romances takes place. Here it was considered that our unconscious is constantly engaged in the creation of fictions that sometimes remain unconscious or sometimes appear only in dreams. They know how to take the form of daydreams that spontaneously develop in the background of the subject's mind. These fictions come in the form of moonshine, trance, possession, hypnosis, or other delusions. Mythopoetic functions when expressed organically lead to a kind of hysteria. It is interesting that the mythopoetic functions of the unconscious, which are sointeresting, have never been fully explored.

UNCONSCIOUS FIXATION ON TRAUMA: In order to best explain this problem of fixation, we will give two examples from the lives of female patients. For our first patient, the divorce had a very bad effect. Through the symptoms she had, we can say that she continued the process with her husband. Although still young and desirable, she took precautions to keep him faithful. She did not show herself in front of other men, neglected her appearance, refused to sign her name and so on. In the case of another patient, also a young girl, the erotic attachment to her father arose in the years before puberty. She came to the conclusion that she was ill and should not get married. We assume that she didn't want to get married because she wanted to stay with her fatherThis kind of behavior is a general feature of neurosis, not a particular personality of these two patients. The first patient was fixated on the time she cared for her seriously ill father. Despite her recovery and ability to act, she avoided the usual fate of a woman. In each patient, we can see that the symptoms of the disease can come from the period of existence as an infant.

Traumatic neuroses arise during wars. Such neuroses existed even before the wars, after severe life dangers. These patients regularly relive the traumatic situation in their dreams where hysterical attacks occur, it turns out that the attack corresponds to the complete transfer of the person to that situation. In the case of a woman who fell in love with her father and had her first erotic fixation, the symptoms of obsessional neurosis did not come to light until several years later. Every neurosis contains a fixation, but every fixation does not lead to a neurosis. Grieving is an example of affective fixation, but grieving is not a neurosis. The association with the scene after the failed first wedding night and the tender motive of the patient were together called a forced action. Her forced action was their effect, which in a normal state of mind she would have noticed.

When we talk about the existence of unconscious mental processes, this is one of the main examples. Something that is not real, and from which real tangible actions arise, are forced actions. We encounter something like this with our other patient. She invented that the pillow should not touch the wall of the bed and that she had to stick to it, even though she didn't know where it came from. Such symptoms of obsessional neurosis, which do not know where they appear from, behave resistant to all the influences of our normal life. The meaning of the symptoms of neurotic diseases is always unknown to the patient, and it is assumed that they are the offshoots of unconscious processes that turn into conscious ones under favorable conditions. Symptoms are not formed from conscious processes because as soon as the corresponding unconscious becomes conscious, the symptom must disappear.

Breuer cured his hysterical patient by freeing her from her symptoms by finding a technique with which he brought the unconscious processes, which contained the meaning of the symptoms, to consciousness. the symptoms soon disappeared. Certain mental processes develop so that consciousness becomes familiar with them. Our treatment works by turning the unconscious into a conscious one, and it is effective only if it is in a position to make this change.

A doctor who is experienced in analysis must discern which mental feelings have remained unconscious in individual patients. At least one part of the unconscious meaning of the symptoms could be easily solved in this way, while the one that is much more difficult to guess, the doctor has to wait for the patient to remember them. Information about the patient's trauma can also be obtained from relatives. Damage to the ability to cut is characteristic of hysteria, in which conditions that do not necessarily leave a mark in cutting appear as symptoms. It is different with obsessional neurosis, so it can be concluded that amnesia is the psychological nature of the hysterical change, and not general neuroses. The intention of the symptoms, which could have been unconscious from the beginning, establishes the dependence on the unconscious, and this is no less strong in obsessional neurosis than in hysteria.

THE MAIN DIFFERENCES BETWEEN DEMONIC POSSESSION AND SHIZOPHRENIA

One of the psychiatrists, M. Scott Peck, tried to give an answer on how to distinguish demonic possession from schizophrenia or some other mental illness. Doctor Peck did

not have any initial assumptions, but everything he did he started from the beginning relying on his own observations. Once, when he encountered a diabolical attack, he declared it a rare mental condition. Gallagher said they disagree with this. Although he noticed a cognitive aspect in these attacks, according to him diabolical attacks are spiritual disorders.

Dr. Peck did not know that for years there have been criteria by which theologians classify demonic attacks. Doctor Peck even went so far as to try performing exorcisms himself. As a doctor, it was not a smart decision. Spiritual authorities have been writing for years about various types of demonic conditions, and it was already clear to them that no amount of medical help would help. The two main conditions are possession and oppression. In both conditions there are small and large problems. In medicine, there is the term "real syndrome", and it is used as a grouping of signs with which an accurate diagnosis of the condition can be made. There are temporary and voluntary possessions in the possessions.

Unlike mental illnesses in which the level of disturbance lasts for a long time, with a demonic possessor, a situation may occur where the demon attacks, disappears for a long period of time, and then returns again. Another of the main symptoms that are listed in the official manuals for exorcists, and cannot have any connection with mental illnesses: the ability to speak a language that we have never used, awareness of hidden knowledge, superhuman strength and extreme movements, and levitation.

One of the best examples is the middle-aged woman Sara who was loyal to her family, she came to the psychiatrist one afternoon to tell her story. She had no history of psychiatric illnesses and appeared mentally stable. The story she told had its own consistency, and the psychiatrist could not detect any sign of medical illness. Sara admitted that angels send her messages.

The psychiatrist asked Sara to describe the communication because he was not sure if she was hearing voices due to psychosis or if the communication was more in line with her thoughts. Sara said that she doesn't hear voices, but neither do her thoughts. These messages are not addressed directly to her. She doesn't hear anything with her ears, but she has a strong sense of the message. The psychiatrist asked her what the message was. Despite the fact that she was very embarrassed to talk about it, she said that the angels were sending her messages about special ideas of God himself that she had to report to the world. In general, these types of cases mostly involve people suffering from bipolar disorder, but Sara was not a psychotic patient. She was functioning well, she had realistic thoughts, she tried several types of medicine, but nothing had an effect. The psychiatrist sent her to a priest and encouraged her to continue with religious practices, because according to him this was not of a medical nature.

Most psychiatrists would diagnose severe psychosis in these cases, but these cases are not ordinary hallucinations, and Sara was not mentally ill. This is not about the voices that psychotic patients experience, but about understandable messages. Sara did not hear these voices with her own ears as in the case of schizophrenia, so it is very difficult to classify them as voices at all. Sara believed that they were not the result of her malice, and they were quite different from auditory hallucinations.

One of the hypotheses was that auditory experiences arise from brain events or neurological problems. This point of view seems a bit far-fetched because we are dealing here with two different experiences. Paranormal features must be distinguished from psychotic features.

The difference between mental illness or actual possession by the devil or spirit is written in the review Estudes Carmelitaines.

- The fact of possession cannot simply be denied, but based on new findings from depth psychology, it must be significantly reduced.
- A priori, it is not possible to set a safe boundary between illness and real obsession, because the symptoms are very similar.
- It can only be said a posteriori that there are cases where no spiritual healing or exorcism helps, but shock therapy does. On the other hand, there are cases where shock therapy does not help, but only exorcism.

CONCLUSIONS

By writing and researching this topic, I think I managed to confirm the thesis about the difference between demonic possession and schizophrenia. We can safely say that schizophrenia belongs to the field of medicine, and demonic possession to the field of parapsychology. Even today, many people confuse demonic possession with mental disorders and thereby do the most harm to patients. Many priests have done a lot of damage by trying to cure schizophrenia with prayer. Likewise, many doctors have done harm by treating the drug-obsessed. In most of these cases, it was not a deliberate mistake, but ignorance and inexperience. Regardless of the symptoms a person shows, the most important thing in the beginning is to visit a psychiatrist or psychologist. Experienced doctors should be able to tell the difference today.

Demonic possession does not fall under the diagnosis, or in translation, it does not officially fall under mental illness. Many mental illnesses can be confused with possession. The best known are schizophrenia, mania, epilepsy, hysteria, psychosis, Tourette's syndrome or dissociative identity

disorder. Interestingly, in cases of dissociative identity disorder, almost a third are reported as possession. The belief that exorcism does not work on people is attributed by some to the placebo effect. Because of all this, the openness of doctors and priests is very important. If both really care about the betterment of the patient, they should work to cooperate as much as possible. Only with their joint cooperation is it possible to cure a person with problems.

In Rome, there are trainings for new exorcists, in which, in addition to the exorcists themselves, people from the medical field can also participate. This is one of the ways to reconcile science and religion in a simple way. Neither should exclude the other because that's the only way they can work for the betterment of man.

I hope that this work of mine will encourage readers from the medical and theological fields to start working on and researching this topic even more, and show the will to research the area in which they are not maximally expert.

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