

# TREATING SCHIZOPHRENIA



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***I hadn't intended treating the client for schizophrenia. It just happened.***

Michelle is a forty year old woman who came to my clinic seeking treatment for a painful right elbow and spasms in her right leg. She first came to see me in August last year and in the process of interviewing her she revealed she was taking what she termed 'a heap' of medications for schizophrenia including Olanzapine and Dothiepin. Schizophrenia is a condition she had had since childhood and one which had prevented her working for the past 20 years.

I treated her for the conditions she came to see me for and for her first session I did the BRMs, Hamstring and Elbow/Wrist procedures. She returned a week later with news that her elbow and leg had both greatly improved and that she had had a strong detoxing reaction (which I had warned her about) shortly after the session. For the second session I repeated all the first session procedures and added the UR/TMJ as an overall tonic.

Six weeks later Michelle made an appointment to see me again. I asked her how her elbow and leg were and she said they were giving

her no problems. I asked her how the rest of her body was and she said it was great. So I then asked her why she was coming to see me. She said she had come to be treated for her schizophrenia and related to me the following story about what happened after her last treatment. Immediately after that second session her schizophrenia symptoms disappeared. This state had lasted for about 4 weeks after which the symptoms began to re-emerge and she now very much wanted another session in the hope of getting a similar outcome. I asked her if she had made any changes to her medication or lifestyle in any way since the last treatment and she said she hadn't.

I was certainly taken aback at what she had told me and took some time to find more about schizophrenia. I found that it is classified as a psychotic condition. Psychosis is a disruption of brain functioning in which a person becomes unable to distinguish what is real from what is not. The major symptoms associated with it are confused or disordered thinking, hallucinations and delusions. I asked Michelle how schizophrenia manifested itself in her life and what she told me indicated that she had all of these symptoms in good measure.

The first thing she said about how it affected her life was that she had a lot of difficulty sleeping. On going to bed and closing her eyes images flooded into her mind uncontrollably and randomly making it difficult to relax and settle. During the day she suffered from auditory hallucinations constantly hearing voices and music in her head as if there was a radio on in the room when there really wasn't.

This constant distraction and noise in her head and the consequent

interruption to her thought processes had the following effects. She found conversation difficult to sustain. She couldn't do simple maths in her head. She couldn't plan or organise and she found it difficult to deal with any situation involving stress. She seemed to be living in a heightened state of sensory overload that would be difficult to imagine for someone not having the condition. And this was how she was when she was on medication which made me wonder what the medication actually did for her. I asked her and she said that the medication did slow her racing mind down somewhat and she wasn't quite so paranoid. There were also some physical effects from the medication such as a dry mouth.

She told me that after the last Bowen session the difficulties that she normally lived with had disappeared and as an instance she described to me how she had been able to successfully negotiate through a complex problem with a telecommunications company, something she normally could not have done.

I asked Michelle if she had had any remission of the symptoms after the first session and she said she hadn't. It was only after the second session which had included the UR/TMJ that her symptoms disappeared.

For this third session I did BRMs and UR/TMJ and she made another appointment for 4 weeks. On returning for the next appointment she was pleased to tell me that this session had worked exactly the same as had the second and she had had complete remission of her symptoms for the 4 weeks. Her next booking was made for 5 weeks time in December. At this appointment Michelle said that the effect of the Bowen session

had started to wear off during the week before the appointment. This was interesting as the period before this appointment was a week longer than the normal 4 weeks that she had come previously and was indicating a pattern of Bowen being effective for 4 weeks before deterioration set in. At this appointment in December Michelle made a point of saying this session was very important to her as it would be her last appointment before Christmas and Christmas was always the most difficult and stressful time of the year for her to cope with.

A week later I had a call from a concerned Michelle asking for another appointment as soon as possible. When Michelle came she simply stated it hadn't worked. Nothing had happened and it was now only a week before Christmas. I reviewed the previous session and saw that I had added the Head and Naval procedures during that session. I decided to leave them out of this one. I asked her when it was that she became aware change began happening in her and she said that it actually started during the session itself when she was on the table. Knowing this now I asked her at the end of this session whether change had started or not. She said it had and described it like this. It began just after doing BRM3 moves 5 and 6 and felt like a shadow was passing over her. The shadow then began clearing as BRM3 finished and UR/TMJ was done and with this clearing

of the shadow the schizophrenia symptoms cleared.

I do not know why the previous session did not work. Whether I had done too much, not done what I had done well enough or whether there was something in Michelle's personal circumstances which had played a part in its ineffectiveness are all possible. I was however very relieved for Michelle when she said that this session had been effective and I now knew that I could find out before she left a session whether it had been successful or not.

I saw Michelle again four and a half weeks later in January and she said she had had the best Christmas she could ever remember. Funnily enough she said that the symptoms had just started to return in the previous few days and this session had been just a few days over 4 weeks since the previous one confirming again this almost exact 4 week period that Bowen seems to be effective for her. During this last session she again said she felt the clearing process commence at the BRM3:5&6 stage of the session and continue through UR/TMJ.

This experience with Michelle has given me a new awareness of the importance of BRM3:5&6 on normalising brain function. For Michelle these moves are the stage at which the clearing process begins and in another procedure directed at brain function, the Seizures Protocol in SBP2, these

are the prime moves that effect change (UR/TMJ is not done in this protocol).

Having a look at various schizophrenia information and support websites indicated that the standard form of treatment is based on a combination of medication and community support programs. Cognitive Behavioural Therapy and various forms of nutritional support are also mentioned as being of possible assistance. There is however no mention anywhere of a soft-tissue or physical therapy being useful. If the response of Michelle's schizophrenia symptoms to Bowen therapy is not unique but a response that could be more widely elicited in people with psychotic disorders then sufferers would have a wonderful new side-effectless option to consider in their treatment programs.

Treating this condition has been an amazing one-off experience for me and I would be very interested to hear from other therapists who have had any similar experiences in treating psychotic disorders. Pooling our experience would hopefully help in better understanding the relationship between Bowen therapy and schizophrenia and what its possibilities and limitations are.

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