

The Hannes-Jacob syndrome

Empirical work with psychiatric patients with the intervention of so called „sensitive“¹ Mediums, reveals important features, like “sensitive disorder”, which may be crucial for the correct classification of these patients.

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Abstract:

Since the term “psychotic” was coined and consistently used at psychiatric institutions, hearing voices, seeing images or feeling oppressed by a so called foreign entity (“spirit”) have been considered defining symptoms. Yet, there are important experiences of “sensitives” (i.e. Mediums), which prove that patients declared as schizophrenic may, in some cases, be *canalized* by means of energetic treatments, breathing exercises, grounding activities.

0. Introduction

0.1 The context of the investigation

In his book “Rewriting the Soul: Multiple Personality and the Sciences of Memory” ([5]) Ian Hacking developed a historical ontology of Multiple Personality Disorder, providing a discussion of how people are constituted by the descriptions of acts and diagnostic statements on them which are available to them. The inception of terms like “psychotic” and “schizophrenic” has determined developments and consolidations of states of brain and mind that are today more or less precisely recognizable through an analysis of symptoms. The term “sensitive” describes a person that is able to perceive information in another way than through the known 5 senses. The energetic field of the person is able to experience ESP (extra sensorial perception).

Thus perceptions are gathered by her/his spirit or “auratic” field and are then translated by the brain in order to provide “rational” informations to the intellect. Perceptions are translated through the so called ‘clear-senses as clairvoyance, clairaudience, clairsentience etc. Thus perception may have different sources: living or deceased people, places, time gaps, etc.

In some people that are born with an innate sensitive potential or others that develop it through their life a SENSITIVE DISORDER is a frequent syndrome. This means that they do not control their ESP (i.e., extra sensorial perception), are

¹ Joe McMoneagle, a retired “sensitive” Special project Intelligence Officer of SSPD, left Stargate in 1984 with a Legion of Merit Award for providing information on 150 targets that were unavailable from other sources. Satellite photos confirmed his predictions.

often unaware of their special perception and may end up in psychiatric places. Sensitive is actually another term for ESP. ESP is an umbrella term for “psychic” (information from another living person is perceived directly by the sensitive) and “mediumistic” (information from a dead person is perceived by the sensitive). E.S.P. is attributed to quick or slow frequencies of vibrations.

The working hypothesis is that a psychotic (say schizophrenic) receives random information similar to that described above without knowing their source neither being able to control them.

A ‘channeled’ sensitive does not suffer from these troubles as he/she controls the times of ESP and is not victim of unexplainable sights or voices etc.

The working hypothesis is that there are pseudo-psychotic phenomena that can be detected by a medium and healed by means of energetic treatments (balancing the energy fields), groundings and breathing exercises.

The author, who has a broad training as a sensitive and has treated a large number of clients presenting the symptoms (hearing voices or seeing images or feeling oppressed by a so called foreign entity) could facilitate healing to those whom he perceived as disordered, while he could only calm the symptoms - without eliminating them - in those patients who were really schizophrenic.

In fact, such real schizophrenic patients do not really react to such treatments. Their symptoms may be reduced but not eliminated.

Real psychotics have an emanation *from their brain through the aura* when in crisis, while in the case of patients with sensitive disorder only incoming energies can be detected.

0.2 The author

Hannes Jacob faced para-psychological phenomena ever since he was 18 years old. Having spent a certain number of years studying Eastern philosophies such as Buddhism and Hinduism, he began his work as a sensitive practitioner and energy transmitter and practices in Neuchâtel. He is the founder and owner of the well known “Frequences Swiss School of Mediumship”.

He has been able to demonstrate, by means of ECG at several instances at Neurological Clinics in Switzerland and Germany, that his spiritual energy at a distance is capable of causing distinct variations in the EEG periodical diagrams of patients.

For many years he has been working closely with the medical community. He has taken part in a great number of tests in institutions and hospitals specialized in neurological research, particularly focusing on the transcription of his cerebral frequencies in a healing situation. According to the medical statements describing these EEG experiments these frequencies are clearly similar to those of a person being in a deep sleep or in a serious pathological state similar to an epileptic crisis or to certain types of coma. Furthermore medical doctors working with him have confirmed that he controls different states of consciousness, being able to reduce his brain activity to a Delta State within seconds.

Recently he was analyzed at the Psychiatric Clinic of Tübingen, at the laboratory for Psychophysiology and Imaging. It is relevant to briefly describe what was found out during a session where EEG and N.I.R.² were combined.

In the following we give a short description of the main findings:

² **Near-infrared spectroscopy** (NIRS) is a spectroscopic method that uses the near-infrared region of the electromagnetic spectrum (from about 800 nm to 2500 nm).

As reported in an N.I.R.S. report ([1], N.I.R.S. Bericht über Hannes Jacob, 2012), in the phase of actively altered consciousness, unexplainable hemodynamic activity can be detected in the right temporal lobe. In the case of passively altered consciousness, say in “speech in trance”, elevated Alpha-power in temporal-parieto-occipital brain regions can be detected as well as a very high frontal Delta-component. This is all the more surprising as the spoken discourse in the trance phase is coherent and meaningful.

The author has empirically proved that he is *touching* the patient with his energetic treatments. In a combined EEG study the treated patient has shown very distinctive changes in his EEG while being treated by the author. It should be noted that during this treatment the patient was in another room at the hospital (see [2]). Furthermore the patient was not informed about the time slot during which he would be treated. Nevertheless his brain reacted within the same second during which the treatment began.

1. Working Hypothesis

So far there is relatively little on N.I.R.S. studies of correlates of schizotypal phenomena in brain activity ([3], Folley & Parks, 2012). Thus the hypothesis presented here can be considered as pioneering a new working framework.

The hypothesis is that a Medium who is in a sensitive state may present the same activation regions in the brain as a so called “schizophrenic”, who are just non-canalized disordered sensitive patients. Thus, through an analysis of brain region activation, it may become possible to disentangle patients who are sensitive to outer energies and may be wrongly classified as schizophrenic (although they are not), from real schizophrenic patients.

In fact, it was observed by Olivia Boa (author of [4]), that when another “sensitive” (like Hannes Jacob) enters in an altered state of consciousness, be it quick (interaction) or slow (passivity) the following aspects of activation can be perceived (by another “sensitive”):

In the quick mode:

1. The connection zone between the two hemispheres presents a higher activity level than in a normal state.
2. The exterior perception zone is especially more active than in a standards, say, text reading situation.
3. The zone of the “trunc” is highly active, a zone that coordinates the cardiac rythms, respiration, sound localization, pain localization.
4. There is an important coupling between audition and visual and auditory memory.
5. There is an important increase of the right temporal lobe activation.

In contrast, in the slow mode:

- I. Although the intellect zone is “cut”, we see similarities to the quick mode, namely, that, for instance, exterior perception remains heightened.
- II. The pre-frontal zone of concentration, of organization and planification appears erased.

One concludes that a “sensitive” is able to perceive etheric, outer information in any of the described states of consciousness.

2. Hypothesis on the methodology

The fMRt and fMRi techniques as well as N.I.R.S. could be used in order to establish real differences in activation regions by first detecting those regions that become active when a Medium is entering the vibration that allow ESP (extrasensorial perception). Once the regions that become active in this situation will be clearly detected it will be possible, by comparison, to see whether disordered sensitives present the same activation regions during crises. Activation may be shorter in disordered than in a Medium but in the same regions. Real schizophrenic patients, by contrast, are expected to activate other regions when in crisis.

In the future one may be able to measure groups of patients classified as schizophrenic and analyze their activation patterns during crisis with the effect of distinguishing one group of the real schizophrenic patients from the disordered "sensitives".

3. Expected results

Once the regions of brain activation in disordered sensitives and schizophrenic patients will be disentangled by the above described methodology, a reliable method for detecting disordered sensitives will be established. Thus, a large number of psychiatric patients will be relieved from a fatal diagnosis.

References

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