ISSN: 2754-4737

Journal of Neurology Research Reviews & Reports



Opinion Article Open de Access

There is One Cause for Mental Illnesses

Keith Coney

BSc (Eng), MIEAust CPEng NER

*Corresponding author

Keith Coney, BSc (Eng), MIEAust CPEng NER. Email: keith@sutherlands.info

Received: February 19, 2022; Accepted: February 25, 2022; Published: February 28, 2022

Retired Admiral William H McRaven said in a 2014 Commencement Speech:

"Here are the ... lessons I learned from basic seal training that hopefully will be of value to you as you move forward in life.

Every morning in seal training my instructors who were all Vietnam veterans would **inspect my bed**...... It was a simple task, mundane at best, but every morning we were required to make our bed **to perfection**.

If you make your bed every morning you will have accomplished the **first task** of the day. It will give you a small sense of pride. It will encourage you to do another taskand another......... and another. It will reinforce the fact that the **little things matter**.

And if by chance you have a miserable day, you will come home to a bed that is **made**. **That YOU made**.

So if you want to change the world, **start off...... by making......** your bed"

Some of the conclusions I draw today could stretch the beliefs that many of you currently hold around mental health and mental illness. Please try to loosen any firm beliefs so that you may objectively enjoy another view point. Thank you for reading my lived experience.

People first recorded seeing mental illnesses in the times of the Greeks, 2500 years ago. You have to wonder why we have not found a solution and if the approach we have been using, is not as far from a solution as we can get.

But are we even looking for a solution? And if we found a solution right now, are we prepared for it? Have we thought about how we get it past stigma?

A solution to mental illness would require groups of people set up to develop innovation in mental health, sucking the marrow out of every option from Spiritual Healers to African Voodoo and everything in between. I almost never see the word innovation used in relation to mental health.

I've been an engineer for 25 years and when I find a problem I identify the cause, solve it and learn from it.

According to the internet, the cause of mental illnesses is:

- Genetics, environment, trauma, negative thoughts, brain chemistry, neurochemistry, difficult to specify, biology, prenatal environment, lifestyle, poverty, exposure, head injury, abuse, inherited traits.
- I only looked at 3 websites. And this is what everyone on the planet reads.

Why aren't we just saying that we don't know what the cause is?

If we determine the cause, we solve the problem.

Mental Illness is publicised as incredibly painful but it won't kill you. It's so painful that you might want to end your life yourself and it's caused by pretty much everything. On top of that it's got numerous elements and its very complex and expensive to treat and...... impossible to cure. And the details we publicise are statistics of the worsening situation with no hope for a solution. It's like counting the dead and telling the troops.

Why are we not coordinating global mental health public relations?

But there is an even bigger issue going on here and it starts with the name we gave it.

Mental illness is the wrong name. It's not mental and it's not an illness.

Those experiences have become my **greatest assets** because while I went through decades of pain and suffering, I have gained massive resilience, huge passion, selective sensitivity and a deep understanding of lived experience.

I stood up and told my story for the first time without any preparation, at a mental health training course. In 2018 I spoke about my experience to 300 personnel in the Air Force and I also presented to Sun super and all their staff in Australia in 2020. They handle \$85 billion in pensions. I thanked them for the **hundreds of thousands of dollars** in income protection paid out to prevent me from losing my house in the middle of a major episode.

J Neurol Res Rev Rep, 2022 Volume 4(1): 1-4

In 2019 with the start of covid, I started working with people with all kinds of problems and out of my study with nothing but a phone and a laptop. Since I recovered from bipolar a decade ago, I have now become an **internationally insured councillor** based on experience alone as well as a certified life coach, business owner and a mental health first aider. I have also become a Chartered Engineer and Project Manager; a Lead Auditor and I work full time as a Quality Manager.

By the end of 2020, I supported 24 people with mental illnesses, addictions and traumas in my spare time. When people say that 2020 was challenging, I say that I had the **greatest achievements of my life**. The process seemed to follow a pattern of me counselling the person and at the end they usually said **they felt lighter** or some similar word, while I ended up feeling **terrible** – almost as if I had taken their illness out of them. This has allowed me to work on reinforcing good habits of self-care and logical thinking while they have a head and heart free from the illness. I started to realise that my exceptional success rate was an indication that **something else** was going on.

I was achieving a perfect record until one woman with **BPD**, **anxiety**, **depression**, **PTSD** and **menopause** taught me a valuable lesson. I'm going to get hurt every time if the person I'm supporting is not MOTIVATED to improve. After that I became very strict about motivation. But it wasn't until I participated in discussions around suicide at the World Mental Health Congress earlier in 2021, that Jen Low of eWisdom became the first person to tell me that I'm an **empath**.

A month of anxiety and research led me to realise that most empaths are very sensitive to the point where they have problems with mental health. This arises from their ability to not only feel other people's emotions but also to transfer the energy in those emotions over to themselves. I realised over a long period that my resilience was probably restricting the energy I was taking in from others and in fact I was only transferring emotions from people that I was counselling about their feelings. As a result, I call myself a High Resilience Empath.

I realised along the way, that being an empath is a **big step up** in your awareness. So instead of taking note of the details in a room and how you feel, I'm now **feeling**, **controlling** and **recharging** the energy in my body **when I choose**. And I'm giving that energy or channelling energy from other sources into other people **through a computer or mobile phone and recently through text messages**, to anywhere in the world. It took me a while, but I'm now completely confident in the safe use of my energy on any person.

Of course, keeping your energy or reiki in good condition requires regular visits to a Reiki Master, who for me has been a guiding light - Vivian Tong of Quantum Healing in Brisbane – you will understand if you meet her. Reiki is the Japanese word for the "life force energy" that flows through all living things and is what causes us to be alive. Yes, Star Wars is surprisingly accurate.

To date I have transferred the following conditions from other people into myself in more than 20 countries using video conferencing or telephone:

- 1. Addictions
- Sexual abuse
- 3. Anxiety and panic attacks
- 4. Lived experiences with conditions not completely resolved

- 5. Mental health workers with various conditions
- 6. I'm coaching one man in Nigeria who realised he is an empath after I removed his depression and anxiety.
- 7. Traumas for 7 different suicides or threats
- 8. ADHD
- 9. Bipolar
- 10. Variations on depression
- 11. PTSD
- 12. Illnesses in a person who also had BPD or psychopathy
- 13. Grief
- 14. Long term and lifelong illnesses
- 15. Up to 4 mental illnesses in single individuals.
- 16. And I took a bad mood out of my 9-year-old in 20min before school one day. That's very handy.
- 17. I am not able to affect personality disorders or personality traits.

Often, I get the feeling that people with conditions don't feel right about giving their condition to me, but with my resilience I really don't feel that much until a few hours later and in that case I discharge the energy into a sink of water or into the earth. Discharge takes around 5 minutes. If I myself feel anxious, I can discharge that too.

When I transfer a strong energy like multiple conditions, I will feel a pain up my neck or in my chest or shoulders. Some emotions will get my head spinning for a few days, for example those that cross gender lines and others that are transferred into me for the first time before the person tells me about it. **That's a bit of a surprise**.

In October I found a source of mentally ill people where I could sharpen my abilities and make a real difference. There are 3 Facebook pages with 200,000 people posting nonstop about their problems but looking for solutions from other sick people. It didn't really feel right to me, so I created some posts on self-care and understanding anxiety and I went to work.

In the first week, working full time away from home, I supported 82 people with every imaginable issue in my spare time. One man had set a date for his death – 16th Oct. He had written letters and bought some equipment all because there was no hope. I gave him my post about how I can transfer mental illnesses in 2 hours. Last I saw he was still sitting on that page thinking about it. One night I counselled 6 people at the same time on my phone. Some people just got a post and a chat and that was enough, but with those who were very close to suicide or urgent for another reason, I used energy **transfer** because - of the two solutions I have right now, transfer covers the entire range of conditions and traumas. I really enjoyed the experience on Facebook but by the end of October my resilience was being stretched too far and I stopped. That experience - probably several hundred people - confirmed the cause of what we call mental illnesses. And it's one cause. It's one cause for most of the psychiatric illnesses. But I have not worked with schizophrenia yet. It's the same thing that affected my father before his suicide and it's the same thing that gave **me bipolar**. But to really cast it in stone, the true test would be to remove the cause and see what happens. I have now completed that process using text messaging and transfer, more times than I can count and I've posted an example on Linkedin. But that's another paper.

So, this is my conclusion of the cause of mental illness based on supporting hundreds of people in the last few months:

J Neurol Res Rev Rep, 2022 Volume 4(1): 2-4

Most Psychiatric Mental Illnesses Are Caused by An Emotion of Overwhelming Intensity That a Person Generates Following a Significant Event.

And there is one very easy way to check. Ask any person with a condition, to go back to the start of the discomfort – you might need to give them time and help them with their awareness. Then ask them – what happened right before the illness. There will almost always be a high intensity event so just scale it out of 10, don't discuss it. Often there is more than one.

Also, ask any person who has recovered from their condition if they believe it's an emotional or a mental issue.

So, emotions, mental illnesses and trauma are all just energy and energy can be transferred from a sick person to a more resilient person. At the moment I'm starting to record some of the transfer sessions I'm carrying out and I will share them, with permission.

So, what are the considerations when you're setting up for an energy transfer?

First of all – I only have 2 hours before it's complete and I can't call the person to ask them questions because the transfer will start, so it's a case of explaining to the person why we have to have a **text chat first** and that involves explaining the process in a way that's **easy to understand**, before I meet them. If they want to go ahead, I ask the following questions:

Question 1 – How motivated are you to be healthy right now, out of 10? Where 10 means you will move a mountain. If they aren't a 10 then I need to dig into that.

Question 2 – Please rate your level of anxiety out of 10. Where 10 is highest intensity. This is only for comfort and I teach them breathing if it's high. Other than that, I never ask what diagnosis a person has. I've not seen any evidence of a difference between the causes of any of the psychiatric disorders.

Question 3 – Please rate your emotions out of 10 where 10 is the best. If they score 2 or less I ask about self-harm and if they say they have thought about it, I ask what kept them from doing it. That will almost always be some kind of faith and if I can find out what that looks like, I can strengthen it throughout the transfer. This discussion dictates the urgency.

Question 4 – How long have you had the condition? This one always takes time to develop an awareness. Because the cause of the condition is painful and people avoid it. If it's longer than 10 years or life long, I will always ask them some questions about what a healthy life looks like and can they describe or draw it. It is critical that they know what health looks like otherwise it affects their motivation. I have had to explain what happiness feels like to people who had no idea at all. Asking them to describe the happiest moment in their life is also quite useful but sometimes they can't get it and I fall back onto Faith or spirituality and develop that. Another good question is – What is the first thing you are going to do when you are healthy again? I really drive home the fact that they are guaranteed health in the next 2 hours. If I even show a tiny bit of doubt, it erodes their faith in the process and they could drop out - besides it's the truth, unless we get some kind of outside interference.

Question 5 - Time zones and availability.

So now we start the process of transfer and I will always mark the time but the test of completion of the session is the emotional score the person gives me at the beginning and through to the end of the session. When they score themselves as 10/10 then we are done. I always give homework too.

For life long and long-term conditions, though I have learned that they must approach a healthy life progressively. If I transfer everything in one go, their mind still thinks it's unwell, while their emotions are healthy.

But if I transfer their emotions out at one session **every few weeks**, and then get them to form a habit of meditation, gratitude and journaling, then they approach a healthy life in a more uniform way.

I did this for a man in the US who had PTSD from the age of 3. He was able to visualise the event that started his illness – a floor board moving his cot causing him to register that as traumatic event. We had 3 sessions and the last time I spoke to him he was in a good place and although I have tried to contact him, he must have just decided that he was happy with the level of health that he has now.

Usually, I start with a relaxation and breathing involving blue smoke. The energy which I discharge from my hands, seems to add to the counselling by working on other senses and creating a world around them based on what I am saying. Essentially, my counselling is magnified and allows them to fully absorb the relaxation and go into a visualisation. I use the visualisation to remove all the emotional and mental impurities in their body and then replace it with warm, thick, pure honey and I spend some time getting them to embrace the feeling and stamp that pure emotion onto their heart and mind so they can come back to it at a later date if needed.

The final step is to get them to visualise their heart using either their own spirit or a spirit animal which makes it more fun and strengthens the belief and faith that something powerful is at work. In their heart, we take a look at all their feelings and pick out those that are causing the condition and we discuss how they are avoiding these but that a solution to their pain involves listening to the warning from their emotion. It's just like a fire alarm – you stop, listen, and then do what you're told.

Why don't we do that when we feel anxiety for example?

So, there is a bit of an art in getting the discussion and visualisation completed and addressing all the issues in time—that teaches the mind how to change its habit of avoiding painful emotions in the future. But at the same time, I'm automatically transferring all their emotional energy into me as of the present moment. Any emotional issues that happen after the session will affect them again.

With this entire process I ask them never to discuss events or trauma, as that just creates negativity. It's not about the event – it's about how they relate to the emotion they caused following the event.

I always follow up – more often if it's a long-term condition. I've asked many people to write an article about their experience, but I am not going to push anyone that has just come out of a period of suffering. They just want to have a peaceful life and I would

J Neurol Res Rev Rep, 2022 Volume 4(1): 3-4

Citation: Keith Coney (2022) There is One Cause for Mental Illnesses. Journal of Neurology Research Reviews & Reports. SRC/JNRRR-165. DOI: doi.org/10.47363/JNRRR/2022(4)152

be surprised if they did, given the strength of stigma.

Energy transfer is such a **peaceful**, **subtle** process that the person with the condition wouldn't notice they are now healthy unless I was pointing it out along the way.

At first, I was concerned that I would be **swamped** by people wanting a solution to their condition but in fact **it's been the opposite**. There is an extremely strong resistance to any kind of innovation or solution to mental illness. I know from my own experience that treatment takes months or years so if it was me again, I would at least be looking into it without just taking the medication, but I guess you often don't get an option.

In summary, this condition is more accurately described as **Emotional Shock**

"Thinking, research and statistics" will never solve an emotional problem. We must use our heart not our mind to solve – not treat – the cause arising in our Emotional Health and Wellbeing. But changing our beliefs given the level of fear that has been created is a difficult task – no matter what solution we decide on.

I'm asking you all today to **confirm the cause and publicise** it correctly to dissolve stigma and fear.

Talk about ERADICATION and we will together generate the power and the focus to **complete it**.

Copyright: ©2022 Keith Coney. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

J Neurol Res Rev Rep, 2022 Volume 4(1): 4-4