

## Possible Worlds x Psychiatry

Dr. Pinheiro

*Philosophy/Mathematics, IICSE University, DE, United States, PO Box 12396 A'Beckett St Melbourne VIC AU 8006, PhD in Philosophy and Mathematics, MA in Philosophy, PG Dip in Philosophy, Licentiate in Mathematics, NAATI accredited translator and interpreter, Certified TESOL/TEFL professional*

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**ABSTRACT:** *We here try to apply the concept of Possible/Parallel Worlds from Logic, which came to our knowledge through the hands of Graham Priest, and through a French movie, to Psychiatry. We think this concept is ideal because we can make use of mathematical elements to draw theories of control, and diagnosis, and therefore also therapeutic theories. We will make use of the new model of psyche proposed by us to expand on a few items. Perhaps the best use of this paper is empowering the professionals of Psychiatry, and Psychology by providing new tools for their studies, and work. The main focus is the human psyche. In order to explain the World of God, Inner Reality, and Outer Reality, which are divisions that are obtained from applying the concept of parallel worlds to the studies on the human psyche, we end up paying a light, and perhaps, an enlightening, visit to the concepts of schizophrenia, autism, Down Syndrome, and psychopathy.*

**Keywords:** *worlds; logic; schizophrenia; autism; psychopathy; psychiatry*

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### I. INTRODUCTION

Every human being would be subjected to at least three possible worlds whilst alive in this world: the Inner Reality, readily accessible exclusively to them, the Outer Reality, as seen by the average person, and the World of God.

The movie *Matrix Reloaded* (2003) depicts The World of God very well: We may be eating horrible things, and believing it is all coloured, beautiful, aromatic, etc. God knows what we really eat, but we live inside of this world, of fantasies, and illusions, inside of which little of what is actual in the World of God is known.

It is the balance between how much the individual inhabits in one world, and in the others that tells us how sane they are: An individual whose essence inhabits Inner Reality should be completely autistic. An individual whose essence inhabits Outer Reality should be the worst case of Down Syndrome bearer. An individual whose essence inhabits mostly Outer Reality but at least sometimes Inner Reality should finally be balanced.

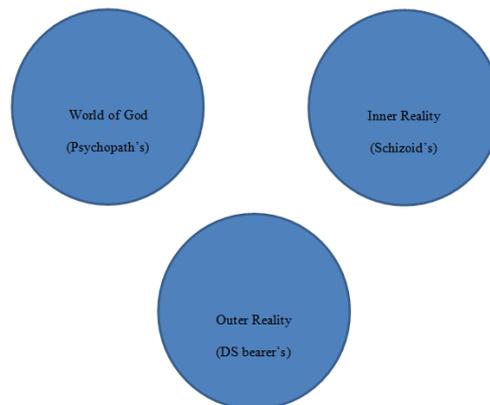
The individual who experiences mostly their inner reality should be schizoid. We now know that chemistry makes schizoids *come out to play*, so that now we know chemistry can actually stop the effects of schizophrenia. That means that schizophrenia is a physical illness, not a psychological/psychiatric one. It is basically as good as cancer, perhaps brain cancer.

That means that our theories here are probably illustrative, and serve us in the same way that the human psyche model does: Theoretically, but not necessarily in practice.

Psychopaths do not live in their own world, Inner Reality, just because they bring very bad consequences to others, and they definitely interact as if they were normal beings most of the time. They also do not live inside of Outer Reality because they would probably never commit crime if they did. They could not live mostly inside because they would then be like the schizoids, and therefore have at least some of their symptoms, but almost never can a normal human being tell a normal person from a psychopath. All victims seem to say that they only noticed something weird after the attacks started; those who survived. Yet, they do see an alternative reality, something like The World of God; it is just that they are God.

Psychopathy is then a complex, something as good as the Oedipus or Electra complexes: The person believes they are on a mission. Some are purifying the world by killing those people they kill, some are making their kind prevail, etc. Sometimes we have group psychopathy, and that is when a group acts as one. They seem to then share everything: id, ego, and superego, not only ego. They function as a single body, and seem to be perceived as a two-state machine by their victims when the attacks are taking place: Nothing can stop them. They cannot connect for real to anyone. Either they attack or they don't: Two states.

Graphically, we could explain things in this way:



Drug addicts or alcoholic people, whilst intoxicated to maximum degree, would equate the Down Syndrome bearer. In any other intermediary state, they would equate the schizoid.

Down Syndrome is obviously considered unhealable so far, and the progresses the individual achieves might be very limited. It looks like a physical, and impossible-to-be-healed-through-surgery evil so far. One would image, however, that future studies would reveal that we can heal this disease through surgery of some sort.

### Possible Worlds

The passage that is usually quoted is this: 'If an argument is wanted, it is this. It is uncontroversially true that things might have been otherwise than they are. I believe and so do you that things could have been different in countless ways. But what does that mean? Ordinary language permits the paraphrase: there are many ways that things could have been, besides the way they actually are. On the face of it, this sentence is an existential quantification. It says that there exist many entities of a certain description, to wit "ways things might have been". I believe things could have been different in countless ways; I believe permissible paraphrases of what I believe; taking the paraphrase at its face value, I therefore believe in the existence of entities that might be called "ways things might have been". I prefer to call them "possible worlds" ' (Lewis 1973: 84)

(Divers, 2006)

So, that is the idea of Possible Worlds: There are many ways that things could have been, besides the way they actually are.

Inner Reality is what we carry inside of us, and therefore what we deeply believe things are like.

Outer Reality is the way the average person sees the things that we see inside of us, which might be different from the way we see them inside of us, that is, in our Inner Reality.

The World of God is the inaccessible: Supposed to be the absolute truth, the scientific truth as we would like to see it, this is a world we, human beings, will never be able to fully master, since we are part of the bubble whilst in human shape (refer to our work on ODEs).

Who can guarantee that the World of God is the world that shows things in the way they actually are? Would it not be the case that the relationship with us is absolutely essential in this process of seeing things? In this case, the World of God presents a basic imperfection, which is that it cannot include our beings with our usual perceptive powers. To be able to see things from the perspective of God, we have to at least be able to transcend our nature, what means that we have to stop being ourselves.

We could call this World of God Science, but Science does include us with our usual perceptive powers, so that Science would actually be part of Outer Reality. The average being would see what the scientists see.

(GRW1)  $\forall x[x \text{ is a world iff } x \text{ is an individual} \ \& \ \forall y[\forall z[(y \text{ is a part of } x \ \& \ z \text{ is a part of } x) \rightarrow (\text{There is some spatiotemporal relation in which } y \text{ stands to } z)) \ \& \ ((y \text{ is part of } x \ \& \ \text{there is some spatiotemporal relation } R \text{ in which } y \text{ stands to } z) \rightarrow (z \text{ is part of } x))]]]$ .<sup>2</sup>

(Divers,2006)

That is the important thing: There is some spatiotemporal relation between the parts of the world.

These extracts do not mention parallel worlds, just possible worlds. They also mention exclusively Lewi's vision on the topic according to Divers (2006). GR stands for Genuine Realism.

It is noteworthy that initial tenets of the theory of truth, which I suggested to call relativistic or many-worlds, were formulated without mentioning of the so-called *reality, actual state of things, any real situation*. It was enough to understand that there are non-finite sets of logical worlds with their own mechanisms (methods, rules, norms) of identifying and generating of acceptable propositions, and that a statement of proposition's truth merely indicates its belonging to one of these worlds (or to several simultaneously). From this understanding and from given examples it clearly follows that there is no and cannot be one, universal for all worlds mode of ascertainment of proposition's truth. In religious worlds the dogmatic way of establishing the truth has a priority – everything that fits with Scripture is true. In theoretical-scientific, mathematical logical worlds the absolute priority is given to the method of logically deducing true propositions from established axioms – although the truth of axioms in each of such worlds is accepted by agreement, assumption. In individual logical worlds a statement of truth of spoken propositions is usually based on immediate personal conviction (often without understanding the reasons for this conviction) and on the norms of language practice.

(Boldachev, 2012)

The other branch of his metaphysics was his modal realism. Lewis held that the best theory of modality posited concrete possible worlds. A proposition is possible if and only if it is true at one of these worlds.

(Weatherson, 2014)

In this way, we need to put Boldachev, and Weatherson together to form a decent account, a theory that can explain the boundaries between mental illness, and sanity.

Basically, the essence of a human being can inhabit any of these three worlds, all of them, but it cannot not inhabit any, for obvious reasons.

The Three-World System is another way of seeing the human psyche, another sort of light thrown over it: If we have a shared-ego episode, we are going Outer World with exclusivity. If we have an episode that relates exclusively to our id, we are inside of Inner Reality with exclusivity, and so on.

## II. DEVELOPMENT

### Schizophrenia

There was a time in human history in which everything that remained undiagnosed in terms of mental illness would be tagged as schizophrenia, as Dr. Lea Maria (Pinheiro, 2016) would say.

Schizophrenia is an illness affecting the normal functioning of the brain. It interferes with a person's ability to think, feel and act. People affected by schizophrenia have one *personality* not a *split personality*, which is a common misunderstanding of the illness.

Some people do recover completely and, with time, most find their symptoms improve. However, for many, it is a prolonged illness which can involve years of distressing symptoms and disability.

Schizophrenia can be diagnosed after someone has been unwell for six months or more, including at least one month during which they experience active symptoms of psychosis.

But not everyone who experiences psychosis will go on to develop schizophrenia. It is possible to experience a single episode of psychosis and never have the experience again.

### What are the symptoms?

Without treatment people with schizophrenia experience persistent symptoms called psychosis. These include some or all of the following:

#### •Confused thinking

When acutely ill, people with psychotic symptoms experience disordered thinking. The everyday thoughts that let us live our daily lives become confused and don't join up properly.

#### •Delusions

A delusion is a false belief held by a person which is not held by others of the same cultural background.

•**Hallucinations**

The person sees, hears, feels, smells or tastes something that is not actually there. The hallucination is often of disembodied voices which no one else can hear.

•**Abnormal motor behaviour**

Each person may experience this symptom differently. Some people may become easily agitated while others may display childlike behaviour. Others again may find it difficult to manage the normal tasks of day-to-day life. Abnormal motor behaviour can also include catatonic behaviour which is marked by a withdrawal from one's environment. This can include a complete lack of talking and movement.

•**Negative symptoms**

While less obvious, these symptoms are often more persistent and debilitating than the symptoms outlined above. Negative symptoms include being less able to experience pleasure or recall pleasurable events, and becoming less emotionally expressive.

*How many people develop schizophrenia?*

About one in a hundred people will develop schizophrenia at some time in their lives. Most of these will be first affected in their late teens and early twenties.

(Sane Australia, 2016)

We all have every mental illness in the book, says Dr. Lea Maria, and all other modern psychologists: It is just a matter of degrees. Taken to an extreme, schizophrenia would make the essence of the person exist inside of Inner Reality: Hallucinations, and delusions to highest degree.

We are using the expression *essence of the person* for obvious reasons: The person is seen in our world, in our universe, and time, like their organic matter. We talk about how they feel or perceive or experience things, like the perspective from which they do all that (feel, perceive, and experience) in terms of essence.

From the paragraph above the previous paragraph, we infer that the process of healing for the schizoid consists in walking from Inner to Outer Reality, and sanity would be seeing things as people normally see them, that is, with the eyes of Outer Reality.

The essence of the psychologist/psychiatrist/doctor would have to inhabit the World of God for them to be able to judge things well, but that, as we know, is an impossible task for human beings. Besides, the truths about schizophrenia have been created by Outer Reality, and are obviously connected to context: Whilst not giving a statement against someone to a court in Australia because we can be fired could equate action caused by a delusion, it would be realistic not doing that in Brazil, since there is no governmental scheme in place to support unemployed people there, and the individual may literally starve from being unemployed.

In this way, at least a few symptoms of the disease may vary as to the decision has or hasn't according to the context in which they appear, including cultural context, what is quite interesting, since one would not expect that to happen with mental illnesses.

WebMD (2005) tells us the following:

**Schizophrenia is a kind of psychosis; your mind doesn't agree with reality. It affects how you think and behave.** This can show up in different ways and at different times, even in the same person. The illness usually starts in late adolescence or young adulthood.

People with paranoid delusions are unreasonably suspicious of others. This can make it hard for them to hold a job, run errands, have friendships, and even go to the doctor.

Although it's a lifelong illness, you can take medicines and find help to get rid of symptoms or make them easier to live with.

*Paranoid Symptoms*

Delusions are beliefs that seem real and true to you, even when there's strong evidence they aren't. Paranoid delusions, also called delusions of persecution, are rooted in fear and anxiety. They might make you feel like:

- A co-worker is trying to hurt you, like poison your food.
- Your spouse or partner is cheating on you.
- The government is spying on you.
- People in your neighbourhood are plotting to harass you.

**These beliefs can make trouble in your relationships. And if you think that strangers are going to hurt you, you may feel like not going outside or not interacting with other people.**

**People with schizophrenia aren't usually violent, but sometimes paranoid delusions can make them feel threatened and angry about it.** If someone is pushed over the edge, their actions are typically aimed at family members -- not the public -- and it happens at home. You could also have related hallucinations, or false input from your senses. For example, you may hear voices that make fun of you or insult you. They might also tell you to do harmful things.

We thought that Prof.Dr. Sever Dragomir suffered from paranoia in 2001, when we were at VUT.

For instance, we were at our desk, and he arrived at our room, which we shared with our co-workers. He then took a folder we kept on our shelf to look at. We had no space to write his full name after we started writing, so that one could see only Dragon. We had no way to write the whole lot, and thought that Dragon was better than Dragom, like it also sounded more fun to us. That was our desk, our personal space. He took the folder in his hands, and looked at us as if seeking an explanation. He said no words. A normal person would ask us about the reason for us to have that on the edge, like perhaps we were scoffing at him or something. A paranoid person would make inferences in their own mind, and stick to Inner Reality, which is what he did.

We shared that with someone else who was supposed to work with health that year, along with other situations. Paranoia does impress us because it is something abnormal, and unexpected.

Some things are well founded, however, so say people are REALLY bullying you. You can prove that with recordings or witnesses. You can prove that by investigating or using liar detectors. That is not paranoia. The difference between one, and another is how real things are. Whilst Sever would have inferred things in his own mind, and would have stuck to those, perhaps changing us into his enemy, the person who reports bullying is talking about crime that has actually happened to them. There is also a difference in inferential processes: The normal person will report that bullying almost from a perspective coming from the World of God, so that they will say, they said someone was reading my e-mails. The paranoid person will report the incident from a perspective coming from Inner Reality: They were attacking me in that way because they know that the government is spying on me. It is probably because I am doing research about water contamination. There must be someone trying to kill me again. The first subject, the normal one, could even find a positive reason for that bullying, so say they were trying to make me aware of that because they are my friends, they care. The second subject, the paranoid, will not even have a positive, or less negative, alternative: All is bad.

If your spouse has cheated on you, your beliefs that they are doing it are founded, so that that is not paranoia.

The point we were trying to make is that Sever is not paranoid in the Australian context, and he would also not be paranoid in the carioca context (Rio de Janeiro, Brazil) because there is no police. Justice is rare, and happens at a very high cost. All the person has to hang on to is peer support: If there is any chance that the person is not with you, then you should probably get rid of them because you may really lose your life for them.

Yet, such a subtle thing will make doctors put one to the side of schizoid, and another to the other side.

Schizophrenia has been proven to be an illness like any other, since it is healable by means of at least Clozapine. This powerful chemical will stop intellectual loss, which is progressive in the disease. It will also keep the individual away from bad trouble, such as catatonic behaviour.

Any improvement that chemicals bring would be evidence to the side that the evil is corporeal, and temporary, not spiritual or permanent.

It would be just a matter of doing more research to get to the cure once the first little progress had been achieved, which is precisely what we got here.

The entire thing in the treatment of such a heinous disease would be about taking the individual out of Inner Reality, and put them mostly in Outer Reality.

As another point, the source we have just consulted talks about psychosis being an umbrella where paranoid schizophrenia fits. We don't think they should be using the sigmatoid psychosis here because plenty of health professionals equate psychopathy to psychosis when we speak to them. Brazilians, for instance, use the sigmatoid *psicose*, and its sister-sigmatoid, *psicotica*, to point at psychopathy, and psychopath in what comes to their daily lives.

Perhaps we could split things here: Brazilian School of Psychiatry, and Australian or American School of Psychiatry.

If you say that something fits inside of psychosis, you are probably saying, also in terms of the average person from the United States, that whoever has this disease is likely to, for instance, kill others. An American series, involving police cases, once said that the cops had solved a certain crime, and the serial killer was a schizoid.

We think that would be as impossible as the Statue of Liberty moving, and eating.

See what this source says (Mental Illness Policy Org, 2016):

Schizophrenia may have a relatively unique set of cognitive impairments. Working memory is used for everything: remembering a phone number, comprehending a complex verbal passage, planning a talk, an outing, or a day's activities, and generating a novel strategy to solve a problem. **In schizophrenia, it is consistently impaired. Long-term memory involving the acquisition and recall of new information may be impaired at relatively severe levels (Saykin et al., 1991). Patients with schizophrenia also show reduced mental speed and reaction time.** This pattern of deficits implicates frontal-temporal regions and possibly their connectivity or interactions.

Working memory may be the core deficit in schizophrenia in that it is present irrespective of whether IQ is compromised or preserved. It can be thought of as the mind's blackboard: Information temporarily resides there and is used in the service of planning a response, after which it is erased when new, more relevant information becomes available. **Impairments in working memory take the form of frank failures to hold information over short periods of time, for example, 10 seconds; failures to show mental flexibility (with resulting perseveration); or difficulties in maintaining readiness to process specific and salient contextual information and holding on to information in the face of interference (i.e., while doing several tasks simultaneously).** Prefrontal cortical regions in the brain are thought to play a crucial role in working memory.

The ritualistic character of the killings that appear in those movies already besets any thought that the killer was a schizoid, in our humblest: Establishing patterns with such a low level of working memory would be hard enough, who would say repeating those each, and every, time?

As a plus point, no diagnosed, and medicated schizoid could represent such a danger to society, otherwise all our psychiatric treatments would have to be reassessed. If the series says the man was a schizoid, then he had been medically assessed, what besets the theory that he could be the killer, obviously, and trivially.

What most happens in psychiatry is precisely the opposite: Completely sane people go inside, and leave the facilities mentally ill because of social crimes against them, and generalized medical incompetence or excess of inadequate zeal. Were we able to create a new definition of harassment, and call that medical harassment, that would be just perfect.

Nobody who has been inside, however, and has therefore being properly diagnosed or officially released, could possibly be a danger to society, like this is just not possible, not in terms of schizophrenia.

As much as accidents can happen, it would be impossible to have a serial killer who were a person who had been diagnosed with schizophrenia because of both the nature of the disease, which affects the memory, and intellect in a substantial manner, and the nature of the psychiatric treatments/diagnostic procedures in place.

One would imagine that a person who suffers from mental impairment, such as the above-described, would spend hours looking inside of themselves to try to find some images, thoughts, learning, and things like that, is it not? If they have confused thinking, and are therefore frequently in trouble when it comes the time to make small decisions about their daily lives, they would have to look quite confused all the time, and therefore they would have to live mostly in Inner Reality.

The problem with using the stigmatoid psychosis to refer to schizophrenia is then that people would start fearing whoever they think might have been diagnosed with the illness, since the association that they will make is that they can kill like the psychopath.

### **Autism**

Amaze (2011) brings the following:

Autism is a neurodevelopmental condition which affects the brain's growth and development. It is a lifelong condition, with symptom that appear in early childhood.

What can autism look like for someone:

- Challenges with communication and interacting with others
- Repetitive and different behaviours, moving their bodies in different ways
- Strong interest in one topic or subject
- Unusual reactions to what they see, hear, smell, touch or taste
- Preference for routines and dislike change
- Autism can affect the way that individuals interact with others and how they experience the world around them

Autism Speaks Inc. (2016) says that Asperger's Syndrome is a mild version of Autism.

Asperger syndrome was generally considered to be on the *high functioning* end of the spectrum. Affected children and adults have difficulty with social interactions and exhibit a restricted range of interests and/or repetitive behaviours. Motor development may be delayed, leading to clumsiness or uncoordinated motor movements. Compared with those affected by other forms of ASD, however, those with Asperger syndrome do not have significant delays or difficulties in language or cognitive development. Some even demonstrate precocious vocabulary – often in a highly specialized field of interest.

It is like the reasons for the Autistic person to live in Inner Reality are very different from those of the schizoid, but they both live inside of that world most of the time.

They basically live in their own shell, and the how much they live inside of it determines the severity of the disease.

Apparently, the most serious cases, which are then worse than Asperger's, would involve people who cannot communicate because they don't even have vocabulary, as for what we see written above.

### **Down Syndrome**

**Down syndrome** is a chromosome disorder associated with intellectual disability, a characteristic facial appearance, and low muscle tone in infancy. **The degree of intellectual disability varies from mild to moderate.** People with Down syndrome may also be born with various health concerns such as heart defects or digestive abnormalities. They also have an increased risk to develop gastroesophageal reflux, celiac disease, hypothyroidism, hearing and vision problems, leukemia, and Alzheimer disease. Down syndrome is caused by having three copies of chromosome 21 (called trisomy 21) instead of the usual two copies and is typically not inherited.<sup>[1]</sup> Treatment focuses on the specific symptoms in each person.

(NIH, 2016)

It is very clear that The Down Syndrome is a genetic fault. It is also clear that there is always a positive degree of intellectual disability involved.

Down Syndrome Ireland (DSI) has welcomed the speedy enactment and recent signing of the Assisted Decision-Making (Capacity) Act 2015 by President Michael D Higgins which will finally allow those with limited decision-making capacity to better manage their property, financial and personal affairs.

(Downsyndrome Ireland, 2016)

The pivotal legislation replaces the archaic Lunacy Regulation (Ireland) Act 1871 and will thankfully mean that adults with diminished mental capacity will be able to make their own decisions when possible.

For the first time, Irish law will provide for supported decision-making through assistants, a co-decision-maker or decision making representative who will be appointed based on the capacity of the person.

(Downsyndrome Ireland, 2016)

It is clear that the Down Syndrome bearer has extraordinary difficulties in what comes to decision-making. They need help with their ego, therefore. They would certainly be having many situations of shared ego (Pinheiro, 2014). With this, they would remain mostly in the Outer Reality during the term of their lives.

### **Psychopathy**

Psychopathy is among the most difficult disorders to spot. The psychopath can appear normal, even charming. Underneath, he lacks conscience and empathy, making him manipulative, volatile and often (but by no means always) criminal. She is an object of popular fascination and clinical anguish: adult psychopathy is largely impervious to treatment, though programs are in place to treat callous, unemotional youth in hopes of preventing them from maturing into psychopaths.

Psychopathy is a spectrum disorder and can be diagnosed only using the 20-item Hare Psychopathy Checklist. (The bar for clinical psychopathy is a score of 30 or more). Brain anatomy, genetics, and a person's environment may all contribute to the development of psychopathic traits.

(Psychology Today, 1991)

So, psychopathy can be diagnosed using a scientific tool. A person is not born like that, in principle.

*There are two kinds of empathy*, says James Fallon, a neuroscientist at the University of California and author of *The Psychopath Inside: A Neuroscientist's Personal Journey into the Dark Side of the Brain*. *Cognitive empathy is the ability to know what other people are feeling, and emotional empathy is the kind where you feel what they're feeling*. Autistic people can be very empathetic – they feel other people's pain – but are less able to recognise the cues we read easily, the smiles and frowns that tell us what someone is thinking. Psychopaths are often the opposite: they know what you're feeling, but don't feel it themselves. *This all gives certain psychopaths a great advantage, because they can understand what you're thinking, it's just that they don't care, so they can use you against yourself*. (Chillingly, psychopaths are particularly adept at detecting vulnerability. A 2008 study that asked participants to remember virtual characters found that those who scored highly for psychopathy had a near perfect recognition for sad, unsuccessful females, but impaired memory for other characters.)

(Chivers, 2014)

In the World of God, *people* know all about all and may decide about what they want to do regardless of all that is human and in place, so say laws, agreements, etc.

In the World of God, *people* do not get emotionally involved with anyone else, since they are there to judge, make decisions, know, and act instead.

This brings up the issue of treatment. *Psychopathy is probably the most pleasant-feeling of all the mental disorders*, says the journalist Jon Ronson, whose book, *The Psychopath Test*, explored the concept of psychopathy and the mental health industry in general. *All of the things that keep you good, morally good, are painful things: guilt, remorse, empathy*. Fallon agrees: *Psychopaths can work very quickly, and can have an apparent IQ higher than it really is, because they're not inhibited by moral concerns*.

So psychopaths often welcome their condition, and *treating* them becomes complicated. *How many psychopaths go to a psychiatrist for mental distress, unless they're in prison? It doesn't happen*, says Hare. The ones in prison, of course, are often required to go to *talk therapy, empathy training, or talk to the family of the victims* – but since psychopaths don't have any empathy, it doesn't work. *What you want to do is say, 'Look, it's in your own self-interest to change your behaviour, otherwise you'll stay in prison for quite a while.'*

(Chivers, 2014)

In the World of God, people are the owners of all rules: They build the paradigms that will command their lives, like the psychopath may kill because there is a rule in Inner Reality that allows him to kill.

Claiming to be on a mission from God, Vladimir Gurianov, 44, and Elvira Egorycheva 46, hacked, shot and bludgeoned their victims in a case that left even hardened Russian detectives shocked.

(Stewart, 2008) He later told investigators: *Mother explained to me that every woman killed or raped by me would become my wives in the afterlife.*

(Stewart, 2008)

God may kill and injure, and the biblical God has done that, as we know. The psychologist is very much in such a position, since they master all involved and the client has at most a clue. They may decide to kill and injure. When we refer to The World of God here, however, all that is meant is that the person dominates all factors involved, like they know the actual truth or what we would usually call truth. It is a factual truth, where there should be no distortion, and the distortion is usually caused by emotions. We refer to the psyche, to this sense of freedom and superiority that Chivers referred to. We obviously don't mean that we think that psychologists should have a free choice over what happens, that is, we obviously do not mean that we would not like their paradigms system to be printed in their Inner Reality by us.

### III. CONCLUSION

The Three-World System is another way of seeing the human psyche, another sort of light thrown over it: If we have a shared-ego episode, we are going Outer World with exclusivity. If we have an episode that relates exclusively to our id, we are inside of Inner Reality with exclusivity, and so on.

World of God would be the world of the psychopath, where no feelings exist. The psychopath ignores all rules most people blindly follow. Inner Reality would be the world of the autistic or of the schizoid, where the others make little or no difference. Outer Reality would be the world of the Down Syndrome bearer, since they will do what the others impose to them most of the time.

We do believe our study may help health professionals better deal and describe some important mental illnesses. It may also help professionals from other areas understand those diseases better.

Basically, the essence of a human being can inhabit any of these three worlds, all of them, but it cannot not inhabit any, for obvious reasons. The essence of the psychologist/psychiatrist/doctor would have to inhabit the World of God for them to be able to judge things well, but that, as we know, is an impossible task for human beings. Besides, the truths about schizophrenia have been created by Outer Reality, and are obviously connected to context: Whilst not giving a statement against someone to a court in Australia because we can be fired could equate action caused by a delusion, it would be realistic not doing that in Brazil, since there is no governmental scheme in place to support unemployed people there, and the individual may literally starve from being unemployed.

It is clear that the Down Syndrome bearer has extraordinary difficulties in what comes to decision-making. They need help with their ego, therefore. They would certainly be having many situations of shared ego (Pinheiro, 2014). With this, they would remain mostly in the Outer Reality during the term of their lives.

In the World of God, *people* do not get emotionally involved with anyone else, since they are there to judge, make decisions, know, and act instead.

We don't think we could be using the sigmatoid psychosis to refer to schizophrenia because plenty of health professionals equate psychopathy to psychosis when we speak to them. Brazilians, for instance, use the sigmatoid *psicose*, and its sister-sigmatoid, *psicotica*, to point at psychopathy, and psychopath in what comes to their daily lives.

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