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The Simple Science of Sanity, Certainty, & Peace-of-Mind—Empowering 'Intent' Detoxifies Psychosis

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CHILDHOODS MATTER. Human beings have a prodigious capacity to learn. The language we absorb at our mother's knee is vastly complex, supple, subtle and continually in flux—but vital for social skills. And also crucial, for that ever elusive target for which we all strive, *PEACE-OF-MIND*. Those of us born into confident peaceable families, unsurprisingly, face the adult world with confidence and delight. We use language to grow solid, reliable, TRUSTWORTHY social networks—which we accept without a second thought. We presume that this is normal, healthy, and the rightful desert of every human being ever born—which it is.

Sometimes it doesn't work like that. Some grow up in families that have yet to learn that the very essence of homo sapiens is sociability. Industrialisation didn't help. Their deepest wish is to be Lovable, Sociable and Non-Violent—indeed that is the way every single one of us is born. But this can prove harder to acquire than learning a language. The opposite then becomes the norm. It becomes fixed in our minds that everybody else is essentially like us—Unlovable, Anti-Social and ever prone to Violence. Terrifying childhoods ensure deeply terrified adults.

This paper explores how TRUST, which is the antidote to all fears, can restore your peace-of-mind, and thereby our planetary-peace-of-mind. It has seven sections—*(1) What's YOUR Mind for?; (2) The Simple Science of Sanity; (3) The Simple Science of Insanity; (4) Planning Ahead on the Basis That You're Still Only Two Years Old; (5) Invalidating Psychoses; (6) Planetary Peace-of-Mind?; (7) Conclusions.* Science had seemed to offer the stability and security we all crave—sadly, the more we learn about the inanimate world, the more its inherent chaos becomes ever clearer. Only VALIDATION by other sociable humans can remotely fill the void. This applies to everyone of us. Without it, we all go through life, bereft. A deeper sanity, a healthier realism does exist—but can we implement it, before it's too late?

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What's *YOUR* Mind for?

POLONIUS, Hamlet's mentor, conspicuously fails to define "true" madness. Shakespeare ducks the issue—as too many psychiatrists still do today. High time we remedied matters while we still can. Among the things that have changed since 1599, when Shakespeare wrote, are four salient facts which we all nowadays take for granted—(1) that blood circulates (Harvey, 1628); (2) that Action and Reaction are equal and opposite (Newton, 1687); (3) that E equals M C squared (Einstein, 1905); and that (4), we have now, at ruinous expense, ingeniously and methodically built a thermonuclear device, so as to be able to obliterate all life on our wonderful blue planet, instantly, at the touch of a button, whenever we want to. Had Shakespeare known the last, he would have had no difficulty defining insanity, it'd be easy. We face a global mental health emergency.

What else has changed since the 1600s? Well, for the first time ever we have learnt how to grow enough food for every single human being in this remarkable world. We have yet to learn how to get it to the people who need it, but agricultural technology is now well established (Economist, 2015). In parallel, and so far inexplicably, our other unprecedented development has been in weaponry. We have recently provided ourselves with the means to instantly bury ourselves beneath a global cloud of lethal radiation, which persists for unimaginable lengths of time, and which disintegrates the very proteins of which every living organism is composed, including of course ourselves, so far. We may fumble with what insanity is—but this deliberate and expensive policy represents a contradiction in logic, in reasoning, in philosophy, in science, even in religion, which so violates any sense of livelihood, that it supplants all other definitions of madness.

Polonius answer to what madness is, may have been circuitous (see later), but at least it was benign. The same cannot be said for the cacophony coming from the likes of Freud, Jung or Krepaelin—or, since 1980, worse. Dark is an understatement. From all this arcana, you'd have thought that far from being the pinnacle of life in the entire cosmos, human consciousness was the epitome of woe. Miserable life experiences, gloomy perspectives, myopic reductionism, inane determinism—all leave little room for fun, delight or frolic. Surely homo sapiens can conjure up a simpler, more obvious, and decidedly healthier alternative? This paper sets out to do so. It has two themes—THEME ONE—what the human mind is for, and THEME TWO, what goes wrong with it, and why.

So how real is this? Repeatedly focussing attention on our self-inflicted thermonuclear Armageddon may seem overly pessimistic, even alarmist. Yet when faced with health threats to life—and there's none more lethal today (viruses fade, radioactivity takes longer)—then the key to all healthcare is to establish *first* quite what the symptoms are, and thence, to what lies behind them. If you don't know, or refuse to acknowledge the evidence as to what is really going wrong, then any and all interventions that you make, are *guaranteed* to be either irrelevant or catastrophic. Wishful thinking in a surgical operating theatre is counter-productive—you may desperately hope the patient survives, but unless you're realistic, and know what you're doing, the chances are, s/he won't.

There is an infinite number of mysteries behind what human beings are—and there's nothing in the entire cosmos as complex as the human mind. It therefore pays to start out with the simplest, before venturing deeper. Failure to grasp the basics carries automatic penalties of its own. Occam's razor, from the 1300s, earns its keep.

So instead of fretting as to what the human mind "actually" *is*, it pays just to ask what is it *for*? And here, the answer is strikingly obvious. It is simplicity, in the extreme. And the best place to start is with yourself. What do you *use* yours for? Everyday, every minute? Set aside millennia of cogitations, and the answer hits you in the eye—your mind is for planning ahead. You are currently reading this paper. But life and time don't

stand still—what factors press on you at this precise moment? You are so used to weighing them all up, that deciding what to do next is second nature. Pause. Part of you is calculating—how far have you got? How much more of this prose needs wading through? What's next? When will this writer get on to the heavy stuff, the real meat of madness? Must we keep meandering off into by-ways, and colourful digressions (like this one) before hitting the central target? All such considerations pass through your mind, one after the other, some fleeting, others more persistent. You weigh them all up, evaluate their significance, and then, effortlessly, decide—as if there was nothing to it.

Is it time for the next meal, the next drink? Where are these comestibles likely to come from? Is the air you currently breathe, healthy enough, and likely to remain so? If that's all taken care of, then you can continue, uninterrupted. But if not, watch out. Yes, that's the crunch. Your mind is available for many indulgences—but if you get any one of these vital fundamentals wrong, your future is problematic, your prognosis, poor. The mind is there, to help you survive. That's what it is for. It calculates many things, but if it fumbles the immediate future of food, drink and fresh air, then you are in trouble, either transient or terminal.

How elemental can you get? Hidden in plain sight—we "decide", we plan, we work out what to do next, and we do this every waking moment. It's what distinguishes homo sapiens from most other life forms on this intriguing planet. What's next? Are we heading on to the sunny uplands, or into some sort of murk? We are so used to being cossetted, with famine rarely afflicting the wealthy—generally it's the obverse—yet all the time, we are working things out. Is this a comfortable situation? Are there things we don't see immediately which could scupper our peace-of-mind? Would a little extra thought at this point, prevent worse? The proposition is at its most acute when you're driving, or piloting an aircraft—think ahead, or you're toast. Unthought through weaponry risks extinction for all.

Planning ahead—if you will allow that that is what the mind is for—every mind, yours, mine and the person next door—then the work of THEME ONE of this paper is done and dusted. Occam would have been well pleased—nothing could be tighter. Here's the most pressing choice in all mental health—either (1) what are the mechanics involved in how the mind functions? —or (2) what does it do? Choose the latter, and you are already centuries ahead of far too many psychiatrists.

Don't confuse simplification with being glib or superficial. To repeat, there is no other entity in the entire cosmos which comes even close in mystery, complexity, and sheer incomprehensibility to the human mind. You could spend oceans of time trying to work out how it does what it does—several have. While all the time, the important feature of one and all minds, goes unremarked, taking any sensible grasp of what insanity really is, with it.

The mind is there to plan ahead—when it isn't doing this, or is somehow prevented—then that's where we need to look for the root of madness—THEME TWO of this paper. You can squander decades and billions on trying to work out how it does it, while all the time missing the vital causes of why it doesn't. If you insist, as far too many currently do, that the chemicals which twitch in the cerebral synapses make all the difference—then you thereby forfeit any ability you might have had, to improve matters, to help.

The Simple Science of Sanity

What can possibly be "simple" about Science? For some readers, Science is virtually a religion—for them, any who castigate it too harshly, should be burnt at the stake, as heretics, in the ordinary way. So this epithet provides them with a convenient escape hatch—just label it "oversimplification", then dismiss it as

"unscientific", and therefore pointless, or worse. For others, with an interest in a logical, reasoned analysis of where Science has gone wrong since 1887 (or perhaps 1739), then there is plenty to preoccupy them in earlier papers (Johnson 2011 to 2020d). Here we take a more scenic route—via Dartmoor.

One of Sherlock Holmes's less likely villains meets his doom in a most instructive way. In the gripping tale of *The Hound of the Baskervilles*, Conan-Doyle enlists something he calls The Great Grimpen Mire—a particularly treacherous piece of ground which may (perhaps) have had a secure pathway across, but which offered a profusion of bottomless swamp pits, into which live donkeys had been seen to perish without trace, as did the villainous Stapleton himself.

In this way, Conan-Doyle provides himself with a neat way of disposing of his murderer, without Sherlock having to shoot him, himself. As Stapleton flees, recklessly, across the mire, we hear his cries, but no one can help, because no one else knew enough to pick their way through—no one could be trusted enough to risk rescuing him. No one believed there was a safe way across. And there was no room in Conan-Doyle's story-telling, to go round.

Now in place of a Mire called Grimpen, I picture the Great Quantum Quagmire. It stands between us, and a sensible, coherent picture of the world in which we find ourselves. And it has proved treacherous in the extreme. One of its earlier victims was Einstein himself, a mathematical genius who baulked at the idea that if the Uncertainty Principle prevailed, then Scientific (Mathematical) Certainty never could. But this Quagmire has already swallowed countless other items of immense value, without trace. And the biggest of them all, is sanity.

It had seemed so obvious. We learn about circulation by examining the organ that does it, the heart. All those complex, one-way valves point only in one direction—but it took William Harvey decades of careful and wide-ranging dissections and explorations to put the whole together. Why wouldn't what worked for our cardiovasculars, also work for our minds? The mind occurs in the brain—knock that out, and the person becomes mindless. Ergo, search the brain for how it works, and especially how it goes wrong. Sadly for a thinking species, what sounds reasonable in theory, proves futile in practice.

Now Harvey didn't look *only* at the heart, which was the most obvious place to start. He examined the *effects*—not what the heart looked like, but what it *did*. He placed ligatures on the arm, observing that when he did so, arms swelled up—but only when these were at a critical pressure—it's how we measure blood pressure today. Something was going into the arm, but when the cuff was at the right tightness, it was not coming out—something was *circulating*.

The problem with circulation, which we all now take for granted, is that, at that time in history, there was no visible route to take the blood back—it set out well enough, in the arteries, and it came back, or was alleged to, via the veins. But though these were all large and readily visible near the heart, the link between them was not. No one had ever heard of capillaries—no one had ever seen one—so they didn't exist in the popular imagination—so there was poor old Harvey, *speculating*, on a hidden link to complete the circuitry. He was relying on something no one had ever seen, no one knew was there, and so violated the time honoured notion that the blood just went to and fro, like a child's swing, oscillating—circulation was unsustainable, and Harvey was roundly mocked and, as is customary, hounded from office.

However, once microscopes arrived, and delved into the minutiae of blood vessels, then the route the blood took became obvious to all—though not before. Quite what the blood was doing, racing to and fro, had not been considered important, nor why the heart beat faster when more exertion required it to, similarly remained unanswered. It even encouraged the notion that bad blood got in the way, so bleeding the patient was

agreed to be a necessary, and universal panacea. Nowadays, we do the opposite—transfusing more circulating volume in, instead of exsanguinating it out.

Here we need to dig deeper into Harvey's insight. For the non-medical reader, there is a well recognised medical condition, known as "heart failure"—it differs from a "heart attack", though may be associated with one. What happens is that fluid accumulates in the lungs and elsewhere, causing shortness of breath and other symptoms. Pre-Harvey, it was inexplicable. Flux of unknown origin was the best they could do. It was only when the heart was seen as a *pump* that heart failure could be understood as a failing in that noble organ of doing what it was meant to be doing. It immediately became obvious that instead of moving the blood out of the lungs, in the normal way, it got behind schedule, and left too much there, interfering with oxygen exchange.

Harvey's breakthrough enabled the medical profession to see sense, to see what was really going wrong, to see more accurately how the problem arose, and thereafter, to take sensible practical steps to rectify it. This didn't solve everything, it didn't explain all—mysteries abound. But it gave a rationale which everyone could see, could accept, and could take steps to ameliorate.

A similar clarification with respect to insanity would be invaluable. What if, in parallel to Heart Failure, there was something called "Mind Failure"? In the one—the heart no longer manages to keep up with what it is meant to be doing, in the other—the mind defaults in a similar way. This would bring startling clarity to a decidedly murky corner. Of course this would just be impossible if, as with the heart pre-Harvey, the mind is seen as merely thrashing around, oscillating ideas to and fro, without moving them forwards for any overall purpose. And until a prime function of the mind is agreed, notably ITEM ONE in this paper, this whole seductive proposition is a non-starter.

So here is a Simple Science of Sanity—once THEME ONE is accepted, namely that what the mind does is plan ahead, then that is what it is for. We can see Mind Failure all around us—so whatever happened to Mind Success, or Mind Health, commonly known as sanity? Here we have not a verbal definition, but a working model, something to aim for—something, as with Heart Failure, that we can see the need for, the sense in working towards, and indeed a benchmark for when we've arrived. None of these have been available for mental health, since long before Polonius.

And the Great Quantum Quagmire? Well, that keeps luring people in—it keeps suggesting there is a confident way through. Just keep working at the "irrational" equations, the chaotic and ever conflicting Uncertain results from the physical world—and we'll cross it—or at least that is the confident, if not desperate, hope.

But wait, 123 years after Shakespeare died, David Hume gave us early warning. He told us (Hume, 1739) that all knowledge was porous, that Absolute Knowledge was a fantasy, and that though we desperately needed to know what would happen tomorrow, we could never, ever, be 100% Certain. This insight would not have surprised Shakespeare—unlike far too many today, he would have seen the Truth in it (indeed Hamlet almost says as much)—he would then have taken sensible practical steps to limit its damage. Earlier papers set out the case in more detail (Johnson op cit).

Hume advised that walking straight across the Quagmire wouldn't work. The reason was elementary, or to repeat the term, Simple—because what worked yesterday is never guaranteed 100% to do so in exactly the same way today. It might, but then again then it might not—Certainty is no longer available. See that tussock—that's your next foot fall. I have to warn you that stepping on it, carries an ineradicable chance, indeed a probability, that it will drop you into bottomless depths—since Hume, knowledge guarantees are

unavailable in our real world. Are you prepared to risk it, for the sake of “Science”? Or will you review the whole situation, putting a priority on finding a way round—partial, temporary, Uncertain—but the best that our Post-Einstein-Science can offer us in our present troubled world?

So how does what Hume said impact on THEME ONE? If we can never know absolutely that what happened today would invariably and necessarily follow in exactly the same way, tomorrow—our key evolutionary advantaged is flawed at source. No wonder Hume was (and is) shunned.

Given this epistemological quagmire, how is it ever possible that our species has come to dominate the biosphere? We have neither claws, fangs, nor fleet of foot. Which emphasises the point again—the one evolutionary talent we do have, is thinking ahead. And it can work, when everything else seems against. It is even possible, for example, for twenty homo sapiens to kill a mammoth. But note carefully what the preconditions are—to achieve this gigantic feat, they need to communicate, to cooperate and to resist the urge to turn their weapons on each other. Mammoths are huge, they can trample puny humans with ease, four at a time, or spear them at half that rate. Caught off guard, all bipeds are yesterday—but, courtesy of planning ahead, THEME ONE, they feast.

The Simple Science of Insanity

Let’s recap the argument so far. THEME ONE, what the mind is for—it’s for planning ahead. THEME TWO, where it goes wrong, and why—is next. Blocking our obvious way forward is the Great Quantum Quagmire, which together with Hume’s warnings, sinks so many of our gargantuan mental labours. If we persist in trudging ever onwards in an apparent straight line, we end up at a loss, if not worse. And always, in the offing, is our terrible, self-inflicted penalty, for failing to plan, *BECAUSE WE FAILED TO THINK THINGS THROUGH*.

In order to think properly, to think successfully, we need to simplify—otherwise deceptive tussocks in the Quagmire will sink us for sure. If we persist in pathways that look “normal”, that sound “rational”, that always seem to have worked in the past—then bottomless pits await our every move. Not a comforting prospect. No wonder Hume is given short shrift. We can only ever *know* a limited amount—not because we’re dumb, but because the world in which we find ourselves doesn’t play by the rules we want it to, and have so far needed it to.

Uncertainty—that’s what scuppers any forward planning. And since all human knowledge is Uncertain, and always has been, since before Pythagoras, then we’ll sink, and will always come to grief, because our environment doesn’t comply. And living organisms that continue to expect that their surroundings will adapt to them, not the other way round, inevitably perish—as the Dodo, and others have found, and too many other species continue to do so. (1 in 8 of all currently living species, is the latest estimate of on-going extinctions).

Contrary to our desperate mental needs, and confounding all our wishful thinkings, our wider reality is, and always has been, unreliable. It works some of the time, but not at others. The Quantum Quagmire is relentless. Nothing can think its way through. So, it seems to me, the *next* best thing is to find a way *around*. If going through is treacherous, what about a by-pass? Is there higher ground around the edge, which though tempestuous and more exposed, could prove less terminal? Could judicious simplification enhance reality rather than fomenting ever more unreal wishful thinking? Not easy, but with human ingenuity, careful reassurance, plentiful cooperation, and benign support, it should be just about possible. Try the next line in ultra-simplification.

Heart Failure has several causes. Mind Failure, only one.

It is a fair bet that even the most sympathetic reader would not have expected to find such an abrupt development. Can the Science of Insanity really be simplified down to a single simplicity? On the face of it, too many sacred cows would have to go. All those elaborate “findings”, those colossal and highly wrought edifices which have accumulated over the last millennias about sanity—must they really be downgraded at a single stroke? The quantity of “facts” that have been bandied around, especially since 1980—how can they all be consigned to history? What possible authority could justify such a radical overhaul? It’s all very well saying that before Harvey, the blood merely thrashed to and fro—and that what was needed was the insight that it was all ever going in only one direction, all the time. Well, this is where my explorations for a detour around the intractable Quantum Quagmire have lead me. They have helped me magnificently, and having now closed my clinic, I offer them here, to see if they might help others. In sum, they are—the mind exists, it is the pinnacle of life in our cosmos, it does one thing, and one thing only—plan ahead. And its single vulnerability is Uncertainty.

Again, such a simplification will not be to everyone’s taste—and readers are fully at liberty to say so. But before they leave, it is worth noting—–that in planning ahead, almost as a by-product, the human mind is capable of the most delightful, the most creative, the most glorious acts of any living organism, in all our wondrous biosphere. Simple, but deep. That Quagmire has a predilection for significance, meanings, values, purposes—indeed for anything and everything that makes humans human. It swallows them all, almost as a matter of course, even to the edge of doom.

The realistic logical fact is—that in order to plan ahead with any likelihood of success, you have to have an adequate degree of CERTAINTY. Without a reliable starting point, any and all future plans carry the seeds of their own failure within them. Like any construction, if the basis on which it starts out, is flawed, then however fanciful, it will not stand. So once planning ahead has been established as the central function of the mind, THEME ONE, then the next is to uncover the commonest misapprehension, which frustrates future success, future health, or indeed in our present case, future survival—THEME TWO. The answer offered here, in a word, is Uncertainty.

Such radical scepticism of conventional wisdom goes way beyond anything Hume envisaged, and look what happened to him. To even half justify it, the promised benefits would have to be astonishing. So to prevent it being unceremoniously ditched into the bin marked hyperbole, I hasten to raise three further conventional assumptions that also need to be simplified, in a way which makes obvious sense to those already half-sympathetic, but diabolic heresy to everyone else. Huge benefits can accumulate from proclaiming that Mind Failure has one and only one cause—but unless these points are allowed to thrive, then they don’t stand a chance, nor do we. The three points are—(1) electrons, then (2) emotions and finally (3) trauma—each needs to be given far more prominence than they commonly receive.

Electrons—what a disappointment they’ve turned out to be, (1). In the 1900s, it was gaily thought that all was known, *scientifically*, or was just about to be. Science was triumphant, or so it was thought. It was only a matter of joining up the dots. Chemistry was underpinned by physics, which in turn was underwritten by ever more perfect mathematics—it sounded like a dream, one which far too many still believe in, to this very day, especially our current politicians. Yet already in 1899, Planck had lit the fuse for Quantum Uncertainty, with his finding that energy did not flow in a continuous current, did not circulate, nor was it a “wave”—energy, at

its fundamental level, to our complete incomprehension, is actually particulate, it comes in small parcels, known as quanta. Heisenberg then horrified Science, especially Einstein, by concluding that you had to choose—either where an electron was, *or* where it was going. You could never *know* both at the same time—the more you knew about the one, the less you could possibly know about the other. Not an easy concept to understand even on its own, but even more incomprehensible when applied to ordinary understandings.

Suppose you told your friends that you were now at Point A, but were proceeding in a random, unknowable direction—or that you were travelling north, but from an undetermined, unknown starting point. Fat lot of good that would do them, or you, if you wished to be Certain of your position. With electrons, you are allowed probabilities, but 100% electron-Certainty is only available for the ill-informed.

Now electrons, despite being intrinsically unruly and forever Uncertain, are nevertheless central to everything in the biosphere that moves. When muscles contract, as they do in the heart, then it's electrons empowering the action. Without them, nothing moves. Yet there's nothing unruly, or Uncertain about a heart beat—or when there is, then you are in real, possibly terminal, trouble. And it is precisely an *electro*-cardio-gram (an ECG) that can show you the damage. Could it be that Quantum Uncertainty meets its match in healthcare, in living tissue? Somehow living tissue copes, at least for a while. Simple but unknowable—I have no idea how live cells do it, but then neither do you. Let's both of us wish them a long and healthy life.

Next on the simplification agenda are emotions (2). We feel, we empassion, we emote, every day, almost every minute. Minds without emotion are inconceivable, or at least uninteresting. Yet a scientific definition of what emotions actually are, doesn't exist, and never will. We can measure blood pressure, in so many millimetres of mercury—but emotions slip through any sieve you care to imagine. They are more a sense of being, than a thing. They have more shapes than a litre of water. Despite which, they have huge importance—you cannot be sane without them. More—if you ignore them, even pretending they have no scientific validity, then you are contributing directly to the disaster which is today's psychiatry.

By simplifying emotions, it is possible to provide a pragmatic workaround, as described later. But trauma (3) needs no simplification—it is devastating in its own right, all on its own. The phrase "once bitten, twice shy" carries more weight in Mind Failure than is commonly thought. And unlike the capillaries which needed a microscope before they could cement Harvey's insight into place, there is an obvious, macroscopic, reproducible, scientific, objective, irrefutable physical test which reveals this for all to see. All, that is, who wish to.

For 24 years the impact of trauma on the human mind has been proven beyond a doubt, without receiving much psychiatric interest. In 1996, Dr Bessel van der Kolk, a psychiatrist working in Massachusetts, put people in a brainscan machine (van der Kolk, 1996). He then played a tape, and recorded what happened. If the audio tape was of music, or something benign, then everything ran smoothly. However, if it was a recording of their most traumatic event, the car crash, the gun shot, or whatever, then to his surprise (and my delight)—the frontal lobes went off-line, and so did the speech centre. This meant that the sufferer could neither think nor talk about the life-or-death event that had so traumatised them. A devastating outcome, which everyone could clearly see—it was unambiguous—or should be.

An inability to think and speak means that the mind has closed down—there's nothing of it, left. Without speech or thought, the mind isn't—it ceases, taking any and all planning ahead, THEME ONE, with it. Mind

Failure may seem odd—but Mind Absence happens every time a really severe trauma happens along. Dr van der Kolk refers to it as "having a stroke"—which turns off the circulation to parts of the brain. Here is an external event, namely a highly emotive past trauma, which does that too. I call it the Kolk Trauma Test. I observed it, clinically, in 1986. It provides the missing link between the outside world, and our perception of where that goes wrong. It proves that emotions not only jog our thoughts along, but can, in extreme cases, turn them off altogether. Minds Fail when thought can go no further, as here. If you're looking for a Simple Science of Insanity—look no further.

Planning Ahead on the Basis That You're Still Only Two Years Old

"I will be brief," says Polonius in Act 2 Scene 2, to his king about Hamlet, "Your noble son is mad." He goes on—"Mad call I it; for, to define true madness, What is't but to be nothing else but mad?" Not very helpful, especially when he then closes the issue by adding, "But let that go". By contrast we now have double trouble—not only does the inanimate world out there frustrate our need to plan ahead, by consistently refusing to comply with even our most elaborate imaginings—but, worse, our very own built in emotions close down precisely the means we ordinarily use to work things out, before it can even get started. Nor are these the easiest things either, but the worst possible events that have ever happened to us—trauma on a life-or-death scale. Together these are enough to dent the accolade homo *sapiens*. In fact, once they are both fully operational, it is a surprise we haven't come to grief sooner.

And what blocks our thinking doesn't come out of the blue. The phrase "once bitten, twice shy" arises because human beings learn that what hurt them last time, might well hurt them again. Planning ahead is there to limit repetitious harm. Which it generally does exceptionally well—except when the emotion involved is so huge, it leaves you nothing left to plan with.

So despite being intrinsically nebulous, emotions matter. They actually colour most of what we do, or think. In fact they act as guide posts, advance signs as to what looks interesting, meaningful, or, in terms of our survival, perilous. And what the Kolk Trauma Test shows is that in extremis, not only do they *warn* us ahead of time—they stop us in our tracks. On those uncommon occasions when the next thought "feels" dangerous, when even just thinking it could be terminal—we stop the thought itself dead, before we are.

Simple really—planning ahead to avoid terminal disaster, we suspect that the next event out there could kill us off, so we elect to have it not-happen. And if that means stopping thought, preventing moving the video on to the next frame—then that's what we do—in a desperate, virtually automatic (and unsuccessful) attempt to prevail.

In one sense it's an extreme form of wishful-thinking—personal-extinction appears likely to occur next, so let's have it not-happen, simply by not-thinking it. Our wish then overcomes reality. It's a bit like Icarus's son, who because he *could* fly, flew too near the sun, which melted the wax holding his wings together. Here our one evolutionary advantage also goes too far, anticipates disaster, so prevents you even thinking about it to the least degree. Which of course, confounds the one advantage of planning ahead—I don't like the future, the next bit of time, so we won't have it, we'll stop the clock before it happens. Which is the simple explanation for the deathly behaviours we see all around us, especially with respect to weaponry—it's *planning ahead on the basis that you're still only two years old.*

These are heavy matters indeed—time we took another colourful digression. Let's look at the workaround for dealing with our indefinable emotions. We need a pragmatic device, similar to the one we adopt for thinking

about our Uncertain electrons. The trick with elusive subatomic particles, is to think of them not as points in space, which comes most naturally to us, but as “clouds”, or even in some desperate contexts, as “fields”. We have to adjust our grasp to better reflect reality. Exactly the same applies to emotions—we need a verbal device to capture their essence, what they do, without tying them down to what they don’t.

Now what is obvious with emotions, is that they come in two varieties—some are sharp, hostile and hot, whereas others are soft, gentle and benign. So, because each of them blurs into the next, and all muddle our attempts at defining them individually, why not put them all on a spectrum, a single scale, a line? At one end we have all the positive emotions—delight, joy, happiness. And at the other, the negatives—anger, guilt, jealousy, hate—and the biggest of them all, fear. Like all workarounds, when the front-door is blocked, you go in through the side door, or even, if you must (and you do have Consent), through the window. So since ever tighter definitions don’t work—emotions are far too fuzzy for that—we need, as we did with the mind itself, to ask what they *do*, rather than attempting to define what they actually *are*.

Once you do this, once you can avoid being tangled up in whether “shame” is heavier than “guilt”, or “delight” more cheerful than “joy”—once you by-pass the trap of deciding what they *are*, by concentrating on what they *do*, then you can make sterling practical progress. And even a brief excursion into humanity, armed with this liberating concept, makes it clear that the most powerful of all is fear—pull that out, and all the others fall meekly into place. Fear-free zones are difficult to achieve, but quite as invaluable in dealing with mental afflictions, as are aseptic conditions in surgical operating theatres.

Armed with a realistic approach to emotions, the next problem is—if the person in front of you cannot think or speak about the most serious thing that has ever happened to them – how is progress ever going to be possible? In all normal circumstances, you find out what is in a person’s mind by asking them. If they don’t open their mouths, their thinking remains closed too (thereby also hampering orthodox clinical practice). And as the Kolk Trauma Test proves beyond doubt, severe trauma blocks both thinking and speaking. If your brain turns off, then you have nothing left to either think or speak with—so how can you ever know what you choose to not know—on pain of death? No wonder psychiatry is in a mess—if people cannot tell you what’s really wrong, if they fill the gap with bundles of unreal irrationality, it’s hard to avoid offering similar in return.

So, since this is a personal account of what has helped me so magnificently in my clinic, when I ran one, here is what happened to me in 1986. By that time, I’d been working as a family doctor for 19 years. I ran special sessions outside my general medical duties, where I could pursue my especial interest—emotional disease. At one point a 40 year-old attended, suffering from stress, overweight, and blood-pressure. I’d known her for some 10 years already, by then. I’ll call her Flora. I suggested we might try and uncover a possible emotional root for her ills, and invited her to take a closer look. She agreed. I didn’t know what I was looking for, nor did she. But I worked on the notion that childhoods were always important, so I started digging there first. Nothing. We went round and round the houses. Occasionally she would go all coy, and then clam up. Nothing. Progress was not only slow, but seemed to be going backwards. So instead of the 60 minute special session, I had allocated to her after my Wednesday morning clinic, I cut it to 30—I had so many other “important” things to do.

Then a curious thing happened—just as we got near the end of the shorter version, she started opening up, though only a little. But since I’d cut it to 30 minutes, it stayed at that for a while. Then I asked myself—how important was this? I decided it mattered. So despite being such a “busy” person, I went back to the 60 minute length. Bear in mind this was all on the invaluable NHS—no payment passed between us at any stage—it was

just a question of how much time we should either of us allocate to this, this mystery tour of a person's mind. Cash can pollute so many things (Johnson, 2019), and I am crystal clear that had money been involved, we'd have lost it. A financial cost on her part would have deterred—a cash incentive on mine, would have clouded the project irretrievably. But what I gained was beyond price—not only did I now know for the first time what to look for, but I also had something invaluable to teach—none of which had ever been possible before. Solid ground at last in all of psychiatry—our psychiatric quagmire had finally been vanquished, thank goodness. The relief was palpable.

Going back to 60 minutes, thereby reversing the 30 minute cut, triggered something in her. She must have decided that I wasn't going to go away, I was in this for the long haul, and would "wait" her out. And so it was on a Wednesday, in September 1986, she finally told me, what she hadn't even told herself up to that point. She described how aged 6, her father had appeared to threaten her life with an axe, before he collapsed drunk.

Was this important? Would it not stick out in any memory of childhood? Having an axe waved at you when you are very small, and cannot even run away—don't you think this would have made some sort of impression? So when this eager doctor, who was clearly only trying to help, asked about childhood events—it should have popped out straight-away. But it didn't. And the reason it didn't, is so significant, it needs hammering in, 100%. This all happened in 1986. It showed the Kolk Trauma Test at work, not by using special brain scan machinery, but clinically, by watching closely, by cooperating, and by building a trustworthy, fear-free zone. Mind Failure from trauma—proven clinically and neurologically—why hasn't it gained wider attention? What if this active neglect was a type of non-thinking in itself?

And why does it matter globally? Well human infancy is perilous. We are all born 100% quadriplegic, we can do nothing for ourselves, to start with we are all 100% impotent—without parental succour, we perish. Planning ahead, which even at that age is the number one activity of the human mind, is focussed on these curious, enormous, creatures who feed us, keep us warm and comforted, or don't. Are they smiling? Are they frowning? Life hangs on this at that age.

Being small, we are vulnerable. Axe attacks from parents who should be saving our life, not threatening it, are most obvious, but simple neglect, or not being wanted, can equally scupper mental stability. If your real-world, at that age, is unstable, unreliable, how can your mental world, which mirrors it as closely as you can, be any different?

So we look around at some of our politicians today. They have no interest in planning ahead, in how the future might turn out. They divide everyone they meet into two separate categories—those who can help, and those who hinder. This is the root of irrational enmity (see Johnson, 2020d). It seems we need to be taught to socialise, to trust, to cooperate. VALIDATION, something vital for us all, whatever our age, begins in infancy, if at all. Once traumatised, deliberately or otherwise, thinking further is blocked—not permanently, but too often too deep to be reached by ordinary means. Then any and all planning ahead is done on the basis that *you're still only two years old*. The future, and "responsibilities" at that age, are 100% in the hands of others. Future—what future? I'm waiting for reliable validation.

Invalidating Psychoses

"YOU'RE CRAZY!!". When I was 8 years old, and arguing with my contemporaries at school about the topic of the day—we all knew exactly what this phrase meant. It was not a covert accusation, steeped in unknowability, heavy with bleak pessimism. It simply meant "I don't understand what you've just said"—an epithet some readers might already have applied to this paper.

At the next level up, in misunderstanding, at that young age, the head would go on one side, some annoyance and lots of puzzlement would flash across the face, while at the same time, there would be a measure of regret—"I'm missing what you're really saying, and it's partly my fault, not yours."

Things were simpler then—the assumption was that you did have something reasonable, even interesting to say, but the message got mislaid in transition. "You've lost me—I have not been able to follow your line of thought". Or if the level of irritation was rising—"I've not got the foggiest idea what you're talking about—you're out of your mind" would be next. This in no way approached the dire attitude to psychotic symptoms we see in today's psychiatry. Fear of people who are "mad", and other more venal factors, have corrupted the medical profession (Whitaker, 2015)—and it's time we re-evaluated.

Two threads need merging. *Firstly*—is there even a smidgeon of coherence behind what any of us can possibly say? Or is everything we ever think or say fundamentally and inevitably Uncertain, like the rest of the inanimate universe? What if anything, can we ever know for Certain? And *secondly*—Mind Failure has one main cause—can we see this at work, even in psychotic symptoms?

So we come to the central concept of CERTAINTY. The world around us reeks of unreliability, the weather blows hot or cold at whim, harvests flourish or fail—disappointment, even desperation, can well get the better of us, as it did Einstein when confronted with enigmatic Quanta. Where can we turn? Knowledge is flawed, futures unpredictable—is anything consistent? Or are we just fooling ourselves with endless bucketfuls of wishful thinking?

The really curious thing is that in order to regain a measure of Certainty, we have to ease our iron grip on conventional wisdom. It's that Quantum Quagmire again. We can either bluster away, asserting it's a challenge to our manhood—or we can seek a viable by-pass. And the pathway offered here, since Certainty is essential to any form of sanity, is to look into how living heart muscle deals with Uncertain electrons, and then apply that stability—though temporary, transient and flexible—everywhere else.

Going back to what was commonplace in my school yard—when uncertain, we'd just ask around. If we've not done this before, we ask those who have. We're looking for confirmation, for VALIDATION. I'm about to embark on a new venture, something I know little about, and haven't done before—how can I help ensure it succeeds this time? This adventure could be baking bread for the first time, getting married, starting a new career, which way do I turn next, do I look good in this? Why ask around? Well, Hume said all knowledge was punctured, so get as many perspectives as you can, to cover as many holes as you can see, thereby limiting the damage necessarily inflicted by those you cannot.

Electrons are Uncertain—once you accept this, then the even deeper challenge arises of how we ever overcome it, to do anything *coherent*, ever. Why does our heart muscle beat with a reliability, a Certainty that keeps us alive? The Uncertainty Principle prevails—how does musculature evade that? Here I recommend accepting that it does—so we can build some sort of Certainty on it.

The mind tames electrons too, and Uncertainty, along with them. I've no idea how it does it, but I rely on it. I call it a blending of 'intents'—you bring your 'intent' into play, and I will bring mine—together we can confirm the accuracy or less, of our mental conceptions. Communication and cooperation enable us to tackle problems the size of a mammoth—let's grasp that opportunity, make sure that what we do enhances it—and then the world is our oyster. This is where the Triple Pillars of Peace-of-mind that I learnt in that maximum security prison come into their own—Truth, Trust and Consent—I need to learn to Consent to Trust another's

Truth—quite a mouthful, and a seriously uphill task to get our minds around. We learn it in infancy—or we don't. And when we fail in this, reality is unforgiving, and the consequences, dire.

Next—psychotic symptoms. What really goes on behind "madness"? What is happening when we're tempted to repeat what I said when I was 8—"you're crazy"? Medically speaking the diagnosis of psychotic symptoms turns on whether "thought disorder" or "thought block" is present, or not. To be technical, these are pathognomonic. Now if I tweak medical parlance, and say that thinking stops when Minds Fail—then this neatly ties the foregoing in with where psychiatry should really be heading.

I have been privileged to delve deeper into the mechanics of psychotic symptoms than most. Never forget that failed minds are agony. Also humiliating. You are not going to talk about what really cripples you—unless you trust the person you are confiding in. Flora was only able to open up, once she decided I was trustworthy—a quality just as difficult to define as any emotion, and quite as invaluable.

So here is a verbatim excerpt from a group therapy session between two 40-year-olds. Here I call them Freda and Sam. I have known both of them on and off for some 15 years by this time. Sadly pressures from family and orthodox psychiatry didn't help—but just look at the thinking. The transcription loses the immediacy of the audio tape. "Blocking" is denoted by the tilde, "~", and is as clear an illustration of Mind Failure, an inability to think, to think ahead, as you are likely to find. Freda even talks about the very process of thinking itself. Pausing is represented by ". . . ." The numbering is from the earlier dialogue. Bear in mind that Freda's mother had died some 32 years earlier, which inevitably compounded her emotional problems.

4. Freda: I'm finding it SO difficult to think. . . and not just the~. . I find it ~ to think about what's being said, so difficult.

5. Bob: [softly] Wow. That's interesting, isn't it. Why is it so difficult to think?

6. Freda: In this context . .

7. Bob: Yes

8. Freda: . . we're talking about thinking about what we're thinking about . .

9. Bob: Yes

10. Freda: how to ~ stop our parents stop us thinking. What I'm doing ~. It happens ~ that I can't think about it. **But I can't think ~ about the supermarket shopping when my mum's in my head either**. It goes on everywhere. But here, I can't ~ I tried to get on the point of what Sam's saying, 'cos it's relevant . .

11. Bob: It is relevant, yes.

12. Freda: . . and I can't think [sighs exasperatedly]. I can't think [sighs again] properly.

13. Bob: [gently] It's training, right. You've trained yourself not to think.

14. Freda: mmm

15. Bob: Say that.

16. Freda: ~~ I've trained ~. I have ~ trained, I've trained myself not to think.

17. Bob: Yes, 'and now I have to train myself TO think.'

18. Freda: **[smoothly] and now I have to train myself to think.**

19. Bob: What do you have to think?

20. Freda: I have to ~ think ~ what I want to think, individually

21. Bob: Yes? And what with respect to your mum?

22. Freda: ummm. I want ~ if I want. I want her to go. **I want to think her gone.** I really have to believe that, that I want to think her gone, so that I can think. . .

Lines 16 and 18 show “thought block” evaporating—present in the first, absent in the second. Here, I see the frontal lobes starting again. I call it Verbal Physiotherapy (Johnson, 2018a). Here the very essence of psychotic symptoms is “cured”—not a popular perspective in today’s psychiatry. And look at line 22—in reality her mother had long gone—if only she could kickstart her frontal lobes to synchronise with external reality—something she desperately wants to do, but has had no relevant support nor training in. In a word, we are working here to invalidate unreality, her psychotic symptoms.

One of the advantages of group work is that you can listen to others struggling with the same problems you have—and by watching, you can learn. I know these two well by this time—they trust me more than before, so I pull on that to push them, gently and with Consent, to healthier thinkings.

48. Bob: [brightly] what about you? Are you stronger than your dad?

49. Sam: . . . . I don’t ~ I don’t think so, no.

50. Bob: Well, I want you to say ‘HELLO DAD, I’M STRONGER THAN YOU, you’re 70, heh, heh, heh’.

51. Sam: All right, OK. Hello dad, I’m stronger than you, you’re 74.

52. Bob: 74? It’s gone up since I last asked. And what happens to you when you say that?

53. Sam: . . . a little tiny bit of relief.

54. Bob: Ha! So if you said it and believed it, you’d have lots of relief. Is that correct?

55. Sam: Probably, yeah

56. Bob: What do you mean ‘probably’! The whole object of the exercise is to get you some relief. ‘Tiny bit of relief !’ Do it again.

57. Sam: Hello dad, I’m stronger than you, you’re 74 [chuckles briefly].

58. Bob: Hey ! See the giggle. So what happened then?

59. Sam: . . . . ummm . . . . like he dies or something?

60. Bob: It’s just real. If you’re stronger than him, he’s not going to hit you. Say that please.

61. Sam: **If I’m stronger than you, you can’t hit me** [hurried] . . ~ can’t hit me

HEALTH WARNING—this is deeper than it looks—much deeper—DO NOT TRY IT without training, support and Trust—these are life-or-death issues, which could be yours.

Again, an unwanted parental remnant, a figment, lurks in Sam’s mind, blocking progress. Today’s physical reality differs from yesterdays. At one level he knows he is stronger than his elderly dad—he could stop him hitting him any time—except, as we see here, he cannot, yet, *think* it. If he could, his thinking would do what it’s meant to, as per THEME ONE above. Frontals unblocked.

VALIDATION in this Uncertain world calls for the overlapping of your reality with that of others you trust. You can see the beginnings of it here. What it means is that where symptoms puzzle the sufferer, your task is not to get them to explain themselves—but for you to see what’s going wrong, to elucidate that to them, so that they can ease it for themselves. Not the usual approach to psychotic symptoms—but deeply satisfying all round, once you can get it together.

Instead of looking at psychotic symptoms as if they were exotica without roots—apply THEME TWO, Uncertainty. Both Sam and Freda are grievously Uncertain as to how to cope with their parental remnants. The task is therefore, to explain, elucidate, empower, and when their manifest Uncertainty is removed by them, from the inside, then the toxicity of their psychosis is cured. At least that’s how I see it.

Planetary Peace-of-mind?

Let's recap. THEME ONE—what the mind is for—it's for thinking ahead, for planning what's likely to happen next, so as to avoid shortening our lives—as per healthcare. THEME TWO, the answer to where and why the mind goes wrong, i.e. where Minds Fail is – Uncertainty. The physical world seems to offer regularity, especially when we desperately wish it to—but its Certainty is flawed, and applies only in limited circumscribed circumstances. Newton's perceptions advanced matters exceptionally (Newton, 1687), but recent unbridgeable flaws have dented his perfections. Sanity and Certainty can no longer be found even in our ever more precise theorisings—we need therefore to look elsewhere, notably within other, less than perfect, human beings. That's because, unlike what happens out there in the real cosmos, our minds *can* cope with Uncertainty, in the same way our heart muscle does. If the latter didn't tame Uncertain electrons, it would have no power. Just don't ask how. But do grasp that since our hearts don't have to live in Uncertainty, neither do we.

So is planetary-peace-of-mind possible? If it is, what does it require, and why is it so elusive? Because so far things have gone spectacularly wrong. It's painful to keep referring to our impending thermonuclear Armageddon—but as with any other disease, or cause of death, if we don't know (or refuse to look at) where it comes from, then we're unlikely to survive it. Denial may appear to save lives in infancy, but in adult reality, it secures the opposite.

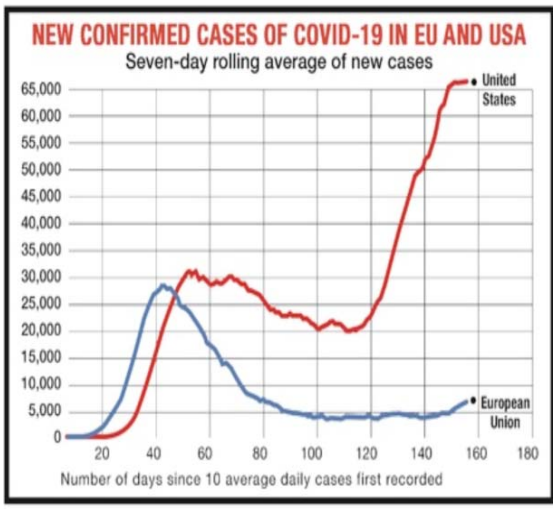
Which is where the Triple Pillars of Peace-of-mind apply in full—without them, you can kiss goodbye to sanity, Certainty and peace—both peace-of-mind and planetary-peace-of-mind. Truth, Trust and Consent—they sound simple, but can be fiendishly difficult to implement. Let's take each in turn.

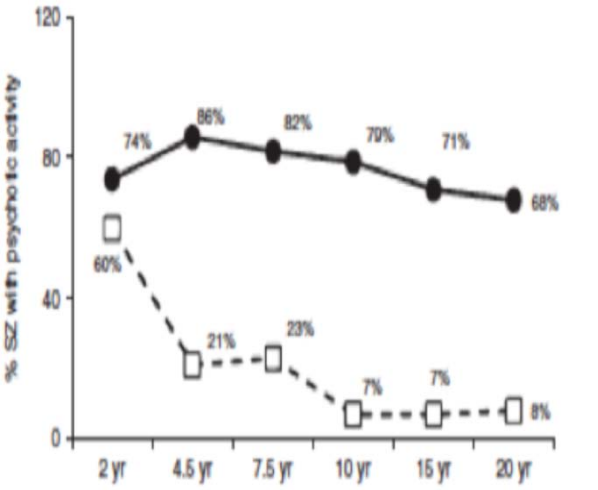
Fake news is rampant. And it's lethal. Take the following two graphs. Neither is 100% TRUE, but then that's no surprise, since nothing ever is. But, and this is the tricky bit—since there are only ever partial truths anywhere or at any time, we need extra vigilance, extra effort to keep falsity to a minimum. The key is to glean what makes the difference, without becoming mired in the minutiae—akin to paying more attention to what happens, to what things *do*, rather than getting lost in theorising what they *are*. Whence a Simpler Science. And all the time striving to be more TRUE, than less.

The two graphs refer to different aspects of healthcare (which is where ideological theories meet medical reality)—the one on the left to cases of Covid—on the right to the persistence of psychotic symptoms. The United States has suffered more cases of Covid than has the European Union—the two are comparable in size and in apparent overall philosophy—but dramatically divergent in outcomes (Trudeau, 2020). The other graph (Harrow, 2014), traces psychotic symptoms over a 20 year period—to see if it's TRUE that psychiatric drugs help—they don't. Again, the difference is undeniable—so why do orthodox psychiatrists vehemently deny it?

With Covid, at the start, the rate of new cases is similar—but after 120 days, the bottom scale, they shoot up in the USA, the upper red line, but not in the EU. Why? Well, as *The Economist* pointed out (when the pandemic began), it is TRUST that makes the difference (Economist, March 2020)—and TRUST is relying on another's TRUTH. The harsh reality that this graph points to, is that more people die when what the government says isn't relied on, isn't TRUSTED. The overall death rate from Covid is around 1%, rising, for instance in the UK, to 32% in those hospitalized (Knight, 2020). But viral diseases aren't mysterious—for the virus to make you ill, you have to have direct personal, physical contact with it. It doesn't travel far—it can't go from hand to mouth without you helping it. Keep it out, and it can't kill you. Face coverings, visors, disinfectant—all are effective, life-saving and obviously so—you don't need a medical degree to know how to

stay alive. Facemasks save lives—lies kill. So when governments fudge the TRUTH, Fake-News kills. The more governments distort reality, as in the UK also, the more citizens die. TRUSTING another's TRUTH (where you CONSENT), saves lives, and it could be yours, or ours.





The second graph refers to insanity, the subject of this paper. The horizontal scale shows time in years, the vertical scale—percentages of those with psychotic symptoms. The upper line records those receiving psychiatric drugs, the lower, those not. Psychotic symptoms are the most severe form of insanity you can get, and they cripple. So what's the TRUTH about where they come from? Since 1980, the main psychiatric institution in the USA has enthusiastically proclaimed that they all come from disordered brain chemicals—"brain insufficiency" is coercively promulgated as axiomatic (DSM 1980 to 2013). However, unlike the Kolk Trauma Test, no shred of scientific evidence has ever supported it. And 6 years ago, the leading psychiatric journal printed this graph, which proves it isn't TRUE.

From the graph we learn that at the outset, the difference in symptoms between those taking the prescribed medication, the top line in black blobs and those not—the bottom line in little squares—is small, 74% as apposed to 60%. Twenty years later, which is a vast time span in anyone's life, the difference is unmistakeable. Drugs prolong the disease. DISTRUST your doctor—discontinue your medication (*ever so carefully*), and your symptoms improve. This really is Alice-in-Wonderland. Where can it possibly come from? Could if be that doctor-prescribed drugs impede *validation*?

So to the third pillar, CONSENT, which locks the other two into place. It is reasonable to conclude that intelligent, well trained doctors are not COERCED into believing, and continuing to believe, medical garbage (Johnson, 2018b). Or are they, like too many of their clients, brain washed? It goes to the heart of sanity, to peace-of-mind and so to peace-of-the-planet. Whose authority do you believe? If Certainty is being offered, in this case by a powerful and wealthy institution—why wouldn't you CONSENT?

Which brings us to the crunch: Where does authority come from? Any and all authority—in the home, in your profession, in your planet? Science for too long has offered Certainty—something we all crave, from the cradle to the grave. Indeed it starts in infancy. Parents provide it then, thank goodness, because at that age we cannot cope on our own. In adulthood it comes from something I call reality. You can think whatever you like, but if you don't (or can't) breathe, you die.

I am able to see my version of reality, and parts of yours. It is forever changing, it needs keeping up-to-date with—something which is never easy, and which gets worse the more complex things become. But always underwriting it, is that Iron Law—get reality wrong, and there's the ever present threat you'll perish—it's the price of being alive, and it's always in the offing. Living organisms are quite miraculous, but if they don't respond and adapt, then they rapidly become less so. Not just individually, but our species as a whole.

INFANT-ADULTS are lost in a nursery nightmare, not of their own making. They don't TRUST anyone enough to show them the escape hatch, the by-pass. Uncertain childhoods entail Uncertain adults. The remedy is simple enough to say, though devilish hard to do—"please grow up emotionally". Are you going to tell them? Perhaps they'd listen more, if we all did.

Fake-news kills—excess psychiatric drugs kill—do the people doing this know? If you asked them—"is it your intention to cause death on such a scale?"—they'd be shocked and horrified, and rightly so. Yet people die, and more of them do so, as a consequence—reality, especially in healthcare, is remorseless. Good intentions can't prevent deaths. Only TRUTH has a chance. If they knew what they were doing, and acknowledged the impact of what they did, they wouldn't do it—would they? I don't believe they would. So their knowledge is flawed. Their answer to Uncertainty is unreal. And any living organism that distorts its environment, its reality, that fails to adapt realistically, or TRUTHFULLY, must, by the Iron Law of Evolution perish. Must we all, too?

The remedy, which we all desperately need, is to be found inside the living cell, best exemplified by heart muscle. What this means for sanity and indeed for peace-of-mind, is VALIDATION. I confer, I cooperate, I communicate what I see, what I know, as best I can—with you and yours—together we overlap, we can then *both* become more *valid*. There isn't anything else in the whole cosmos which, deep down, even begins to make sense—even you are sometimes a bit of a puzzle to me, and vice versa, but together we can bring stability, at least a smidgeon of it, and with that, sanity. Validation—yesterday, today, and tomorrow. I'll CONSENT to what I TRUST to be TRUE—and I expect you to, too. You may not go as far as I do, learning from those 50 murderers—but social delight *does* defeat social harm. If you can once make the case for that, then it becomes obvious to all.

Conclusions

The White Queen, in *Through the Looking-Glass*, advises Alice to practice believing "half a dozen impossible things before breakfast". Some readers, especially those steeped in Einstein's view of Science, are likely to conclude that similar advice applies to this paper. Earlier papers (Johnson op cit) advocate the adoption of a Post-Einstein-Science—here designated, Simpler. To do that requires acknowledging, if not actually "believing", some six tenets, e.g.—(1) Human values inevitably deteriorate once the Scientific Quantum Quagmire takes all the prizes. (2) All psychopaths are 100% curable; and (3) 100% of psychotic symptoms are too. (4) You can only kill someone, if deep down, you don't really know what you're doing. The succinct reason behind this is that you have yet to learn that—(5) VALIDATION by living people, which everyone of us needs, morning noon and night, is the only source we have of peace-of-mind, in this Uncertain world. And finally (6), self-inflicted extinction is next, unless we grew up emotionally.

(1) Science today presupposes, as Einstein did, that there is a pattern behind our primeval chaos. There is a desperate need for one—since the hope was that by being "scientific", all our warring factions would thereby necessarily be coerced into agreeing. Unhappily for a thinking species, first Hume and then electrons have demolished this conceit. At least it has, for those confident and validated enough, to see it. The paradox is that

the more insecure the childhood, the more you are predisposed to believing there's a knowable pattern behind the apparent cosmic chaos. Children are so impressionable. Unreliable parenting breeds the notion that there must be something better than this, something more consistent, more reliable. Conversely, when confident adults bring up confident offspring, they rely on each other as a matter of course, not just in theorisings.

The supreme advantage of a Post-Einstein-Science is that it releases us from the iron grip of Determinism. If this is not a Clock Work Universe, then someone has to make it tick—that's you and me. Human beings are not binary—they would undoubtedly be easier to understand if they were. But happily they're not—which makes them vastly more interesting. More, it allows them to defy Uncertain electrons, just as our hearts do, and provide a consistency, a reliability, even if only for a limited time—something which simply doesn't exist anywhere else in the cosmos. If Science cannot rescue us, because it's too flawed—we'd better do a better job of rescuing ourselves.

(2) "Psychopaths"—as medical students, we used to joke that when a doctor couldn't find an effective treatment, s/he blamed the victim, by robustly labelling them psychopathic, which by definition meant they were "untreatable"—very convenient for bruised egos, but amounting to paltry healthcare. Talk to all anti-social human beings and you find frontal blockages, if you look for them. And underneath, they are social beings struggling to make sense of conflicted social scenarios, and wracked with revenge for past hurts, which still lurk, unaddressed within. All crime is revenge. Extensive verbatim dialogues make the point (Johnson, 2018a).

(3) Sufferers from psychotic symptoms are also glibly labelled "untreatable"—a catastrophic medical failing—it's not the patient's fault if their doctor insists on a reductionistic fantasy, though it is the patient who suffers. Once frontal blockages, and the Kolk Trauma Test are given the significance that is their due, then all, I repeat all, mental illhealth is treatable. Mental images are ideas in the head—when they conflict or suffer from Uncertainty, commonly known as anxiety, then VALIDATION is the panacea. But, of course, Mind Failure can only be cured, as with Heart Failure—when we focus on what these vital organs *do*, more than what they *are*.

(4) Talk to 50 murderers, as I did for 5 years, and deep inside you find they didn't want to do it. They didn't know, and had never been taught that social delight defeats social harm. It wasn't easy to teach them—they'd never seen the point of Trusting others—it had never worked before, so why start now? Again, remove the Uncertainty, and Mind Failure goes—allowing social delight to benefit everyone else too. Hard to believe? Perhaps, until you see it in action, and then it is quite delightful.

(5) Only living people can VALIDATE you—so if you are plagued with Uncertainty, they are your only recourse. And since everyone of us craves peace-of-mind—that is where everyone of us must look for it. And finally (6), if we don't find confidence, validation and courage, soon enough, we have carefully put into place a rather long lasting thermonuclear scenario. Can we grow up emotionally, in time?

Health Warning

Do not discontinue psychiatric drugs abruptly—seek expert advice—they are intended to alter your brain chemistry, and your brain needs help to readjust back to normal.

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References

DSM-III. (1980). *Diagnostic and statistical manual of mental disorders* (3rd ed.). American Psychiatric Association.

DSM-IV. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). American Psychiatric Association.

DSM-5. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Association.

Einstein, A. (1905). Does the inertia of a body depend upon its energy content? *Annalen der Physik, 18,* 639-641.

Hume, D. (1739). *An enquiry concerning human understanding.*

Harrow, M., Jobe, T. H., & Faull, R. N. (2014). Does treatment of schizophrenia with antipsychotic medications eliminate or reduce psychosis? A 20-year multi-follow-up study. *Psychological Medicine, 44,* 3007-3016.

Johnson, B. (2011). Consciousness reinstated using the Certainty Principle—A better mental health strategy. *Nutrition and Health, 20*(3-4), 183-195.

Johnson, B. (2016). Chapter: Consciousness: Using clinical evidence to link consciousness with its twin perils of psychosis and violence. In L. Alvarado (Ed.), *Consciousness: Social perspectives, psychological approaches & current research*. ISBN: 978-1-63485-023-0. Nova Science Publishers, Inc.

Johnson, B. (2017). The scientific evidence that "intent" is vital for healthcare. *Open Journal of Philosophy, 7,* 422-434. doi:10.4236/ojpp.2017.74022. https://file.scirp.org/Html/2-1650815_79128.htm

Johnson, B. (2018a). *How verbal physiotherapy works, using social delight to defeat social harm, for all.* Link to ebook: https://www.smashwords.com/books/view/892956

Johnson, B. (2018b). Are ICD-10 and DSM-IV interchangeable with respect to agency, aetiology and reaction—or not? Rejected by *Psychological Medicine*, published as an appendix to *Verbal Physiotherapy*, qv.

Johnson, B. (2019). Our Midas disease—Curing our money addiction (Unpublished).

Johnson, B. (2020a). Why Quakerism is more scientific than Einstein. *Philosophy Study, 10*(4), 233-251. doi:10.17265/2159-5313/2020.04.002. http://www.davidpublisher.com/Public/uploads/Contribute/5e9ecb0b231e3.pdf

Johnson, B. (2020b). The scientific evidence that today's psychiatry cripples itself—By excluding intent. *Philosophy Study, 10*(6), 347-359. doi:10.17265/2159-5313/2020.06.003. http://www.davidpublisher.com/Public/uploads/Contribute/5eec5e333dc4f.pdf

Johnson, B. (2020c). The scientific evidence that Artificial Intelligence (AI) will continue to fail, until we deploy 'intent'. *Sociology Study, 10*(2), 92-102. doi:10.17265/2159-526/2020.02.006. http://www.davidpublisher.org/index.php/Home/Article/index?d=43528.html

Johnson, B. (2020d). The scientific basis for democracy, peace, enemies and war—Without 'intent', we're fossils. *Philosophy Study, 10*(8), 472-491. doi:10.17265/2159-5313/2020.08.002. http://www.davidpublisher.com/Public/uploads/Contribute/5f3f7f1ada86d.pdf

Harvey, W. (1628). *De Motu Cordis* (translated as Anatomical Account of the Circulation of the Heart and Blood).

Knight, S. R. et al. (2020). Risk stratification of patients admitted to hospital with covid-19 using the ISARIC WHO Clinical Characterisation Protocol: development and validation of the 4C Mortality Score. BMJ 2020; 370 doi: https://doi.org/10.1136/bmj.m3339 (Published 09 September 2020) "They developed the tool using data from 35,463 adults admitted to any of 260 UK hospitals between February 6 and May 20, 2020. The median age of the patients was 73 years, 42% were women, and 76% had at least one comorbidity. The overall mortality rate was 32%." https://www.bmj.com/content/370/bmj.m3339

Newton, I. (1687). Principia.

The Economist. (2015). Is the world running out of food? June 24th 2015. https://www.economist.com/the-economist-explains/2015/06/23/is-the-world-running-out-of-food

The Economist. (2020). Editorial. 12 March 2020. https://www.economist.com/leaders/2020/03/12/the-politics-of-pandemics

Trudeau, G. (2020). New confirmed cases of COVID-19 in EU and USA. Doonesbury for September 06, 2020. https://www.gocomics.com/doonesbury/2020/09/06

van der Kolk, B., McFarlane, A. C., & Weisaeth, L. (Eds.). (1996). Traumatic stress: The effects of overwhelming experience on mind, body, and society. Guilford Press. See also the video at https://www.youtube.com/watch?v=53RX2ESIqsM

Whitaker, R., & Cosgrove, L. (Contributor). (2015). *Psychiatry under the influence: Institutional corruption, social injury, and prescriptions for reform*. New York: Palgrave Macmillan.