

A Fresh Manifesto for Psychiatry Based on the Twin Crown Jewels of Clinical Medicine—Aetiology and Psychosis

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DOCTORS MATTER—especially when we're ill. So when they make grievous mistakes, as they did in 1980, and before that, in 1896—the damage is extensive, enduring and markedly resistant to cure. We humans are complex enough, even when healthy—which makes medical practice challenging at the best of times. When people are fearful and stressed, there is an understandable tendency to stick together, to cling to the familiar, and to shun those who advocate reform.

The irony is that if the earlier error had been corrected, the later calamity would never have seen the light of day. Only when these two glaring clinical anomalies are healed, can a “Fresh Manifesto for Psychiatry” emerge, as is explored here.

This paper steps outside conventional medical ranks. It seeks to explain—(1) where these two grievous medical flaws came from. (2) How a better grasp of philosophy in medical practice would have avoided them. And (3), in return, how a wider understanding of the philosophical basis on which medical practice actually currently runs, can enhance non-medical philosophy, including global governance.

“Aetiology” is here re-envisaged as—“innumerable causative factors”, and “psychosis” as “blocked logic, or thinking”. These two remarkable medical insights are then discussed and explored until they both become irresistibly clear, and thereby irrefutably applicable in everyday philosophy, especially in politics, “science”, and AI (Artificial Intelligence). Building on this base, the paper concludes with A FRESH MANIFESTO for PSYCHIATRY, in 100 words.

The paper has 7 sections—(1) Will I get better, doctor? (2) “Clinic” is Greek for “bed”. (3) Aetiology rescues Agency. (4) Psychosis sabotages Agency. (5) Listen to the patient, s/he's telling you the diagnosis. (6) Listen to the patient, s/he's NOT telling you the diagnosis. (7) A FRESH MANIFESTO for PSYCHIATRY. Appendix—“Nora's” story.

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1. Will I Get Better, Doctor?

DO YOU REALLY EXPECT YOUR DOCTOR TO FORETELL THE FUTURE, your future? Something out of the ordinary has brought you to the doctor in the first place—it could be a lump, a limp, or a pain. So

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naturally you want to know how long it will last. Is it removable? Is it curable? Or will it still be there in the morning?

Futurology is not generally given much credence—it is so often wrong. After all, the future, by definition, hasn't yet happened. Mystic Meg at the Fairground or Circus will offer to predict matters for you, provided you cross her palm with sufficient silver. Do you really think the more you pay, the better your chances?

Yet when things go wrong with our health, one of the first people we call is the doctor. This paper examines the philosophical basis for this “first aid” action. What does stand behind the doctor's unique position here? Do they really have knowledge about our future life, and death? What is the medical philosophy that justifies their eminence in our social structures? And are there philosophical tenets which don't?

It hasn't helped, either doctors or their clients, that two chasms have opened up in the practice of medicine—the first, 46 years ago, the other 130 years ago. And since these medical calamities are still very much with us today, we need to go through their causative factors, their precipitating causes, their “aetiology”—to use the medical word—with the greatest care.

One of the worst things for a doctor to do is to make things worse—and unhappily these two clinical errors have done this. And they will continue to do so, until we can build clarity and consensus around where they came from, and what needs to be done about them.

But before we delve deeper into these troubling issues, let's step back and look at the simplest medical case I was ever asked to advise upon. It involved a small child with suspected chickenpox, to which an anxious grandmother had summoned me, urgently, to justify her decision to keep her 5-year-old granddaughter, from infecting the other children at school, with what she “knew” was assuredly a highly infectious viral disease. Let's call the child “Julia”.

Happily at that time in the NHS (National Health Service), I had a manageable number of people for whose “Primary Health Care” I was entirely responsible. This meant I could get to know them, and their families reasonably well. I could also visit them at home, regardless of cost—an invaluable asset, which for some of my more impoverished clients gave healthy preference to medical factors, well above ability to pay.

So having added the 5-year-old “Julia” to my morning round of visitings, I arrived at her house, and was ushered in to examine the invalid. Now chickenpox is a well-known viral infection. It can be severe. Indeed one of my earlier patients had already required me to admit them to an isolation hospital, with suspected chickenpox meningitis. So it is not a disease to be dismissed lightly. But then, neither was I a virologist—at the time I was a General Practitioner seeing all manner of disease at first hand, and promptly sending on those outside my general clinical competence, to specialists in assorted hospital departments. I used to remind myself I wasn't paid to worry.

Julia however, presented an open and shut case. Not that her grandmother was in the least inclined to agree. Whatever else viral infections do, they travel round the system, courtesy of the blood stream—that's to say they can end up, if not exactly at random, then at a distribution that very much looks that way.

However, in Julia's case, her spots—and they were certainly major and unmissable—were all in obedient single lines across her young torso. There was no way they could be described as random. In fact, to my experienced eye, they marked the spot where a meandering blood sucking insect or louse had paused to refresh itself on its travels.

This is how I “knew” that my diagnosis was correct, and that grandma was wrong.

Note how the verb “know” slipped in there. A whole philosophy of epistemology turns on this topic—Hume had highly significant points to make about it in 1739—and indeed one of the saving graces of clinical medicine is the use of the term aetiology, rather than causality, as later sections explore.

But how could I be so certain? Certainty today is at a premium. Indeed it forms the major topic of my earlier paper (Johnson, 2026c). And yet in Julia’s case, I was. I “knew”, beyond doubt that the itchy spots which so troubled her, and distressed her grandmother, could not have been formed by an agency which traversed her blood stream.

I had made a careful, and as it happened, a well-informed examination of Julia’s skin blemishes, and what I found did not fit with an infection, more with an infestation. The two are radically different, and if you can gather evidence of appropriate quality—they are readily distinguishable.

Note too what happened. In order to assuage grandma’s doubts, I had to have had adequate pre-knowledge of the type of symptoms presented. Once I had this, I was indeed able to predict the future, if only for a limited period, and for one little girl. But it was significant. Yes—I assured both of them that she would indeed get better.

I quote this case at some length to show two things—first the need to reason about what you see. And second to highlight the limits of epistemology. In this case, epistemological limitations didn’t carry much weight, though in more complex cases, especially with respect to “science”, they can wreak havoc. It is commonly, and erroneously supposed, that retreating into pristine labs, and donning the whitest of coats will significantly guarantee Certainty. It won’t, as we now explore.

2. “Clinic” Is Greek for “Bed”

“GUARANTEED—FULLY LAB TESTED”. Does this reassure you? Should it? This is a claim that is often made—it is intended to silence critiques, or murmurs of opposition. Laboratory knowledge is widely supposed to be superior to any other sort. This notion derives from the mantra—“First define your terms”—which has held sway for far too long, as the paper just cited explores. It stifles too many areas of human thought, or philosophy. This paper sets out to redress the balance.

In Mediaeval times, there were indeed two levels of Certainty—the Church and the gospels were in charge of one level of knowledge, and the lay public, the other. Heretics, or others, who wanted a more philanthropic version were routinely excommunicated, if not burnt at the stake. This didn’t diminish the validity of their critique, and it still doesn’t.

“Science” has now so utterly displaced “religion” as the one true source of universal knowledge or “truth”, that the two grievous flaws in our current medical practice, struggle to make it onto the pages of medical journals, or indeed, into the general press. Happily I’ve found a warmer welcome in philosophy journals.

So what’s wrong with knowledge?

Julia needed to KNOW if her spots were infectious. Other questions concerning human problems are more pressing. Will we end up in a terminal Third World War? Are we hurrying to our own fossilisation by our expensive and intricately devised thermonuclear weaponry? How many Scientists do you find, raising these epochal issues? Not enough in my view. And their political reticence (and derisory impact) highlights my point.

Just suppose that there was indeed a Single Universal Scientific Theory of Everything. There isn’t, and there are a number of points that need to be made to substantiate the matter—but if there were, why does the world today stand perilously on the brink of radioactive self-annihilation? Is self-extinction also part of the Grand

Scientific View of Things? This much lauded Mathematical Cosmos, this Clock Work Universe—does it also contain within its Universal Laws, the Law of Self-Fossilisation? Because if scientists, especially Quantum Physicists, could be persuaded to look up from their calculations, they'd see an ominous escalation in human destructivity, globally.

So what can philosophy say about the frailties of knowledge? Hume in 1739, doubted whether a given event would *necessarily* follow its earlier predecessor. Cause-and-effect are linked in our imagination, but only indirectly in the real world in which we live, and die, and send for the doctor. The point is expanded extensively in the earlier paper cited.

Here we emphasise that the word “clinic”, which is the main topic of this paper, originally derived from the Greek word for “bed”, not from the word for “lab”. Indeed it is precisely because clinical medicine is routinely conducted at “the bed-side” that it is so successful. It's pragmatic. It's where we live. So when it goes wrong, as in the current two calamitous errors, special measures are called for.

There is no doubt that lab results can make a significant difference. But to imagine that they can displace a conscious, competent, experienced and reasoning clinician is to indulge in idealistic and decidedly unhealthy imaginings. It can't. Nor can AI (Artificial Intelligence).

I can't resist citing a couple of snippets from a recent populariser of Quantum Physics, Carlo Rovelli (Rovelli, 2015) which happen to have come to hand just now.

If something in us could *infringe the laws of nature* we would have discovered it by now. There is nothing in us in violation of the natural behaviour of things.(p.72)

When we say that human behaviour is *unpredictable*, we are right, because it is too complex to be predicted, especially by ourselves. (p. 70) (*Emphasis added*)

You don't have to be medically qualified to note that more and more people are dying from intra-human causes. Radioactivity is inimical to all forms of life, which is why surgeons use it to sterilise their equipment—but threatening to reduce our wonderful blue planet to a radioactive cinder as a matter of costly government policy, can only be said to be “unpredictable” by those who prefer not to look.

And if you still hanker after One Universal Scientific Knowledge—then let's expand on Hume. Not only are the links between cause-and-effect suspect—they may work, they may not—but there is an infinite number of them, none of which has a First Cause. Take Julia for instance. The causative factors involved, range from her age, her social contacts, her possible exposure to noxious agents, quite apart from the family dynamics which left her grandmother in sole charge of her medical affairs. The list is endless, the links unreliable, and First Causes notorious for their multiplicity.

Here again, clinical medicine makes a useful pragmatic distinction—use lab results when they help, but treat them with caution, at all times. *In vivo* versus *in vitro*—that's to say, in life, or in living contexts rather than in glass, or in test-tubes.

Later in this paper we contrast the “cloud” in which electrons and other subatomic particles are said to exist, with a similar “cloud” of meaning which encloaks every word we ever use. “Gravity” for example, a notion much beloved by physicists, is not a Single Universal Force, which applies Universally and Forever. No, it's meaning, in everyday life, varies widely with context.

Happily for our longevity, it doesn't apply to what we eat, else we'd never be able to defy it, and lift our food from the table. Newton, for example, could have observed both the apple falling, but also that he could

himself stoop to ignore gravity, by picking it up—because he was alive. Other “laws of nature” which so bedazzle such as Rovelli, are also routinely by-passed in everyday life, else we couldn’t remain alive—as we now explore.

3. Aetiology Rescues Agency

“ $2 + 2 = 4$ ” IS NOT A LAW OF NATURE. It’s a school-rule. If you insist on preferring $2 + 2 = 5$, you won’t pass your exams. This too was reviewed in the earlier paper cited. I rather left it to the reader to produce instances of their own, where $2 + 2 \neq 4$. My favourite is adding 2 rabbits to 2 rabbits, where the resulting outcome would be anything but 4.

Again, there are instances where it is enormously useful to know that if, for example, you add 2 apples to 2 pears you get 4 fruit. When it comes to allocating limited resources, mathematics can be an invaluable tool.

But note the adjustment—you didn’t get 4 apples. Life can benefit from arithmetic, provided you always remember which is the more important. It’s *in vivo* versus *in vitro*, again (and especially not AI). And when once you start spouting “Science” to say that there is nothing new inside the living organism, then folly follows.

And here is where the medical concept of “aetiology” wins. I distinctly remember, in June 1960, when my philosophy studies indicated that Kant, though abruptly “awoken from his dogmatic slumbers by Hume’s Spark”—failed in all his endeavours to provide himself, or us, with a “scientific” escape from Hume’s devastating Scepticism. There isn’t one. And when I turned to reconsider the medical training I was then undergoing, lo and behold, “CAUSALITY” did not feature in clinical text books at all, but “Aetiology” did.

Why?

Just review Julia again. Happily for me on that occasion there were only two operative “causes”, or at least causes that I needed to take into consideration, before I was able to advise medically. As we all know too well, we humans are infinitely complex—with infinite numbers of causal chains impacting on us every second. If you doubt this, ask if your oxygen supply is high enough—if it’s not, you have some 4 minutes to react.

And here comes Agency. Solely because there are so many things going on at one given moment—it’s like that cloud engulfing any Quantum Particle and just as impenetrable. We need to acknowledge that somehow, despite this profligacy of “facts”—we cope. If Agency didn’t exist in the real world in which we all currently live—we couldn’t.

I lump all that adjustment-capability into the term “Agency”. In the earlier paper I also called it “Self-Responding-Ability”—it’s what keeps us alive. Dead things cannot adjust to low oxygen levels—but unless we can, we join them.

So here is where Agency hits the spot. Which of my faculties was I supposed to exercise, on arriving at Julia’s house? Ask the next Clock-Work-Universe Scientist or philosopher you meet, if they would really want to reduce me to saying—“Oh sorry, Grandma, I don’t have any Free Will, nor Agency—I can’t possibly adjudicate between bites and pox—you’ll have to assume the worst, and keep Julia off school indefinitely—or until some non-human is permitted to ‘*infringe the Laws of Nature*’, and take a decision”.

Please keep that point in full view. Aetiology means there is a cloud of causes—an infinite number—behind any and every event you care to name. If you think that’s too many, tell me all the causative factors you can dream up, and I can always add at least one more.

And, more—here we regularly collapse the cloud, just as human Agency does in Quantum Mechanics, when we implement a “measurement”.

Why the surprise? Every mealtime, we “collapse” the menu. What’s for breakfast? The choice in the future approaches infinite—the next day, we’ve reduced it to history. If scientists abhor “intent”, choice, Agency, or “self-responding-ability”—then they’d also be obliged to anathematise the very concept of the “menu”, and then the word itself—“menus *infringe the laws of nature*” (thank goodness).

The reason is simplicity itself—whenever you choose tea or coffee or whatever, you are exercising your inherent capability for Agency—whether you, scientists, dictators, warmongers, or anyone else, likes it or not. It’s high time scientists, and everyone else, was taught Hume, together with Kant’s failure to rescue “science” from him.

Rovelli had a point when he regarded our behaviour as being disconcertingly “unpredictable”. That’s because doctors have missed out grievously, on what happened 130 years ago—an omission we come to later. Here we can nail the first grievous medical error from 1980, and the deplorable publication of DSM-III (the Diagnostic and Statistical Manual of Mental Disorders, third edition).

The DSM itself has appeared in five versions, over the last 100 years—we are now on version 5—but the grievous and inexcusable damage was done in the third version, DSM-III, though cemented in, in DSM-IV.

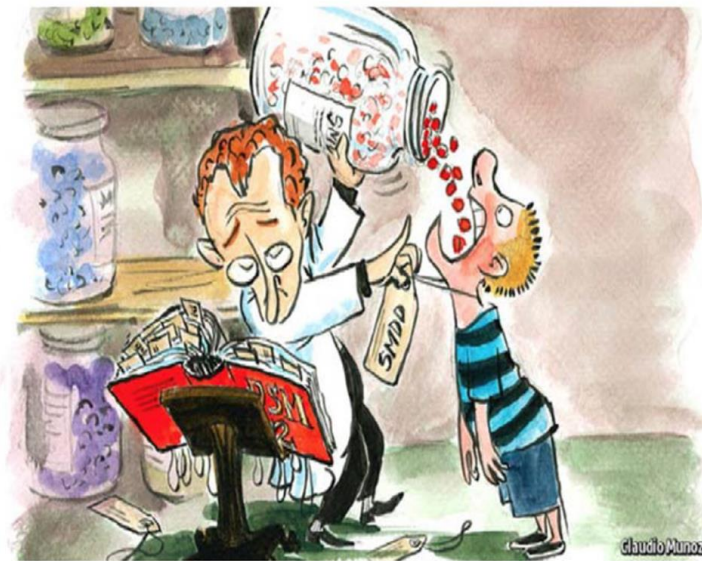


Figure 1. Cartoon in *The Economist* 18th May 2013, re DSM-5.

I cannot resist re-quoting the dramatic graphic which greeted the appearance of DSM-5 in 2013. Every doctor, every legislator, every medical licensing authority should explain to the rest of us, where this depiction errs. In my view, and in that of many others, it doesn’t.

The gallon jar of coloured pills has, if anything, grown in size—accompanied by a pronounced decrease in Agency on the part of the consumer. And I lay the blame heartily at the DSM, as follows.

Aetiology, which this paper claims is one of the two prime crown jewels of Clinical Medicine, is assassinated on page xviii, in DSM-IV. Yes, in a standard medical textbook that has come to dominate psychiatry, globally, in a hugely detrimental way—there in explicit prose is the gross claim to be “neutral with respect to theories of aetiology”. Wake up doctors. Can you really throw away the key to successful medical practice like this? If you don’t want to know where diseases come from, why are you working as a doctor in the first place?

There’s worse. On page xvii, DSM-IV “eliminates reaction”. No longer are you allowed to react with grief, even to the death of a loved one (page xxi). Here DSM demotes the very mechanism of evolution, by prohibiting

you from *reacting*—even, for example, to low oxygen levels.

And if you find it hard to stomach the notion that a textbook of psychiatry would try and eliminate the very word “Mental” from its title, then don’t spend too much time looking at DSM-IV page xxi. It’ll give you a pain (or should). However, for the more robust reader—here’s their philosophical garbage, in full.

The problem raised by the term “mental” disorders has been much clearer than its solution, and, UNFORTUNATELY, the term persists in the title of DSM-IV because we have not found an appropriate substitute. (DSM-IV, 1994, p. xxi) (emphasis added)

How normally civilised and sensible people can be reduced to such destructive inanities is explored further in the next section—where it’s relabelled “psychosis”. But before leaving this DSM-horror-show, cast a cool, clinical, even logical eye, on PTSD.

In full, this is “POST Traumatic Stress Disorder”. Just cogitate on this a moment. If the “trauma” is “post”—i.e. over—that is, it’s no longer hurting you—where’s the issue? Why so stressed? Shell-shock continues to shock long after shells stopped falling. Why? Only when you can explain why these past traumatic events continue to devastate the mind, can the real benefit of the second Crown Jewel of clinical medicine be appreciated, as we now explore.

4. Psychosis Sabotages Agency

DO NOT LEAVE THIS PAPER until you are clear why the political motive behind Figure 2, is properly called psychotic. Mostly, we like to think of our actions, especially our joint actions, as helpful. We celebrate winners, we champion high-achievers, we glorify those who leave the world a better place than the one they came into. And yet, at the same time, we are regularly confronted with huge enthusiasm, massive effort, and vast amounts of precious resources being routinely squandered on MAKING THINGS WORSE. How can these two highly contrasting human strategies be reconciled?



Figure 2. Cover of *The Economist* 29 August 2026.

Nor does Figure 2 represent an isolated instance. It seems to recur with ever increasing frequency—no sooner are things improving, than we must insist on deliberately throwing an expensive spanner into the works. It happens often enough to have earned its own acronym—SNAFU—Situation Normal, All Fouled Up. Warfare comes to mind. What on earth is happening? Why take such delight in doing so much social harm?

Now as in the preceding paper cited, I do not offer, any SCIENTIFIC proof here. This point is not accompanied by computer-controlled research, which by its sheer logic compels you to comply. No, this paper relies on persuasion, on appealing to your reasoning, to your sense of fair-play, of logic, of rationality—items which, as just noted, are conspicuously absent from the destructive strategies symbolised by Figure 2. It's that bed-side, "clinic", approach again—it's the only viable one in this mystifying cosmos.

PTSD slipped in just now, at the close of the last section—yet it provides the answer, the 100% cure, the reliable way out.

"POST" is the key. The battles, and they are life-or-death battles, that these psychotic strategies represent, are not derived from realistic intents to defeat today's enemy—but originate exclusively from futile attempts to demolish delusional monsters left over from *yesterday*.

Thus when negative policies (or other symptoms) come out of the blue, as if from nowhere—please be assured they come from the past. As the cited paper made clear, infants need emotional weaning, with appropriate acquisition of personal Agency. Without this, you find adults not living in the same world we do—they live in an alien Nursery World, in which the one item no INFANT can survive without—Parental Agency—was in desperately short supply.

Once you can see that these huge squanderings are enacted AS IF THEIR LIVES DEPENDED ON IT—then, at last, they begin to make a glimmer of sense. And, more, so does their cure. Because what is obvious to everyone else, is that though an infant's life does indeed depend, exclusively, on adequate supplies of Parental Agency—every adult is better off, without it. "Self-Responding-Ability" to the fore.

Here then is the key impact which PSYCHOSIS has on all philosophy—medical, political and domestic. Medical readers might object to expanding this psychiatric term—but justification for doing so, follows. Any logic or reasoning or motivation which comes over as inconsistent, unreliable or non-affirming is more than likely to be a carryover from a deprived infant-past. Blocked thinking has long been the accepted hallmark (in classical clinical medicine) of psychosis—here it's expanded, for reasons set out below, to apply to all non-rationality today, across our global society.

Let's take the heat out of the present issue, and travel back 100 years. Hitler had low self-esteem, as Orwell noted in his review of *Mein Kampf* appended to the earlier paper cited. He needed to boost his self-appraisal. He lacked, as all over-grown infants do—Consistency, Reliability and Affirmation. So in his non-thinking mind he concluded, psychotically, that "IF I INVADE POLAND, I'LL BE FREE. AT LAST, I'LL WIN".

But Hitler's thinking is not only "broken", i.e. psychotic—it is inextricably out of date. Alice Miller told us where to look—which is why page 24 of *Mein Kampf* was also included as an appendix to my earlier paper. There, in black and white, is Hitler's very own answer—"In a basement consisting of two stuffy rooms lives a labourer's family of seven. Among the five children is a boy of three years". This alone should explain to the sceptical, why "living-space" (Lebensraum) became an unusual—though entirely unrealistic—war cry. More "living-space" was the answer when he was 3. It becomes 100% psychotic when he's adult.

What this paper advises is to expand the term “PSYCHOSIS” to refer to all breaks in cognition, all thought-blockages. There are several reasons for this.

Firstly, it will remove the dire grip that DNA has on the notion of psychoses—i.e. once psychotic, always psychotic—which is defamatory nonsense.

Secondly, “blocked thinking” occurs far more commonly than we like to suppose. It has a destructive impact on our politics, our psychopathy and on our warfare, as the paper cited explores. So if it became more every-day, then its cure would become entirely obvious, and thereby not only widely accepted, but even required. Here’s hoping.

Thirdly, it would cut short the grossly demeaning insult—implied in the standard medical question—“Do you hear voices?” This short-changes our inestimable human consciousness. Only lazy doctors will return a diagnosis of “psychosis”, if the patient reports they hear voices. What this glib probe does explore, is a decided lack of Agency on the part of the sufferer. New ideas, new thoughts come into our heads whenever we are awake—all should be under our control, our very own Agency, that’s what being sane means.

When they overwhelm us, this testifies to a lack of mental Agency—a consequence of mis-emotional-education. As such, it is fully curable, as with any other software problem or “bug”—but only if all parties involved commit to it, for long enough.

No, it’s a software error—a bug—which comes exclusively from faulty infant programming, or emotional miseducation. It is fully amenable to soft power as the following excerpt from a group therapy session indicates. The “tilde” or “~” indicates “blocking”.

“Freda” was a 40-year-old, whose mother had actually died 32 years before. And yet, as she makes clear, between her blockages, her ability to evict her maternal figment had so far proved beyond her.

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

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 I want to think her gone, so that I can think.

Here Freda is desperate to acquire more Agency. This was the sole purpose of the group therapy itself. And, by inviting her to articulate the source of her blockings, she is beginning, just beginning, to glimpse an escape, a way out of a toxic parental entrapment, which has long survived even the physical demise of the parent in question, as happened sadly enough, with Freud. I have likened this to what happens in arterial blockages—only in this context with words, with thinkings—thereby coining the phrase—Verbal Physiotherapy (Johnson, 2018). But the whole needs putting into a wider medical context, to which we now turn.

5. Listen To the Patient, S/He’s Telling You the Diagnosis

“TO SEE PATIENTS WITHOUT READING BOOKS IS TO GO TO SEA WITHOUT CHARTS—but to read books without seeing patients is never to go to sea at all”. Of the multitude of experts I learned from in

medical school, one name sticks out above all the others. It continues to astonish me, as it did when I first read it, some 70 years ago. Yes, I read it in a book—I was desperately looking for a chart, to guide me through the troubling and enigmatic waters of a medical training. This is William Osler, undoubtedly the most perceptive clinician of the last 200 years.

So before we proceed to unpack the other calamitous mistake that doctors have made, and which continues to damage us all, as much as, if not more than does the DSM-farrago—we need to take a closer look at what doctors actually do, what they can do, and basically, what is the fundamental philosophy behind their social eminence.

Take Osler's comment on the written word—he says it's a chart. It's already become out-of-date. It is a blue-print. It gives an indication of the lay of the land, or of the sea-bed—or more strictly, what it was at the time of writing. Above all it is a representation, a symbolisation of a wider, and indeed ultimately elusive, reality. The point was explored more fully in the paper already cited.

And here Osler skilfully blends the two—reality and any verbal descriptions thereof, either in print or in speech. They are distinct. But they do overlap. And the degree to which the “chart” faithfully represents what actually exists in reality today, is a measure of its “truth”. It's never 100%. Hume showed us that, and the Uncertainty Principle confirms it. The more you know about where a particle is, the less you can possibly know about where it's going next. No wonder it upset Einstein.

So don't ignore all textual advice—but treat every single item in text, with reserve. In the last paper, I termed this the Verbal Fallacy. Reality, and especially our knowledge of reality, as mentioned, is subject to irredeemable flaws. We can never know where it all began, and the innumerable connections between the events that have happened since, are anything but 100% reliable.

BUT, and here Osler's confidence is infectious—don't let these inevitable flaws prevent you sallying forth. Your Agency may not be on the level of a super(woman)—but it's wonderful when it works. Interaction with the real world, and with real people in it, makes all life not only healthier, but more liveable. Just take care that you are responding to what is more real, than not. To what is actually going on, now, rather than what used to happen, in your infancy, or in theirs.

Osler's next gem is the even more unexpected advice to—“*Listen to the patient, s/he's telling you the diagnosis*”. Bear in mind that all medical exams aim to test your ability to come to a realistic and effective diagnosis, yourself. Treating the wrong problem is virtually guaranteed to make things worse. And here Osler emphasises that the sole source of that person's problem, is that person themselves. Obvious? You might think so—but there's more to it.

Listen to the patient, and take what you've read with a pinch of experience. Which opens the whole question of how true is what you are being told. Suppose someone warned you the oxygen level is falling—before reacting, do you believe them? Do you trust them? Oxygen is usually in adequate supply, though Clean Air Acts are still too often contested. But what about money? And here comes an especially egregious example by a prominent UK politician, who should have been thoroughly ashamed of himself. More than that, there should have been a law against it, against lying, against intentionally and strategically deceiving the public—it's a scam, a fraud, by any other name. In commerce this would be a criminal offence—why not in public life?



Figure 3. Campaign slogan during Brexit campaign, 2016.

Figure 3 shows blocked or psychotic thinking or reasoning on a national scale. This was the political scam or fraud perpetrated by a prominent UK politician on the British electorate. No wonder introspection has such a bad name—despite the loss to philosophy in general being considerable.

By providing a glimpse into where such blatant distortion of our mutual reality comes from, we have a chance of recouping some of the treasures that such blatant deception, self-deception and “blocking” has deprived us all communally. There is a workable remedy, but though obvious when you see it, it’s not necessarily easy, nor readily implemented.

“We send the EU £350 million a week—let’s fund our NHS instead—vote leave”. This sounds altogether like wishful thinking. Or, in this case blocked thinking—psychotic thinking. Do we really get zilch from the European Union for our millions a week? If so, why has the government shown no interest in that, to date? Note too, in smaller print, the slogan “Let’s take back control”. This is the government speaking—they’re the ones who should have been in control all along. Do you see echoes here of a deficit in Agency? If you do, then this also points up the need for us all to grow up emotionally—and acquire our very own “Self-Responding-Ability”.

All right, there are many obstacles en route—but here we now link all this to the second grievous medical error, as proclaimed 130 years ago, by none other than Sigmund Freud himself.

6. Listen To the Patient, S/He’s NOT Telling You the Diagnosis

“I CANNOT BELIEVE THAT PSYCHIATRY WILL LONG HOLD BACK from making use of this new pathway to knowledge”. Which puts all psychoanalysts (except Adlerians) into a bind. Sigmund Freud knew perfectly well what he was saying in April 1896. This NEW PATHWAY was unprecedented, universal, and it still applies in full, today. But above all, it is optimistic about 100% cures, for which it supplies, for the very first time, logical clear-reasoning and, once you get the picture, obvious justification, for curability. So why, 18 months later, and for the next 40 years of his working life, did Freud do his best to throw it under a bus? Here we have an even more grievous error than that inflicted on us all, in 1980, by a bunch of amateur psychiatrists.

Here is the colossus of all recent psychiatry, first shining a characteristically eloquent and brilliant light on where troubles begin for the human mind—then sabotaging the whole thing, with the full weight of his authority, standing, eloquence and ingenuity.

Again, I have not the least intention of supporting these discomfiting and extraordinary allegations with SCIENTIFIC, let alone computerised proof. Like Osler said, what you read in a book, or indeed on this page, is like a sea-going chart—read it, digest it, think it through, then see if it works for you in all your sea voyages, or wherever else you travel. Make up your own mind. Assert your own Agency. But have a care you don't throw me under the same bus Freud found himself compelled to do, in 1897.

So two points—first what is this all about? And then, how did one of my trainees put it into practice with a 58-year-old client whom I have never actually seen myself. I call the client “Nora” to preserve her anonymity, which she is free to breach whenever she wants. She gives such an eloquent description of the whole process, I include it in the appendix. It shows firstly, why she did NOT tell anyone the diagnosis for 50 years, but having done so, and after only two sessions, how wonderful it all was. That's the goal. But first, what was the grievous mistake, that went so wrong, in full.

Earlier papers have explored this repeatedly, but in April 1896, Freud's *medical delight* is impossible to deny—he writes—

The new method of research gives wide access to a new element in the psychical field of events, namely, to processes of thought which have remained unconscious—which, to use Breuer's expression, are 'inadmissible to consciousness'. Thus it inspires us with the hope of a new and better understanding of all functional psychical disturbances. I cannot believe that psychiatry will long hold back from making use of this new pathway to knowledge. (Freud, 1896, p. 11)

In the original German, this appears as—

Indem die neue Forschungsmethode den Zugang zu einem neuen Element des psychischen Geschehens, zu den unbewußt gebliebenen, nach Breuers Ausdruck » *bewußtseinsunfähigen*« Denkvorgängen breit eröffnet, winkt sie uns mit der Hoffnung eines neuen, besseren Verständnisses aller funktionellen psychischen Störungen. Ich kann es nicht glauben, daß die Psychiatrie es noch lange aufschieben wird, sich dieses neuen Weges zur Erkenntnis zu bedienen.

The new pathway was the electric understanding that the person in front of you was not able to tell you the most terrifying fact of their previous life. Freud called these “infantile scenes”. Once they could be recalled into full consciousness, they evaporated, just as had the childhood in which they occurred. Fuller descriptions, including video accounts, are included in the references section. In sum Freud concludes—

With our patients, those memories are never conscious; but we CURE them of their hysteria by transforming their unconscious memories of the infantile scenes into conscious ones. (Freud, 1896, p. 8)

In the original German this appears as—

Bei unseren Kranken sind diese Erinnerungen niemals bewußt ; wir HEILEN sie aber von ihrer Hysterie , indem wir ihnen die unbewußten Erinnerungen der Infantilszenen in bewußte verwandeln.

Once these INADMISSIBLE INFANTILE SCENES are admitted into full view, their toxicity vanishes, just as the childhoods in which they occurred has already done. However, as this is more of a sea-chart akin to a recipe book, it needs to be seen, and learnt in practice. Thus I conclude this section by quoting what Nora has to say—with more in the appendix, and in earlier publications, included among the references below.

This [second] session lasted several hours, and **I can actually pinpoint the exact moment that my conscious mind decided to put my past to rest**, and this only happened because I felt safe enough to do so.

I left that session emotionally drained, physically exhausted and forever grateful.

I had said I would do a testimonial for Joan, and when I sat to write it, I had another lightbulb moment... I had not used any of my Asthma medication since I walked out of that session. None! After 40 years of daily use I hadn't used it for weeks.... I could breathe! 9 months on from that session and I am still Asthma free...

So that is a brief history of my story, my journey, the change in my life. **A life that was already lost prior to this experience, but one that is now very much being lived.**

Just as Nora sought help, unsuccessfully, from innumerable people in the 50 years since her trauma, so it will take more than a few printed words to convey this radical change. Words, whether spoken or printed, are limited, especially when extended to encompass the spiritual, as we now note.

7. A Fresh Manifesto for Psychiatry

“THESE THINGS WE DO NOT LAY UPON YOU AS A RULE OR FORM TO WALK BY... for the Letter killeth, but the Spirit giveth life”. This sterling advice was offered in 1656, by a group of Early Quakers. The overlap with Osler is striking. Could there be a hidden truth here? Is the meaning of a word, any word, conveyed in an irreducible cloud, akin to that encloaking the exact location of a quantum particle? Something that is routinely overlooked, because of its inconvenience? What benefitted me immeasurably was the fact that this phrase, despite its use of the ancient verb form “giveth”, and its profligate use of the compendium and elusive word “spirit”, is currently reproduced in every copy of what amounts to an introduction to today's version of Quakerism (see *Advices and Queries*, 1995).

To recap—this paper set out to find where two grievous medical flaws came from, flaws that would have been avoided had there been a wider understanding of philosophy at the time. It now closes by seeking to extract from the ashes of this conflagration, a renewed, healthier approach, not only to medical practice itself, but also to our system of governance, globally.

Words and symbols, whether verbal or mathematical—have a peculiar allure for us humans. They seem to answer our perfectly understandable craving for stability, predictability and peace-of-mind. We prefer to forget that they are merely symbolic—they are only representations of the real thing. And it's that which makes the difference. Oxygen has acquired wonderfully elaborate chemical attributes—but if we don't get enough of it, we cease to matter for long.

It is an elementary fact of our biosphere—i.e. of evolution—that if we don't *react* or adapt, we *necessarily* follow the dinosaurs. More—since we lack fangs, wings or scaly body armour—our one evolutionary advantage is that we are a social species. We either cooperate, or we fossilise.

If Science really was so Omniscient it would long ago have settled the issue. The One Universal Theory or Truth, so beloved in Mediaeval times, would have corralled all those free-thinkers into the same pot—and all these pestilential intra-human destructivities would have vanished as securely as scurvy did with the advent of vitamin C. And still can. After all, emotional illhealth is even more of a deficiency disease, with a vastly more abundant cure.

But Scientific data is all too easily overlooked, too easily by-passed and ignored. It supposes that, once something has been “proved” *scientifically*, everyone else is scientifically compelled to fall into line. This pseudo-reasoning is even used to justify gross inhumanities, as with DSM-III in 1980. Take the spurious notion that psychosis is based on a brain disease, and can only be cured by chemicals—abundant evidence to the contrary is shown in figure 4 (Harrow, 2014). Have the world's psychiatrists taken heed over the last 12 years, and corrected their grievous blunder? No. Will the rest of us prompt them to do so? Here's hoping.

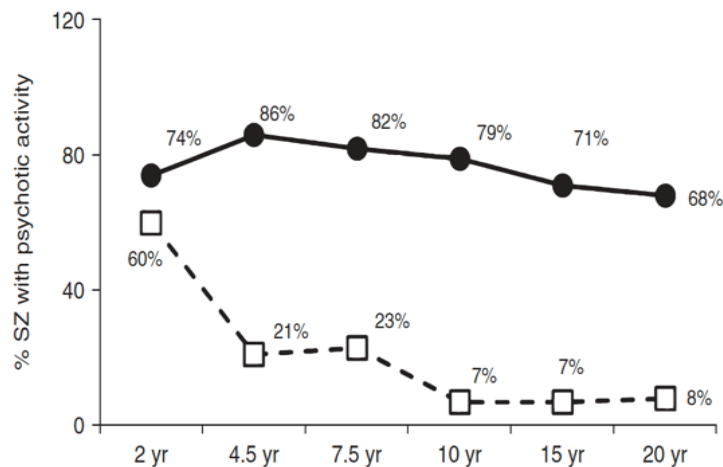


Figure 4. Twenty-year longitudinal assessment of psychosis in schizophrenia patients (SZ):●, always prescribed antipsychotic medications; □, not prescribed psychiatric medications at any assessment.

Pause a minute. This graph tells you that if you disobey doctors' orders, and refuse their chemicals, your destabilising psychotic symptoms will become up to 10 times less painful. Who is going to tell the doctors? Who the DSM? Or the legislators of Mental Health Acts? Will you? Try telling them, as I do, that sedation sabotages Agency—because only re-empowered Agency can disperse psychosis. Here's hoping again.

Peter Gøtzsche, that stalwart campaigner for a more rational medical practice, summarises yet more “solid” scientific data (Gøtzsche, 2026)—none of which has so far managed to penetrate the thick professional carapace.

Something else must also be going on—can we agree in time?

And here we come to the second grievous flaw, the one celebrated by Freud in 1896, but buried ever since. Freud and Breuer's “momentous discovery” was that traumatic infantile-scenes could remain too terrifying to be recalled into full consciousness. Let that sink in. What it means in practice is that whole swathes of “reality” remain coloured in the toxic hues they acquired in infancy. So, unbeknown to the victims thereof, they continue to labour under the painful circumstances which prevailed in their childhood. Unhappily, Freud himself testified to this, aged 80, by writing he was still terrified of his long-deceased father—not something his adherents will comfortably concede, but there it is in black and white, as earlier papers have averred (Freud, 1937).

One consequence of this is that where doctors come to rely on what the patient tells them—i.e. in Osler's term, on their narrating the diagnosis—there are major, often crucial, gaps in this account. There are items which are still too terrifying to bring up to date. Panic mode sets in, and does so without the sufferer being in the least conscious or aware. Precisely the same occurred in every one of the 50 murderers I worked with in Parkhurst Prison, including the 6 serial killers there.

So let's agree that “buried terrors” can distort perception. Along with this, they wreak havoc with reasonings—in fact they block logical lines of thought. They invoke what I have here called psychosis.

Now the overwhelming advantage of this approach is that it simplifies the CURE. As Freud said in 1896, all infant-scenes can be cured merely by bringing them into consciousness. It sounds easy. Certainly easy to grasp, which is a radical change and a most welcome improvement. But, because it is so deeply embedded, and so well protected in practice, it can be challenging to unpack. The practical difficulties can appear daunting.

Bear in mind that since every person's mental foundation stones are laid in infancy—as with every human ever born—it means that what the cure sets out to achieve, is to rearrange these emotional fundamentals—as

elaborate, yet as simple, as it sounds. The person in front of you is no longer an infant—their childhoods are over, except in their view of the world, and their way of going about it, in it.

I took a clear indication of this with me into Parkhurst Prison. While there I was helped to develop a mantra to assist—Truth, Trust and Consent. The Truth is that childhoods are over. Do you Trust me when I assert this? And above all, do you Consent to undertake Agency like any other living organism must? Here's mine—where's yours?

A FRESH (100 words) MANIFESTO for PSYCHIATRY

IN SUM—EMOTIONAL HEALTH IS BUILT into our DNA—all we need do, is unpack it. We all love being Consistent, Reliable and Affirming—we're a social species, so that's in our human genes, whoever we are. AETIOLOGY warns us that every event has an infinite cloud of causative factors. PSYCHOTIC-BREAKS in our lines of reasoning arise solely through faulty infant programming and are fully reversible by evicting parental figments, using Truth, Trust and Consent. Wars, psychopathy and psychoses are powered by Infant-Nightmares, persisting long after childhoods are over—all curable, 100%, by gentle, trustworthy, consensual emotional support—enlisting Agency.

September 2026

Acknowledgments

I'm grateful to Joan Randell for picking this approach up so quickly, and for running with it so consistently. Also to "Nora" for her eloquence and for her consent to publicise her story. Thanks too to the Critical Psychiatry Network for providing a forum for airing such views, and lately for helping clarify my manifesto.

Conflict of Interest

The author declares that he had no conflict of interest in reporting and publication of this paper, nor is he seeking to reopen his clinic, which is now closed.

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Please note—this paper refers principally to its two immediately preceding papers—i.e. "*DNA doesn't start our psychoses, psychopathy or wars—we do*", and "*Measuring morals, scientifically*"—listed below as 2026c and 2026b respectively. The other references to my publications included below, indicate further implementation of this approach, more generally, including videos, as indicated more broadly in the paper.

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Appendix

“Nora’s” Story—50 years of childhood purgatory—healed in 2 sessions

An eloquent description of how it all came right

PLEASE NOTE—this is a first-hand account of how a 58-year-old didn’t, indeed couldn’t, look in the right direction to cure herself—but avoided the issue until she felt safe enough.

“Nora” is not her real name—she used in it giving me her consent to put this up on my Substack pages, but I want to ensure that she has had fully informed consent, so will wait until more is revealed—then if she wants to, she can divulge her real identity, in her own time. Posted on <https://drbobjohnson.substack.com>

Her Story

In August 2024, I found myself overwhelmed, overstressed and a spectator in my own life—I could barely function, and then my life path crossed with the most incredible Conversational Hypnotherapist, Joan.

But first... let me fill you in on my backstory.

My name is [“Nora”], at the time I was 58 years old, happily married, working long hours in healthcare, **and 50 years into childhood trauma subconsciously controlling every aspect of my life... and I didn’t realise the impact this was having on me. In fact, I had buried it so deep that I barely acknowledged it.**

As a child I was trauma conditioned to be hyper-vigilant. I grew up learning to study people, and knew instinctively what kind of person they were before we even spoke. I learned to hide my emotions and feelings, and to always be busy. To me busy equalled safe.

This sets you up for a life of solitude, a life with trust issues, filtering everyone and everything through your gut instinct, always looking for the exit.

In my teen years I was again subjected to trauma, only this time I began smoking. It was around this time that I also developed Asthma.

My Asthma continued, requiring daily doses of preventative medication, relievers and courses of steroids up to 4-5 times a year.

I had everything nicely under control until 2020, and the world changed.

At work the pressure and unpredictability of each and every day had me reverting back to my hyper vigilant ways. Add to this the work stress levels and I was in a permanent state of hyper focus.

As with the rest of the world my work life became about protecting not only myself and my family, but my work colleagues, and others. It became a life of protocols, routines and safety, and I dared not waiver.

Fast forward to 2024, and although the world had moved on in what was needed, I wasn’t able to—I was permanently stuck in this state of hyper vigilance. I could not relax, I was burnt out.

My partner found Joan’s website on the internet. I contacted her and booked my 30 minute consultation to see if we could work together—and I held my breath hoping she would say yes! She did.

I completely blamed the pressures of my job for the way I was feeling, and my first session with Joan had me leaving feeling incredibly light, positive and free. But I still couldn’t completely relax, and Joan had said it could take some time for everything to slowly fall into place, to get your lightbulb moments.... So, I waited. One thing I did find strange at the time was that Joan asked me what my childhood was like? What did this have to do with my work stress??

It turns out it has everything to do with it. A handful of days later and I had to pull over while driving to be physically ill, such was the impact of my realisation that I had been here before, in this exact mental position, with the exact same feelings... How did Joan know?

I again contacted Joan, and booked a second session. I felt safe and comfortable with Joan, safe enough to finally delve into the real issues.

This session lasted several hours, and *I can actually pinpoint the exact moment that my conscious mind decided to put my past to rest, and this only happened because I felt safe enough to do so.*

I left that session emotionally drained, physically exhausted and forever grateful.

I had said I would do a testimonial for Joan, and when I sat to write it, I had another lightbulb moment... I had not used any of my Asthma medication since I walked out of that session. None! After 40 years of daily use I hadn't used it for weeks.... I could breathe! 9 months on from that session and I am still Asthma free...

So that is a brief history of my story, my journey, the change in my life. **A life that was already lost prior to this experience, but one that is now very much being lived.**