

## HANDLING PSYCHOTICS

A lecture given on  
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### A Problem in Accessibility

The problem of handling psychotics is one that has discouraged man for a very long time. You probably won't appreciate this completely until you are out in the field practicing and you find the state of mind of the family and associates of a person who has just had a psychotic break.

Man is completely awed and made entirely afraid, usually, when he confronts psychosis. Hardened psychiatrists, medical doctors, and the families of psychotics who are up close to this person—all react in a very positive fashion: they want to get rid of this man. They want to put him someplace. They want to make him quiet, quickly. The family, for the first day or two, will regard this person who has had the psychotic break as Papa or Uncle Willy or Aunt Susan. But by the second or third day, if not immediately, they will say inside themselves that this is not the person they knew. Usually they can think only in terms of "Let's put him away. Let's get him quiet. Let's get him out of sight. Let's do something drastic and extraordinary." You will see how true this is.

Man, in other words, has this rejecting reaction toward irrationality. Of course, the one thing man uses as a weapon is his reason. Because of his reason he has managed to ascend to a height far above the animal kingdom. When he sees reason suddenly depart, then he himself becomes very disturbed. He identifies reason with personality, so the instant reason departs, he negates personality too.

Actually, psychosis is not a very serious thing unless it is the psychosis of missing parts, and that is very easily identified. You can always tell a man who is suffering from a missing brain. As a matter of fact, quite a bit of the nervous system can be cut away or eaten away by bacteria without making it impossible for the person's reason to be restored. But certain centers when attacked begin to imbalance reason more and more.

So there is that psychosis which, to be very plain about it, is the psychosis of missing parts. We cannot rehabilitate this person but we can still do something for him. Just because somebody whittled away on his prefrontal lobes and so on, don't abandon this case completely and put it aside. However, don't expect to get very good results either.

There is also paresis, where bacteria has taken away certain portions of the nervous system and the person doesn't coordinate well or has various delusions. These delusions are not produced because something has happened to the nervous system, just as such. What happens is that the missing portions of the nervous system were necessary to keep the engrams in balance, to keep them back where they belong. A certain portion of the nervous system disappears and the engrams are now rampant.

In a prefrontal lobotomy case the operation, when delivered, is normally succeeded by a person's ability to think the things he thought before without worrying about them. I ran into one prefrontal lobotomy case who had been hearing voices and having a bad time in general. After the prefrontal lobotomy he could sit there and hear the voices but he wasn't having a bad time in general. This was a "big gain." He had lost his power to react, and that was the total gain. He was more tractable.

Some of the many treatments used on psychotics actually have in view doing something for the psychotic, but most of them have in view keeping the psychotic from doing something to the society. The idea is not to cure the psychotic. Long since, people have said the psychotic is incurable because psychosis is “genetic” or “hereditary.” These conclusions were not unjustified in view of the fact that a psychosis does come down through the generations, but it comes down on a different level than through the genes. You can get idiots and morons through the genes if insufficient gray matter is called for in the blueprint, but this isn’t the type of psychotic we are going to be worried about.

The moron is of no great concern He will blunder along. He does not have these vicious impulses unless they are in engrams. He does not dramatise just from the fact that his brain is not strong. If he dramatises, it is out of an engram and you have got a good chance of doing something to that engram.

Wherever you can find an engram and there is even part of a frontal lobe left, you can normally do something for the person. Don’t expect any terrific results, but you can probably bring the person back to where he can care for himself, unless he has had his coordinative switchboards sliced through so that his analytical mind can no longer regulate his bodily or glandular functions. If this mechanism has been tampered with, there is nothing much that can be done about it.

The repair powers of the brain are very great. The psychiatrist has had an awfully hard time, poor fellow, in trying to make these prefrontal lobotomies stick. The first time that it was practiced, the prefrontal lobotomy merely consisted of a slice. They took what was probably the analytical mind, and put a slice across the thing. This kept the engrams from reacting. The bulk of these brains promptly grew back together again. The axons, neurons and so forth looked this situation over and said, “Well, we can join up again,” and did, leaving a little bit of scar tissue. This was heartbreaking as these people began to dramatise again. They relapsed, in other words. So the next practice of the prefrontal lobotomy was more thorough. They took a big, wide slice out. “Now, that’ll fix ‘em!” And so it did. It fixed them beautifully.

Over 2 percent of the people on whom prefrontal lobotomies are performed restore themselves somehow or another. Remissions are well in excess of 20 percent. By remission I mean he can go home. Of the people who go home, several percent do not have to be cared for night and day by a nurse. This is considered a successful operation.

I am emphasising this, not to slam psychiatry (I wouldn’t slam people who would cut up human brains just because they don’t know any better!), but to demonstrate to you the extraordinary measures that have been taken about psychosis.

When people get around irrationality they start responding irrationally to it by a contagion. As long as a man reacts or restimulates that much around psychosis, he of course is not going to be able to do anything about psychosis. This is the situation which you as auditors are going to face continually.

In a short time, professional auditors are going to be called upon almost 100 percent to do the work done on psychotics in the United States. There is going to be a repercussion to the end that Dianetics does work and we are going to get our validation at that time. There will be some new books and better communications, and people won’t be going around talking about cults. When there is psychosis in view, they will be screaming for an auditor.

You are going to have to treat these people eventually, so you should know something about them for three reasons:

1. So that you can prevent the people around this psychotic from committing irrational acts with regard to him;
2. So that you yourself will not commit an irrational act around this psychotic;

3. So that you will not look at a psychotic and assume that nothing can be done for him.

The time an auditor most needs all his reason is around a psychotic. They are not easy to treat. They require a great deal of patience and endurance on the auditor's part. Actually, if he just keeps at it, he can resolve these people unless they fall under the heading of missing parts. But with what patience will he achieve those goals? With what patience will he bring a human being back to reason? It won't be by just snapping his fingers, unless I get a couple of weeks off to figure out the rest of what is on my agenda. For two and a half months the problem of making a psychotic accessible has, as far as I know, been solved. But I can't get enough slack time in order to find five psychotics and run it through for a standard operating procedure and modify it so that everybody can use it.

The problem here is that of accessibility. The Standard Procedure Chart has right under its heading "(For Accessible Cases)." I have talked earlier about accessibility, and the least accessible character of them all is the psychotic. That's what it means. He is inaccessible.

If we modified our terminology to make it a little more workable, we would stop calling them psychotics and start calling them "inaccessibles," which would be more to the point. When a person got down to a level of inaccessibility, we could recognize that he was psychotic. It wouldn't be by any esoteric design of how he wove tapestries; we would just know that he was not accessible, therefore for our purposes he would be immediately classified as psychotic and we would take measures then to increase his accessibility.

The problem is one of keeping your head. If you can do that and keep at it, knowing your Dianetics, you can resolve these psychotics one after the other. But the working of a psychotic is not without its peculiar problems and perils. A paranoid schiz who rolls over and fishes a knife out of his pocket while he's still in reverie, opens it up and looks fixedly at your throat will not steady your nerves. Actually all you have to do is tell him to put the knife away and go back into the incident and the chances are very good that he will do just that. I've worked with quite a few psychotics and have never had one of them actually harm me. I have had them come within an ace of it until I reminded them that I was me and not their Uncle Benny.

The possibility of their actually carrying out these threats is very slight, particularly when they have sensed as basic personality the fact that you are their route to the outside world. Once basic personality really catches on to this, you get nothing but cooperation, no matter how this psychotic looks. He is in dramatisations, the engram is in control, and basic personality is back there taking a back seat. But basic personality will cut through once in a while and keep him in there pitching, enough so that you can work on him.

You have to keep your reason. You also have to resist the demands of families that you permit something to happen to this man immediately. He is a psychotic; he has gone unreasonable. What happens in nature when somebody makes a mistake? You walk down the street, and you make a mistake as to where you put your foot; you put it on the wrong side of the curb and you fall. The punishment for having fallen is receiving pain. Having received this pain and knowing the pain is there waiting, you get up and you don't fall the next time if you possibly can help it.

So when a person goes irrational, the first reactive thought is to do something to this person to punish him. "He must have something done to him, for he has gone into the field of unreason." That is not a rational intention but it is actually the reaction underlying some of the weird things done to psychotics, as in the days of Bedlam.

Practically the whole category of treatment has to do with punishment instruments. A human being when he errs receives pain from life. So when a human being errs so far as to become completely unreasonable, other human beings deliver pain to him. People will demand of you that something be done. They will think of the most extraordinary things, such as electric shocks, transorbital leukotomies, prefrontal lobotomies, topectomies, wet packs, and if it weren't disallowed now, they would also think of whips.

You can say, "Look, he's in no danger. He's all right! Just let him settle out for a few days, huh? And then we'll go to work on him. He'll stop being violent in a few days, probably, and we'll pick up a period there where his violence tapers off and we'll work him."

"Oh, no!" they say. "He's got to have an electric shock right away. You've got to wait till we give it to him. Oh, we've got to give him an electric shock!"

I've had a psychiatrist tell me that, yet what is the matter with having this man be quiet for a few days? "We have got to give him an electric shock. If you do not permit this to happen, today, this afternoon, we are going to throw this man out of this sanitarium!" He spoke with that much heat. Fascinating.

Look over the records of electric shock and you will find this to be the case: A remission takes place, electric shock or no electric shock, in the same amount of time, patient to patient. That's interesting data, but it is not advertised. Out of a lot of propaganda about electric shock practically none of it is fact. The truth of the matter is that whether a person is given electric shocks or is not given electric shocks, he has about an equal chance of being remitted. Thousands of records on the subject demonstrate this unequivocally. In other words, there is no point in electric shock.

Probably a layman not used to this sort of thing would be unable to stand in a room long enough to watch a full electric shock given. It is gruesome! It is not just a matter of putting a guy on the table, turning on a little switch and picking him off the table again. There are convulsions and everything you could think of, and it may be attended by a broken spine.

One dear old lady was going to get some Dianetic auditing on a Wednesday. So on Tuesday they gave her an electric shock, and she died under that shock. The fact that something else is going to be done will occasionally catalyze people into action. Therefore, working in institutions and with people over whom the auditor does not have sufficient control is not without its liabilities. Things may happen to these people that he knows nothing about, yet he may be blamed. So if the auditor takes over a case of that character, he should receive a full release of responsibility. It would have been bad luck for this one auditor up there if, for instance, he had gone in on Wednesday and the electric shock had been given on Thursday. It required a very hard search of the records to establish that this woman had died under an electric shock. Nobody in the institution would admit it. But they didn't tear up the electric shock appointment book. It was not on her chart. "She just died frothing at the mouth."

None of these things are nice, none of them are pretty, and your stomachs will be turned the moment you start into this line.

If you just pick up a fresh psychotic and start to work him, you are not going to do so well. They shake you, obviously. But if you stand up to it and just watch one psychotic who is in a thorough spin come out of it because of your auditing, practically nobody will be able to touch you for weeks! We're dealing here with white and black. It's a rough job, and no reward compares to it.

I'm telling you this mainly to toughen you up toward the problem. I want you to understand that a psychotic isn't something from which you should run. But also a psychotic isn't something that you should expect to rank with a game of jacks. You may be in a room with a psychotic for hours and hours and only succeed in delivering ten minutes of actual processing. Sometimes you have to catch them on the fly, so to speak, as they are sailing around and so forth. I worked one psychotic who, every time he was asked for a phrase or to say something, would throw things—pillows, ashtray, anything of the sort. One just ducks and says, "Go over it again."

Your assumption that they are reasonable people does a very, very great deal to help psychotics recover, no matter how unreasonable they are. You don't pay much attention to granting them

all the things they ask for, but you talk to them reasonably. You are validating basic personality and you will toughen it up.

Psychotics get worse when they get near institutions because they are treated like unreasonable people, and they continue to be unreasonable. So treat them like reasonable people. Don't lower your voice the way you talk to a child or a dog, and don't jump them, or challenge them, or command them and so forth. Just talk to them: "Now let's go out and get in the car." The odd part of it is they may gyrate three times in the middle of the floor, but the next thing you know, they will go out and get in the car. It takes a little time for basic personality to get toughened up to it.

There are many, many ways of approaching a psychotic and gaining access to him. Homer Lane, a layman over in England, went into one of the large sanitariums there and asked the superintendent if he could be given the worst psychotic they had in the place. He was told, "Oh, no, we wouldn't be permitted to do that."

"Well, just give me one of your very bad, hopeless psychotics."

"Oh, no, we couldn't do that. No, he—he—he'd kill you."

And Lane said, "Well now, I'll take that responsibility. I'll give you a release. After all, if he's hopeless I can't do him any harm. So let me talk to him for a little while."

Finally the superintendent gave way. They let Homer Lane, who was not a very big man, into a dark dungeon, and there, naked, dirty and frothing, standing about six foot six and weighing about 250 pounds, was a howling, screaming maniac. Homer Lane let himself into the cell very quietly and stood there. This shaggy thing looked at him and started to jump. Homer Lane said, "I heard you could help me."

The maniac stopped in mid-flight and said lucidly, "How did you know?" They released that man in a couple of days.

This gives you a sample of some of the bizarre methods that can be adopted to regain accessibility. Another one is followed by Dr. Frieda Fromm Reichman. She will go into a cell with the toughest, meanest, orneriest psychotics imaginable, and by a process of acting crazier than they act bring them out of it. That's right. There's nothing wrong with her nerve. I admire her a great deal. I know of her record, and it is amazing how she has been able to work with practically no tools but her own wits and actually get remissions from these people.

There are just tons of these tricks and ways to do it. But these things never deviate from the principle of getting into communication, by any means whatsoever, with basic personality. Under no circumstances appoint yourself the taskmaster of a psychotic. Never give way to a punishment complex. Have a full confidence within yourself that you are going to produce marked results with this person. If you let your own guts begin to quiver, you are going to fail. These methods, no matter how bizarre, do not depart from this short list. Nobody ever cured psychotics by screaming at them, beating them, or doing other very bad things to them.

You will hear an occasional story about somebody who walked in saying he was going to shoot this catatonic schizophrenic, and then got a gun and the catatonic schiz jumped up. That sounds good but the chances are he might have triggered this fellow further. This is not a 100 percent workable solution. Building a fire under a catatonic schiz is spectacular, but he is liable to lie right there and be burned. He knows you are not going to kill him. You mustn't overlook these facts.

There are some methods of gaining accessibility which you would not ordinarily expect. Occasionally just by walking the legs off the psychotic, you'll get him so tired that he will go to sleep, get some rest and wake up accessible.

Often it is very hard to get into communication with these people. It does no good usually to tell them that they have great responsibilities of their own and they ought to snap to, as that is what they are running away from. People sometimes do a lot of arguing with psychotics about the great responsibilities which are awaiting them. Of course the psychotic just retreats further and further. He doesn't want anything to do with these responsibilities. Another means of gaining accessibility has to do with drugs. Someone who wants to gain accessibility with a psychotic via drugs should stay solidly in the field of stimulants and away from sedatives. It is amazing what a stimulant will do to return accessibility to lots of cases. A psychotic who could not even talk to you will suddenly be in communication after Benzedrine starts taking effect. Now, what is said to him does not make new engrams nor new locks. He is accessible and you can talk to him.

In other words, a psychotic can either be depressed by use of a sedative into a stupefied state where everything that is said to him or around him or done to him while he is worked with will be knocked right in there with the rest of the engrams, or he can be given a stimulant and brought up to a level where his accessibility will often return, and he can be processed while in that state. There are several stimulants. Benzedrine and Dexedrine are two, and lacking everything else, just simply enough hot coffee will sometimes produce results. The alerting of the body also alerts BP, and BP can be brought up to a point sometimes where he can take care of it.

It was imperfectly known till recently that you can deliver psychometry to a person through the various hours of the day, and you will find out that his intelligence varies. It varies also with the day of the week, with the date of the month, with the month of the year, and with the year. This variation takes place because of engrams. All engrams have a time tab on them. If most of the pain in the engram bank has the time 10:30 at night on it, you won't be able to work this person at 10:30 at night because he will be too highly restimulated.

Certain stupid statements kick around the society like "Most people die at 2:00 in the morning." Actually, there's no difference between 2:00 in the morning and 2:00 in the afternoon as far as the physiological being is concerned, except that people normally sleep at this time in the morning and their heart rate goes down. But people are more likely to be frightened at night because of aberrations and so on, which can close in to make the night hours not so good.

You will find that this has a very definite application to the psychotic. There are people who will not work at certain hours of the day. It is very common, but you have to be a little bit alert to observe it. Anybody, by the way, who would take a person who is on the verge of a break and work them on into the evening and deep into the night hours is taking his life in his hands.

The trouble with this is that it is not completely predictable. There may be those who work best in the night hours. It just depends on the time tabs on the engram. With the psychotic there are usually periods during the day, or there is a day of the week, when he is more accessible than on other days or hours.

A not extraordinary case was that of a young lady in a sanitarium who every morning would have to be put in a wet pack, they said, until about noon. At noon she would begin to perk up and around 2:00 in the afternoon she would get all dressed up, perfectly sane and rational, and walk around the grounds being very companionable to everybody. But the next morning she would have to be put back in a wet pack again until noon.

It was interesting to note that the record on this particular patient said that it was necessary to put her in wet packs, and that if one put her in wet packs for enough hours in the morning, she would be able to keep on going the rest of the day. Well, this was a case of misreading data like I have never seen it misread before. So a suggestion was made, "Why don't you just omit the wet pack?" The same cycle kept right on going. This person, then, could be worked in the afternoon.

So there are times when psychotics can be worked, and other times when they cannot be worked. It would be necessary to study a psychotic to find out if this happens to be taking place. Don't look for it in everybody.

There is also this fact that you should know: A psychotic break usually takes place when the person is very tired. Let's look over the mechanism of a key-in. An engram cannot key in unless a person is running at very much suboptimum physical condition. If he is very tired or sick, something like that, an engram can be keyed in. This is until he gets lots of engrams, and after that they just sort of key in by banks or chains; they don't key in separately. But at first it is very hard to get those engrams to key in. Once keyed in, of course, they stay in and after that can be restimulated.

Now, take a person who is on the verge of a psychotic break, who has had no rest and poor food, and has a lot of people around him handling him and doing things to him—no matter whether they are auditors or attendants or anything of the sort. These things will be sufficient to snap him. When he starts down this dwindling spiral the first time, remember he is still tired. We are talking about the first few hours of a psychotic break. He is tired; he is probably not well fed and he is probably being badgered by things in his environment. This is not the time to work him because the more you work him, the more you're going to key him in. Possibly this won't happen, but it is so liable to happen that you ought to put this down as a general rule: If a person goes into a break, the first thing to do is give him rest. Put him in an unrestimulative environment if you possibly can.

Note that if you can still run a lock or Straightwire on this person, it is not a psychotic break. He is just badly restimulated.

The warning to you here is not to work people when they are tired. If you see that somebody is very weary and you are the auditor—I don't care who that person is—don't work him. It does not mean that you are liable to precipitate a break in this person, but you just are not going to have a good session, that's all. Leave your preclear alone. Tell him to skip the session and go get some rest, you will take it up some other time.

In this way, as you work, you will not have to know as precisely as you otherwise would who may have an incipient psychosis. In other words, taking this precaution on everybody makes it unnecessary for you to know each person you work as intimately as if you had psychometry on them. You just don't work people who are tired or who are too hungry.

If you take this precaution, any psychotic that you happen to be working who is in an accessible stage won't suddenly pitch overboard and go in. Furthermore you won't be picking people up at random, and you won't throw them into a restimulated condition (which they would have gone into anyway) and produce any bad effects on them through what you are doing to them.

You as a professional auditor will probably not follow a program of just sitting down and working people and working them and working them; you will probably operate on this basis: Two, four or six people will come to you one after the other desiring to be audited. What you will most likely do is open their cases. When you have them running and you have these people a little bit instructed as to what to do so they can't get into very serious trouble with each other, you launch them out and let them work as a team. You can work and release many, many people this way without taking up all your valuable time. You as trained auditors have got no business sitting there listening to routine running or doing a routine swamp-up.

Every now and then you have these cases come in so you can check them over and set them back to running again. Then you bawl them out and put them back on the track of what they are supposed to be doing. You keep them from running at 16, and start them back with the erasure again, and all that sort of thing.

In doing this, of course, you are actually exposing Dianetics a little bit by taking two people who are neurotic and turning them loose on each other. So you want to give them this precaution: “Don’t work each other when you’re excessively tired. Don’t work as an auditor when you’re excessively tired. Don’t let yourself be worked as a preclear when you’re excessively tired; and be worked by a minimum number of auditors.”

Don’t let auditor after auditor after auditor work a case. Settle this person down with one auditor. If he doesn’t like this auditor, so what? It is much safer to keep those cases running together than it is to start swapping auditors. If it is a violent antagonism, you should have been enough on the qui vive in the first place to have picked it up and you should never have matched them together. But once you have matched them as co-auditors, leave it that way. That is very arbitrary, but it demonstrates to you that you have to be very quick in spotting whether or not people are going to be compatible as auditors. Now the number of husband-wife teams which you should start is exactly zero. Don’t arbitrarily disrupt a husband-wife team which is running well, but don’t start one. You can’t lay down a blanket rule and say no husband-wife teams, because there are a few of them that run just fine; but the bulk of them don’t. The wife patty cakes or the husband patty cakes and they are intensely restimulative. Bluntly, any husband and wife who have ever quarreled have no business co-auditing. How many does that knock out? The fact that they have quarreled demonstrates that they are to some degree reactive mind partners, and you don’t want these people auditing each other. They will practice tacit consent and everything else.

If you follow these few admonitions you will very definitely stay out of trouble with regard to this. You have to simply make sure that your coauditors understand perfectly that they are not to audit and not to be audited when they are too tired or hungry, and that once one person starts to audit another, he sticks with him.

Don’t change auditors. Repair and patch up the auditing of the auditor that you have appointed who is doing the auditing, rather than just hauling him off the case for bad auditing. Otherwise he will go someplace else and do bad auditing on somebody else. So you straighten out these little faults he has, such as letting his preclear bounce out of every engram, or insisting that he run out of valence rather than in, or being absolutely certain that the best way to get him clean and clear is to get him as tired and as restimulated as possible. Correct these faults in that auditor; don’t just knock it off. But be very alert for bad auditing.

Another aspect is, of course, invalidation of the preclear’s data. That is not as serious actually in precipitating psychotic breaks as the other three factors—namely, too many auditors on this one person, auditing a person who has had insufficient rest, and just plain bad, inept auditing.

Dianetics has on it limitations which call for those admonitions. They are not very hard to see. A person who does a lot of auditing when he is tired is going to get restimulated. How do engrams key in? If you get a person tired and give him an emotional experience, that will key in an engram. So there he is, auditing, and he is tired, and he is listening to engrams. The next thing you know, he will get restimulated. It just follows; it’s very sequitur.

If you observe these things you will never have any trouble. However, you may have this kind of trouble: Somebody calls you up and tells you that Uncle Benny has just gone for a spin and you have got to do something about it right away. Why have you got to do something about it? Let me be blunt about this. They will say, “Dianetics did it!” Yeah, that’s why you’ve got to do something about it. “After all, you’re connected with these people, and you’ve got to do something about it. He read the book!” And if you at that moment permit yourself to be startled into making no further investigation, you will do yourself a very bad disservice as far as your auditing is concerned. You will be auditing on very limited data if you suddenly go over and start to work Uncle Benny without asking any further questions.

You are going to find this sort of situation occurred: It was late at night, probably, and Uncle Benny had read the book and thought that something might be done for him. Somebody started to invalidate his data. There was a quarrel, and this quarrel had taken place 975 times before.



Uncle Benny had already had a couple of psychotic breaks, or he had been an incipient psychotic for years, or perhaps he was a war casualty who had spent some time in a sanitarium. And the only thing that happened was he was not reading the Encyclopaedia Britannica, he was reading Dianetics at the time he spun. Of course, because there is data from engrams in the book, there is a chance that he would be a little more restimulated than by reading the encyclopedia. Yet there is data from engrams in the encyclopedia too.

You should not at this moment permit yourself to say “Well, then I must do something about this right away because . . .” You had better look the situation over; the chances are you will find the last lock. You have got to find the last lock in order to do anything about this. But if it is 2:00 in the morning, that is a tough one because you don’t want to audit him then. Of course, you may be called upon to keep him quiet or do something like that, and if possible keep him from being thrown into the nearest hospital. You should have some sort of a hospital liaison but it is very hard to procure at this time. The day will come when you will be able to select your hospitals, I’m sure. Right now the hospitals won’t select you.

So you are faced with a tough situation. But remember this: It isn’t your responsibility. You didn’t give birth to Uncle Benny. You didn’t educate him. You didn’t create the psychoses that run along in this society from which he is suffering.

The reason the power is being placed on you is somehow or other they know you can do something for Uncle Benny, so they are going to put every single line of force they can on you to make you do something for him. They are going to rouse your responsibility for Uncle Benny. They are going to try to give you a sense of guilt. They are going to tell you all sorts of things about him that are not true; because if Uncle Benny has gone crazy in any environ, you can be absolutely certain that somebody else in that environ is probably crazier than he is, and that that is the person you will probably be dealing with in regard to Uncle Benny. So discount 110 percent of everything you hear about Uncle Benny.

I have been through this several times. Recently I was in receipt of telephone calls from a town out West where some horrible thing happened and all I asked was to not permit the person to be given electric shocks. The psychiatrist raved, “If he can’t be given an electric shock immediately we’re going to throw him right out of here, we’re going to get him ri-right out, we’re going—going to—don’t want anything to do with him!” “Let’s be calm and talk about this for a moment. Now, what condition is this person in?”

“That’s no business of yours! The whole thing is d-d-wap!” That man was in bad shape!

“The chances are,” I said, “that your patient, if left to himself, left off sedation, given rest and given quiet for a few days, will settle out. And although he may not become completely rational, he will not be as violent as you say he is at the moment. And by the way, why is he being violent? Have you put him under restraints?”

“Well, of course, of course! What else could we do?”

What can you do? The fellow was all right but they put a straitjacket on him. He wants to get the straitjacket off so he gets violent.

Were we to go down and take a man off the street and haul him in and say, “You’re crazy, and we’re going to put this straitjacket on you,” would this man fight? Believe me, he is going to fight. Supposing he has not got all his reason present. Well, by golly, he’ll fight twice as hard. That is the same problem.

Happily, I can report that one of our professional auditors picked the fellow up and took him out to his house, out of the periphery of his wife who drove him crazy by throwing things at him and screaming at him “You’re losing your mind.” He took him out to his ranch and managed to get in some Straightwire. The fellow has settled out to a large degree and he talks rationally, sentence by sentence. Each sentence is rational but the sentences don’t add up to

anything. So he has come along that far now. They are giving him more Straightwire, he is in an unstimulative environment and nobody is doing anything very much to him, and this person is going to come out of his spin very nicely. The only reason he went so far into it is because the first moment he started to spin they called for guys with butterfly nets and started putting restraint on him. With his wife still screaming, he was hauled off to the local spinbin, which of course put on the finishing touches. This happened, I think, at 2:00 in the morning.

I relate this rather sarcastically, however the chances of your facing a situation like this are very good because insanity is not unusual. According to figures of the United States Navy (taken from a survey they made to know who to recruit and who not to recruit) one out of eight has been, is, or will be in a mental institution in this populace. It's fantastic, yet those are the figures that they got. The current institutional population, according to another department of the government, is around 1.9 million. And those who are being cared for at home and all the rest of it number around 19 million. The two figures are easy to remember.

That many people would make a pretty good population for a country. The whole population of Australia is only 7 million people. Yet over 19 million people in these United States are crazy. And you don't think you will be called? The people in the vicinity or in the family of any person who is psychotic can be absolutely counted upon to have been affected in some way by the same aberrational pattern, either from this person who is psychotic or from having it come along the line. You will find these people going into very steep depressions, because they are intensely restimulated. The psychotic is giving forth with exactly the stuff it takes to trigger them.

So when you pick up a psychotic out in the society, you normally pick him out of an environment where the whole atmosphere is crazy, and as long as he is there, it is just vibrating. Don't expect anybody to make a rational decision about the situation because nobody will. On rare occasions you will find somebody there who is very stable, but usually it is all along the line of "We've got to get rid of him. We've got to punish him. We've got to do something to him. Push him out. The doctor knows best." Yet no doctor is going to do anything for this man. So they are in a turbulence area. When you walk into one of these areas, don't you get turbulent too.

There are two kinds of psychotics—the dramatising psychotic and the computational psychotic. Don't mistake one for the other and don't just decide, because someone is apparently computing, that he is not a psychotic. He has moved over into the center of a demon circuit, and he will be found to be rather stupid in that the sequence of his replies will not be good.

If you want to know how one of these people acts, start talking to somebody's demon circuit and you will find out the intelligence limitations of one of these demon circuits.

The paranoiac, for instance, is a computational psychotic. The paranoid is usually a dramatizing psychotic. They don't differentiate that closely, but those are the two types.

The worst psychotic is one who has broken affinity with himself to such a degree that he would kill himself. He is running on the basis of "The world would be better off with you dead," so he kills himself. If he is a computational psychotic, this is the most dangerous case. He is not dangerous to you; he is not going to murder anybody except himself, and he is liable to be very cagey about it. He is running square in the middle of a demon circuit. He is apparently talking very rationally, and you will find people trying to reason with him. But he is not there to be reasoned with. You say, "Now, please, don't commit suicide. This is all nonsense. After all, your wife loves you, you have a nice family and you have everything to live for. Promise me you won't commit suicide."

And he says, "All right. I promise you I won't commit suicide." You turn and walk out the door and he immediately throws himself out the window and lights fifteen flights below where they have to scrape him off the cement.

This data may not seem to be very important, yet some medical doctors of the United States Navy didn't seem to know this. A man by the name of James Forrestal was permitted to do just this! They were unable to tell a computational psychotic. All they needed to have done was to have talked to him enough to find out that he wasn't computing. Instead of that, they talked to him and he seemed to be giving responses that were not too abnormal. Actually, if they had started asking him what 12 times 12 was, or whether the sun was shining brightly every day in Maryland, they would have picked up non sequiturs.

They were talking to a demon circuit. They weren't talking to James Forrestal. He had submerged. So they walked out and left a very great and brilliant man in the hands of a demon circuit, and James Forrestal went out the window and that was the end of him. It was the fault of ignorance. They didn't know that there are two types of psychotics.

So don't underrate the value of this datum: Don't try to reason with a demon circuit. The time wasted trying to reason a psychotic into doing something is just time badly spent. The chances are, if you suddenly start to talk cheerfully about something else entirely different, completely ignoring his woes and the things that he keeps talking about, the circuit will pick up or another circuit will cut in and even "I" might start talking to you. But don't concentrate on a demon circuit.

The thing wrong with talking to demon circuits in human beings is that if you start paying attention to one, you validate it and it will start building up and taking over more analyzer. So this is actually something you shouldn't do very much.

Start validating basic personality and it gets stronger. "I" gets stronger.

Look what happens to someone who has some small success. He is more important, he is more himself, and he is less nervous. That success has validated "I." The society is validating "I" to some degree, therefore he is better balanced.

One of the main psychoses of this Anglo-Saxon society is to invalidate "I" continually: "You're your own worst enemy." "You think you're the big 'I am.'" Well, what you should learn is a little modesty." The invalidation of "I" in this society is responsible in a large measure for the fact that the "I's in the society very often lack sufficient stability to overcome demon circuits.

So the validation, then, of these various entities in the mind practically creates them. If you negated a part of the mind hard enough and long enough, it would cease to exist.

So, when it comes to the validation of "I," let us compare it to the validation of a demon circuit. Someone says, "I'm going to kill myself. Life is just not enough to live for." This is not a rational line of conversation; it is a demon circuit talking.

If you say, "Now look, life really is worth living," the demon circuit starts setting up and getting tougher. Attention is being paid to it and it gets validated. Pay attention to basic personality instead.

Of course, if you invalidate the demon circuit to the degree of paying no attention to it whatsoever, it is also liable to fall in on you. But don't go into a big, sympathetic rapport with a demon circuit when you're working on a psychotic, and don't go into a big, sympathetic rapport with a dramatization.

A person's psychotic dramatization pays no attention to the environment. It is an engram and it just runs off a record. Usually, half of the record will be missing. The half that is not being dramatized normally contains control circuits and hold-downs, and it is suppressing the half that is there. Start paying attention to this dramatization and you simply restimulate it.

It works on a purely mechanical basis. The person says, "I am a small baby, and I don't know what's happening to me." Or, "You are a baby; you don't know what's happening to you."

If someone says “Now look, you aren’t a baby. Be reasonable,” how does he know he is not approximating the other part of the engram? If he is, he is merely going to build it up and make the dramatisation part of the engram tougher, because his use of the word baby will just restimulate that word baby in the engram, thereby validating the engram.

The same thing happens with a circuit. Start reasoning with it and you are actually talking to an engram, only this engram is computing. The best thing to do is to pretty well ignore it. Talk about the weather, horse racing or anything that is fairly well off the subject. You can just keep on talking about it monotonously if you want to, and you will produce results. Recognize that if you start talking in the same terms the psychotic is talking in, you will restimulate his engrams.

Many psychotics have been given electric shocks and insulin shocks. There are certain peculiarities about these. You should know something about the procedure of giving an electric shock. I don’t advise you to go and look at one, but you should know, however, that you treat the last shock first, and that the shocks have to be reached before anything else can be reached in the case.

These are the principles involved in working with psychotics. The state of mind one has toward the psychotic, above all else, is something one has to pay attention to.

An auditor has to have courage. When he gets the preclear into an engram he has got to have nerve enough to run it, no matter what it does to the preclear! Because if he doesn’t run it, the preclear is going to be in bad shape. You can’t go into an engram that looks violent and then pull out. You have got to run that engram, and the safe thing to do is to run it. To back out is very dangerous. You can fold up a whole case by losing your nerve on running an engram. So you have got to be courageous. And this is peculiarly applicable to a psychotic.

These people can be helped. These people should be helped, and the Foundation is doing all it can to make it possible to help them instead of just abandoning them out across the countryside.

*A break was taken at this point in the lecture. We have been unable to locate any further taped lectures or notes for this date.*