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## Psychotics

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In a footnote early in the book *DIANETICS: THE MODERN SCIENCE OF MENTAL HEALTH* I promised to publish material someday on the subject of institutional psychosis.

Recently I was fortunate enough to make a breakthrough on this subject. I had supposed that it would be necessary to undertake a considerable amount of research work in institutions to complete that which I began so many years ago. Researching recently on the reasons cases worsen after they become better, the answer tumbled out all unexpectedly and shed an entirely new light on the whole subject of insanity.

We are confronted in our modern society with a growing statistic for insanity. The number of psychotics is increasing, apparently, faster than the population growth. This could mean many things. It could mean that the psychiatrist was inept in applying what he knew, it could mean that there were insufficient numbers of psychiatrists, as they state, or it could mean, as they tell the legislators, that insufficient funds are being appropriated for the handling of psychosis. But the answer is apparently none of these.

If one wished to halt an epidemic it would be necessary to isolate the germ or virus which was causing it. This has become accepted procedure in the field of public health and is intensely effective. However, scientific methodology has never really been applied to the field of psychosis. It is such a frantic and desperate field that anyone associated with it has little time for careful consideration. The patients are in such dangerous condition, their families and friends are so desperate, that no-one could be expected to look for the actual cause of the situation. Thus the true facts concerning psychosis have been masked.

If you want to know why people are having trouble with something it is a good thing to look at the something. There you will find that things have not been defined. There is no true, acceptable definition of psychosis. The root word "PSYCH" refers only to a being or soul and the "OSIS" could loosely be defined as "the condition of". Therefore, in actual fact, it is not much of a word and if we look it up in the larger dictionaries we will find some long, complex dissertation or a sweeping generality which, frankly, would never be accepted in the physical sciences as a definition for anything, reflecting as it does wholly opinion. The word "psychosis" is not, however, completely inept as it at least indicates that it is something about a spirit or soul or its quality of animation.

Thus we can suspect, if the thing has never adequately been defined, that a great many misconceptions exist concerning it and furthermore, it would seem pretty obvious that if man had not defined what it was then he was very far from being able to identify the source of it.

We all have some idea of what we mean when we say “insane” or “crazy” or “nutty” but half the time we only mean that we don’t agree with the action. Things which are unreasonable to us or not understood we commonly refer to as “insane” or “crazy” or “nutty”. Thus man does not make a differentiation between what he disagrees with and an actual deteriorated mental state dangerous to the society and the individual.

So the first thing we can know about Psychosis is that it is becoming more widespread for two reasons:

1. Man has not adequately or workably defined it, and
2. The true source of it has not been identified.

There follows, naturally, a third fact that it has not been cured, quite obviously, because it is getting worse.

The whole subject has been so wrapped up in untested opinion that the ordinary scientist has found it quite unapproachable. The whole field bristles with authoritarian differences of view and bitter arguments.

The number of types of “psychoses” which have been listed over the years have become so great that classification has become relatively meaningless. Further, the names given mean different things to different schools of psychiatry.

Examining this sea of turmoil, human misery, mistreatment and failure, one would not ordinarily expect to find any ready solution. If one intended to find a solution, one could have expected to search for some years amongst the institutional population observing and taking notes until at last one had identified some common denominator of the illness which might lead to relief.

The orderly mind of a research scientist would, however, begin to take the problem itself apart on the basis of excluding those things which had not led to a ready solution, and the fact I am about to give you here should have been realized a long time ago.

Psychosis has not been solved because it has been studied in the wrong place. This is the first observation which might lead to a resolution of the problem. The source of psychosis is rarely to be found in the artificial atmosphere of an institution, therefore the problem was not earlier solved. After all, it didn’t occur *in* the institution. The person was sent there *after* it occurred. So the source of psychosis is obviously *outside* institutions. Further, a psychotic patient is seldom able to discuss accurately his life outside, so the institution would only give one evidence on the *results* of the source of psychosis; the source would be elsewhere.

The true psychotic is not always found in an institution. Behind those grey walls you mainly discover his victims. The true psychotic is one who causes hysteria, apathy, misconceptions and the reactions of stress in others. That is the identity of the being that is the source of psychosis.

He is, by and large, rather unfrontable as a being, talking in the widest generalities, and sounds quite sane unless you listen to him closely. Then it will be found that the reasons he gives do not quite make sense, but are all directed toward the necessity

of smashing or brutalizing anyone and everyone or selected groups, or material objects.

The actual psychotic is covertly or overtly destructive of anything the rest of us consider good or decent or worthwhile.

Sometimes such a being is “successful” in life, but the end result of his activities are what you would expect—total smash. Some notable examples were Hitler and Napoleon. Not even historians are quite brave enough to state that these two beings were totally, completely and incomprehensibly separated from reality and acted without good cause, reason or justification other than an obsession to destroy, ruin and bring misery to millions.

How Napoleon, for instance, justified beginning an attack on Russia too late in the year for his troops to operate there at all is very hard to see. Why Hitler had to destroy the Jewish people in Germany as a “necessary act in prosecuting his war against the world outside of Germany” has no other answer other than madness.

The true psychotic brings about an hysterical, apathetic, or deranged mental condition in others. He or she does it for “many good reasons”, does it for no reason at all, or doesn’t even notice that he is doing it.

The true psychotic worships destruction and abhors reasonable, decent or helpful actions.

Although history affords us innumerable examples, they are so common in the society around us that one does not have to go into a study of mass murderers to find them. The phenomenon is by no means rare and at the absolute minimum is 2½% of the population.

This individual fills the institutions with victims, the hospitals with the sick and the graveyards with the dead. The statistics of psychosis are not going to lessen in the society until this type of personality is completely isolated and understood.

The first problem one confronts in identifying the true psychotic is that anyone detecting in himself, or herself, some destructive urge is likely to believe that he or she is psychotic. This is definitely not the case. One of the primary characteristics of the true psychotic is a total lack of introspection, a total irresponsibility to the pain or suffering of others, coupled with a logic which explains it all away but uses reasons which are not sensible to any of the rest of us.

An actual psychotic never for a moment suspects his madness. You and I have often wondered about our own sanity, particularly since nobody could define it, but a psychotic never does.

Further, he would not help his fellow man if his own life depended upon it—he would rather perish.

This being is difficult to spot because he does not, ordinarily, fling himself about and make scenes. He is often entirely emotionless, completely cold-blooded and apparently perfectly controlled. The control, however, is only apparent, as this being is in the grip of a force far more powerful than himself and is a thoroughly controlled being. He or she must destroy and must not help or assist in any way. Such a case is almost impossible to treat even when identified. They do not easily respond to therapy since their level of responsibility is too low to experience even hope or despair about themselves. Thus they never assist anyone seeking to help them, and indeed are far more likely to turn on any benefactor than to permit assistance by them.

Therefore, under the subject of psychosis, we have the actual psychotic and the victims of the psychotic. As long as we only studied the *symptoms* of the victims we could not discover the source of their difficulty.

Any theory is only as good as it can be proven or as it works. Theories are not good because they are appealing or because they are uttered by a famous name, but are only good if they are useful. The question is—do they lead to a resolution of the problem?

Therefore, does the theory that the psychotic is ordinarily not in the institution and that the institution contains mainly his victims open the door to a solution of psychosis?

One could be charged with “oversimplification”, or “total ignorance of the subject”, or “lack of experience”, but none of this would alter the fact that a solution which worked was the true solution to the problem.

I never promised to resolve the whole field of psychosis. I was only interested in institutional psychosis, for I do not think that an actual psychotic, by the above definitions, is likely to be salvaged even if one were able to apply the solution to his case.

There are several reasons for this. The first and foremost is that he wouldn't sit still or stand still long enough. Another is that he isn't likely to be caught very easily and the third and most powerful is that he usually cannot be persuaded to forego his destructive actions long enough to receive any benefit from treatment.

Another reason is that when people are able to identify him, they do not wish to help him.

With those reservations the actual psychotic probably could be handled so far as technical actions are concerned, but these need to be applied before they can hope to work and the application of them in this particular case is prevented by nearly insurmountable difficulties of non-cooperation, disdain, contempt and a total lack of desire on the part of the actual psychotic to salvage himself.

Last and not least, any true psychotic can be counted upon to attack or attempt to destroy Scientology groups or activities as these help people. The source of such attacks traces back usually to pretty dangerous psychotics who aren't in institutions or even suspected, some in public places where not only Scientology groups suffer from their actions. Thus it isn't likely that Scientologists will do much to help cure them even if Scientology was in the business, which it is not.

It is easy to handle a large number of those persons who are the victims of actual psychotics. These are found in a majority in institutions as well as other places. Once again one has the problem of accessibility and communication but with those limitations institutional psychotics can be helped.

As I have said, the proof of any theory is its workability and it will take a considerable number of case histories to display the success of the observations. But if a person were sick from a certain germ and one knew what that germ was and one killed that germ and then that person became well, one would have to conclude that he had located the source of the illness.

The total indicated therapy cure for an institutional psychotic who is, after all, only the victim of an actual psychotic is to locate the actual psychotic in that person's life. There is a very magic response to this action. The technology now exists. It is called “Search and Discovery”.

It is commonly observed that whole families will exhibit psychotic tendencies. This is too great a generality. In such a case it should be stated “the whole family except *one*” exhibit very obvious traces of insanity. The actual psychotic is most probably that one. This person is continually performing acts, often hidden, atrocious in nature, which destroy the confidence and reality of those about him. The others exhibit the hysteria or apathy commonly associated with the illness Psychosis. They never once locate, until it is done for them, the actual source of their obsessions and confusions.

Whether or not a victim exhibits one or another symptom depends largely upon what has been done to the person. To catalogue these is not easy and indeed is not helpful. In each of the cases it is only necessary to find the source of menace (an actual psychotic) which has made them as they are.

I have not tried to give you this as a learned paper. It is rather a discussion of a subject into which man has made almost no inroad. Today a Class III Auditor could expect some success in the field of Institutional Psychosis providing they were well trained, and we permitted him to practice in that field.

Today in institutions the treatment of the psychotic differs from that administered in Bedlam centuries past in that today they have cleaner beds. Otherwise there is no real change. Instead of whips, they use electricity; instead of chains they use brain surgery to incapacitate the person.

A great deal could be done in the field of Institutional Psychosis and being able to isolate the germ in the society which causes Psychosis is only a small step in the direction of lessening the degree of psychosis in the society but it is at least a step in a definite direction.

And if this leaves you wondering whether or not you are insane, all you have to do is ask yourself the questions:

1. Have I ever helped anybody or wanted to?
2. Am I violently opposed to those who help others?

If you can answer “Yes” to 1 and “No” to 2 there is no slightest doubt about your sanity. You are quite sane and those times in your life when you have wondered about your own wits you were only in connection with an actual psychotic somewhere in your environment.

The actual psychotic sometimes climbs to high places in the society, as witness Napoleon and Hitler. But even so he can be identified. Those who advocate violent measures as the only means of solving problems—such as advocating war—those who are violently opposed to organizations which help others are easily identified.

And in the smaller world when you see a cold, indifferent smile to the agony of another, you have seen an actual psychotic.

We do not consider psychosis a field of practice in Scientology and Scientology was not researched or designed as a cure for psychosis or “substitute for psychiatry”. But in the course of research, I have discovered these things and found them to be workable. I trust they may be of some use to you who, who knows, may someday become involved with an actual psychotic or his victim and need the data. ▢