

Who is "At Cause" and who is "At Effect"?

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embracing my label for the enlightenment of others

Now let's look at both D. and myself in relation to the estian routine as both "At cause" (D.) and "At Effect", (P.) shall we? Bear in mind that the self proclaimed 'est-ee' is going for the notion of being the 'winner in the game of life' by being 'at cause' rather than 'at effect.' We begin by accepting that "everything that is being said is true, except that what is driving It has been switched." (EST training)

Let us also take a look at psychiatry's own role as members of the **group** involved (in my own fascinating case) which has been manipulated by the aggressor, along with his blind supporters and enablers, to assess 'reality' as the **opposite** of itself. Psychiatry too operates from ambiguous all inclusive abstractions used for 'diagnosing' which may well explain the Harvard/Landmark union.

It is the well entrenched filter of psychiatry's **own** belief system that makes this possible. They see and hear what they are **also trained** to see and hear, rather than what is actually there. So what are they trained to hear?

Well now, this below is from the DSM. Although I do not think this reductionism does anyone 'good' in the long run, I will include it here since this IS what psychiatrists claim to be using as the means of judgement and expertise. In my experience, we can't talk 'believers' out of anything so we have to go **into** it with them and SHOW them what they believe. Let's look at this one, only **this** time we will **connect** it to the concrete **details** of my own personal est **experience** and the exercises and processes followed by the est-ee nurse in seeking 'domination.' ("It's about domination": Getting It:) The footnotes added to these DSM assessments are **all** mine and so is the long endnote.

First: Narcissistic PD

**(This would be my own choice of a 'diagnosis' for my protagonist(s))
were I forced to psychiatrize him. (them)**

*The symptoms of narcissistic personality disorder revolve around a pattern of grandiosity, need for admiration, and sense of **entitlement**. Often individuals feel **overly important** and will exaggerate achievements and will accept, and often demand, praise and admiration despite worthy achievements. They may be overwhelmed with fantasies¹*

¹ Inside the training it is said, "it is all in your mind."

involving **unlimited** success, **power**,² love, or beauty and feel that they can only be understood by others who are, like them, **superior** in some aspect of life.³

There is a sense of entitlement, of being more deserving than others based solely on their **superiority**.⁴ These symptoms, however, are a result of an underlying sense of inferiority and are often seen as overcompensation. Because of this, they are often envious and even angry of others who have more, receive more respect or attention,⁵ or otherwise steal away the spotlight.

Now let's look at who I was declared to be from my point of view on the **other side** of the **same** experience. After all, as we now know from est, "reality is all a matter of perspective. What you believe is happening depends upon from **WHERE** you see the **start** of the action."⁶

After testing out a few potential psychiatric labels for me, the powers that be, led by the est-ee nurse settled on this one.

Delusional Disorder (Paranoid)

(I 'think' I have been harmed by others; one of them at least, acting deliberately to do so. Others have harmed me by first being led astray and **then** trying to cover up their own 'participation' and by blaming the victim for **being** a victim which just happens to fit right in with the est-ee nurse's belief system." It is used in dysfunctional families too.)

*Delusional disorder, previously called paranoid disorder, is a type of serious mental illness called a "psychosis" in which a person **cannot tell what is real from what is imagined**.*⁷ **The main feature of this disorder is the presence of delusions, which are unshakable beliefs in something untrue.**⁸ People with delusional disorder experience

² He is told to choose between power and enlightenment and not to kid himself that he can have both. Only the leader is thought to have that. He is Werner/Jack. Power AND enlightenment.

³ They are told non estians are not entitled to have an opinion on est as they are not 'enlightened.' They are told to keep the contents secret from non estians as "It will only confuse them," (what will confuse us? Telling us... or NOT telling us?)

⁴ Being the "winners" and not the losers by being a member of an elite group.

⁵ A hospital staff member noted to another, "He sure is getting a lot of attention isn't he?"

⁶ In other words, to which PREMISE are you connecting your beliefs?

⁷ Or perhaps it might have been that the target of an estian narcissist may not be able to tell the difference between reality and the estian fabrications being acted out along with the 'interpretations' of a huge group of people involved.

⁸ Or it could be a belief in something that IS true but the group has an unshakable belief in the presence of 'delusions' in the target. This would be in keeping with the 'switch.'

non-bizarre delusions, which involve **situations that could occur in real life**,⁹ such as **being followed**,¹⁰ **poisoned, deceived**,¹¹ **conspired against**,¹² or **loved from a distance**.¹³ These delusions usually involve the **misinterpretation of perceptions or experiences**.¹⁴ In reality, however, the situations are either not true at all or highly exaggerated.¹⁵

People with delusional disorder often can continue to socialize and function normally, apart from the subject of their delusion, and generally do not behave in an obviously odd or bizarre manner.¹⁶ This is unlike people with other psychotic disorders, who also might have delusions as a symptom of their disorder. In some cases, however, people with delusional disorder might become so preoccupied with their delusions that their lives are disrupted.¹⁷

Although delusions might be a symptom of more common disorders, **such as [schizophrenia](#), delusional disorder itself is rather rare**.¹⁸ **Delusional disorder most often occurs in middle to late life and is slightly more common in women than in men**.¹⁹

Types of Delusional Disorder

⁹ Which psychiatrists routinely determine in an arbitrary manner, no evidence needed or often accepted. This is one of the reasons many of "us" call psychiatry 'arrogant.'

¹⁰ By people like Harry the handy man for example who was reporting to staff and my estian attacker personally.

¹¹ By a nurse who admits to being trained in a system that involves performing deceitful actions.

¹² A group of co-workers acting out with him perhaps and then later deciding as a group to hide the whole thing to take care of their own interests.

¹³ Acted out for me by the community was the idea that someone involved in this other than my protagonist was admiring me from afar, whether real, or part of the 'fun' 'joke' or 'game.' I don't really know but why do others believe THEY DO know? "They did not want 'her' (ME) to get near him as they were afraid 'she' would talk him out of his 'recovery.' I have heard MANY versions of this kind of rumour.

¹⁴ Since I was being bombarded with nonstop contradiction and multiple versions of 'reality' I would have trouble 'interpreting ' what was going on wouldn't I? The ambiguity inside the training is pointed out INSIDE THE TRAINING as causing people to 'interpret' what is meant. The group also does that but does NOT get called 'crazy' for it.

¹⁵ This is where the arbitrary judgements come into the picture. Often with NO direct contact with the identified patient at all!

¹⁶ We look and sound 'normal' except for the grandiose judgements of others who are, as is said in est, "certain that they know."

¹⁷ Disrupted by psychiatrists determined to 'help' us for example, whether we actually want their BRAND of 'help' or not.

¹⁸ That must be what makes us so labelled so 'fascinating.'

¹⁹ Well lookee there. My 'belief' that what was going on was an est exercise (from which my protagonist was quoting) was about my AGE.

There are different types of delusional disorder based on the main theme of the delusions experienced. The types of delusional disorder include:

- **Erotomaniac:** Someone with this type of delusional disorder believes that another person, often someone important or famous, is in love with him or her. ²⁰The person might attempt to contact the object of the delusion, and stalking behavior is not uncommon. ²¹

Grandiose: A person with this type of delusional disorder has an over-inflated sense of worth, power, knowledge, or identity. The person might believe he or she has a great talent or has made an important discovery. ²²

Jealous: A person with this type of delusional disorder believes that his or her spouse or sexual partner is unfaithful. ²³

Persecutory: People with this type of delusional disorder believe that they (or someone close to them) are being mistreated, ²⁴or that someone is spying on them or planning to harm them. ²⁵It is not uncommon for people with this type of delusional disorder to make repeated complaints to legal authorities. ²⁶

Somatic: A person with this type of delusional disorder believes that he or she has a physical defect or medical problem. ²⁷

²⁰ Did they believe this nurse was 'important' or 'famous'? Which brings up another point: "important" is a value judgement. I would be willing to bet that all the 'important ' people involved in this have a much higher opinion of themselves than I ever could since I am an egalitarian; something they don't understand in the 'superior/inferior mind set in which they live.

²¹ As someone was rumoured to have wondered: "Who is, or was, stalking whom?"

²² Like Jesus, or Dr. Semmelweis or Galileo Galilei for examples? Oh.. if only there had been more 'medication' to 'reduce their awareness' for them. Imagine them being so crazy they all believed they understood something that others didn't? (Like the head of the hospital only it is 'different' for him since he has the concrete power to decide who is whom.) Did they not know either that 'reality' is defined by 'group consensus'?

²³ What if he is?

²⁴ Why THAT is just unheard of in real life isn't it? Is it OK if you 'think' that someone who is NOT close to you is being mistreated? Or is that a 'delusion' too as an abstraction?

²⁵ OH how silly! As we all know in the world of reality, no one spies on anyone of plans to harm others...right? Not even those trained to gain power over others by PLANNING their action at the start and by being 'unreasonable'. (because the masses will 'look for reason' where there is no reason in the first place, including my psychiatrists)

²⁶ usually repeated as the complaints are all ignored since the victim is seen as 'crazy' and then gets harassed indefinitely for the same reason, and because the harassers know the psychiatrized will not be believed so they make 'good victims' for the a**hole populations acting out. Part of the loop.

²⁷ This is generally called psychosomatic complaints and exists in the general non psychiatrized population. On the other hand many of the psychiatrized become very ill or die as when they try to get help for their 'complaints' they are, of course, routinely ignored since it is all presumed to be 'mental'

Mixed: People with this type of delusional disorder have two or more of the types of delusions listed above.²⁸

What Are the Symptoms of Delusional Disorder?

The presence of non-bizarre delusions is the most obvious symptom of this disorder. Other symptoms that might appear include:

- An irritable, angry, or low mood²⁹

Hallucinations (seeing, hearing, or feeling things that are not really there) that are related to the delusion (For example, a person who believes he or she has an odor problem may smell a bad odor.)³⁰

What Causes Delusional Disorder?

As with many other psychotic disorders, the exact cause of delusional disorder is **not yet known**. Researchers are, however, looking at the role of various genetic, biological, and environmental or psychological factors.³¹

- **Genetic:** The fact that delusional disorder is more common in people who have family members with delusional disorder or schizophrenia **suggests** there **might be** a genetic factor involved.³² It is believed that, as with other mental disorders, a **tendency** to develop delusional disorder might be passed on from parents to their children.³³

Biological: Researchers are studying how **abnormalities** of certain areas of the brain might be involved in the development of delusional disorders. An imbalance of certain chemicals in the brain, called neurotransmitters, also has been linked to the formation of delusional symptoms. Neurotransmitters are substances that help nerve cells in the brain send messages to each other. An imbalance in these chemicals can interfere with

and not real.

²⁸ Got to cover everyone and do it in a vague generalised kind of way too so the 'patient' can be made to fit the theory much like the est training. Nice and ambiguous.

²⁹ Oh my...how bizarre huh? "low mood."

³⁰ On the other hand there may actually BE a bad external odour. But of course if one looks for signs and symbols of 'madness' everywhere, one will hear everything through the training filter right?

³¹ In other words, all that stuff above is part of the invention based on no evidence of anything.

³² What it suggests to me is ongoing and longstanding group dysfunction. Nevertheless most seem to prefer the hunt for the ever popular 'genetic defective'.

³³ Yes we do tend to teach what we know don't we? Especially when we don't question the generation before.

the transmission of **messages**, leading to symptoms. ³⁴

Environmental/psychological: Evidence suggests that delusional disorder can be triggered by stress. ³⁵Alcohol and drug abuse also might contribute to the condition. People who tend to be isolated, such as immigrants or those with poor sight and hearing, appear to be more vulnerable to developing delusional disorder. ³⁶

□

How Is Delusional Disorder Diagnosed?

If symptoms are present, your doctor will perform a complete medical history and physical examination. ³⁷Although there are no laboratory tests to specifically diagnose delusional disorder, the doctor might use various diagnostic tests, such as X-rays or blood tests, to rule out physical illness as the cause of the symptoms.

If the doctor finds no physical reason for the symptoms, he or she might refer the person to a psychiatrist or psychologist, health care professionals who are specially trained to diagnose and treat mental illnesses. Psychiatrists and psychologists use specially designed interview and assessment tools to evaluate a person for a psychotic disorder. ³⁸The doctor or therapist bases his or her diagnosis on the person's report of symptoms, and his or her observation of the person's attitude and behaviour. ³⁹The doctor or therapist then determines if the person's symptoms point to a specific disorder. ⁴⁰A diagnosis of delusional disorder is made if a person has non-bizarre

³⁴ Yes let's all get a really close up look inside the brain as that will really help us avoid looking at our own ideas or the life we live with other people all around us as the source of the problem. Besides if we can blame the machinery, we don't have to feel bad about anything we have done do we? As they say in my protagonist's training, "you can't help it as you are just a machine."

³⁵ The biggest stressor of all of course is being told there is no real stress and that it is all just your 'delusions' since 'really' nothing at all happened here. You only 'think' it did. Try getting out of that circular diagnosis, I dare you.

³⁶ Or perhaps it is often because the members of the groups mentioned make good targets for the world's abundant supply of a**holes. (not that there are any of course)

³⁷ A load of crap. "X-rays" ah ha ha ha . I could not get a blood test even when it was asked for.

³⁸ Once the ambiguous diagnosis becomes yours (which may take ten minutes now) You will spend the rest of your life trying to penetrate the expert's thinking and /or trying to escape from the 'help.' Once labelled, no one can even really HEAR you except for other psychiatrized people who have managed to figure it out.

³⁹ Got that? It is all going to be about what you say and how you feel as well as how 'compliant' you are; all based on an ambiguous abstraction and not evidence. So if you are being harmed by someone and the doctor does not believe you, and most won't, you will not be able to say it anymore, nor get help. You will need to start connecting to other psychiatrized people for safety; survivors not 'consumers'..IMO

⁴⁰ What you get labelled depends more on WHO you happen to get in the psychiatric crap shoot and not WHAT you 'have.'

delusions for at least one month and does not have the characteristic symptoms of other psychotic disorders, such as [schizophrenia](#).

How Is Delusional Disorder Treated?

Treatment for delusional disorder most often includes [medication](#)⁴¹ and [psychotherapy](#)⁴² (a type of counselling). Delusional disorder is highly resistant to treatment with medication alone.⁴³

Psychotherapy is the primary treatment for delusional disorder, including psychosocial treatment which can help with the behavioural and psychological problems associated with delusional disorder. Through therapy, patients also can learn to control their symptoms,⁴⁴ identify early warning signs of relapse,⁴⁵ and develop a relapse prevention plan. Psychosocial therapies include the following:

- **Individual psychotherapy:** Can help the person recognize and correct the underlying thinking that has become distorted.⁴⁶

Cognitive-behavioral therapy (CBT): Can help the person learn to recognize and change thought patterns and behaviors that lead to troublesome feelings.⁴⁷

Family therapy: Can help families deal more effectively with a loved one who has delusional disorder, enabling them to contribute to a better outcome for the person.⁴⁸

The primary medications used to attempt to treat delusional disorder are called anti-psychotics. Medications used include the following:

- **Conventional anti-psychotics:** Also called neuroleptics, these have been used to treat mental disorders since the mid-1950s. They work by blocking dopamine receptors in the

⁴¹ Tranquilisers as you are 'upset.'

⁴² Talking you out of your perception of reality and your feelings about it all.

⁴³ Some people's truths are harder to suppress than others.

⁴⁴ Many learn to stop talking to 'experts' who cannot hear anything being said to them as 'real' anyway.

⁴⁵ When you try to talk about being harmed they will steer you away from that 'delusion.'

Sometimes they will even find a convert to the 'Faith' who will throw in conversation stoppers like, "Now we have to be careful about our perception problems.'

⁴⁶ Yes I have been well 'corrected' in my 'beliefs' about being harmed by 'others'

⁴⁷ They stimulus- you response.

⁴⁸ Yes group pressure and the rat, reward and punishment routine is always effective. So are 'covert' interviews with your relatives which you will not be allowed to challenge. Of course if a family member is the one who has harmed you, this MAY exacerbate those old 'trust issues'. But don't worry about anyone else feeling bad as they will simply and expediently transform your objections into another of your 'symptoms.'

brain. Dopamine is a neurotransmitter believed to be involved⁴⁹ in the development of delusions. Conventional anti-psychotics include Thorazine, Prolixin, Haldol, Navane, Stelazine, Trilafon and Mellaril.⁵⁰

Atypical anti-psychotics: These newer medications appear to be more effective in treating the symptoms of delusional disorder. These medications work by blocking dopamine and serotonin receptors in the brain. Serotonin is another neurotransmitter believed to be⁵¹ involved in delusional disorder. These drugs include Risperdol, Clozaril, Seroquel, Geodon and Zyprexa.⁵²

Other medications: Tranquilizers and anti-depressants might also be used to treat delusional disorder. Tranquilizers might be used if the person has a very high level of anxiety and/or problems sleeping.⁵³ Anti-depressants might be used to treat depression, which often occurs in people with delusional disorder.⁵⁴

People with severe symptoms or who are at risk of hurting themselves or others might need to be hospitalized until the condition is stabilized.⁵⁵

What Complications Are Associated With Delusional Disorder?

People with delusional disorder might become [depressed](#), often as the result of difficulties associated with the delusions.⁵⁶ Acting on the delusions also can lead to violence or legal problems; for example, a person with an erotomanic delusion who stalks or harasses the object of his or her delusion, could lead to arrest.⁵⁷ Further, people with this disorder can eventually become alienated from others, especially if their delusions interfere with or damage their relationships.⁵⁸

What Is the Outlook for People With Delusional Disorder?

The outlook for people with delusional disorder varies depending on the person, the

⁴⁹ Pay special attention to the phrasing of all this now as it is done this way for a reason. They tell you it is about their 'beliefs.'

⁵⁰ AKA a little something to reduce your awareness for you...

⁵¹ More of the 'beliefs' of the Faith

⁵² Be sure to Google for 'side' effects and current law suits.

⁵³ The previous list of drugs ARE tranquilisers and mood elevators.

⁵⁴ You can get stinkin gloomy being talked around in circles by people who think they know everything and who cannot hear a word you say as 'real.'

⁵⁵ That is when the identified patient says, "Oh yes doctor.. I can see the error of my ways now and thank you so much. Can I leave now please?"

⁵⁶ Or with difficulty associated with being told one is delusional.

⁵⁷ Or if you are the one stalked and harassed but not believed, it may lead to depression which will be seen as your 'brain' problem.

⁵⁸ Or if you and others have been told by 'experts' that you are delusional when you tell the truth.

type of delusional disorder, and the person's life circumstances, including the availability of support and a willingness to stick with treatment.⁵⁹

Delusional disorder is typically a chronic (ongoing) condition, but when properly treated, many people with this disorder can find relief from their symptoms.⁶⁰ Some people recover completely and others experience episodes of delusional beliefs with periods of remission (lack of symptoms).

Unfortunately, many people with this disorder do not seek help. It often is difficult for people with a mental disorder to recognize that they are not well.⁶¹ They also might be too embarrassed or afraid to seek treatment.⁶² Without treatment, delusional disorder can be a life-long illness.⁶³

Can Delusional Disorder Be Prevented?

There is no known way to prevent delusional disorder. However, early diagnosis and treatment can help decrease the disruption to the person's life, family and friendships.⁶⁴

Endnotes

Summing Up

Let's now look at this abstraction connected to my specific concrete details just as though reality was the exact opposite achieved by means of the 'hidden agenda' a routine planned in advance, and **hearing** it as a Bait and Switch Con; a **double** Bait and Switch.

Could the 'bait' for me be the pretence of some shared interests, offered vaguely? In my opinion, and in a democratic country I am supposed to be 'allowed' to have one, my protagonist assigned me the role of "loser, at effect, in the game of life, while seeing himself as the 'winner, at cause." I believe that when told to 'choose' who he would rather be, he identified with the aggressor and picked power 'over' enlightenment. (You see for his clever leader at the top of the pyramid, it's "AND" not "or.") Of course in my own case, I would need a concrete investigation of the over abundance of details to prove this, which is WHY I want a **real** police investigation and NOT the hospital that

⁵⁹ YOU must comply...resistance is futile!

⁶⁰ Let's hear from the ones being treated please and the opposing viewpoint. Believe me there are plenty of people sharing that one.

⁶¹ Yes we can be crazy and know it or crazy and not know it but once labelled we will BE crazy if the doctor has to drive us to our destination personally.

⁶² I have learned enough to be afraid of that.

⁶³ They sure do like those incurable invisible, un-testable 'diseases' don't they?

⁶⁴ The earlier the brainwashing the more likely it is to be accepted without question from 'authority.'

started it all investigating itself and finding itself innocent. There is a conflict of interests there, in more ways than one. I do not want any more politically correct letters from the C.N.O. or the C.M.O. claiming they investigated and are so happy to let me know nothing happened there. Denial is just not going to cut it this time and such manipulations don't impress me. I want REAL action taken based on facts, not feelings about how the groups of participants will "look."

Did you notice that the diagnosis of NPD and the concepts inside the training sound very much the same? .it often is with members of elitist groups with leaders and beliefs that cannot be questioned or disagreed with. Now think of psychiatry itself as a 'group' and see if you notice any similarity on a conceptual level.

'est' sticks to the metaphysical level; the concrete details change but the 'play' remains the same. The 'play' is also a very old and a very common one; one which humanity has yet to outgrow.

When people relate from different premises of thought, they may be using the same **words** but they do not mean the same thing. I see people as having inherently equal value as human beings. I also believe this is the premise from which we should be thinking and acting if we are EVER going to undo all the damage we have caused by straying **away** from the principle and by embracing the sane/insane, superior/inferior, them/us paradigm that is destroying our world. I know now that **if** I am relating to someone as an equal in a two way direct communication, and the other person is relating as either a 'superior' to an 'inferior' or conversely as an 'inferior' to a 'superior' there is no REAL communication taking place at all but only the illusion of one. It gets worse if the evasive one hides behind a duplicitous mask and the direct one assumes genuine, direct communication is taking place only to discover later that what is **presented** as reality and what is actually reality are very different. The result of relating this way is the creation and sustaining of chaos and confusion. For a**holes that may well be the **intent**. For most of the dysfunctional it is just not understood that the other can see and hear them and also that there is a rule against coming out from behind the masks and just looking at this perfectly **obvious** reality. But if we DON'T look at it, it is going to destroy the whole world. It is wake up time. It is past time to come out of the collective trance.

Look at all the character traits applied to me and then look at them again after you switch **back** aggressor and victim in this little 'game.' Does it now sound true **except** for the 'switched positions?' In psychology that is called 'projection' when someone claims their own traits are really the 'others' and not theirs.

So I am said to have a 'brain disease' the cause of which is 'not yet known.' Well at least what is 'at cause' is 'not known' to anyone other than my protagonist and me, and personally, I think that is just the way he planned it too, according to the training system for which he is quoting in writing. I wonder if it was the recognition of that which motivated the CMO (Ed) to push that evidence back across his table at me telling me he

did not want that? Awareness of that fact tying it all together might very well ruin an otherwise un-provable 'game.'

I want you all to notice something in all of this which rarely even gets noticed by anyone let alone commented upon. Whether it is a cult, 'enlightenment' system, dysfunctional family or other group, or psychiatry itself, all of these systems involve 'them and us' thinking, superior/inferior assessments, powerful/powerless relating and the reductionism necessary to reduce someone to the level of **OBJECT**. The group then focuses all of it's attention on that 'object' of observation which allows all of the group members to completely avoid any introspection. That is exactly what they want for though this is most often presented as an 'intellectual' exercise, it is actually done as emotional group catharsis; but in **disguise**.

That objectifying of the targeted 'sick one' is done first so that those who imagine themselves to be all knowing can further imagine themselves to be 'objective observers.' Now that may make **them** feel good but in order to gain that good feeling, they have to make someone else feel bad **compared** to them, and further, they have to deny responsibility for the losses and bad feelings imposed upon that other, who apparently CAN be blamed without giving it a second thought. "We can't blame others' isn't **really** a universal principle, even though those 'correcting others' who blame **them**, like to pretend that it is. In fact, if you pay attention, you will notice that those quickest to play the 'no one must be blamed game' are the **SAME** people who complain incessantly that other people are not living up to their supposedly lofty (and delusional) standards! Yet they do not seem able to hear themselves because of their chronic externalising of their **own** traits.

When people who think in terms of power and control over defective others are given the concrete means to exert that control, no questions asked or tolerated, well, as one of my psychiatrized friends puts it, "then Houston...we have a problem."

When there is no real means to fight 'expertise' and no external oversight in place regarding any system that has unquestioned power and control over others, such powers tend to spiral right out of control. That is because the people who tend to be attracted to such power also tend to become addicted to it. Perhaps the 'underlying causes' they should be looking at are the reasons for their own feelings of powerlessness which have caused them to go so far in invalidating 'others' as the means to finding a 'balance' for it.

Our lack of 'gratitude' is not a sign of something wrong with us. Your **expectation** of gratitude from those you overpower and control while refusing to see your 'subjects' as human beings like you, is a sign that there is something amiss in **you**. (I know... you

already have that one invalidated in the self-perpetuating Big Book of the Mad) I suggest you get the focus OFF the 'subjects and 'fascinating cases' and put it on those who **use** such reductionism to justify themselves.

Do you really want to find the cause of 'mental illness'? Stop the externalising of everything and/or engaging in the hunt for the 'genetic defective' and look WITHIN. Not with an MRI but with your own mind using the brain God, the universe, or selective selection gave you for the job. Everything you need to understand it all is right in there. On the other hand, if you have talked yourself out of trusting all the 'defective' equipment, and you have the SAME equipment as those you assess and treat, then according to your own circular arguments, **you** could be crazy and not know it either, which according to **you** is the worst kind of crazy there is.

Can those who are 'crazy' themselves but don't know it be expected to know how to straighten out those who 'claim' they are not 'crazy' and know it? Quite the conundrum isn't it? It would be quite the 'joke' if only it was not for the very real and disastrous results to those of us who are left 'at effect.' It is for this reason that we must fight against you and the unwanted 'help.' We believe you are actually destroying the world with your 'them and us' paradigm even if you are oblivious to it yourselves. In fact, your good intentions are often the scariest thing about what you do to us 'others' in the name of 'help.'