Can a psychiatrist diagnose insanity?

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Abstract

The article is discussing the question of diagnosing insanity – how and under what circumstances it can be determined and confirmed that a person is insane. Illustrated with practical examples the article presents several basic axioms, which serve as a starting point for the definition of proper method for the diagnosing of insanity and the verification of their theoretical and practical validity. The question is, what is the primary standard for diagnosing insanity: a psychiatrist’s opinion or objective scientific facts. This paper examines socio-psychological effects and potential risks of the present psychiatric utilization of inadequate methods developed and represents digest of the authors book Psychological Theory of the Quantum (PTQ) (1).

Keywords: Insanity, Psychiatry, Conscience, Psychological Theory of Quantum

1. Introduction

Is a psychiatrist able to diagnose insanity without doubt? What is the standard for diagnosing insanity and can we be always completely sure of our diagnosis’ accuracy relative to objective truth and our personal opinion and perception.

A psychiatrist can not determine and claim whether a person is insane or not! That is a fact that can be exactly and indisputably proven, however opposed it may be to present psychiatric practices.

Currently psychiatrist (or a psychiatrist counsel) is an official authority that has the right to determine and declare a person either insane or sane. In the process a psychiatrist generally uses various methods, tests and examinations. Basically the process is executed by establishing a psychiatrist-patient relation. When the relation evolves into a certain phase and the psychiatrist according to their standards and ethics, assumes that they’ve collected enough facts to reach a conclusion, they declare the
patient insane\(^1\) or normal (i.e. cured).

However that means that insanity is determined according to a (an opinion and conclusions of a certain) person (a psychiatrist in this case), and not according to objective facts (the opinions and conclusions of psychiatrist do not necessarily correspond to objective facts). When insanity is determined according to a person, and when the standard for diagnosing insanity is a person and not objective facts, then the diagnosing of insanity is no longer related to facts but to interests, especially the interests of the person diagnosing, in this case the psychiatrist.

Before we approach the exact proof that a psychiatrist can not diagnose (and claim) one’s insanity, we shall describe one of the methods used by Conventional Psychiatry to diagnose a person’s insanity.

2. A Method of Conventional Psychiatry

To illustrate the methods of conventional psychiatry, we shall use an exact quote from the book “Divided Self and Politics of Experience” by R.D. Laing (2):

“When two healthy persons meet, there is a reciprocal recognition of identity. In this reciprocal recognition there are the following basic elements:

(a) I recognize the other person as a person they believe to be.
(b) They recognize me as a person I believe to be.

Everybody has their independent sense of identity and their own definition of whom and what they are. I expect from you the ability to recognize me. That is, I usually expect that the person you think I am and the identity I believe to have, are mostly identical; I say mostly and there is obviously room for significant differences.

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\(^1\) Here we refer to any of the many types if insanity, from psychoses to schizophrenia.
Also, if there are radical differences, despite efforts to resolve them, there is no alternative but to assume one of the two of us is mentally ill. It would be easy to assume that the other person is psychotic if for example:

- they claim to be Napoleon, while I disagree;
- they claim me to be Napoleon, while I claim I’m not;
- they believe I’m trying to deceive them, while I believe I haven’t given them any reason to believe that;
- they believe I am afraid they might kill me, while I’m not and also haven’t given them any reason to believe that.

I conclude therefore, that health, or psychosis, is determined by the degree of agreement or disagreement between two persons, when one of them is healthy according to generally accepted standards.

Therefore a critical examination of a person’s potential psychosis relies on the lack of similarity, a difference or conflict between the two of us.

“Psychotic” is a name that is given by us to a person with whom we are in a specific, inharmonious relation. And only due to this difference in our relation we decide to examine their urine and search for anomalies in their EEG scans.” (end of quote)

However, the “Psychological Theory of the Quantum” (PTQ) does not agree with such diagnostics, verification and explanation of insanity or psychosis! Such methods are uncertain, unclear, and general and based on personal assumptions! They lack scientific facts, proofs and rigorous scientific control, validation, precision and exactness! Such methods belong in demagogy, ideology and politics – not in science! Such methods can not be considered scientific, since such diagnosing of psychosis or abnormalities primarily defends someone’s interests and isn’t related to facts or science.
3. A Criticism of the Conventional Psychiatry Methods

To be able to analyze the claims and perspectives of conventional psychiatry using the PTQ, we shall rephrase the previous quote (2):

“…when two healthy persons meet, there is a reciprocal recognition of identity. In this reciprocal recognition there are the following basic elements:

(c) I recognize the other person as a person they believe to be.
(d) They recognize me as a person I believe to be.

Everybody has their independent sense of identity and their own definition of whom and what they are. I expect from you the ability to recognize me. That is, I usually expect that the person you think I am and the identity I believe to have, are mostly identical; I say mostly and there is obviously room for significant differences.

Also, if there are radical differences, despite efforts to resolve them, there is no alternative but to assume one of the two of us is mentally ill. It would be easy to assume that the other person is mentally ill or psychotic if for example:

1. person B claims to be Napoleon (we’ll mark the first claim of person B as 1CPB), while I (person A) claim they are not (we’ll mark this claim as 1CPA);
2. if the person B claims that I am Napoleon (we’ll mark this claim as 2CPB) while I claim that is incorrect (2CPA); or
3. if person B claims that I’m trying to deceive them (3CPB) while I (person A) claim that is untrue (3CPA) and I have given them no reason to believe so; or
4. if person B claims I’m afraid they would kill me (4CPB) while I (person A) claim I am not (4CPA) as I’ve given them no reason to believe so (end of rephrase)
5. if person B claims that God does not exist (5CPB), while I (Person A) claim that God exists (5CPA).

6. if person B claims that communism is possible (6CPB), while I (Person A) claim that communism isn’t possible and doesn’t make sense (6CPA).

7. if person B claims that 3+2=5 (7CPB), while I (Person A) claim that 3+2=6 (7CPA).

8. if person B claims that Americas were discovered in 1492 (8CPB), while I (Person A) claim that Americas were discovered in 1403 (8CPA).

9. if person B claims that the Sun rotates around the Earth (9CPB), while I (Person A) also claim that the Sun rotates around the Earth (9CPA).

10. if person B claims that the Earth is round (10CPB), while I (Person A) also claim that the Earth is round (10CPA).

We’ve listed several statements that either agree or don’t; as we can see, Person A and Person B state only one claim each at a time about the same problem. These two statements either agree or they don’t agree, there is no third possibility.

Here it is extremely important to notice that the pairs of statements that persons A and B make always relate to the same (real life) problem! Mathematically we can describe this situation in this way:

- 1C(CA,CB) \( \cdot \) P (whether Person B is Napoleon)
- 2C(CA,CB) \( \cdot \) P (whether Person A is Napoleon)
- 3C(CA,CB) \( \cdot \) P (whether Person A wants to deceive Person B)

- ...
- 7C(CA,CB) \( \cdot \) P(3+2=?)
- ...

37
Essentially, with the current psychiatric methods, psychosis or insanity is diagnosed according to the level of agreement in the interaction of two persons (in this case, a psychiatrist and their patient, or Person A and Person B), that relate to the same real life problem. Therefore, the critical verification whether a patient is a psychotic or not is the lack of similarity (of claims), dissimilarity (of claims), a conflict between the patient and the psychiatrist.

A “psychotic” is a name that is given to every person that is in an (official) conflict with psychiatrist due to his or her statements. That means that sanity, or psychosis is diagnosed and verified according to the level of disagreement (in a series of statements) exchanged between two persons (psychiatrist and a patient), where only one of them is sane according to generally accepted standards (in a general case the psychiatrist is considered sane).

Therefore, the quantity and quality of insanity is directly proportional to the quantity and quality of statements that disagree, or: If the quantity and quality of statements is larger, then the degree of insanity (of the person evaluated) is also larger. The reverse is also true: if the quantity and quality of disagreeable statements is lesser, then the degree of insanity (of the person evaluated) is also lesser.

We therefore conclude that sanity, or psychosis (according to conventional psychiatry) is determined and verified by the quantity and quality of agreement or disagreement of the statements (related to the same problem) exchanged among two persons (the psychiatrist and the patient). In other words, conventional psychiatry claims that if statements of a person (patient) are not in (a major) conflict, opposition and antagonism with the statements (opinions) of a psychiatrist, then that person is psychosis-free and sane.

The opposite is also valid: if there are (major) conflicts, opposition and antagonism between the statements of a person
and a psychiatrist, then that person is psychotic and insane.

The **PSYCHOLOGICAL QUANTUM THEORY** is directly negating these methods and claims that such methodology has no connection with facts and science and that such claims of *conventional* psychiatry belongs into pseudoscience and foolish folklore.

4. The proof for the unacceptability of the conventional psychiatric methods

**Axiom 1:** If a psychiatrist and their patient suffer from the same delusions, then the psychiatrist will say their patient is normal (i.e. the patient is not psychotic and is also very intelligent).

**Evidence:** Even if the psychiatrist and the patient believe the same lie (and claim it to be true), have the same religion, same ideology, have the same insane idea, suffer from the same hallucination, the same ignorance (they claim the light always travels in a straight line, the Sun rotates around the Earth etc.), then they both will claim these delusions are facts and they won’t have disagreeing statements, conflicts and antagonisms. The psychiatrist and the patient will appear normal (and very intelligent) to each other and each one will say the other one is normal (and very intelligent).

We shall call this (Axiom) phenomenon “**THE BLIND SPOT OF CONSCIENCE**”! This phenomenon incapacitates and disallows any psychiatrist in the world (and any person) to determine, claim and declare a person either insane or sane.

**Axiom 2, Part A:** If a psychiatrist, under the influence of any delusions or lies, claims delusions to be the truth and the patient opposes the psychiatrists delusions and (knows and) claims only true statements, their claims will be conflicting, opposed and contradictory and therefore the psychiatrist will declare the
“patient” insane.

The Axiom 2, Part A incapacitates and disallows any psychiatrist in the world (and any person) to determine, claim and declare a person either insane or sane.

Axiom 2, Part B: If a psychiatrist (knows and) claims only true statements and the patient claims delusions to be the truth, their claims will be conflicting, opposed and contradictory and therefore the psychiatrist will declare the “patient” insane.

As we can see the relations between the psychiatrist and the patient in the Axiom 2, Part A and Axiom 2, Part B are completely equivalent, scientifically and psychologically. However, sociologically and socially these two statements are not at all equivalent, since the psychiatrist and the patient do not share the same social position. A psychiatrist can imprison the patient (i.e. put them in an asylum), however the patient is unable to do the same with the psychiatrist; a patient has no power over the psychiatrist – and that is exactly the basic reason we have divided the Axiom 2 into parts A and B.

Axiom 3: If a psychiatrist (knows and) claims only true statements and the patient claims only true statements, the psychiatrist will declare the “patient” sane (i.e. not psychotic and very intelligent).

Evidence: If the psychiatrist and the patient both claim facts - they won’t have disagreeing statements, conflicts and antagonisms. The psychiatrist and the patient will appear normal (and very intelligent) to each other and each of them will say the other one is normal (and very intelligent).

We may observe that the relation between the psychiatrist and the patient in Axiom 3 is identical to the relation in Axiom 1!

This phenomenon incapacitates and disallows any psychiatrist in the world (and any other person) to determine, claim and declare a person either insane or sane.
Axiom 4: If the psychiatrist and the patient have *different delusions* about the *same* problems, their *claims* will be *conflicting, opposed* and *contradictory.*

**Evidence:** For example,

- the psychiatrist claims carbon to be trivalent and the patient claim it to be pentavalent,

- the psychiatrist claims that the battle of Kosovo Polje was in 1311. and the patient claims it to have been in 1417,

- the psychiatrist claims that \(3 + 2 = 7\) and the patient claims that \(3 + 2 = 4\),

- the psychiatrist claims currently we are in the 20\(^{th}\) century A.D. and the patient claims we are in the 15\(^{th}\) century A.D. …

The psychiatrist will declare the patient insane in each of these cases. The psychiatrist and the patient will both think and claim the other one is insane; they will both think they are (themselves) sane, however they are both insane.

This phenomenon incapacitates and disallows *any* psychiatrist in the world (and any other person) to determine, claim and declare a person either insane or sane. As we can see, *no one* in the world *can be certain* (and make claims) on others’ sanity.

The method of diagnosing and verification of insanity through the quantity and quality of *agreement or disagreement in statements* (related to the same problem) between *two persons* (a psychiatrist and the patient) is a *Tragedy* for every person and the entire human kind because:

- In this case *all* identical and common *delusions* of the psychiatrist and the patient (or Person A and Person B) will be treated by both of them as *FACTS.*

- In this case *all* identical and common *delusions and facts* of the psychiatrist and the patient (or Person A and Person B) will be treated by both of them as *FACTS.*
With the declaration and diagnosing of one’s insanity everything gets sadder, more miserable and terrible. And here is the proof:

- If the psychiatrist and the patient have different delusions about the same problems, the psychiatrist will declare the patient insane, since the psychiatrist will believe that he/she himself/herself knows the truth.

- When the patient in a conversation with the psychiatrist about the common problems states facts and the psychiatrist states delusions, the psychiatrist will declare the patient insane, since the psychiatrist will believe that he/she himself/herself knows the truth.

When insanity is determined in a relation between two persons, this means the insanity is determined from the viewpoint of a person, and the STANDARD for diagnosing insanity is a person and not objective facts. That must not be and cannot be allowed!

**THE STANDARD FOR DIAGNOSING INSANITY SHOULD BE FACTS AND NOT A PERSON!**

Psychosis should not be determined from the aspect of a person but according to FACTS! If a Person (A or Person B, a psychiatrist or a patient) is treated as a STANDARD in determination of psychosis, then one SHOULD know that this STANDARD or Person used to diagnose insanity is IMPRECISE, CHANGEABLE, CORRUPTIBLE, INCONSTANT and PERSUADABLE (also bribable and in totalitarian regimes always serves to the government and its policies)! And when a STANDARD is IMPRECISE and corrupt it can never deliver exact values, impartial and neutral objective truth and determine a person’s sanity or insanity! Therefore, no one in the world can, DOES NOT HAVE THE RIGHT and MAY NOT say that a person is insane or sane! Insanity CAN NOT be determined while the STANDARD for determining insanity or psychosis is an opinion of another person or the quantity and quality of disagreement in statements.
4. Psychological Quantum Theory and the Diagnosing of Insanity

The Psychological Quantum Theory starts with absolute truth when establishing a person’s insanity. The Absolute Truth is the only correct and reliable standard, meter and parameter and the only right and universal standard with which we can exactly and precisely determine and verify whether a person is insane and if so, the degree of that insanity. The principle is very simple.

As much as a person is nearer to the absolute truth, or persons’ entire understandings and claims are getting nearer to the absolute truth, that much a person is more intelligent. And if a person (with their entire understandings and claims) is far closer to the absolute truth than other peers in the society (like Aristotle, Plato, Newton, Einstein were) then that person is a genius.

However, this leads to the question, what is an absolute truth or “truth per se”? To complete the theory, we shall use this definition: “… a claim, standpoint, statement or belief is true if (and only if) they are supported by facts.” (3) The truth is not a problem of theory and philosophy – it can be determined only through experiment, empirics, human practice and human experience.

According to the PTQ every person represents an “Ego Quantum”. An “Ego Quantum” is an unchangeable and stable category and is always at 100% (or one quantum). An Ego Quantum is composed of the Real Self and an Imaginary Self. Mathematically that can be described in this way:

\[ \text{Person (100% or an Ego Quantum)} = X\% \text{ of the Real Self (truth)} + Y\% \text{ of the Imaginary Self (delusions or the conscience of the Imaginary Self).} \]

The Real self and the Imaginary self are very changeable categories: when one of them increases the other decreases proportionally and vice versa. In this way the Ego Quantum
always remains stable and unchangeable, at 100%.

In line with this definition the human conscience, as an inseparable human – subject category can be observed in a similar fashion. That is, the entire human conscience is the result of the conflict between the Real self (the truth) and the conscience of the Imaginary self (delusions) within the persons’ Ego Quantum.

Whenever a person is solving a problem, the segments of the person’s conscience of the Real self (whose contents are relevant to this problem) are in conflict with individual segments of the person’s conscience of the Imaginary self. The segment of conscience that prevails in that conflict is a conclusion made by the person while working on the given (life) problem. The conclusion that appears in the conflict of the (conscience) segment of the Real self and the conscience segment of the Imaginary self the PTQ calls a conscience unit. Or,

A unit of conscience or a conclusion is a segment of a conscience (within the entire persons conscience), which in the process of logical thought and conclusion making prevails against the segment of the opposing conscience.

Generally observed, the conflict of the conscience segments of the Real and the Imaginary self is conducted according to the “all or nothing” rule, i.e. after the solving of a problem, the winning segment (the conclusion or a conscience unit) remains in it’s entirety (100%) in the persons conscience while the losing segment is entirely lost (100%) from the conscience and disappears.

A conscience unit is positive (+) and belongs to the Real self if it presents the objective truth or the truth from “beyond good and evil” and is negative (-) and belongs to the Imaginary self if it is a delusion.

The difference between the conclusions and a unit of conscience is described thus: A person always thinks a conclusion is correct,

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2 according to the PTQ a persons’ Conscience of the Real self is an inseparable part of the persons’ Real self
precise and contains the truth. Conversely, a unit of conscience shows whether a conclusion is really correct (and good) or not – unit of conscience stands “beyond good and evil”, is independent of a person’s subjective opinion and presents the essence of the human conscience and the truth.

A conclusion is a subjective, personal and social category, and a unit of conscience is an objective, scientific and psychological category.

In the everyday life, a process that is running in the person’s conscience while solving any real life problem is extremely complex since a large number of segments (related to a real life problem) of a conscience opposes to the segment of the other conscience (related to the same real life problem).

In any chosen moment there can be only one unit of conscience within the person’s conscience (either positive or negative). When observed for a longer time interval, it can be presented graphically like this:

![Diagram of conscience units](image)

If within a chosen time interval in a series of a persons conclusions and statements, the number of conscience units where
the Real self conscience prevails is statistically increasing, then a person’s “ordinary” conscience (as known in everyday life) gravitates towards the rational and genial and the person’s Real self conscience gains power and size.

If within a chosen time interval in a series of a person’s conclusions and statements, the number of conscience units where the Imaginary self conscience prevails is statistically increasing, then a person’s “ordinary” conscience (as known in everyday life) gravitates towards the imaginary and insanity and the persons Imaginary self conscience gains power and size.

The degree of a person’s insanity in a chosen time interval can therefore be determined only on the basis of the quantitative relation between the negative and positive conscience units in the person’s entire conscience. When the quantity of negative units exceeds 51% (and grows larger than the quantity of positive units) of all units of conscience – it changes the quality of a persons conscience, i.e. the decay of a persons conscience begins and insanity approaches; the larger the number of negative units, the bigger the degree of insanity is in the observed time period. The observation’s time interval can be either 24 hours or several days – more precise results are gained when the period is extended.

Taking into account that a person’s conscience is composed of conscience units (both positive and negative), even the most intelligent person is able to commit foolish acts; and even the biggest loon is able to know or do something intelligent!...

With the aid of the conscience unit concept we can easily explain how a person can be insane (only in “a single point” - fragmentary) only partially - in a single segment and yet may function as a normal person in all other aspects… A wonderful example is the famous Cervantes’ Don Quixote…

5. Conclusion

Based on the presented text I conclude that sanity, or psychosis (according to the conventional psychiatric practice) is not verified in relation to FACTS and DELUSIONS, (as the “Psychological Theory of the Quantum” (1) demands) but according to the level
of agreement or disagreement of *STATEMENTS* (related to the same problem) exchanged between *TWO PERSONS* (a psychiatrist and a patient, or Person A and Person B), and that is intolerable – and presents deceit and pseudoscience.

Sanity, or psychosis should be determined and verified according to *facts (or delusions)*, and not according to the level of agreement or disagreement of *statements* (related to the same problem) exchanged between *two persons* (a psychiatrist and a patient, or Person A and Person B)! This is a *mandatory* and unavoidable condition for psychiatry to become a science and not a servant of demagogy, ideology, politics, government and the police, and not serve to politicians in the disputes of daily politics with their rivals and opponents.

**References**