

## Measuring Morals, *Scientifically*

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WARS ARE AMORAL—THEY RISK FORECLOSING US ALL. Radioactivity is no respecter of opinions, however weighty. So why do our world's thinkers sit on their hands, voicelessly observing our species, as it self-fossilises? Their most obvious objection is that you can never really know what is actually going on in other peoples' minds. Introspection is taboo—even though it's something we each do, every morning. To this impasse, this paper responds by exploring a scientific instrument which proves objectively, for all to see, just what does go on in the mind of a warmonger. And unhappily, until we can all agree on what does motivate such carnage, our chances of surviving it, globally, shrink by the decade, if not by the year.

Contrary to conventional wisdom, the ideas explored in this paper are not especially novel—in fact, apart from the smart phone itself, the three pivotal points discussed here, have been circulating for 30, 40, and 130 years, already. The question the paper poses is—can we coordinate them all, soon enough, to avert our forthcoming, meticulously planned, and hideously costly, Nucleargeddon? Is this our species-suicidal-flaw? This paper offers material, concrete, *scientific* data to cure this omertá, whatever your philosophy, religion or politics might aver to the contrary.

Strictly speaking, these devices do not show what the other person's mind is actually thinking, rather what he or she is *unable to bring to mind*, to think through, at the time. But this scarcely diminishes the inestimable value of a device which gives us all, an objective, measurable and consistent account of our thought processes themselves.

In a word, what this scientific instrument does show, beyond dispute, is—*thought-block*. And for a species whose one evolutionary advantage is to think things through, and thereby plan ahead—blocked-thinking imperils our healthy future—as we see it doing, all around us, today. And the one and only place in which we can do any planning ahead, is in our quite remarkable frontal lobes. In sum, what this \$200 device does, is to demonstrate, *scientifically*, for all to see, whether our vital frontals are fully functioning, or not.

On the bright side—we plan ahead for our next meal, our next sleep, our schooling, our careers, even for our old age. Our creativity and our artistic endeavours know no limits. We could do none of these, with any chance of success, unless we could think ahead, think things through, using our astonishing lobes. There can be no argument about this—we all do it—so much so, that trade, commerce, and indeed community life in general, simply could not prosper without intact frontals. That's what we use them for. So an inexpensive device which can show everyone else, whether they are working healthily, or not, is invaluable.

On the dark side—it must by now be obvious that we humans are fully capable of the most horrendous mismanagement of our affairs. So much so, that one can almost guarantee that, however well it appears to be going at first—“it will all end in tears”, as my semi-confident mother used to lament.

Isn't it time we applied some of our much-vaunted logic to this grotesquerie? Time we admitted—firstly that that's

what we humans are prone to do, secondly that we need urgently to work out where this unlimited appetite for destructivity does actually come from, and third and finally, how to fix it, 100%. These are the three themes of the paper itself. To put it bluntly, if we can fly ourselves to the moon, isn't it high time we found out, for certain, why we can't stop bombing each other to smithereens?

This paper would be stronger if it could be supplied with just such a device to go along with it, so that sceptical readers could see for themselves just how radical is the re-appraisal it does provide of war, violence and a host of other mental aberrations, *scientifically*. Such devices are readily available from any standard retail outlet, and are cheap enough to empower anyone who can afford a smart phone. Placed in the hands of the general public, a more humane outlook will prevail. I have in mind today's over-dominant psychiatric text, whose claim to be scientific is utterly demolished by this inexpensive device, at a stroke. Such a healthier outcome would be welcomed by any who are currently suffering from our current grossly unscientific psychiatric mismanagement, and that includes staff.

The paper has seven sections—(1) Lenny is blocked. (2) Lenny succeeds in unblocking himself, eight weeks later. (3) “And I love you too”, “says” Ethan, aged only 24 minutes old. (4) Craving Consistency. (5) Earning Reliability. (6) Blossoming via Affirmation. (7) Conclusion.

In sum, the three themes of this paper are—firstly, Alice Miller's poisonous pedagogy writ large (i.e. her “*Schwarze Pädagogik*”). Secondly, validating this *scientifically*. And third and finally, curing it, 100%.

Please note: The paper draws heavily on two videos, both readily available on the web. Searching for “My pivotal case” and “Ethan's first half hour” would readily produce them. A verbatim transcript of the first, is in the appendix.

*Keywords:* frontal lobes, thought-block, child-terrors, civilisations-six-blindspots, psychopathy, psychosis, crime, scams, bullies, war, Ethan's first half hour, frontal-meter

### 1. Lenny Is Blocked (September 1991)

“I DON'T KNOW WHETHER I COULD SAY IT TO HER, OR NOT”. This is line 44 in the first videoed session with Lenny, a 43-year-old man, I am working with in Parkhurst Prison, UK. He's talking about his mother. It is quite essential that the full weight of this sentence sinks in. The reader is invited to run through some of the reasons that might induce an adult to doubt his ability to tell his mother something, or other. Anything. What would you suppose would prevent him? Is she going to cut him out of her will? Is she going to “never speak to him again”? What?

Let's raise the stakes. Lenny clearly believes he has more to lose by opening his mouth to his mother, than by keeping it firmly shut. What could that possibly be? Obviously—if telling her this item guaranteed she would crush him, then he is clearly wise to withhold it from her. Not just now, but indefinitely.

If Lenny's mother were holding a gun to his head, then that would explain why he was especially careful in picking his words.

Just let that scenario sink in. The most compelling reason for Lenny to doubt his ability to be open and frank with his mother, is fear of death at her hand. Please keep this ridiculous-sounding notion in mind—because that happens to be nearer the truth than anything else. Lenny honestly believed, at this time, that if he was brutally frank with what he had in mind, then that would end his life. BETTER DUMB, THAN DEAD.

Now obviously that makes no sense whatsoever. Here is Lenny, a life-sentence prisoner, incarcerated in a maximum-security prison wing, where entry by anyone, including myself, a consultant psychiatrist, is never easy—let alone, as in his case, a potentially homicidal mother. It doesn't add up. Logic, clear-sighted reasoning

has gone by the board. Lenny is no longer thinking straight. Nor talking straight. His frontals are AWOL. Let's conclude from this, that he is blocked.

Thought-block—here in plain sight, videod for all to see—but quite unbelievable, at least at first glance. It doesn't fit in with the everyday picture of ordinary human beings. If there was an obvious and open death threat, then Lenny's precautionary mutism, would be immediately understandable. But there isn't. I represent a serious and potentially harmful authority among assorted prison staff. Except that, by this time, I have managed to convince Lenny that I am likely do him more good than harm—a crucial shift in trustworthy emotional support.

But hold on a minute—there is worse to come. What do you suppose it was that reduced the adult Lenny to an inarticulate lump? Can you imagine anything that could come out of his mouth that would justify his dumbness? Is he going to burn down the Houses of Parliament? Is he calling his mother some of the worst things under the sun?

No, it's even less believable. Please hang on to your hat—what Lenny was reluctant to tell his mother was the truth. And here you have the whole human conundrum in a nutshell—here, when thinking is distorted, it's the truth that gets buried first—DON'T TELL-THE-TRUTH, IF YOU WANT TO LIVE. This is the unspoken message behind all thought-block—i.e. LYING'S-BETTER-THAN-DYING. And, as this paper explores, this begins, at last, to shed light on our otherwise incomprehensible, and apparently limitless capacity for destructivity—here truthfulness is its first sacrificial victim.

What is patently obvious to everyone else, is that Lenny is an adult. But there in Line 37, when I ask him—“Do you find that surprising, that you find it difficult to tell your mother you're an adult?”, he ruefully agrees. He is terrified of even saying the words—“Hello mother, I'm an adult”, albeit to an empty chair.

And to anticipate the third theme of this paper, i.e. what to do about it—all that needs to happen for Lenny to undo his crippling thought-block, is for him to find out that it is now quite safe for him, to tell his mother he is an adult. This would, at last, synchronise his inner view of himself with what everyone else can immediately see anyway. Thought-block eased by confidence, empowerment and therefore agency, on the part of the sufferer.

There was a substantial, even a vital reason that blocked him, in the first place—but like childhood itself, this is now long over. It's obsolete. And provided the sufferer can access suitably informed support, then adulthood can be resumed, and full frontal lobe functioning fully restored.

So why has it taken so long already, for Lenny's hard work to make any progress in the wider world, to become more widely known and implemented? After all, 1991 is already a generation and a half ago. To partially answer this, just look at the number of issues thrown up by this brief sally into emotional barriers.

First off, Lenny and others in his place, are never going to find it easy to admit such humiliating nonsense as fearing to inform their parent that they are adult.

Second, everyone else can see that he *is* an adult, so where's the beef? How can this be a problem?—all you need to do is point out what everyone else knows right away. Why doesn't—“be your age, Lenny”, work every time? Because, believe me, it doesn't. If it did, we'd have no crime and no war.

Third, as we see in the next section, he is fully curable, 100%. That is to say, he can become fully comfortable in his adulthood, whereby his memories of his mother no longer need to control his frontal lobes, as they certainly did when he was small, and she was relatively huge.

Clinically there is no question that his frontal lobes *were* blocked, and eight weeks later, that they *are* unblocked. But that's a personal clinical judgement, and a subjective opinion on my part, shared on this occasion by Lenny himself. More is needed. And here we reach for the \$200 scientific instrument, which as later sections

show, can detect inactivity in the frontal lobes—and therefore provide for all to see, objective, reproducible, *scientific* evidence that they are turned off by past trauma, and, where appropriate remedies are available, turned back on again, by insightful emotional support.

Bear in mind I showed Lenny's video to the Royal College of Psychiatrists' Annual Conference in 1995, but though they responded initially as if it was a breakthrough, they then, collegiately, negligently neglected to follow it up. In 1998 I had arranged for a brainscan machine to be brought into the maximum-security hospital where I was working at the time—but the 15 local consultant psychiatrists, with their political allies, squelched it—I had been head-hunted to establish a world centre there, for treating Personality Disorders—in vain. Now that such technology is available for less than the price of a mid-range smart phone, perhaps the point no longer needs to rely so heavily on clinical expertise, which, so far, has proved more obstructive than enthusiastic.

Lenny however, drew a different conclusion, as we see now, in the next section.

## **2. Lenny Succeeds in Unblocking Himself, Eight Weeks Later (November 1991)**

“I'D SAY—MOTHER YOU CAN'T HIT ME, LOVE—I'M A GROWN UP”. This is in Line 257. The contrast to everything Lenny has said in his earlier session, only eight weeks before, is stark. I pose this as a challenge to all sceptical readers—how would you explain what has happened? Why is Lenny now taking a different line? Whereas in September 1991, when the first video was taken, he was fumbling about, prevaricating, obviously building up his courage just to say those four short words—“I AM AN ADULT”. Now in November of the same year, he displays total confidence. He has, at last, located the origin of his reticence, and indeed of his earlier (inexplicable) rage, and (homicidal) violence. He now speaks clearly, freely, and with fully functioning frontal lobes.

Again, the clinical picture is irrefutable. Or it would be if the whole topic didn't breach far too many House Rules, too many sacred cows, too many orthodoxies.

Which is why I reach for this scientific instrument again, and locate the change in that part of the human brain which is fully acknowledged to be where we plan ahead, think things through. Or don't.

Here we cite what also happened 30 years ago. In 1995 Dr. Bessel van der Kolk (1996) reported on the first brainscan investigations of the impact of trauma on cerebral function. His conclusion, entirely supported by Lenny's experience of September 1991, was that recalling trauma was the equivalent of having a stroke—both speech centre and frontal lobes go “off-line”. They cease to function—they are “blocked”.

This we can see so clearly in Lenny's initial struggles to agree with me that he is an adult. What Dr. van der Kolk failed to demonstrate, as these devices assuredly will (and Lenny does clinically enough), is that with appropriate and informed resources, then both speech and frontal activity can be fully restored, 100%, once their originating childhood-trauma has been suitably de-toxified. (I can't resist adding that, in 1988 no less, I showed Dr. van der Kolk video of three patients curing themselves in this way. Though his students were enthused, he wasn't (Johnson, 1988)).

So what do these scientific instruments consist of, how do they work, and what do they do? Well, they go by the general name—“biosensing headbands”. That's to say, they fit on the head like a bandana or tiara, and “sense” the electrical activity underneath.

The reason the equipment for this sort of investigation needed a truck the size of a pantechicon when I arranged with the local university, to deploy one in 1998, is because the brain seethes with electrical activity—electrons are buzzing all over, even when we are asleep. Happily, the advent of the prodigious computing power

currently packed into even a midrange smart-phone is more than adequate to decode this welter of electrical activity into more understandable form. It may require tweaking, to select the appropriate wavelengths to follow the functioning of the frontal lobes—but since so much can subsequently be learned from it, this is not hard to justify. It makes sense to call a suitably adapted smart-phone—a frontal-meter—a device, which for less than \$200 apiece could transform, not only psychiatry, but crime and indeed war.

Let's compare such a frontal-meter, with other medical electron sensing devices. Take the ECG or Electro-Cardio-Gram. This exposes the electrical activity in your heart muscle to others, besides yourself, and, significantly, it can tell you (and them) which bits of your "circuitry" are working well, and which are struggling through lack of adequate blood supply. Note—its readings are "scientific", they are objective, they do not require introspection, clinical judgement, nor an esoteric philosophical posture. But they do require a willingness to accept objective scientific data wherever it comes from—cardiac health would be incomplete without it—my contention is that precisely the same strictures apply to your healthy mind.

The scientific instrument, the frontal-meter, proposed here, does exactly the same for the frontal lobes, as ECGs do for the heart. When our frontals are fully functional, they generate profuse brainwaves. When they are "blocked", these waves cease to set out in the first place, an absence which, as with the ECG, is available for any third party to see, to observe, and to take fully into account, should they be interested in where wars come from. My hope is that by releasing this technological access to the wider public, this might at last, open medical, even political doors, which to date have been kept obdurately shut.

There are of course particular conditions which must be fully complied with, for frontal-meters to work at all—just as there are if you want to use ECGs healthily. But none of these hurdles, though possibly irksome, can detract from the important, indeed vital, significance that the one can inform you regarding your heart's health, and the other can offer you, and everyone else, solid, objective indeed scientific data, about your morals. The dreaded introspection need not be invoked for either.

This last point, linking functioning frontals to moral conduct, calls for further exploration. It represents the main theme of this paper, which maintains that healthy frontal lobes are vital for healthy morality. And conversely, that where you find immorality, its origin can invariably be located in frontal blockages.

Again, this is not without precedent. Sceptical, and hard to convince readers are invited to search the web for "frontotemporal dementia", where the connection between disabled frontals and societal flaws and misdemeanours is making itself obvious, even without the need for a sophisticated \$200 scientific instrument.

What's missing so far, in this context, is the impact of residual child-terror. Also absent, is the optimism that becomes instantly available, once it is fully understood that a 100% cure is routinely available. This follows as a direct consequence of the sufferer being empowered to synchronise frozen childhood memories with their adult reality. After all, by this time, childhoods are over, taking with them, any and all traumatic events which had occurred therein.

So, if restoring healthy frontals cures uncivil behaviour patterns—where do such troubles come from in the first place? To answer this question, we are fortunate to have a video of how we all begin, whether we like it or not—i.e. at birth, to which we now come.

### **3. "And I Love You Too", "Says" Ethan, Aged Only 24 Minutes Old**

WHEN DO OUR FRONTAL LOBES START WORKING? Sooner than you think, and years earlier than I was taught as a medical student. Science has painted us into a corner, such that only objective, readily observable

data is considered to have any lasting value—whence the crying need for frontal-meters. In a further attempt to by-pass this “scientism”, I appeal to the reader to apply their frontals to the following picture. Study it closely for a few minutes, adsorb it, and then listen to how your remarkable lobes are telling you to react to it.

Figure 1 is a still, from the unique video of Ethan, immediately after his birth, recording his obvious ability to interact socially, together with his equally obvious social delight in doing so (Ethan’s first half-hour—YouTube, 2013). This ground-breaking video is just under three minutes long. I would seriously suggest to readers who find the main thrust of this paper hard to acknowledge—that they play through these short minutes, several times, and let the obvious human value they display, sink in. Remember my frontals were at least part-blocked, until I was 49, and Freud’s remained tightly sealed, well past his 80s (see Johnson, 2025a; 2025b).



Figure 1. Ethan “says”—“And I love you too”.

The clock shows that at the time this was taken, Ethan was no more than 24 minutes old. Having been born at 14:08, here he is turning to greet his mother at 14:32.

Really let Ethan’s breakthrough, sink in—so much depends on it, not only for the themes of this paper, but even for your very own personal appreciation of life in general, or not What if one of your companions turned to you across the room, with exactly this quality of expression on his or her face—how would you react? What do your frontals tell you about the way she or he is looking at you? How warm does it make you feel?

I like to think of this picture as a type of Rorschach, the ink-blot test used to assess personal trends. If you trivialise this challenge to your emotional reactions, then I have to caution you that this is as good as it gets—we humans need humans—else we perish. This is the consequence of *homo sapiens* being a social species—without fruitful emotional interaction, we are lost.

Nor is this Ethan’s only exceptional achievement, in the first half hour of his life—his delightful invitation

to engage socially. As the accompanying dialogue makes clear—babies are not only amazing, but can teach us troubled adults to be just as amazing too.

Right from the moment they're born, babies are acutely attuned to the world around them. They know what they like, and what they don't like. And most astonishing of all, they're able to communicate with other people just seconds after birth...

A little later, he really shows us what he can do, when he's put in his dad's arms. When John sticks his tongue out, Ethan looks hard, concentrates, and then sticks out his own tongue. He does the same thing again a moment later.

Here are frames from that video—evidence that consciousness is alive and well, from the very beginning. More—we either exist as social beings, or our existence starts disintegrating.



Figure 2. Ethan sticks out his own tongue, at 17 minutes old.

Strictly speaking, of course, Ethan doesn't speak the word "love", nor any other. And if you are a tight adherent of the early Wittgenstein, then you are obliged to assume he is as mute as the proverbial swan, and must thereafter be "consigned to silence". Please accept my assurance that even Wittgenstein's frontals would have melted by now.

When child-rearing goes well, then three further, rather fuzzy words, also come to have greater meaning than we commonly allow—Consistency, Reliability, and Affirmation. These three feature in the next three sections, during which we see how this whole thesis unpicks Civilisations-Six-Blindspots listed as—psychopathy, psychosis, and crime plus scams, bullies, and war.

And the relevance Figure 1 has for our exploration of frontal lobes? It would surely be a dismal reader indeed, who did not concede that Ethan's lobes are in full working order. He has located a fascinating source of social delight, just across the room, in the shape of his mother. He turns to her. His face lights up, in as fruitful a manner as any one of us can ever expect, anywhere, throughout our lives.

Of course, the sceptic, and the over-scientific can always have their orthodox pre-judgement refuted, or at least be invited to do so. Here is where that redoubtable frontal-meter can shift shibboleths. Apply this to Ethan's forehead, and I am entirely confident it would record fully functioning frontals. This alone doesn't compel the over-scientific to acknowledge objective non-introspective, readily (and cheaply) reproducible data—but those who doubt it, are putting more than their logical *scientific* reasoning, at risk

Sadly, not every newborn is received as warmly, as Ethan was. Where initial social interactions flail, then

our objective, non-introspective frontal-meter would offer much more dismal data. Indeed, as we explore next, this is precisely where our troubled species goes so badly wrong.

#### 4. Craving Consistency

“THE FAULT, DEAR BRUTUS, LIES NOT IN OUR DNA, BUT IN OUR UPBRINGINGS, that we self-eliminate”. While I remain confident that Shakespeare would readily forgive me for tweaking his wisdoms, I’m less sure our affronted “experts”, will. And, as for evaluating “upbringings”, what could be better than working for 20 years as a family doctor? There you see all manner of pedagogy, to use Alice Miller’s all-encompassing term. More—this exceptional length of time, enables you to see what works best, and what least.

This front-line of medical practice is also invaluable for seeing the latest in medical fads, for yourself, as prescribed by “consultants”. This soon becomes clear, when their medical innovations meet everyday reality. In the NHS (National Health Service), at that time, “Hospital Specialists” directed “Primary Care Physicians” as to what they should be doing. Thus I found myself instructed to inject gold, yes, metallic gold, into my patients with rheumatoid arthritis. And for a significant period, prescribing, of all things, Arctic Krill, also for arthritis. So front-line medical practice is a wonderful teaching experience—I even found myself saying that the best qualification for any psychiatrist, was 20 years in general practice.

Except that if you are single-mindedly climbing a career ladder, then diverting 20 of the strongest years of your life, to what is often thought of as the Siberia of Medicine, is hard to justify. Especially if you’re an aspiring psychiatrist with as enormous ambitions as those I had acquired aged 16. So it took a major and abrupt intervention by the gate-keepers of my profession, that at the age of 30, on the brink of a meteoric rise, as I had hoped, I was blocked from any and all further hospital promotions, on the grounds that I declined to prescribe Electro-Shock-Treatment (ECT), which in truth, I regarded then, as akin to a mediaeval ducking stool. And still do. “You are not a team player”—this was the verdict pronounced on me by my line manager, albeit after some 18 months of previously unblemished employment.

What I didn’t know at the time, and would anyway have vehemently denied, was that I had a substantial element of thought-block that needed, gently, to be weaned out of me. Thus it was not until September 1986, 19 years later, when I was already 49, that the benign and unflinching positive affirmation which I had unexpectedly received, enabled me to by-pass my very own thought-blockages—placed there, as if indelibly, by my similarly afflicted father, all those years before. I have described the event with my pivotal patient many times (see especially Johnson, 1988)—now’s the time to draw further conclusions from it, especially with respect to the three themes of this paper—i.e. firstly, Alice Miller’s poisonous pedagogy writ large. Secondly, validating this *scientifically*. And third and finally, curing it 100%.

Here, Ethan’s video helps again. The opening frame of that highly informative film, clearly shows what every one of us is like, at the point of arrival. Figure 3 shows him complaining vociferously, that he doesn’t like the cold, hard cot into which he has been unceremoniously bundled, by forces and creatures well outside his control, or his understanding, and at whose whim he so obviously lives, or fails to.

Note especially the clamped off umbilical cord. We’ve all had one. And I can confidently predict that every reader of this paper has a significant reminder of this biological fact, in their very own navel, or “tummy button”.



Figure 3. “Get me out of here—or else...”.

Why is this especially relevant to a discussion of morals? It is an irrefutable, scientific fact that we are bipeds. Other mammals, notably ungulates (e.g. sheep and cattle), utilise their four limbs to stand, to suckle, or to flee. So, should adverse upbringings impend, lambs and calves have instantly available quadripedal remedies. None of these self-empowered escape routes are available to any newborn human, anywhere, or at anytime.

Now this is an indelible Truth. It applies to every human ever born. Just as we each of us had our very own umbilical cord, without which we could never have survived at all, in our mother’s womb—so, once these are cut at birth, which they must be, if we are to gain any independence—then we desperately need an alternative. And soon.

Philosophers who find this difficult to digest, should take a closer look at Figure 3. Ethan is helpless. He can do nothing. He can wowl, until his lungs burst—but without an effective replacement for his now obsolete umbilical cord, his future is not only bleak, but brief.

And Ethan knows this. We all do. We are unlikely to have been invited to stick out our tongues, aged 17 minutes, as he so wonderfully was—but our entire subsequent existence depends on the quality of the care we immediately receive, just as it did for him. Is it going to continue? How consistently are our desperate calls for help likely to be answered? Or is the cold hard world into which we have just been dumped, always going to be like that first impression—a bitter struggle against unseemly odds that we are not in the least equipped to counter?

Take a closer look at Ethan’s face in figure 3. Brace yourself and look really hard—it’s contorted, it’s twisted into a complex of rage, fear, impotence—and if not promptly answered—into revenge.

Well, friendly reader, having read so far—I have to break the news to you that that is the one and only source from which all our Civilisations-Six-Blindspots come. Not from our DNA, nor yet our stars, but assuredly, and 100%—our infancies. Simple, but devastating. And the cure? There is one, as Ethan found—so let’s spell it out.

### 5. Earning Reliability

TRUST IS THE ANTIDOTE TO FEAR. Trust, it transpires, is the necessary glue which holds a social species together, or not. Especially one riven by global fears, such as ours. This is far from being immediately

obvious. I don't recall "trust" ever featuring in my extensive medical training. It may have been subsumed under the overall heading of "a good bedside manner", or "a quality therapeutic relationship"—but placed centre stage, I don't think so. Yet look at Ethan again. How does he go from an intense and apparently implacable savagery, as in Figure 3, which if writ large would rightly terrify us all—to a seraphic, almost angelic expression, as in Figure 1?

Before proceeding deeper into the mire of man's inhumanity to man, this paper must now make a further demand on the reader's good nature, the strength of their determination, and indeed the level of their trust in me, and in my reliability as a guide. I rather doubt that many philosophical discussions would impose quite so personally on its participants—but desperate times call for desperate measures, and if you remain unmoved by the seemingly endless destructivity which our quasi-social species goes to such costly lengths to achieve, then those who haven't opposed it, have, in effect, endorsed it.

To show the depths we must now plumb to begin to find a "cure", we have to add an even heavier term to the descriptors already offered, of Ethan's Figure 3 reaction. "Rage, fear, impotence", with "revenge" not too far away—these are bad enough to see in any fellow human. But the missing term is worse—Ethan is in pain.

Now pain is an indispensable part of health—my computer analysis of symptoms in general practice shows it to be the commonest of all. And rightly so. If your broken leg was not painful, you might walk on it further, thereby increasing the damage. One of the serious drawbacks of cancer, is that early signs are often pain-free, so don't prompt timely intervention. Thus pain, and as we'll see, threats of pain, keep you out of further trouble. Or can do.

Look at that telling phrase—"once bitten twice shy"—what does it mean for our frontals? Well, it's obvious. If you repeat an action that caused you pain, then, if it hurts, you have only yourself to blame. What's the point of having wonderful frontal lobes with which to plan ahead, if we don't listen to them, and use them to ensure we suffer less pain, in future.

Sounds eminently sensible. And when it is in good working order, then that is precisely what everyone of us should do, should learn to do, and should make a point of never deviating from.

EXCEPT if your frontal lobes are misinforming you. What if they go on the blink? What if circumstances outside your control conspire to misinform you? To use a contemporary phrase—what if your very own frontals insist on providing you with FAKE NEWS. What then?

Well obviously, you know about pain, you were the one who experienced it very personally, the first time—so here is a paper written by a rather unorthodox individual (one of those unreliable psychiatrists, at that), inviting you to repeat what you already know is not so much dangerous, as terminal. BETTER DUMB THAN DEAD.

Cue Lenny. Here I was inviting him to say the very phrase that he knew so well from deep and personal agonising experience would inevitably bring a whole tempest upon him. "Hello mother, I'm an adult". Do you want to live? Do you want to continue? Or do you want to cut off your one and only emotional umbilical cord, when its only available replacement has made it quite clear to you that any hint of insubordination on your part, and she will batter you to death.

No question. Don't even think it. These parents seem to have an uncanny way of even reading your thoughts—never go there again. Never review. Even to open that particular box, jeopardises the whole scene. LYING'S-BETTER-THAN-DYING—only a complete idiot would think otherwise.

Pain deters. And rightly so. Did you find a built-in reluctance to concede that Figure 3 shows pain? We don't like to think of infants suffering—did you take a second look?

Your frontals will have decided. You can review their decision—but only if you trust the source requesting you to do so. If you don't, then you let them run on, not idly, but with well established routines that have kept you alive, so far.

And yet, here this unusual doctor is suggesting that a newfangled gadget can peer into the very workings of your mind, and tell you if your frontals are fully functioning, or not. It is rather too easy to see how some will conclude that it is far safer to scorn anything as out of the ordinary as a “frontal-meter”. Who ever heard of such a thing? Why has it never been mentioned in any reputable medical training curriculum? Accusing me of not being a team player, comes rather too readily. Is this “scientific instrument” something you would feel confident in chucking into the garbage? I wonder how many “experts” will need to follow this defeatist line?

If this puts our future into the waste bin too—so what? Who seriously believes that people can realistically cure war? Mockery and scorn may keep frontals undisturbed. Notwithstanding these commonplaces, something radically different solved Ethan's pain, as we now explore.

## **6. Blossoming via Affirmation**

**SOCIAL DELIGHT CURES SOCIAL HARM.** This is a notion that runs counter to conventional wisdom, indeed to commonly accepted penal policy or law. More—it directly contradicts all military strategies that ever were, or ever will be. If what your antagonist has done, or threatens to do, looks likely to inflict pain—why not respond in kind? Thus, mutual terror becomes the order of the day. An expensive way of making things worse.

This paper stands this accepted convention on its head. It proposes a frontal-meter to detect non-functioning lobes, with the objective of restoring them fully, so that social skills can comfort and console both warring parties equally, and hopefully thereby, preserve our remarkable blue planet blessedly free of our very own terminal global radioactivity.

Let's take a closer look at what did happen to Ethan, especially to his fear and to his pain. Bear in mind, that he is precisely as you once were—this is not some imaginary scenario—this is real life for every human ever born. Around you are these mysterious creatures. Enormous. Capable. They lift you up and put you down as if you weighed nothing. Perhaps as if you counted for nothing. They feed you. Stick their tongues out at you. Talk to you, in incomprehensible sounds—mostly cooing. But all the time, you know as deeply as you know anything, that they keep you alive, or, if they don't—there is no one else around who can.

But look also at the downside. Suppose they didn't want you in the first place. What if you weren't welcome? Why then, cuddles and suckles would be few and far between. You would learn that parental care, together with the adult capability or “agency” which powers it, though vital for you personally, would be in short supply.

Bleak.

Figure 3 shows Ethan in huge distress—or at least it does, to those who can be persuaded to look closely enough. So how does Ethan relieve this agony? What happens that restores his innate ability to grow, to blossom, as he so clearly does in Figure 1. If it can happen to Ethan, why can't it happen to us all? Certainly, it seems to have happened to Lenny, if the opening sections of this paper are to be believed. So here's the Ethan voice-over again.

Ethan is just a few seconds old here. He's crying as the midwife passes him back to his mum. As soon as he's in his mum's arms, he begins to settle. Within 10 seconds, he's calm and quiet.

A few moments later mum offers Ethan her breast, but Ethan is much more interested in looking at mum's face. She talks to him. He clearly responds. When his dad speaks, Ethan turns to him. When mum replies, Ethan looks back at her.

He already knows these voices, and he knows they're important to him.



Figure 4. "Faces matter more than breasts".

"Within 10 seconds, he's calm and quiet". How much would you give to have just such a guaranteed cure, readily available whenever you needed one? Especially in today's troubled world. Note in particular, that Ethan's mother talks to him. She doesn't feed him. She affirms him. His dad does the same. In fact, Ethan himself much prefers being affirmed than fed—sensible lad—that's because affirmation cements personhood, at whatever age.

You don't have to believe either Ethan or me—but have a care—you may be missing out, as Lenny was in September 1991. With trustworthy support, he succeeded in undoing his thought-block—can you?

But let's revisit Ethan's world—its enormous inhabitants are five times your size. If they grow at the rate you do, then, unless your frontals can keep you updated, lurking half unseen amongst your mental furniture will be monsters equivalent to 6 meters (20 feet) high. And if you weren't frightened of such, in real life, then you would not be long for this world. (I advocate the view that you cannot develop psychotic symptoms—unless you are also infested by (non-existent) 20 foot (6 meter) figments, in your mental world.)

These imaginary monsters should, of course, have faded in the same way, and at the same time, your infancy did. But it's when they haven't, then you, along with every warmonger that ever was, will fight figments—battles which you know in your heart of hearts, you are guaranteed to lose, just as Lenny believed he was about to, in September 1991. By November 1991, he agreed with me that *all* his terrors were figmentary—and they no longer controlled either his life, or his destiny, which up to that point, they had.

The three themes explored in this paper—Alice Miller's poisonous pedagogy, validating this *scientifically*, and then curing it 100%—now need supplementing with a further point about the origins of our unlimited destructivity, to which we turn next. This calls for reviewing the painful concept of Sibling-Hate.

## 7. Conclusion

"THIS IS MY BELOVED SON/DAUGHTER, IN WHOM I AM WELL PLEASED". How many readers can remain unmoved on hearing this heavy-weight phrase spoken—either to them, by the relevant adult, or by them, to their own offspring, if any? Sadly for him, my own father was deprived of its inestimable value—because,

as I explain elsewhere (Johnson, 2026), he was thought-blocked, aged four, by Kaiser Wilhelm's amorality.

How do frontal-meters apply here? Well, for them to work with the same proficiency as ECGs, with such as Lenny, it is necessary to persuade the person blocked, to bring to mind the residual trauma, the child-terror, the 6 meter (20 foot) parental figment, still blocking their invaluable frontal lobes. And, as will be clear, an element of trust is indispensable before you can even begin. These preconditions, as mentioned, may prove irksome to achieve in practice—but as this paper goes to some lengths to maintain, bringing an element of scientific objectivity into this perilous area of humanity could make the difference between survival, and self-extinction.

As for applying these scientific instruments to close intra-family emotions—it is shameful how the scientific community has steadfastly ignored, by-passed, and otherwise blocked Alice Miller's poisonous pedagogy. Happily, I was privileged to discuss these issues with her, in person—she endorsed my approach, and I hers.

Could it be that it is these very frontal blockages themselves, which actually prevent them being widely acknowledged? Certainly, the *omertá* runs very deep, and can be seen to persist at all levels of society—with occasional splashes of sunlight, as with Ethan. And again, my description of a device, which though cheap enough to be widely available—can be so easily blocked by an established orthodoxy that is reluctant to open its eyes, despite the horrendous events which seem daily to worsen. Is our ingenuity, our creativity, our blossoming imaginations really best sacrificed on the altar of orthodoxy, House Rules, and other sacred cows? Your call. (For further explorations see Johnson, 2023a.)

This section is headed “conclusion”—yet there are numerous hot items, pressing for inclusion, which must necessarily, be deferred. I have in mind “Parkhurst Proof”, another computer based scientific proof of the validity of this approach, referred to in earlier papers. Also, a whole string of thought-block related items, with such emotive labels as—Unprocessed Rage, Civilisations-Six-Blindspots, Nursery Babble, Nursery Logic, Nursery Nightmares, Nursery Revenge. Reluctantly, I find I have to confine myself to an item which presses home the origins of our apparently limitless destructivity—it goes by the less comfortable name—Sibling-Hate.

To explore Sibling-Hate as a potent source of human self-destructivity, we need to re-visit Ethan's earliest experiences. Because as noted, once the physical umbilical cord has been cut, then its replacement by adult carers is vital.

The reader is invited to look again at the world from an infant's viewpoint. When you do so, it becomes obvious that the single quality keeping you from perdition, is precisely the capacity, or “agency”, of your parents or other adult carers. They move. They do things which are utterly beyond you—if they don't, or they cease doing so, then you are not long for this world.

When there's enough of this life-giving “agency” to meet all reasonable demands, then all is well. The trouble arises when demand exceeds supply—as it tends to do when there are a lot of mouths to feed, or the newcomer is not welcomed or expected. Here is the sole origin of that peculiar human activity—Sibling-Hate.

It works like this. You know in your very bones how vital are parental supplies. You also quickly learn how much you can petition for, and how soon the supply available to you runs short. Since emotions never run higher than when lives are at stake, if you see, or imagine that others are consuming parental attentions, parental agencies, which would otherwise have come to you—then there is a hideous danger that you will assume that removing, or degrading, your competitors is vital to your survival.

I put it in these purple terms, because it has to be this size, to trigger the frontal blockages that have featured so frequently in this paper. Sibling-Hate is otherwise inexplicable, and certainly highly illogical. It amounts to

enjoying watching another's downfall, or even bringing it about, possibly by bombing, if that becomes available to you.

Every other human is also a member of our social species—so when Sibling-Hate kicks in, you are actually cutting off potential supplies of social delight. It doesn't seem like this, when you're an infant, nor when you are an over-grown infant with blocked frontals—which is where the frontal-meter comes into its own. So our interhuman savagery knows no limits, since these are desperate competitions which seemed vital when small, but which should have shrunk to realistic size when big, if only your frontals had enabled this.

Accordingly, until full frontal lobes are fully restored, then human destructivity knows no limits. It's not only immoral, but illogical—but since logic too, subsists solely in these blessed frontals—it too fails us when our precious forward-looking lobes are misfiring. So some objective measure is required to distinguish pure cussedness on the part of the “reasoner”—from that arising through deficient reasoning equipment.

I envisage a time when the frontal-meter takes its acknowledged place alongside the breathalyser, or the alcohol-blood-level reading. These are currently legally enforceable to limit antisocial behaviour on the public highways. So if one of our politicians says “I feel like bombing my neighbour”, how long before the rest of us can insist they submit to a full blown frontal-meter test? Much might depend on how soon we can make it happen.

The overriding obligation upon every parent, as on every teacher (especially in a philosophy paper) is to ensure the transfer of *agency* from the one to the other. Can we deflect our warfare from incinerating our beautiful planet, in time, using our “agency”? Here's mine. Where's yours?

### Acknowledgments

Of the many who have helped me on my way, two names stand out. Robert Whitaker is an exemplary science journalist—and Dr. Denis Martin who, as Medical Superintendent of Claybury Hospital, UK, in 1963, showed me what a psychiatrist should aspire to be. Quakerism has again proved invaluable and enduring. Especially relevant is the Peace Testimony as presented by Early Quakers, to King Charles II, in 1660—a sovereign innovation this paper would love to emulate. My family, in overcoming my flaws, have proved themselves delightful.

### Conflict of Interest

The author declares that he had no conflict of interest in reporting and publication of this paper.

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**Appendix****Lenny's Dialogue (11 September 1991)**

1. Bob: How would you describe to someone who doesn't know anything about it, what questions I am asking you and what we are doing?
2. Lenny: Well it's about my Mother, how she used to batter me when was a kid.
3. B: What affect did this have on you?
4. L: Well it made me frightened.
5. B: Did it?
6. L: Yes.
7. B: What's happened to the fear?
8. L: It's embedded.
9. B: It's still there is it?
10. L: Yes.
11. B: It doesn't help you does it?
12. L: No.
13. B: What effect does this embedded fear have?
14. L: It's made me violent.
15. B: Did it?
16. L: Yes.
17. B: How does that work?
18. L: I don't know.
19. B: Why does embedded fear make you violent?
20. L: Well she used violence on me all the time and I grew up to violence didn't I? Do you know what I mean?
21. B: But you're a big lad and you're an adult so why are you still frightened of your Mother? It's still there isn't it?
22. L: I'm still there, yes.
23. B: So why hasn't it changed. Why is it still there, do you think?
24. L: Well, it's all part of growing up isn't it?
25. B: Part of you hasn't has it?
26. L: Yes.
27. B: Part of you is still there, isn't it?
28. L: Yes.
29. B: Because we talked about that this morning didn't we?
30. L: Yes.
31. B: Being an adult. Can you tell her you're an adult?
32. L: Yes, I could try.
33. B: Would you find it difficult?
34. L: Yes.
35. B: You would, wouldn't you?
36. L: Yes.
37. B: Do you find that surprising, that you find it difficult to tell your mother you're an adult?

38. L: Yes. Very surprising.
39. B: It is isn't it? So what will stop you? Say your mother was sitting over there, what would you say to her?
40. L: I'd say "Mother you can't hit me any more. I am an adult".
41. B: And you believe that?
42. L: Yes, partly.
43. B: You partly believe it and partly don't?
44. L: Yes. I don't know whether I could say it to her or not.
45. B: What would stop you?
46. L: Fear.
47. B: Fear of what? What is she going to do?
48. L: Well she might get up and clout me.
49. B: Might she?
50. L: Well she might.
51. B: How old is she?
52. L: 85.
53. B: And she is going to do you an injury is she?
54. L: Oh she's still lively.
55. B: 85. How big is she?
56. L: 5 feet 2 inches.
57. B: And how big are you?
58. L: 6 feet 3.1/2 inches.
59. B: It doesn't sound much of a match does it?
60. L: No, but you can't hit a woman can you?
61. B: You can't disagree with your Mother, let alone hit her can you?
62. L: No.
63. B: Do you need to be able to disagree with her?
64. L: It would be nice to, wouldn't it?
65. B: Would it? What advantage to you is disagreeing with your Mother?
66. L: Well, I could get on with my own life.
67. B: Could you?
68. L: Yes.
69. B: What would you tell her?
70. L: I'd say leave me alone.
71. B: Get out of my life?
72. L: That's why I left home.
73. B: Why did you leave home?
74. L: Because I couldn't put up with her batterings any more.
75. B: You couldn't, could you?
76. L: No.
77. B: How old were you when you left home?
78. L: Oh don't forget I was in Approved School so I left when I was 13 and I didn't go back home. Oh I'm a liar, I did go

back home, I did, but it was getting on my nerves, all the shouting and bawling.

79. B: And even at that time you were still afraid of your Mother weren't you?

80. L: Oh yes.

81. B: You said this morning you were programmed. What was the programme?

82. L: Programmed to be afraid of my mother.

83. B: You were weren't you?

84. L: Yes.

85. B: Also programmed to be smaller than her.

86. L: Yes, she thinks I am still in shorts.

87. B: She does doesn't she?

88. L: She does.

89. B: So are you going to tell her? ... I beg your pardon?

90. B: Are you going to tell her?

91. L: If she was here now.

92. B: Yes.

93. L: If she was here now—and if you was here.

94. B: Right.

95. L: Mother you can't touch me I'm an adult. I would, I would say that.

96. B: You would?

97. L: Yes.

98. B: That's because I'm here?

99. L: That's because you're here.

100. B: What role do I play? How am I helping you to do that?

101. L: Well, you are giving me ... power.

102. B: Moral support?

103. L: Yes.

104. B: I am aren't I?

105. L: Yes.

106. B: After a while you can do it for yourself without me can't you?

107. L: Oh, of course, yes.

108. B: But at the moment you need my support.

109. L: Yes.

110. B: Which I am very happy to give you because I believe you are an adult and I believe she should be told. (Both laugh)

That's right isn't it?

111. L: Yes.

112. B: Now could you tell me something about your violence and how that relates to fear of your Mother, if it does.

113. L: I've been pushed around and pushed around and pushed around that much, that I just couldn't take any more when this lad started, and I just went too far.

114. B: How does that relate to your Mother?

115. L: Well, it's bound to isn't it?

116. B: Go on then.

117. L: She used violence on me and I couldn't do anything back.

118. B: You couldn't do anything back.

119. L: No, and when he started giving me some lip ...

120. B: Right.

121. L: I battered the hell out of him.

122. B: Yes.

123. L: And I've got to say it: I meant to kill him.

124. B: You did?

125. L: I did.

126. B: How does that relate to ...?

127. L: There's no getting away from it. As I was saying to the policeman "I want to kill you, you bastard", and I killed him—  
That's why I wish I hadn't gone for diminished responsibility.

128. B: What does that mean?

129. L: manslaughter.

130. B: That's what you went for?

131. L: Yes, I should have just pleaded guilty to murder, maybe I wouldn't have been on the Book (Category A).

132. B: So how is that violence related to fear of your Mother? How does that work?

133. L: Have you never heard of this before? If violence is shown to you time and time again, there comes a time in your life  
when you just snap, and I snapped.

134. B: Right.

135. L: Do you get the point?

136. B: I do.

137. L: So you can say it's down to her.

138. B: Because of the violence coming from her?

139. L: Yes because of the violence coming from her.

140. B: And what's your defence against the violence coming from her again?

141. L: No chance.

142. B: What are you going to do. How are you going to stop it?

143. L: I'm going to tell her.

144. B: What are you going to tell her?

145. L: That I'm an adult.

146. B: You like that don't you?

147. L: Yes.

148. B: You're getting stronger as you say it, aren't you?

149. L: Yes, I am.

150. B: You can feel yourself getting more confident.

151. L: I'm getting angry as well.

152. B: Are you, with her?

153. L: With her.

154. B: You are, aren't you? You see the anger. I agree with you, the anger and violence can live together, but behind the anger  
is fear, because you feel that there is no defence against your Mother doing it again.

155. L: She'd never be able to do it again.
156. B: I know that.
157. L: I know that.
158. B: That's it.
159. L: I know that.
160. B: You also know you're an adult, don't you?
161. L: Yes.
162. B: And you can tell her that?
163. L: Yes. I can do.
164. B: At the moment with assistance from me. But in due course on your own.
165. L: On my own, yes.
166. B: That's right. Look her straight in the eye and say "look Ma I'm an adult". Can you do that?
167. L: Yes.
168. B: Go on then.
169. L: Look Ma, I am an adult. And you can't touch me ever again. I've grown up, I haven't still got shorts on.
170. B: Does that give you confidence?
171. L: Yes, it does, saying it.
172. B: Does it calm your anger down?
173. L: Yes, it does, yes.
174. B: Does it?
175. L: Yes, it does.
176. B: It gives a way out for it, doesn't it?
177. L: Yes.
178. B: Because that's the reality.
179. L: Course it is, yes.
180. B: So is this helping you, would you say?
181. L: Yes, it is helping me.
182. B: How would you summarise your position and how have I been able to help you?
183. L: Well, nobody's ever bothered before. They've just asked a few questions and that's it—blah blah blah thank you mam and all that rubbish. The psychologist doesn't do anything.
184. B: So what questions have I asked you? And what has been helpful?
185. L: Well, you have asked me what my home life was like. Why did I start getting into trouble?
186. B: You've got an explanation for that now, haven't you?
187. L: Yes.
188. B: Which you can work out for yourself now, as it were.
189. L: Yes, that's right.
190. B: You've done very well. So you will get rid of this fear in due course?
191. L: Yes, I will.
192. B: How big is it this fear?
193. L: Not all that big now.
194. B: It was big before?

195. L: It was big when you started.
196. B: Was it?
197. L: Yes.
198. B: What did you think when I first started questioning you in this area?
199. L: I thought you was a “quack”. (both laugh)
200. B: Did you believe what I was saying?
201. L: I did but I wanted to shy away from the truth.
202. B: Did you?
203. L: But I told you the truth didn’t I? I have told you the truth.
204. B: Certainly.
205. L: I could have said “Ah well I don’t want nowt to do with it” and walked off, couldn’t I?
206. B: Yes.
207. L: It’s like coming up against a brick wall isn’t it?
208. B: People do that.
209. L: Yes, they shouldn’t do that.
210. B: So you were going to do that to begin with?
211. L: I was going to do, yes.
212. B: What was wrong? What was going to make you do that?
213. L: It was upsetting me—the way you was going on about it.
214. B: Was it?
215. L: Yes.
216. B: What exactly upset you?
217. L: Against my Mother.
218. B: You didn’t like that at all?
219. L: No.
220. B: That’s right.
221. L: But I had to go with it because it was the truth.
222. B: Because what I think that goes wrong is, because I frighten people by going at it too much to begin with. Is that what you think, would you agree that?
223. L: When you kept saying about the spanners.
224. B: You’ve got the old pliers and pincers didn’t you?
225. L: Yes, that’s true.
226. B: But you stuck with it, didn’t you?
227. L: Yes, I did, yes.
228. B: You did very well. But you fancied stopping it at the beginning did you?
229. L: Yes, I did.
230. B: Because it was getting a bit near the bone?
231. L: That’s right yes, but it’s the truth, isn’t it? The truth’s got to come out hasn’t it? And you were trying to help me, and I am helping you.
232. B: I’m sure you are. So when the truth comes out what would you say the truth was, that’s got to come out.
233. L: Well the truth’s got to come out and say right I’m not scared of my Mother any more. I’m going to tell her outright,

I'm an adult, no joking about. And say look, I've grown up now, you have got to start talking nice, and all that, no shouting like you normally do.

234. B: And no threatening to batter you like she does.

235. L: Yes, that's right.

236. B: So the fear of her will disappear.

237. L: Yes.

238. B: Can you see how your anger went down. A little earlier on you were saying that you were angry, but the anger went down when you understood where it was coming from.

239. L: That's true yes, it's very true.

240. B: And that's the secret isn't it?

241. L: Yes.

242. B: Magic. Anyway thanks for coming along. And let me just double check that you don't mind if I show this to different people.

243. L: No, I don't mind at all.

244. B: Thank you very much indeed.

245. L: All right Bob.

246. B: Thanks, see you.

247. L: See you.

**November 11, 1991—Extract—**

248. L: You can't hit your own mother. Whenever she battered me, I'd never dream of lifting a hand to hit her. Even when I was 21, she slapped me across the face. And me Dad came in. And I ran out of the house. And slammed the door, and then just went and got pissed.

249. B: And bottled it up.

250. L: Yes.

251. B: But now you would stop her, if she came to hit you?

252. L: There's no way she would hit me now.

253. B: What would you say?

254. L: I wouldn't have to say anything—if she went to slap me, I'd just hold her hand. (both laugh)

255. B: Well you didn't have the confidence to do that before.

256. L: If this had've happened years ago, where a doctor had taken an interest say when I was in my twenties and said what you'd said and we'd conquered it (none of this would have happened).

257. And then I went to the house. And say I came in late, and she said blah blah blah and she went to hit me, I'd say mother you can't hit me love—I'm a grown up. You can't do it. You can kick me out of the house.

258. B: Because it's your house.

259. L: But you can't hit me—don't try and hit me.

260. B: But you've never said that up until the last month or two.

261. L: Yes. I've never had the confidence to say it.

262. B: That's right.

263. L: You're brain washed into fear... (continued).