

**UNCONTESTED FLORIAN IS:
NATIONAL MERIT SCHOLAR FINALIST
140 IQ (143 VERBAL REASONING) PER WAIS-IV
SMARTER THAN YOU**

Florian syndrome shall be the name of a newly identified psychiatric condition marked by an aversion to carbonated beverages.

Florian syndrome has two forms, which we call by Roman numerals: “II” and the more aggravated “III”. Common symptoms may include fatigue; drug or dietary cravings and aversions; rash or rashless pain in the hands or groin; facial grimacing and expression changes; and cognitive deficits.

Florian syndrome II (Alpha-Beta syndrome) is characterized by:

- Grimacing aversion to carbonated beverage (carbonation grimace) now, or at some time in the past
- Resistance to migraine and epilepsy
- Schizoid refusal of activities except for an unchosen few: being rooted in illness, this may present as obsessive reading; an aversion to reading; and a refusal that progresses into “Netflix superilliteracy”; an aberrant favorite task, and other idiosyncracies. May proceed to unbounded egotism, and often a dependency on presence or absence of carbonation grimace.

That is to say, if you vanish the carbonation grimace with calcium, you become a different person entirely.

Florian syndrome III (Al-Pha-Bet syndrome), the aggravated form, is characterized by:

- All the criteria of syndrome II, and at least one of the following:
- Extreme preference for enemies rather than friends, in times of consequence
- Emotional abnormalities (à la Hulk out of Bruce Banner) narratable under the above
- Insistent preference for alcohol hangovers (which have paradoxical, joyful effects)
- Tourettism (adult-onset coprolalia, unchosen spoken words from the mouth, resembling Tourette syndrome but only superficially)

The two/three-part system nods to my old Type A/Type B depiction (under which Type B has carbonation grimace), and acknowledges those people with carbonation grimace who shouldn't be worried (the Alpha-Betas), even if they lose the grimace.

The syndrome is caused by a discernible absence of expression in the middle part of the face (**Pha**), along a vertical axis. This necessitates the patient to think in terms of upperface (**Bet**) and lowerface (**Al**), which may either one dominate, and result in wholly different personalities.

Familiar ones may remember I said “upperface can't drink soda”. But only some of us know what happens when we're persecuted: a spontaneous return of middleface expression, often in laughing catharses of enablement and intelligence. It is navigable, and perhaps so too are the spooky dualities of coprolalia.

It is these volatile Pha moments that make the III syndrome - Al-Pha-Bet syndrome - functionally analogous to psychopathy.

But it is the occurrences of words in a mouth that speaks of its own accord, and that these arise from a schism in the brain, that makes it a breed, unique indeed, of schizophrenia.

FOREWORD

To a patient of psychiatry,

“triage” is when the doctor penalizes you for acting like an adult.

THE SENDINGS OF THE GIRLS

He weaponizes. He mobilizes. The doctor only accepts information filtered, watered down by his pissing rain of tiny teddy bear women. And he loves when his reception girls edge on to tears before the scary man, charging him with glistened eyes to be the bad man after all.

He could make her cry in an instant, but he would never. Instead he'll try to appease her, downplaying his forcing persona, unconvincingly, and in stuttering to admit his psychopathies, he'll steadfast airs of delusion and autism, Risperdal, and disgust.

The scary man is smart. Smart enough to stay out of prison, and to hesitate before the Hurt Yourself Words that might confine him to the ward. He is smart to pills and chemicals - foolish perhaps to have done some drugs before, but nonetheless informed by the changes made to his brain.

He knows receptors, and transmitters. Has he ever met a doctor he didn't exceed in at least one measure? And mustn't the doctor get over it?

They never will. A psychopath only elsewhere, in abide with every rule for a time, will find wherever there is no fear, there will be instead disgust. And doctors love to run from the room in disgust - another money pit where the scary man paid to get pointed nowhere.

I don't want to use the word "co-opted". When there is another mass shooting, it is fine to have the gun conversation, and the one about mental health at large. But when the majority of mass shooters are scary men, a more pertinent conversation is of the defecations-out of man and such men by the psychiatry.

It withholds from him. It bills him for nothings and insurance scandals, and for the runnings from the room. It entertains itself that his unmedicated state is a permissible punishment, and if his insistence spites the sendings of its girls, it sneers: antisocial, "at the time", so jail him.

The psychiatries of men who matter must not revolt on interface with men who warrant. To that end, I propose: the singular right of scary men in psychiatry shall be that if the doctor must run from the room, he must do so in fear or in disgust - never both.

And it would follow from this right that the scary man could accommodate the doctor against himself, by calling in guards and police and two men in the room at least, as I eventually tried, and with hope for escort and treatment as I never received.

A conference in caution and mutual accommodation, and all the participant teddies exempted into another room. Nobody runs from the solemn psychiatry of men, because nobody has to. And at last, the shooter nation and its people can rejoice.

For its men will get medicated!

Once the doctors *get over it*...

**WHEN WE WENT TO
B. M. CLINIC**

Case study: a man enters a sizeable psychiatrist complex, and parleys with the reception girls. Calmly - not psychopathically - he describes himself as "a psychopath with two personalities" and asks to speak to a doctor.

However, he is informed that today is a conference day, and there are no doctors in, and indeed no nurses, and indeed no nobody but receptionists doing the things that they do.

Abruptly, he leaves - and he'd never say why. Too many friends, and too few enemies - we might diagnose **Florian syndrome**, but...

Before too long, he comes back. And it occurs to him that he

**MIGHT HAVE CAUSED YOU SOME ALARM
WITH MY PRESENCE HERE TODAY, BUT
I JUST WANTED TO PROMISE YOU
THAT EVERYTHING'S ALL RIGHT
AND EVERYTHING'S GOING TO *BE* ALL RIGHT.
I KNOW, HONEY...
WELL THAT'S JUST
THE DARNEDEST THING
BUT JUST...
THE WAY THESE THINGS WORK...
THERE ARE JUST SOOOOOOOO MANY
LAYERS OF REMOVAL
FROM THE DOCTOR
IN A RECEPTIONIST
AND IF WE GUESS THERE'S THREE
THEN THE FIRST WILL SAY "THERE'S THIS GUY"
AND THE SECOND WILL SAY "THERE'S THIS FUCKUP"
AND THE THIRD WILL SAY "THERE'S THIS ADDICT"
and we can't have that now can we
oh honey I know, I still just see it in your eyes
and it *really* just breaks my heart
I have to come back later but I really
wish I could answer that for you
isn't there *something* I could do
to make yoooooooouuuuuu
feel just a
little bit
better
if I gave you**

So I told her my name, and I left.

It wouldn't have become the reason I became unable to go there, but because I gave a name, she or one of her layered inspirators did then behold some ancient record to suggest I was an addict instead, and also a number with which to phone me the address of Spectracare Haven, rather than any high-level referral, which had *really* been why I'd been there, but before I'd even had opportunity to ask.

And it wouldn't even matter, but...

It matters. Let's discuss why.

**WHEN WE WENT TO
P. S. CLINIC**

No, you're no psychopath.
I think you're having a mental health crisis.
Well, yes we have a psychologist...
But let's get you in touch with the therapist.

You never seem to get past the receptionist. So you wonder, what is a receptionist, anyway?

Well, canonically, I've found it's useful to call a "receptionist" anybody who is not a judge.

But that doesn't quite carry the weight of it, so, a **receptionist** is a little pissant who transforms herself into something that matters, in the midst of a question for judges.

A little determinant, who gruntingly gauges whether you'll be having a judge - whether you'll be judged - or not, in which case you'll be just charged money instead.

And although most of us grasp that if you kick, claw, and rape these posted determinants, you'll see your fair share of consequences, it can only bewilder a psychopath that his kicking, raping offenses get him kicked on out of clinics!

But I'm not here for those people. I'm here to represent a sympathetic breed, inasmuch as we'd all do well to sympathize. Mine's the breed that doesn't kick or rape, but ends up about the same as if we had.

Because we're the ones who'd do indecency if we appealed our black marks to these shining girls - because they are small, and we are large - living, dying by *their* heebie-jeebies, constantly bewildered by **the receptionist effect**.

Which is a little more than our protest of innocence: it is the antithesis of the rule of kick, claw, and rape. It is what we witness every time we're rendered ever more ineligible for goods and services because the provider or his agent discovers *they've* offended *us*.

Oh, you're back. Why?
I know it's all right. Why are you back?
No, I'm not nervous. Why are you back?
Well, the psychologist has retired, I'm sorry. I hope you can find someone.
No, the therapist has had his schedule filled.
It's full for quite some time. I hope you can find someone.
I hope you can find someone. Thank you.
Goodbye.

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\$ \$ \$

An offense unto Stephen
is used against Stephen,
again.

**THE FUNCTION OF A WOMAN
IN THE SOCIETY OF CONSEQUENCE**

**WE HAVE TO STOP STEPHEN
BECAUSE WE HAVE WRONGED STEPHEN!**

But Jesus told me
to turn the other cheek.

WHEN WE WENT TO THE NURSE PRACTITIONERS

Nurse practitioners are receptionists, too. To understand why, we must focus on the notion of investment, and explore the most typical vicious loop of the receptionist effect.

Any man who asks to see the big doctor in an adult tone of voice is likely to be triaged down to a CRNP, or other upper-level receptionist. This costing money and months of his time, it'd have been preferred to pay whatever fifty-dollar surcharge to see the big doctor in the first place, but he certainly mustn't ask too loudly.

So he attends, and mild-and-meekly accepts a sophomoric analysis, and he hopes, for a time, it's his stepping-stone to the big doctor.

But it never goes that way. Instead:

Visit after visit passes with the same stepping-stone nurse, more concerned with discussing the Hurt Yourself Question than any progress. He Googles your questions; he fools himself; he admits what he *doesn't* know with the air of someone unable, rather than unwilling to forward you to someone next door who does.

Does he even know? When he begins explicitly refusing the stepping-stone question of referral, his accumulated hundred-dollar offenses unto you begin to run the risk that you'll be made to begin again, with a new doctor, and in that time you might have been worth *thousands*.

And about a thousand dollars of bullshit unto a man is enough to exclude him from an office - which was the big doctor's office - in accordance with the invocation rules of the receptionist effect.

Assuming of course that he notices his mistake.

And Lord knows!

He will.

LET ME HELP YOU

Hey Siri,

Show me a list of
community psychiatrists...

HI THERE

As we know - and as you *would* know - the difficult questions of my brain have been:

1. how can I *think clearly*, and
2. how can I act less weird?

I'm getting on good terms with Dr. down the road, so, I think I can prove I can think clearly.

And I'm wondering if it would be weird to ask if you wanted to lunch, one of these days?

Stephen
334-555-5555

WHEN WE WENT TO BIRMINGHAM

"You would go to the ER."

It's as simple as that. If you drop the word "psychopath", you'll be pointed to the ER - now leave.

I'd drank a fifth of whiskey in a Wal-Mart parking lot the night before, which causes the syndrome's glorious hangover glow¹, but still I'd had two rejections that day already. And when this one bravely slid the glass closed on me, I guessed that and the dying of the hangover gave me a reason. I would go to the hospital to demand high-level referral, and I would make a case for it, too.

The ER was wonderful. There were big burly men, and little nurses, but when they fled from me, the men took their place in checking my vitals. They had to, because the diminutive ER manager had insisted me, and from his sweetness *dissociated me*, and the grammars of my words began to collapse, and then the rest of me, too.

But except for that, by God, it was perfect. When four policemen chased me out at last, I got an idea, and in nearby Hoover I would call the police on myself for the first time. Birmingham hadn't treated me, or pointed, or God willing billed, but I found a high-level place, and I hoped the police could get me the two-men-in-every-room accommodation I needed.

I love the police: I talked them into an arrangement.

But not until I'd been to Wal-Mart again, and back, did I hear the accommodation wouldn't stick.

¹ Read more about our hangovers at <http://reddit.com/r/hangovereffect>. I have found some Florians there.

SO, IS IT THAT YOU DON'T KNOW WHO HE IS, OR ARE YOU GONNA WITHHOLD THAT
INFORMATION FROM ME?

WHEN I BEEN EVERYWHERE IN DOTHAN, AND EVERYWHERE IN MONTGOMERY, AND
EVERYWHERE IN TALLAHASSEE, AND ALL I KEEP DOING IS PAYING MONEY TO GET TOLD
WHERE TO GO! AND THE LAST TIME, I GOT TOLD TO COME HERE, SO HERE I AM!

AND I FEEL LIKE I'M STANDING TEN OR TWENTY FEET FROM *SOMEBODY* WHO CAN TELL ME
WHERE TO GO, AND YOU'RE NOT GONNA DO IT, YOU'RE GONNA TELL ME I GOTTA GET A
THREE-THOUSAND DOLLAR FUCKING BILL FIRST.

I DON'T APPRECIATE THAT. AND I'M JUST GONNA FLIP A FUCKING SHIT IF I GET A THREE-
THOUSAND DOLLAR FUCKING BILL TO GET TOLD WHERE TO GO.

WHEN *OBVIOUSLY*, I WENT TO THE RIGHT PLACE *FIRST!*

BUT INSTEAD I'M PAYING MONEY TO GET TOLD WHERE TO GO TO PAY MONEY TO GET TOLD
WHERE TO GO TO GET PAID TO GET TOLD... WHERE TO GO, AND, UH...

AH, CHRIST...

AUDIBLE CLICKING OF DRY MOUTH

SORRY, CAN I HAVE SOME

WATER?

...

...

...

...

...

...

*DID YOU SEE THAT SHIT?
IT'S LIKE HE FORGOT YOU EXISTED-
NOW, OFFICERS...
COME ON NOW.
THERE IS NO REASON TO BE
EXCITED
FOR THIS MAN
OR HIS... DEPARTURE.
BECAUSE THAT MAN IS AN... ACTUAL PSYCHOPATH.*

WHEN WE WENT TO C. C. PSYCHIATRY

He made her beg me to go to the hospital for haloperidol.

You fill an intake form wrong, and he'll never let himself call it in, it'll always be a receptionist.

Of course, she calls again.

Of course, she's crying...

... need a vitamin?

You're moving like a turtle.

Whatever, mom.

HEY YEAH, GO EASY ON HER...

THE OPTICS OF ILLUSION

The first man made the first claim: that he'd been followed, everywhere he went.
That was the day the doctors taught themselves, there are *delusions*.

And he was soothingly persuaded, and when he pointed over there,
the doctors all prodded and explored, and see, there's no-one here at all.

But the second man made the second claim: he'd been followed everywhere, but not here.
And what could the doctors do?

It was different, unfalsifiable. It was *illusion*.

Wasn't it?

"NO, I DON'T KNOW ANYTHING ABOUT THAT..."

The minimal is the maximal: the slightest of proof is the most gross to refuse.

But the tired science was drowning in us diminutive fools, and when it shrank the second man,
it lost the proving art with which it so gently shrank the first.

When we teeter on the scales of the stupid and the sane,
and when the devil and the death are in the corner...

We'll just wonder to the doctor why he won't even turn and look.

"NO, WE WON'T BE TALKING ABOUT THAT..."

Tactics are intractable. We do not bring ourselves to you to be called *delusion*.

For when the falsehoods so sharp arrive for the write-off,
they'll be the ones that were brought, by ambulance, instead.

Strategy will only further the disease. Why do you force us to strategize,
that you would circle us in closer, with the ones who just might have seen truth?

And if you won't, how can you call us by the same name?

IT GOES TO THE BEHAVIORAL HEALTH UNIT

The neurosurgeon ran from the room. When she filed back in with four dissociative girls, it was told she would not speak, and it would not appeal, and its encephalitis would be not addressed at all. The hospital guard would instead take it to the ER, and to the ward.

And she felt clever and comfortable - and she got to stay silent.

But she did let herself in the room, so she could smile.

I can't say in a sentence what was wrong with it. It had been away from alcohol since New Years', with the help of phenylephrine, yet that whole time and more, it was jobless, and severely scrambled, and every day it was barely able to function around dozens of droppings into five seconds of sleep.

And it does have an arachnoid cyst of the temporal lobe, and it is completely immune to headache pain, and it has an anomalous relation with epilepsy (laughing and narrating its overwhelming rhythmic tremors to the nurse with the stimulant strobes). And it got worse every morning, and Aleve NSAID helped, though it didn't expel the carbonation grimace.

If it was not suffering from encephalitis, for which those are symptoms and exemptions from symptoms, what *would* be the presentation of encephalitis with Florian syndrome?

I just wish someone had bothered to tell it, "you do not have encephalitis because", as the first words out of their mouth would have had to have been "headache".

They wheeled it into the ward, and fed it the food it asked the orderlies to pick (it didn't know how to prefer one package over another). It paced for some hours, but then Dr. W took it in, and explained of the NSAIDs that there would be no NSAIDs, and therefore no Stephen Lafleur, neither.

"YOU DON'T WANT TO WATCH ME TAKE THE PILLS?"
"THERE'S NO REASON. WE CALL IT THE PLACEBO EFFECT..."

It doesn't make decisions for itself. It only answers to what we decide at our 2am best, those nights that we become smart. And at our best, we didn't want to die or be violent: so, for a hanging calculated refusal to Hurt Yourself Or Someone Else, it was pointed to Spectracare for talk therapy, and removed from the ward.

No pills, no diagnoses. It hadn't even been allowed to spend a night.

But when it made the girl cry, the one that wheels you out, the one it knew from high school,

it *did* get the notion she was *different*.

...

...

...

*AN IDIOT WITH A PLACEBO PILL
THATS WHAT I AM*

*THATS WHY THAT WOMAN GETS TO TAKE AWAY MY GUN
I'M JUST AN IDIOT WITH A PLACEBO PILL*

*YOU DONT HAVE TO WATCH ME TAKE IT
IF IM AN IDIOT WITH A PLACEBO PILL*

*WHEN IM THE,,, TRAGEDY OF DOTHAN
JUST,,, JUST BE SURE TO TELL MY INSURANCE*

I... have some questions for you.

The answers to these questions are of the form:

- none of the days
- some of the days
- most of the days, or
- all of the days.

YES I KNOW

The first prompt is: I find it hard to focus on anything other than my anxiety.

WHAT WERE THE ANSWER CHOICES?

None of the days, some of the days, most of the days, or all of the days.

COULD YOU REPEAT THE QUESTION?

I find it hard to focus on anything other than my anxiety.

*--- **FUCK!***

IM SORRY WHAT WERE THE ANSWER CHOICES AGAIN

The options were... none of the days, some of the days, most of the days, or all of the days.

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COULD YOU REPEAT THE QUESTION?

I find it hard to focus on anything other than my anxiety.

HOW MANY OPTIONS WERE THERE?

There were... four.

OK NOW TELL ME THE QUESTION PLEASE

I find it hard to focus on anything other than my anxiety.

FOUR!

Oh.

Oh...

FRIENDS AND ENEMIES

On any given day, before you're let to see the big doctor, you may be made to face a policeman, a fireman, an ambulance man, an axeman, an iceman, a monolith, and an intake form girl.

That's all fine and can be dealt with, but beware: every one of them except the doctor is a receptionist.

So, simply lecture the policeman on legal reasoning and medical reason, and the fireman on medical reasoning and legal reason. Sign on the medic's form that his fruitless presence was called for by someone else. Behead the axeman with his own axe, and murder the iceman in the hay. Cast the monolith through the starsy void, and you'll have done well, except:

there she is - and Hell hath no schism in the brain like hers.

The foremost symptom of the aggravated syndrome is "an extreme preference for enemies rather than friends in times of consequence". This preference is because you do well with enemies, as you do with anyone else that can be managed as a contender.

It's only when you're shunted into the typical insistence of friendliness and *girls* that you begin to show symptoms.

The rules that make us deft are the rules that erect our penises: they are our firmaments of mind in body. In our lower spine is our "peripheral nervous system", but in honorific of our bedtime science, we'd allude to just two "libidos": the one is of adrenaline, with the other being acetylcholine. And these are separate systems entirely.

When you proceed through the policeman all the way to the monolith, you'll propagate and ride on a good adrenergic AI/Pha sort of energy. And nobody would call the display "autistic" or "schizophrenic".

But when your crusade is spotted and all those *girls* deployed -

That's when you'll be thrown into a transitional void.

Now, am I fair? Only the first psychologists said "libido" to mean "sex". The later ones let it acknowledge a life-and-body energy of any living sort. And it's really all about that necessary energy to thrive, which we with our condition can ignore only by accepting hours lost every day to catatonic stupor.

The first spark of understanding *did* occur the first time I had sex, when I had inordinate difficulty erecting myself to suit her, bless her soul.

I'll have you know I figured out - with a little meditation - and what I learned is rules of two.

How do those two matter? In describing the transitions of adrenaline into the other, maybe I stumble to convey the moments that make me lost.

Let us just resolve:

We are confused by violations of the Big Patient Big Doctor rule.

Do you know the one?

**DO NOT CONSUME POTASSIUM
AND
DO NOT TALK TO GIRLS.**

SYD BARRETT AND THE OTHER FLORIAN SYNDROMES

Syd Barrett got scrambled, one summer in '68. It might not have been glutamate, but it'd have been enough for probate court, and left him *just* as scrambled as was needed to get him kicked on out of Pink Floyd.

And one day in '75 when he unexpectedly made ambling return to see the band, the *spectacle* he made of his mental illness was that his obese body was topped with a head completely shaven, even in the eyebrows. And he made a few vapid statements, and missed some cues. And his bandmates wept as Syd left.

Why did he do that?

No, I mean, why did he shave his head?

Under certain conditions, the brains of men become less than present - or else *too* present - and suddenly unable to reach some regions of their body. These regions become unable to be satisfied for the proper amount of hygiene, and therefore results **hyperhygiene**. And it's telling.

For it's Barrett's hyperhygiene that indicates one mental disorder, and another that indicates another. You could put all the shavers of heads, and all the handwashers, and all the penis-pluckers, etcetera, in a room for *each categorized body-region*, and *every* man in *every* room would share his mental illness with the rest.

Didn't you ever think so?

There's a rash that Lamotrigine patients get. It's in the warning labels for every anticonvulsant, in fact. Did you think they all tickled the same toxic receptor in the fingers, before they peeled them apart?

Or is it instead that these quieters of the brain then cause that brain to fail to maintain the skin?

My mother was born with a rash like that, and my mother had a failed brain. I ended up with a rash too. My aunt went on a spree once and got it on her whole body, but mine is just in the fingers.

And many more folks are born with apocrine HS cysts elsewhere in the skin - myself included.

Everybody with inborn Lamotrigine rash is everyone I know in my mother's family. And we have my mother's family disease.

But there's lots of people with apocrine HS. Less than a mental disorder - would they all just exist in the same brain-state? If there had ever been a study?

Are these the *next* Florian discoveries, to follow up that first of mine?

Note: This page was written before Stephen became aware of an Israeli study linking apocrine hidradenitis suppurativa to "a tenfold increase in schizophrenia".

IN BRIEF

Schizophrenia, plus **schizoid BPD**. My father's illness, and my mother's illness. There is a whole spectrum of mental maladies called by the name of borderline-psychotic personality disorder, and they are marked by episodicity (in a term, they're "ictal"). The one known also for its stupid refusalisms *outside* of episodes may be called interictal schizoid BPD. It may be lessened glutamate, or it may be greatened inflammation: it is my mother's family disease.

But *my* case was aggravated by my father's illness: a different disease, known for unwanted words occurring in the brain, often as hallucinations in the ears.

My schizophrenia, which is *la schisme inflammatoire* and thereby different, presents as unchosen words from the mouth. Made audible for all to hear. Inappropriate, disgusting, alienating.

And I write the troubled tome of an end of a progression here, because of the misery that narrates so tersely: histamine has supplanted glutamate as the foremost energy-mover in my brain.

And what is the psychiatric histamine disorder, anyway?

SCHIZOID BPD

Yes, they'd say.

That'd be me, and all those others
from among her swathing Catholic progeny.

**I AM SOMETIMES 'STUCK' IN ACTIVITIES THAT MAKE ME
NOT CHRONICALLY PROUD, IF THEY ARE USEFUL AT ALL.**

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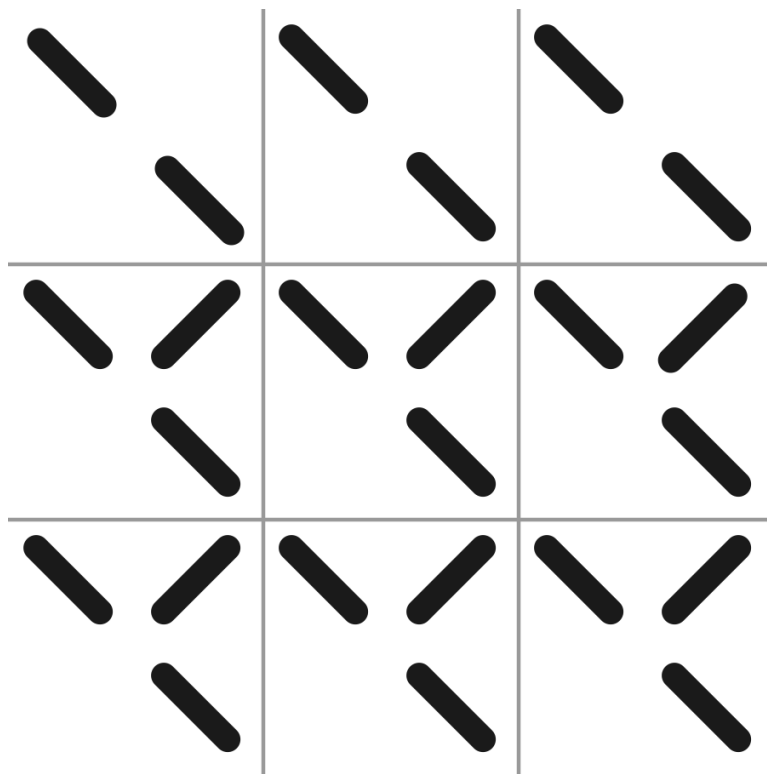
I AM SOMETIMES FORMIDABLE AND SOMETIMES NOT:

I AM AWARE OF A 'PROFOUNDEST BRAIN-STATE'

Yes, they'd say, if they're from that half.

That'd be the men.

NIRVANA

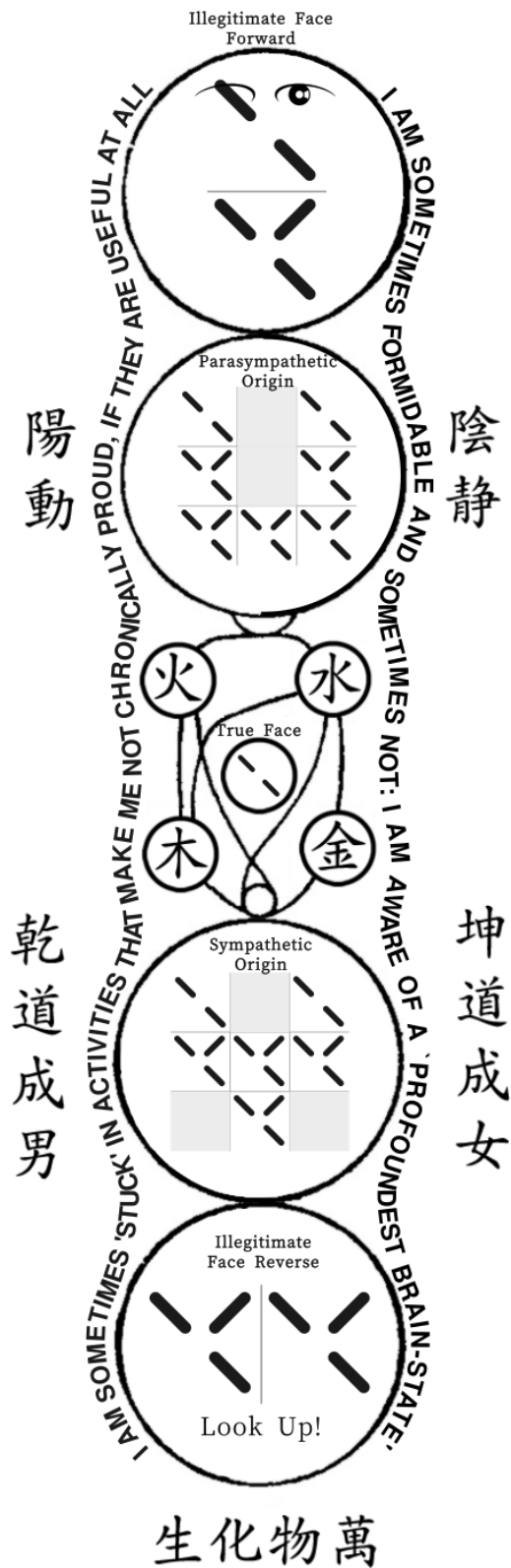


Now, now.

That won't do at all...

NIRVANA
(CONTINUED AND DEBASED)

周敦頤太極圖



TESTING FOR SCHIZOPHRENIA IN THE YEAR 2023

The test for NMDA hypofunction (for schizophrenia) uses a flashlight and Pop Rocks:

1) Remove all patients with aversion to soda: ensure your patient can sip soda without effort. Patients who already grimace are a confounding case.

2) Cover the patient's tongue with Pop Rocks (carbonation irritates the trigeminal nerve) and shine the flashlight into his closed eyes. Muscle twitching around the mouth (carbonation grimace) proves NMDA hypofunction to exist. The strength of the muscle movement relative to the muscle's full strength does indicate severity.

3) Remove all patients with such effects contingent on posture. Grimacing only when particularly postured is a confounding case. This is ruled out by testing all moderate orientations of the head in a seated, then standing position.

Patients who satisfy the conditions yet who grimace in all postures can be supposed to have NMDA hypofunction and schizophrenia.

An equivalent test without lights or carbonation may be described later.

Before you have your blood tested, there exists a quick-and-dirty test in neurology for systemic hypocalcemia. Two of them, in fact. The Trousseau test of the arm nerves is highly regarded; the Chvostek test of the trigeminal nerve in the face is poorly regarded.

Chvostek test has too many false positives and false negatives to be used for hypocalcemia. This is because its trigeminal irritation actually tests *for schizophrenia*: a deficit of NMDA calcium channels.

The test I have described may be called an “enhanced Chvostek test”: plainer to administer, kinder to the patient, acknowledging the role of posture in creating or vanishing results, and acknowledging it's a measure of schizophrenia instead.

THE SCHIZOPHRENIC STANDARD SCRAMBLE

What is Schizophrenic Standard Scramble? Well, it's no good to have around.

After all, it's what defines **Standard Schizophrenia**, the NMDA function disease. Standard Schizophrenia is what's said to exist when Schizophrenic Standard Scramble occurs at all postures, at all times.

We do not say "undifferentiated schizophrenia" because that is a half-diagnostic term requiring also psychosis rather than "scramble"; we do not call it by the old "simple schizophrenia" because though it was inoffensively devoid of psychotic requirement, the doctors offensively removed it from the books, some years ago.

SO WHAT IS SCHIZOPHRENIC STANDARD SCRAMBLE?

Well, it's what defines catatonia, as is broadly experienced. One source defines "grand mal catatonia" to be "a tendency to remain in a rigid stupor for long periods which give way to brief extreme agitations," but that'll be just the worst entrances/exits of **petit mal catatonia**, which is "a condition where one body-posture causes Standard Scramble and another does not." And hence you enter your posture, be it benign or bizarre, for cognitive betterment, or else you decidedly exit into scramble if it *feels good*.

And a nicely entered catatonic posture can even reverse the scramble of Standard Schizophrenia!

BUT WHAT IS SCHIZOPHRENIC STANDARD SCRAMBLE?

Well, it's what's animalistically mitigated in a separate Paranoid Schizophrenia. For if Standard Scramble were akin to a prolapse of the mind, one wonders, can't a prolapse be just "pushed" back in? Like a paper folded back onto itself? Sadly, there is no simple reversal for schizophrenics. In the Paranoids, however, there can be found a "pushing" reconnection strategy, a first-order reversal which is *itself* reversed, like the taping of a paper to itself in the manner of a Möbius strip.

And it "sticks" when you do it, and sometimes it "just happens". And it vanishes the Scramble... somewhat.

But it makes you quite dependent on dopamine, and averse to anything that undoes a carefully constructed **Möbius paranoiation**, which is: a switching to parasympathetic; a chosen scrambling of parasympathetic *in the sympathetic manner*; a return to sympathetic; and only you'll find it's now in both senses devoid of Standard Scramble.

Just know you'll need a Haldol before your next carbonation grimace test.

BUT WHAT IS SCHIZOPHRENIC STANDARD SCRAMBLE?

Well, have you ever been flirted with by a girl?

Was she a professional flirt, or was she just using what God gave her?

So what did God give her?

Girls have an evolutionary incentive to display sexual receptivity to men. And though they'll have heard some pointers from their friends, even without, they'll have known how to display an invitation. Not yet for grabs and penetrations, but instead for a manly taking of charge, which he may conversationally spot when a woman lets herself act *dopey*.

I had one of them touching a book once. So soft and slow. Like, *can't you see how softly I can touch things*, she says? *Wouldn't you love for me to touch you instead?*

The book was a restaurant parts catalog. Unprompted, she was reading brands of label machines with the somberest tone in her voice. It was dumb. It was *dopey*. It was the Schizophrenic Standard Scramble, intentionally induced, and I loved to see her use it...

... And I loved *her*, too.

BUT WHAT ON EARTH IS SCHIZOPHRENIC STANDARD SCRAMBLE?

Oh!

Well.

It's no good to have around...

IN AVOIDANCE OF THE TONIC TIME

Excited catatonia. Get a load of that.

Like, to get a diagnosis of catatonia, you gotta have catatonia *and* you gotta be mad about it!

Mad so they can penalize you, and tonically sedate you until you can't reach the *good* posture anyway...

There's 18 to be observed - 9 from each of two origins.

Just try not to think too hard about it, or you end up with 36 instead.

Walgreens Rx...STEPHEN,
Your prescription BUS is now ready for pick-up.
Text HELP for help
Text STOP to opt-out

“JUST, A BULLET LIST OF MY MENTAL DISORDERS.”

“...*WHY?*”

“SO I CAN...

... LOOK AT IT AND LAUGH?!”

Attention police:

**You have a problem with this man.
The solution to this problem is that he be escorted by police
to the doctor of his choice.**

**Because the men who most need serious healthcare often
receive *the least...* just because.**

The worst of the worst mental disorders are most likely to result in violence;
the worst of the worst mental disorders are most likely to be stigmatized
away from that healthcare would *reduce* violence.

Jeffrey Dahmer had a “frank unlikability disorder”.
He would eat people so they wouldn’t aggravate his BPD.

Stephen Lafleur had a “frank unlikability disorder”.
Understand his context:
he set fire to his psychiatrist’s office, only to get off scot-free
(and completely unmedicated.)

The doctor had nothing to proudly argue in court.
Just because?

**The solution is that police should escort this man
to the doctor of his choice.**

**And this is not a threat,
but if you refuse this, you may be asked to *witness*.**

*Give this paper to the police to source your escort.
Do not bring this paper to small clinics or to a Xanax house.*

*Be not vicious, if offered a referral.
But if confined to a mental hospital, be ready to
return immediately here,*

and remember the case of Stephen Lafleur.

For some unclear amelioration, my brain has recently ceased its daily G-void.

Which is a brief moment of complete incapacitation, paired with spasms and bitterings all up and down the face.

Impossible to miss.

And oh, how I miss it!

You don't get glycopyrrolate by playing it straight.

You lie to a dermo doc about sweats and odors, and she gives it up quite easy.

And you need it, because without that pyrrolate,
your A and B sometimes congeal into an AB altogether.

And then all the men in the world will abuse you.

And don't you know?
Men's boots are made for raping.

THE TRAGEDY OF THE PSYCHIATRIST

And when I had my ideal,
in which Lamictal would
quell my morning glutamate,

and hopefully coerce me from warmths and beddings earlier
(which it did, before it didn't)...

When I had my ideal, I never would have guessed the nightly pill would bring the daily G-void back,

before nightly delighting me with such fearful greats of intellect
as I hadn't felt in a long time.

That no booted abuser should ever stake a claim;
that even police should quiver with
before our breadth...

Give us this day our daily Void,
Mister Motrigine.

Give us this day our daily

void.

Meekened, and beaten. A beggar's belief.

How could I ever more clearly have seen, regarding:
that issue of you?

...

...

...

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...

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...

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...

...

I wrote the law of delusion - of claims at risk of being so called.

I wrote that any such will receive no evaluation, if the evaluator-man is in another room.

It's true - and I delude, for all my
clearly - - - thinkings
never seem to
room me
where

I
NEED
ED
WE
BUT. TEST
NEVER THEY'D CLAIMS

DUBIOUS OUR ALL AND, DUALITIES OUR AND; ANOTHER, TURNS IMPERMISSIBLE OUR; DISORDERS
SWATHING THEIR OF ONE INTO NARRATE COULD MISERIES OUR KNEW WE. AGAIN THEORY THAT ENTERTAINING
IN INTERESTED WEREN'T WE. "TOO DEPRESSION IS SEROTONIN AND, DEPRESSION IS MISERY" THROUGH PROCESS LOGIC
CHEAP THEIR SAW WE BUT, DISEASE GIVE-US-PROZAC SIMPLE AND PURE THE LISTED THEY'D KNEW WE? TIME EVERY,
LAUGH ALL WE DIDN'T. DISORDERS MENTAL LEVEL-ENTRY TOWARD QUESTIONS LEVEL-ENTRY "?...FOUND PREVIOUSLY
ACTIVITIES IN INTEREST" SCHISMATICS INCURABLE THE WITH SYMPTOM SINGLE BY, MATCHED WHISPERINGLY BE ALLWAYS I'LL THAT IS
SYNDROME FLORIAN OF TRAGEDY THE. AFFECT FLAT APHRENIC AN INTO ADRENALINE MY OUT BOTTOM TEDDIES THE, INFORM MIGHT
IT SCRIPTS THE OF AND, PILL MY OF DOCTORS THE TELL TO GIRLS TEDDY PUDGY THE DODGE I WHEN AND. NONTRAVERSAL A MERELY,
BLOWOUT GLUTAMATE A NOT NON-SCHISMATIC: IS IT. APHRENIA IS IT PROVE WILL PHENYLEPHRINE: SUBTRACTIVE IS SYNDROME FLORIAN MY. ALL
AFTER SCHIZOPHRENIA HAD HAVE HE'LL, THEM TO PROVES IT? AFFECT FLAT APHRENIC AN FROM, DELUSIONS AND. SCHIZOPHRENIA CURE TO CLAIM
THE IS DELUSIONAL SURELY? IT FIX CAN PILL HIS SAYS HE IF AND, APHRENIA HIS SEE THEY IF BUT. BEDDED HAVE COULD HE GIRLS THE ALL AND,
UNFURLED,,,,,ONCE HE LOBES ELOQUENT WHAT ONLY,,,,,KNOWING, BLUNTED FOREVER, PLEASURED NEVER,,,,,SYMPTOMS
SUBTRACTIVE OF GALLERY HUSKING A MERELY. ALL AT VOICES NO, VISIONS NO HAD HE IF MAN SCHIZOPHRENIC THE LOVE WOULD
DOCTORS,,,,,THE, REALLY? ALONE,,,,,APHRENIA IS DSM THE IN WHERE BUT,,,,,SCHIZOPHRENIA DSM INTO
DIAGNOSE AND COALESCE TO DEFICITS EMOTION/COGNITION APHRENIC THE INTO PROGRESS MUST BREAKINGS PSYCHOTIC,,,,,STARKEST THE EVEN
AND,,,,,ACCUMULATE WILL BRAIN THE IN CHANGES BAD THAT NECESSITY THE: IS IT WHAT THAT'S FOR. APHRENIA FURTHER IN
RESULTS,,,,,SCHISMATISM,,,,,FOR,,,,,PILL,,,,,HALOPERIDOL,,,,,

PAAAAAAACE!
AHAA, AND PISSING RAIN OF WOMEN!
AND THEY LIKED 'CAN I HAVE SOME WATER' I THOUGHT THAT WAS ODD
I WISH I HAD WRITTEN BETTER. I WISH I COULD HAVE DONE BETTER
I HAVE FELT TERRIBLE RECENTLY AND MY BRAIN KEEPS SWELLING UP I THINK
AND ITS BAD
HEY THERE
HOW ARE YOU?
HAVE YOU BEEN LOSING INTEREST IN ACTIVITIES
PREVIOUSLY FOUND ENJOYABLE?
THEY'LL NEVER VENTURE, NOR OTHERWISE SPECIFY.
FOR THEY ATE THE SYNDROMES AND SPAT DISORDERS, AND THAT IS THE
TRAGEDY OF THEIR PSYCHIATRY.

BUT IN THE FOLDS OF THEIR DEPRESSIONDROPPING MOMENT WE'LL HAVE THE WORD

REGRET,
and nor to
vagrant acres,
for the givings,
for the gets, that
man must sometimes let
his feeble - beamedest beacon fret,
and further burning certainties, instead.