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## **Mental Health, the Missing Element**

Dealing with the Growing Mental Health Crisis,  
Substance Abuse, Addiction and Suicide

### **Discussion Paper**

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## **Executive Summary**

The missing element dealing with the growing mental health crisis, substance abuse, addiction and suicide is to understand where mental problems arise and take place: in the mind. It is to understand the mind from the inside, as the place where we consciously exist and act. The crisis cannot be addressed alone through improving mental healthcare services and greater efficiency delivering mental healthcare. Neither can the problem be resolved through more research and study of the brain, its neurological structure, processes and biochemical workings. To understand the missing element, we need to consider the nature, causes and developments behind the mental health crisis and how mental health problems develop.

## **Crisis**

Today we are facing a growing mental health crisis, not only in Canada, but also around the world. Growing mental health problems affect all aspects of our life. They have an impact on everything we engage in, in all sectors and at all levels of society, with serious individual human, social and economic consequences and costs. The mental health crisis is leading to rising mental healthcare costs that are unsustainable in the long term. The crisis consists of growing mental health problems, and resulting substance abuse, addiction and suicide. It is exacerbated by the lack of effective measures to deal with the problems. Despite decades of research and study, work and effort, the problems are increasing. Beyond dealing with symptoms and consequences, we lack the knowledge and understanding to deal with the causes and developments leading to mental health problems.

The real mental health crisis lies beyond the officially-recognized mental health problems. It is the untold story. They are the daily difficulties of managing the demands and challenges of the mind and our inner mental life that are not addressed until they develop into the larger, officially-recognized mental health problems.

## **Causes**

The causes behind the growing mental health crisis are twofold: socio-cultural developments taking place, and the shortcomings and contradictions of the sciences of the mind -- psychology, psychiatry, behaviourism, cognitive science, neuropsychology, neuropsychiatry, behavioural neuroscience and cognitive neuroscience. The rise in mental health problems is the result of rapid and dramatic socio-cultural changes. The persistence and growing severity of mental health problems is rooted in the limits of the sciences of the mind.

Rapid and dramatic socio-cultural developments are leading to growing social disorder and instability, including a general decline of traditional socio-cultural views, values and conventions. More importantly, they are leading to a decline of traditional external

structures of identity, stability, security and confidence. They are leading to the decline of the external structures on which we rely to meet our basic mental needs - a sense of self, mental order and stability, clarity of mind and understanding, a sense of certainty, security and confidence. The results are growing demands and challenges, which we must in the first instance deal with in the mind.

Socio-cultural developments at the same time are leading to a decline in the development of the mental faculties required to deal with the demands and challenges of existence. The consequences are growing mental problems, mental disorder and instability, doubt, confusion, uncertainty and insecurity, and feelings of fear, stress, anxiety, frustration, helplessness and depression. In turn, they are leading to substance abuse, addiction and suicide.

The persistence and growing intensity of mental health problems, on the other hand, lie in the limits, shortcomings and contradictions of the sciences of the mind: namely, the historical trend of the physical sciences to reduce the mind to the neurological structure, and biochemical functions of the brain. The sciences of the mind fail to understand the mental norm: the natural conditions, needs, demands and challenges of the mind, our role and responsibility in them, how to manage and deal with them. The sciences of the mind fail to differentiate between the mind and the brain. As a result, they fail to distinguish between mental problems, mental disabilities, and neurological problems: namely, difficulties understanding and managing the mind and our inner mental life, the effects in the mind of neurological problems of the brain, and neurological problems in themselves.

The mind is where we consciously exist and act. It is where, individually, we are in charge and in control, where we must actively be engaged and take responsibility for what we do, individual behaviour and actions. The mind is where we experience, become aware and where we must consider the conditions of existence, and how to deal with them. It is where we develop and use our mental faculties. The brain, in contrast, is the physical-material foundation of our mind and mental existence.

Failing to understand the mind, we are not able to deal in the mind with the conditions of existence and the world around us. We are not able to deal in the mind with changing conditions, when only a minimum in mental work, effort and adjustment are required, before they develop into larger mental problems, which we are no longer able to deal with alone. Failing to deal with difficulties in the mind will lead to chronic mental problems, including problematic behaviour and actions, feelings and emotions. In turn, they can lead to substance abuse, addiction and suicide. Failing to understand the mind, we fail to understand how mental problems arise and develop in the mind, and what we need to do in the mind to address them, and to prevent them from developing.

## **Answers and Solutions**

The answers and solutions to the mental health crisis require a paradigm change: reversing the historical trend of interpreting the mind and mental existence purely in

physical terms. The crisis cannot be addressed through improving mental healthcare services and more brain research alone. What is required is a change in how we understand and deal with the mind and mental problems. It requires demystifying the mind and our inner mental life. Differentiating clearly between the mind and the brain, and between mental problems, mental disabilities, and neurological problems. We need to understand and deal in the mind with the causes of mental health problems, and resulting substance abuse, addiction and suicide.

Moving further in the direction of trying to address mental problems in the brain will only add to the crisis. Denying and ignoring our inner mental life and existence will make the problem worse. Reducing the causes and development of mental health problems to neurological terms will not address or reduce them. Without understanding the mind as the place where we consciously exist and act, and without differentiating between mental problems, mental disabilities and neurological problems, we will only contribute further to the growing mental health crisis. We will condemn future generations to persisting and growing mental problems, living in a world of growing complexity.

Brain research, while it has its place, cannot provide us with an understanding of the mind and our inner mental life. More importantly, it cannot explain our role and responsibility, what we must do, establish, develop and maintain in the mind. Neuroscience cannot explain how to establish and maintain the necessary internal mental conditions, mental order, stability and well-being, or how to develop and use our mental faculties.

Moreover, brain research without a clear and detailed knowledge and understanding of the mind and our inner mental life cannot explain what we see in the brain in neurological processes and developments. Without a detailed understanding of what takes place and what we do in the mind, we are not able to differentiate between natural neurological processes and developments, and those that result from what takes place in the mind. We are not able to distinguish between natural neurological activities and development, and those resulting from developing our mental faculties: developing our natural mental powers and abilities, translating them into mental skills and practices, and engaging in mental work and effort.

Dealing with the growing mental health crisis requires making mental healthcare, in the first instance, an individual activity and practice, not a public service. We must individually establish and maintain the necessary internal mental conditions. No one else exists, can enter or act for us in our mind; because this is where individually we are in charge. Mental healthcare services need to provide assistance and support for the individual in establishing and maintaining the necessary internal mental conditions. Specifically, providing assistance and support from within a conceptual framework of understanding the mind as the place where we consciously exist and act; the conditions, demands and challenges, how to manage deal with them.

In practical terms, the answers and solutions require education and training in mental development and growth: development and growth that are not provided by the

traditional school system. Education and training understanding the mind from the inside as the place where we consciously exist and act: demystifying the mind and our inner mental life, and empowering and enabling the individual mentally. Education and training developing a detailed understanding of the mind, what takes place and what we must establish, develop and maintain in the mind. Education and training understanding our mental needs and how to meet them, our mental faculties and how to develop and use them; translating our natural mental powers and abilities into necessary mental skills and practices, and engaging in the required mental work and effort.

Improving public mental healthcare and reducing costs requires differentiating between the mind and the brain, and between mental problems, difficulties understanding and managing our inner mental life, mental disabilities, the effects in the mind of neurological problems in the brain, and neurological problems in themselves. It requires education and training in mental development and growth of mental healthcare practitioners. Moreover, it requires integrating and connecting the different mental health services within a conceptual framework of understanding the mind and mental existence from the inside.

## **Mental Health Crisis**

The missing element in dealing with mental health problems, substance abuse, addiction and suicide is to understand the mind from the inside. It is to understand the place where we consciously exist and act, and where mental problems arise and take place. It requires understanding what takes place, what we do, and what we need to do in the mind. To understand the missing element, we need to consider the nature and causes of the mental health crisis, and understand how mental health problems develop.

Today we are facing a growing mental health crisis not only in Canada but also around the world. The crisis consists of persisting and growing mental health problems, and resulting substance abuse, addiction and suicide. It is a crisis that affects all aspects of life, all areas of human activity, all sectors and all levels of society. It affects the individual, the home, the family and community, education and training, the workplace, business and the economy, government, public administration and public services, including healthcare. The results, among other things, are growing mental healthcare costs that are not sustainable in the long-term.

Despite years of much effort, awareness raising, a proliferation of mental health organizations and agencies, and a dramatic increase in the use of psychiatric drugs, we are seeing a marked increase in mental health problems, substance abuse, addiction and suicide. Innumerable reports, papers and studies about the delivery, management and administration of mental healthcare have not led to any real reduction in the problems. Decades of research and study of the nature, causes and development of mental health problems and how to treat them have not brought us any closer to an effective cure or treatment. Effective ways of treating mental health problems, let alone preventing them from developing, have yet to be established. Beyond dealing with symptoms and consequences, we lack the knowledge and understanding of the causes and developments behind mental health problems and how to deal with them.

Beyond the officially-recognized mental health problems lies the real mental health crisis: the untold story. They are the daily mental problems and difficulties dealing with the demands and challenges of our inner mental life, as well as dealing in the mind with the demands and challenges of the world around us. The daily mental difficulties, demands and challenges that, if not dealt with, will develop into the officially-recognized mental health problems.

The official statistics of the recognized mental health problems are well known. Globally, according to the World Health Organization (WHO), close to 450 million people suffer from mental health problems, both in developed and developing countries. One in every four people in the world, or twenty-five percent will develop some mental health problem in their life. In the industrialized world, mental problems rank first among illnesses that cause disability. Mental health problems are more common than cancer, diabetes, or heart disease. Five of the 10 leading causes of disability are related to mental problems, amounting to nearly one-third of the disability in the world. Mental health problems affect everyone: men, women and children, regardless of gender, race, ethnicity or socio-

economic status. By 2020, the WHO predicts that, worldwide, mental health problems will rank second only to heart disease as the leading cause of disability worldwide.

It is estimated that about 76.3 million people struggle with alcohol abuse, contributing to 1.8 million deaths per year. The United Nations reports that around 185 million people globally over the age of 15 were consuming drugs by the end of the 20th century. The most commonly mentioned drugs were marijuana, cocaine, alcohol, amphetamine-type stimulants (ATS), opiates and volatile solvents. According to the World Health Organization, almost 3,000 people commit suicide every day in the world: that is one every thirty seconds. Almost one million people die from suicide annually. It is estimated that for every person who commits suicide, 20 or more may attempt to end their lives. In the last 45 years, suicide rates have increased by 60% globally. Today suicide causes more deaths worldwide than homicide or war. Although traditionally, suicide has been highest among the elderly, it is increasing among youth: now one of the top five leading causes of death among people aged 15 to 34. The global cost of mental health problems in 2010 was estimated to be about US\$ \$2.5 trillion, and is expected to rise to US\$ 6.0 trillion by 2030.

In Canada, according to the Canadian Mental Health Association, about one in five people, or over six-and-a-half million will experience a mental health problem in their life. Every family in Canada, in some way, will be affected by mental health problems. Mental health problems cut across all ages, racial, religious and socio-economic groups, and carry serious consequences and costs, including substance abuse, addiction and suicide, and significant human, social and economic costs.

Substance abuse and addiction are major healthcare problems in Canada. According to the Centre for Addiction and Mental Health, 20% of those with mental health problems will also have a drug addiction problem. One in ten Canadians 15 years of age and over, report symptoms of alcohol or illicit drug dependence. Young adults and teenagers in the age of 15 to 24 have more drug addiction problems than any other age group. Drug use in Canada has risen over the last 10 years, but the most alarming increase has been in the number of teenage addicts. Marijuana, heroin and prescription drug use have all risen among Canada's young people.

The number of suicides in Canada, according to the Canadian Mental Health Association (CMHA), is close to 4,000 a year. No part of Canadian society is immune. Suicide is among Canada's most serious public health issue, with a rate of 15 per 100,000. In the past three decades, more than 100,000 Canadians have died by suicide. Rates of suicide are higher among specific groups, such as youth, the elderly, inmates, and First Nations people. In Canada, suicide rates have traditionally been highest among the elderly, but they now show an increase among youth. Suicide was the second leading cause of death in 2005 among individuals aged 15 to 34, second only to accidents and unintentional injuries. Among people aged 15 to 24, suicide is the second leading cause of death. With veterans, according to Veterans Affairs, cases of mental health problems have tripled in the past five years. The suicide rate among Canada's soldiers has doubled from 2006 to 2007, rising to a rate triple that of the general population. More veterans in the last five

years have committed suicide than actually died in the theatre of war. Among First Nation youth, the suicide rate in Canada is about five to seven times higher than for non-aboriginal youth. With Inuit, suicide is 11 times the Canadian rate, between 60 and 75 per 100,000 people. Suicide rates for Inuit youth are as much as 28 times the national average in the case of males aged 15 to 24.

The human costs of mental health problems are substantial and affect all aspects of life. Mental health problems can disrupt the ability to function at home, in school, in the community and at work. They affect a person's ability to deal with the basic things in life: getting an education, finding a job, finding a place to live. They affect a person's ability to relate and interact with others and deal with the world in constructive ways. Mental problems affect a person's ability to develop his full potential.

The social costs of mental health problems are significant. The costs for the healthcare system, according to Health Canada, was approximately \$7.9 billion in 1998: \$4.7 billion in care and \$3.2 billion in disability and early death. Additionally, \$6.3 billion was spent on uninsured mental health services and time off from work for depression and distress not treated by the healthcare system. In 1999, 3.8% of admissions in hospitals were due to mental health problems. According to the Canadian Centre on Substance Abuse, direct healthcare costs linked to addiction, alcohol, tobacco and street drugs are about \$8.8 billion. Law enforcement and other costs are an additional \$6.7 billion. The overall social costs of addiction are estimated to be just under \$40 billion, about 4.1 % of the country's GDP.

Psychiatric drug prescriptions, including antidepressants, antipsychotics, benzodiazepines and related drugs (gabapentin, pregabalin, topiramate, psychostimulants and atomoxetine) rose by 400% between 1998 and 2007, at an annual rate of 45%. The costs of psychiatric drugs rose in this period from \$522 million to \$1.16 billion (The Canadian Rx Atlas, 2nd Edition, December 2008, Centre for Health Services and Policy Research, University of British Columbia). There has been a particularly dramatic increase in the prescribing of the latest generation of antipsychotic drugs for youth and adolescents. In a Manitoba study, according to data from Manitoba Health, antipsychotic use between 1998 and 2008, for those 18 and younger, increased from 1.9 to 7.4 per 1,000. The total number of prescriptions increased from 2,746 in 1999, to 21,320 in 2008, an almost 800% increase (Sharon Kirkey, Postmedia News November 9, 2011). In B.C., according to BC PharmaNet data, prescriptions for newer antipsychotics (Olanzapine, Quetiapine and Risperidone) for children under 14 years increased tenfold, or 1000%, between 1997 and 2007 (Therapeutics Initiative (TI), Department of Pharmacology and Therapeutics, UBC, [www.ti.ubc.ca](http://www.ti.ubc.ca)).

The economic burden of mental health problems in 1998, according to Health Canada, was estimated to be \$14.4 billion a year. According to more recent calculations, the cost to the Canadian economy annually due to mental health and addiction problems is close to \$30 billion. Mental health problems are considered to be the main issue limiting productivity in Canada. Each day about 500,000 people miss work due to mental health problems. Each year long-term disability claims related to mental illness cost employers

and insurers about \$8.5 billion. According to a study by the Centre for Addiction and Mental Health, mental illness is associated with more lost workdays than any other chronic condition, costing the Canadian economy \$51 billion annually in lost productivity.

Beyond the official statistics and the recognized mental health problems, as mentioned earlier, lies the real mental health crisis. They are the daily mental problems and difficulties dealing with the demands and challenges of our inner mental life, which affect how we deal with the world around us. They affect the choices and decisions we make, and how we make them; the aims, goals and objectives we pursue, and how we define them; and the behaviour and actions in which we engage, and how we consider, plan, organize and manage them. They are the mental problems that, if not addressed, develop into the mental health problems that are officially recognized. They are the mental problems and difficulties that lie behind the behaviour and actions, feelings and emotions that are viewed as indicators of mental illness.

The daily mental problems we face include difficulties being mentally alert, active and engaged, paying attention and keeping track of what takes place and what we do in the mind; directing, focusing and concentrating the mind and attention on what we do and we engage in; exercising mental discipline and mental flexibility; paying attention to what we do, and shifting the mind and attention when necessary. They are difficulties visualizing and forming clear and detailed images or pictures in the mind about what we are confronted with, what we see, hear, read about and have to deal with. They include problems and difficulties considering issues, conditions, demands and challenges at length, in depth and detail, until a clear and detailed picture emerges in the mind.

The daily mental problems we face are difficulties establishing and maintaining the necessary internal mental conditions – a sense of self, mental order and stability, clarity of mind and understanding, a sense of certainty, security and confidence. Difficulties dealing with, responding to and adjusting in the mind to change and changing conditions before they develop into larger mental problems. Difficulties making informed and considered choices and decisions, defining necessary goals and objectives, and considering, planning and organizing the required behaviour and actions. They include difficulties dealing in the mind with personal limits, shortcomings, failures, errors and mistakes, and not repeating them.

Mental order and stability, in contrast to the order, stability and well-being of our physical life and existence, are not a given. They are not the normal, natural mental conditions. We need to establish them through active individual mental engagement, mental work and effort. What enters the mind - experiences, perceptions, sensations and feelings, thoughts, ideas, notions and recollections, do not, on their own, order and arrange themselves in the mind in meaningful and constructive ways, according to their relevance. They do not form clear and detailed images or pictures in the mind about the conditions that lie behind them and how to deal with them. We are conscious of our inner mental life and existence. We experience it, we are aware of it, and we must deal with it. We must individually establish and maintain order and stability in the mind before acting.

The daily mental problems and difficulties we face are the result of lacking an understanding of the mind and our inner mental life, our role and responsibility in them. Lacking an understanding of our mental needs and how to meet, our mental faculties and how to develop and use them. In turn, they are the result of lacking the necessary education and training in mental development and growth.

## **Causes and Developments**

The causes behind the mental health crisis lie, on the one hand, in the socio-cultural developments and changes taking place all around us. On the other hand, they lie in the limits, shortcomings and contradictions of the sciences of the mind – psychology, psychiatry, behaviourism, cognitive science, neuropsychology, neuropsychiatry, behavioural neurosciences and cognitive neuroscience. Rapid and dramatic socio-cultural developments and changes lead to an increase in mental health problems. The limits, shortcomings and contradictions of the sciences of the mind, on the other hand, account for the persistence and growing severity of mental health problems.

## **Socio-Cultural Developments and Changes**

Socio-cultural developments and changes have been taking place throughout human history; most of those changes have been gradual. In the latter half of the 20<sup>th</sup> and early 21<sup>st</sup> century, socio-cultural developments and changes have been more dramatic and accelerated, leading to rapid developments in the social conditions, demands and challenges of existence. At the same time, they are leading to a decline in the development of the mental faculties necessary to deal with the challenges of existence. The results are growing mental health problems. Leading to mental overload: feelings of fear, stress, anxiety, frustration, helplessness and depression. These in turn can lead to substance abuse, addiction and suicide, as a way to escape growing mental problems -- difficulties with one's inner mental life and existence.

The social changes include the decline of the traditional close-knit family and community, which is dislocating and disconnecting the individual socially. The close-knit family and community provided and defined the social identity, role and position of the individual. They provided a sense of order, stability, certainty and security, without which the individual becomes socially disconnected and isolated, and no longer develops the mental abilities, skills and practices to relate and interact socially.

The older generation, being more preoccupied with securing their material wealth and status, is abandoning its traditional role and responsibility to guide the younger generation in their development. Younger generations are left to their own devices, with little direction. For youth, this change in social dynamic is leading to uncertainty and insecurity about their role in society, anxieties about their future, doubt and confusion about the purpose of their life, and the direction of their development. The results include

disconnect, competition, conflict and confrontation between the generations, and individual doubt, confusion, uncertainty and insecurity.

Traditional socio-cultural views, values and conventions, which defined and governed individual behaviour, actions and conduct, how to relate and interact with others and deal with the world around us, are also declining. These shared values were the glue that held the community and society together. They connected people. They defined and governed individual and collective behaviour, actions and conduct. Their decline is further disconnecting and isolating the individual socially.

There is a growing movement of people across communities, societies and cultures, which leads to conflicting conventions meeting head-on. The results are growing conflict and confrontation between different value systems contributing to a decline of what held together communities and societies, and what provided social order and stability. The consequences are growing social disorder and instability. Society is fragmenting into smaller interest groups – cultural, religious, ethnic, racial, political, socio-economic, professional-occupational, gender and generational groups, which are competing for social resources, justice and equality. This is adding to growing conflict and confrontation.

Gender roles are changing. Women are demanding greater equality and responsibility in life, in all areas of human activity, in all sectors and at all levels of society: in the home and the family, at work, in the economy and in public affairs. Men are expected to take on more responsibility in what, traditionally, has been the role of women, in the home and the raising of children. Gender equality, however, has yet to be established, as traditional gender roles have yet to be overcome. The result is a growing tension between the genders, with each holding the other responsible for individual difficulties and insecurities.

There is a growing demand for greater individual autonomy and equality, relevance and recognition, which results in the challenging of traditional socio-cultural identities, institutions and practices without a clear understanding of what this autonomy entails; where, or in what, we are independent, what our individual role and responsibilities are, and how to manage them. This contributes to growing uncertainty and insecurity, blaming others and holding them responsible for individual shortcomings, mistakes and failures.

We also see a growth of unrealistic expectations about the conditions of existence and the quality of life, as well as a growing impatience in attaining them. Material wealth, social recognition and individual happiness; an ordered, stable, secure and predictable world and easy material abundance is expected. The consequences are feelings of being disadvantaged, disenfranchised and marginalized, blaming others for the conditions of one's existence and the quality of one's life.

The role and influence of religion in society is declining. In the past, religion provided answers to questions about the meaning and direction of life, questions that cannot be

answered by science. It provided the conceptual framework within which to make sense of the conditions, demands and challenges of existence. The decline in religion is leaving the individual at a loss, without a conceptual foundation, and with difficulties defining and understanding the goals and objectives of life.

We also witness the loss of common sense, which is rooted in individual human experience, viewed to be subjective and not reliable. Common sense is being replaced by science: objective scientific knowledge, theories and studies. The decline in common sense – the practice of relying on the self-evident and obvious reflected in human experience of reality and the world around us - is disconnecting the individual from the human experience. It is limiting the individual, in understanding the human self and the conditions of individual existence, to socially-constructed identities and collective social conditions.

Developments are taking place also in the economy, which is being elevated to the focal point of existence. Human lives are being defined primarily in economic-material terms: the production and consumption of material goods and services. Quality of life is measured almost exclusively in physical-material-financial terms. Other non-material elements and needs of human existence, such as human social and mental needs, are being dismissed or relegated to the sideline, treated as secondary issues. This development is leading to a growing neglect of non-material needs, particularly of the mind and our inner mental life. The results are growing mental problems, resulting from unmet non-material mental needs.

The purpose of economic activity is changing from meeting our material needs to competing for material-financial gains. In the process, greed, dishonesty and manipulation become elevated to virtues and good business practices. The results, on the one hand, are growing competition, conflict and confrontation. On the other hand, they are greed and exploitation, injustice and inequality, and lead to feelings of frustration, helplessness and depression.

The economy is changing from brawn to brain, from physical labour to mental work. Economic activity is changing from physical-material to information-processing, from the production of physical-material goods and services to the production of information products and services. It is leading to changing work and employment conditions, demands and challenges, changing knowledge and skill requirements.

Lifetime and long-term jobs and employment are declining. Production processes are automated with the growing introduction of robots. The consequences include growing financial instability, and growing pressure to adjust to changing employment conditions. As a result of the changes in the economy, individual human development and growth are being driven and defined by the requirements of the economy, not by the demands of human existence. This includes our mental and physical existence and development.

Economic changes include the development of information and communication technology tools and devices, ostensibly to free us from mental labour or to compensate

for limits in human mental capacity. One of the consequences is that human mental faculties are reduced to the abilities and skills of using and operating high technology and IT tools and devices. The result is an underdevelopment of our natural mental powers and abilities.

Being confronted with growing amounts of competing and conflicting information, we risk information overload. Without having developed a conceptual framework within which to decide what is relevant and what is not, we are mired in feelings of uncertainty, stress and depression. In addition, we are confronted with a growing stream of visual images, via digital media, resulting in a decline in the development of the mental skills to establish clarity of mind and understanding: clear and detailed images in the mind. We no longer develop the mental faculties required to translate what we experience and become aware of, what we read, hear and what is communicated to us into clear mental pictures. We no longer engage in the mental work and effort required to make sense of our experiences, the conditions of existence that lie behind them, and how to deal with them.

Developments taking place in education and training range from child-centred education to the self-esteem movement, and the development of a culture of entitlement. Child-centred education was developed to allow children to develop on their own, without demands or discipline imposed on them. Students not only choose what and how to study, but why a topic is of interest. Students are developing what they are interested in and what they are good at, with the teacher providing an environment that will motivate the child to discover new skills and knowledge. Child-centred education is based on the notion of independent discovery and independent learning; because each child is unique, so the argument goes, each child requires a different learning approach. If what is being learned is relevant to the student, the student is more likely to retain information and participate in the learning experience.

The results are a decline in the development of the knowledge, understanding and the mental faculties to deal with what we are not good at, issues and conditions that we do not like and we do not enjoy, but which we must deal with in life. It has led to a decline in the development of mental discipline and mental flexibility; concentrating the mind and attention, considering and studying issues in depth and detail, until a clear picture emerges in the mind. It has led to focusing on feelings and emotions, likes and dislikes, at the expense of clarity of mind and understanding.

The self-esteem movement, the other side of the child-centred education coin, was designed to improve the school performance of students through addressing stressful circumstances outside of the school – poverty, racism, single-parent families, latchkey children, etc. The aim was to improve the performance of such students through improving their view of themselves. The self-esteem of students was to be improved through telling them they should feel good about themselves even without having accomplished anything of which to be proud. Children were to be honoured, making them feel special. The objective was to protect children from negative feelings, protecting them from the sting of failure.

The results are a decline in the development of critical mental abilities such as recognizing and acknowledging negative feelings and emotions as indicators of individual problems and thoroughly understanding and addressing the conditions that lie behind them. It has led to the practice of looking to others, holding them responsible, expecting them to resolve personal problems, shortcomings, failures, and negative feelings and emotions. It has led to a view of being entitled to one's feelings and emotions without having to understand and deal with them as indicators about the individual.

Child-centred education and the self-esteem movement in turn have led to a culture of entitlement in contrast to a culture of merit. The individual feels entitled to relevance, recognition and reward without having to engage in the work and effort they require. The consequences of the culture of entitlement include being impatient, self-serving, unable to delay gratification and is leading to stress and frustration, hostility, feelings of being disadvantaged deprived or marginalized, when what one expects and desires is not forthcoming.

Changes in higher education include study being reduced to research. Study -- considering issues in detail until a clear picture emerges in the mind, is being reduced to the collecting and recording of information. Research, which should entail the collection of factual evidence, is being reduced to public opinion surveys and opinion polls, statistical analysis and searching the Internet.

Conceptual constructs — clear and detailed images and pictures in the mind — are reduced to language constructs and empty rhetoric. The required mental effort is reduced to the mechanical use of language, guided by nothing more than linguistic rules of convention. Knowledge and understanding are reduced to reciting information details, without clear and detailed mental images and pictures behind them. Language is no longer used as a means to convey the clarity of one's mind and the details of one's understanding. Instead, language is used in creative ways to project details beyond what has actually been established, adding little in depth and detail beyond the self-evident and obvious of common sense, just “scientifically” proving and legitimizing common sense.

The result of the changes in higher learning is a general dumbing-down, and growing superficiality, speculation and abstraction in understanding and dealing with the conditions and challenges of existence. We are unable to recognize and understand deeper-rooted conditions and developments to which we must respond and adjust.

Together, the rapid and dramatic socio-cultural developments and changes are leading to growing social instability and disorder. Symptoms of this disorder include changing social conditions, changes in socio-cultural beliefs, views, values and conventions, in institutional and organizational structures, procedures and practices. More fundamentally, the socio-cultural developments and changes are leading to the decline of traditional external structures of identity, order, stability, certainty and security. The external structures on which traditionally we have relied to meet our basic mental needs - a sense

of self, mental order and stability, clarity of mind and understanding, a sense of certainty, security and confidence.

At the same time, the socio-cultural developments are leading to a decline in the development of the mental faculties that are required to deal with the conditions of existence and the world around us. The consequences are growing mental problems, mental disorder and instability, doubt, confusion, uncertainty and insecurity. It is not external conditions in themselves that cause mental problems: it is the failure or the inability to deal with them in the mind where we experience them. In turn, they are leading to growing substance abuse and addiction, trying to escape into emotional highs as a way to deal with persisting and growing mental problems and difficulties. Ultimately, it is leading to suicide, a way to end and escape from them permanently.

### **Sciences of the Mind, Limits, Shortcomings and Contradictions**

The persistence and growing intensity of mental health problems lie in the limits, shortcomings and contradictions of the sciences of the mind – psychology, psychiatry, behaviourism, cognitive science, neuropsychology, neuropsychiatry and cognitive neuroscience. They in turn, lie in the origins and the historical development of the sciences of the mind. The sciences of the mind have their roots in early Greek, Roman and Islamic efforts to understand the mind, and deal with mental problems beyond supernatural-spiritual accounts. In religious culture, the mind and our inner mental life are viewed as the human soul or spirit, our connection to a supernatural-spiritual world. The conceptual framework of the sciences of the mind is rooted in centuries of philosophical reasoning, speculations and abstractions of establishing objective knowledge, truth and understanding beyond subjective human experience; trying to understand the mind, mental existence and mental problems in objective terms beyond subjective human experience of them. That is, the sciences of the mind are based on centuries of philosophical speculations and abstractions, albeit reasoned speculations and abstractions, which today are far removed from the factual evidence of the experience of our inner mental life, of what actually takes place and what we do in the mind.

The sciences of the mind lack an understanding of the mind and our inner mental life, viewing them as just another human organ, which can be understood only from the outside through studying its behaviour. Increasingly, the mind is being equated with the brain, causing the mind and mental health problems to be dealt with in purely biochemical terms. Mental health problems are viewed in terms of chemical imbalances in the brain, abnormalities in serotonin, norepinephrine, dopamine, cortisol, thyroid, growth hormone, glutamate, brain-derived neurotropic factors, etc. The sciences of the mind equate what takes place and what we do in the mind with the neurological structure, processes and the biochemical workings of the brain. They fail to differentiate clearly between the mind and the brain, and between mental problems, mental disabilities and neurological problems; failing to differentiate between problems and difficulties understanding and managing the mind and our inner mental life, the consequences in the mind of neurological problems in the brain, and neurological problems in themselves.

The mind is not recognized and understood as the place where we experience, become aware and where we must consider the conditions of existence, although individually we are conscious and aware of it. The mind is not understood as the place where we must actively be engaged and take responsibility for individual behaviour and actions. Conversely, the brain is not understood as just the physical-material foundation of the mind, our mental life and our mental faculties, powers and abilities. While the mind is the place, or the space where our inner mental life and existence take place, where we consciously exist and act.

The sciences of the mind do not recognize that failing to develop our mental faculties is leading to mental problems. Being unable to deal in the mind with change and changing conditions when only a minimum in mental work, effort and adjustment are required is leading to the development of larger mental problems, difficulties and crises, which we cannot deal with alone. The sciences of the mind lack an understanding of how mental problems arise and develop in the mind, and what in the mind we need to do to deal with them, and prevent them from developing.

The method of the sciences of the mind is to understand and deal with the mind and mental problems from the outside, through the study of overt behaviour and actions and expressions of feelings and emotions. Behaviour and actions viewed as abnormal, deviating from established norms and practices, and feelings and emotions considered as negative, are taken as indicators of underlying mental problems and illness. From those external symptoms, the sciences of the mind deduce and conclude, hypothesize and theorize about underlying problematic psychological conditions and processes. The causes of these conditions are increasingly identified and addressed in the brain, in neurological and biochemical terms. In the process, the mind, our inner mental life and existence, and the active human mental self, are equated and reduced to the brain, its neurological structure, processes and biochemical workings.

Our inner mental life is understood as just an epiphenomenon or the reflection of what takes place in the brain. It is viewed and understood as a psychological side effect of the neurological-chemical processes in the brain, over which we exercise little, if any, control. As Steven Pinker, one of the more prominent psychologists and cognitive scientists, writes in *How the Mind Works*, “the mind is what the brain does.” (p. 21) It is a “package of information-processing and goal-pursuing mechanisms” (p. 42). It “is a system of organs of computation designed by natural selection to solve the problems faced by our evolutionary ancestors in their foraging way of life” (p. X). The mind cannot be understood from the inside, as Pinker writes, because “[t]he faculty with which we ponder the world has no ability to peer inside itself or our other faculties to see what makes them tick” (p. 4).

The sciences of the mind paint a picture of the human being as a biological organism that is driven by genes, neurons, biochemical processes, and external environmental factors. As Pinker writes, “The mind is what the brain does; specifically, the brain processes information, and thinking is a kind of computation. The mind is organized into modules

or mental organs, each with a specialized design that makes it an expert in one arena of interaction with the world. The modules' basic logic is specified by our genetic program. Their operation was shaped by natural selection to solve the problems of the hunting and gathering life led by our ancestors in most of our evolutionary history. The various problems for our ancestors were subtasks of one big problem for their genes, maximizing the number of copies that made it into the next generation” (p. 21). “Our mental life is a noisy parliament of competing factions. . . of many computational faculties engineered by natural selection” (p. 58).

The sciences of the mind lack an understanding of the mental normal; mental health essentially is understood as the absence of mental disorder. A more detailed description of mental health is provided by the World Health Organization (WHO), mental health is "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." What is missing is an understanding of the details and specifics of the mind - nature, elements and processes, conditions, needs, demands and challenges, the role and responsibility in them that, by nature, are individually ours to understand and manage. The sciences of the mind lack an understanding of what we must do, establish, develop and maintain in the mind to deal with the normal demands and challenges of the mind and our mental life. The missing understanding is leading to reducing the normal conditions and challenges of the mind to mental illness.

Mental health problems are understood as the impairment of individual cognitive, emotional and behaviour functions, which are caused by social, environmental, psychological, biochemical and genetic factors. The sciences of the mind fail to recognize and understand one of the critical elements of the mind and our mental existence. As mentioned earlier, mental order and stability, in contrast to the order and stability of our physical life and existence are not a given. They are not the normal mental condition. Mental order and stability have to be established through active individual mental engagement, individual mental work and effort. The experiences, perceptions, sensations and feelings, thoughts, ideas, notions and recollections that enter the mind and awareness do not order and arrange themselves on their own. They do not order and arrange themselves in terms of their relevance and the order in which they need to be dealt with. Nor do they form clear and detailed images and pictures in the mind about the conditions that lie behind them and how to deal with them.

The sciences of the mind reduce the normal conditions--what takes place and what we do in the mind--to a growing list of mental syndromes and disorders. Normal problems and difficulties understanding and managing our inner mental life are treated as mental illness. Specifically, it is problematic behaviour and actions, feelings and emotions resulting from difficulties understanding and managing our inner mental life that are viewed as indicators of mental syndromes, disorders or illness. Ultimately, it is the lack of education and training in mental development and growth, developing the necessary understanding and mental faculties, and engaging in the required mental work and effort that are treated as mental illness.

Perceived mental health problems are grouped into categories of psychological syndromes, disorders and illness such as, for example, General Anxiety Disorder (GAD), Panic Disorder (PD), Attention-Deficit Disorder (ADD), Attention-Deficit Hyperactivity Disorder (ADHD), Obsessive-Compulsive Disorder (OCD), Antisocial Personality Disorder (APD), Posttraumatic Stress Disorder (PTSD), etc. They are listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM), of the American Psychiatric Association (APA), and the International Statistical Classification of Diseases and Related Health Problems (ICD), of the World Health Organization (WHO). The DSM, seen as the diagnostic “bible” for mental health medicine, today is used nearly universally, not only by psychiatrists but by insurance companies, hospitals, courts, prisons, schools, researchers, government agencies, and the medical profession.

At its outset in 1840 the American Psychiatric Association (APA) only recognised one mental health disorder. By 1917 the number had risen to 59. It rose to 128 by 1952 with the first edition of the DSM, to 182 with DSM II in 1968, and to 265 in 1980 with DSM III. In the revisions of 1987, DSM III-R, 1994, DSM IV, and 2000, DSM IV-TR, the number of mental health disorders rose to around 365. In the latest revision, with DSM V, to be released in 2013, the number will increase further. The new addition will include mental disorders such as “oppositional defiant disorder,” “apathy syndrome,” “paraphilic coercive disorder,” “gambling disorder” and “Internet addiction disorder”.

Experts - psychologists, psychiatrists, psychotherapists and counsellors - through the use of therapy and medication, treat identified mental syndromes and disorders. Psychoanalysis, also known as talking treatment, is used to address conflicts between the unconscious and the conscious mind through uncovering hidden desires, traumas and anxieties. It involves, in discussion with the psychoanalyst, exploring and analyzing repressed or unconscious experiences in order to bring them into the conscious awareness so they can be dealt with. Psychoanalysis is to uncover and deal with hidden agendas, of which the individual is unaware, that may interfere with and affect the behaviour and actions of the individual.

Psychotherapy, such as cognitive behaviour therapy involves, with the help of a therapist or counsellor, developing different ways of coping with emotions and feelings, and change and improve individual behaviour and actions. Psychotherapy attempts to identify counterproductive and harmful ways of dealing with feelings and emotions. The objective is to correct underlying assumptions, beliefs and practices to handle emotions and feelings differently, deal with them in more constructive and beneficial ways.

Psychiatric medications, which act on the nervous system, are used to address chemical imbalances or deficiencies in the brain. They are natural or synthetic chemical compounds and substances that act on the central nervous system, where they alter brain functions. The results are temporary changes in perceptions, moods, consciousness and behaviour. The purpose is to balance and stabilize the nervous system, reduce the intensity of emotions and feelings through controlling the response of the nervous system to external conditions and influences.

Psychoactive drugs operate by temporarily affecting a person's neurochemistry, which in turn causes changes in a person's mood, cognition, perception and behaviour. They bring about chemically induced changes in mental conditions and states of mind. They tend to mask and cover up underlying causes and lead to chemically induced changes in mental conditions that can lead to dependence or addiction. They do not, however, lead to changes in how we understand and manage the mind and mental existence.

With the introduction of psychoactive drugs in the 1950s, and sharp acceleration in the 1980s, there has been a shift from therapy to medication, from psychology, psychoanalysis and psychotherapy to psychiatry and psychiatric medication. While there is much critical debate about the shift from therapy to medication and the growing reliance on medication in dealing with mental health problems, it is only a debate about the Freudian versus the biological model. It is not a debate about the need to understand the mind from the inside as the place where we consciously exist and act. It is not a debate about the need to differentiate clearly between the mind and the brain, between mental problems, mental disabilities and neurological problems. The debate is not about the need to understand and deal with mental health problems, in the first instance, as difficulties understanding and managing our inner mental life and existence, which are to be addressed in the mind.

Early efforts in the transition from religious to scientific culture resulted in understanding the mind separately from the physical-material brain. However, these early efforts failed to consider and understand the mind from the inside, as reflected in human experience. Ultimately, it was the success of the natural sciences, the scientific method of inquiry into the nature of the physical-material world that has led to equating and reducing the mind and our inner mental life to the physical-material brain. This process was aided by the development of brain imaging MRI (Magnetic Resonance Imaging), and fMRI (functional Magnetic Resonance Imaging) machines. Initially in psychology mental problems were taken to be caused by disorder, repressed issues in the unconscious. Later they were seen to be caused by disorder in the nervous system. Today, mental problems are understood to be caused by neurological and biochemical disorder in the brain.

The results of this approach are the symptoms and consequences of mental problems, such as mental disorder and instability, doubt, confusion and uncertainty, feelings of fear, stress, anxiety, helplessness and depression, are treated as separate problems, the result of different causes, requiring different solutions. Depression about different issues, for example, is treated as different forms of depression, the result of different causes. This is in contrast to considering why the individual is depressed about a given issue. It is not the issue that causes depression, but the individual, its inability or failure to deal with the issue. In essence, we are not depressed about issues, but about ourselves, our inability or failure to deal with given issues.

The approach mentally disempowers and disables the individual by denying the existence of the inner mental life and the active individual mental self. The approach ignores and rejects the fact that we consciously exist and act in the mind, where by nature we are

individually in charge and in control, having to be actively engaged and take responsibility for what we do and we engage in, individual behaviour and action. Reducing the mind to the brain precludes education and training in mental development and growth, developing the knowledge and the mental faculties to understand and manage our inner mental life.

The results and consequences include viewing, understanding and conducting ourselves as mentally-fragile and unstable victims of external forces and developments. It includes being unable to deal with the normal, natural conditions, needs, demands and challenges of existence without the help of outside experts and specialists. The results and consequences are behaving and acting as if we were preconditioned genetic and neurological automatons, driven by genes, neurons and external environmental forces and conditions, unable to act on common sense, let alone expand on it. The approach is leading to rejecting responsibility for what individually we do and we engage in, the choices and decisions we make, the aims, goals and objectives we pursue, and the behaviour and actions in which we engage. The resulting problems include being unable to deal with, respond and adjust in the mind to change and changing conditions when only a minimum in mental work, effort and adjustment are required before they develop into larger mental problems, difficulties and crises, which we are no longer able to deal with alone.

The decline of traditional external socio-cultural structures of identity is exposing the limits of the sciences of the mind in understanding the mind and dealing with mental problems. The sciences of the mind were effective only within the context of externally defined structures of collective identity, order and stability. Within their context, the focus and concentration has been deviations in behaviour and actions, feelings and emotions from the established socio-cultural norms, which are taken as indicators of underlying psychological problems and mental illness.

The approach is no longer sufficient or effective when it becomes necessary to replace declining external collective structures of identity, order and stability individually in the mind, through individual mental work and effort. It requires a different approach and understanding. It requires a detailed and in-depth understanding of the mind and our mental existence. Understanding the mind as the place where we experience, become aware and where we must consider the conditions of existence.

Dealing with mental problems requires knowing how in the mind they arise and develop. Knowing what in our mental behaviour and actions, in how we understand and manage our inner mental life leads to mental problems. Knowing what we need to do, change or correct in what we do in the mind, to address mental problems and prevent them from developing.

## **Direction of the Answers and Solutions**

### **Paradigm Change**

The solution to the growing mental health crisis, substance abuse, addiction and suicide requires a paradigm change: a reversal of the historic trend in how we understand and deal with the mind and mental problems. Continuing the current path and direction of dealing with the mind and mental problems will only add to the crisis, condemning future generations to persisting and growing mental problems, living in an increasingly complex world. A different approach is required: one in which we understand the mind as the place where we consciously exist and act, and deal with mental problems from inside the mind in depth and detail, in a differentiated, but integrated, connected and related way. Not considering only symptoms and consequences, deviations in behaviour and actions, feelings and emotions from established socio-cultural norms, the causes of which are to be addressed in the brain.

The decline of external socio-cultural structures on which traditionally we have relied to meet our mental needs -- a sense of self, mental order and stability, clarity of mind and understanding, certainty, security and confidence -- cannot be controlled or reversed. They also cannot be replaced externally through stricter laws, rules, or enforcement. In a world of rapid socio-cultural developments, mental order and stability, certainty, security and confidence can no longer be established externally in the collective. They need to be established individually in the mind, where we are in charge and in control, through individual mental work and effort. Collective external structures of identity, order and stability need to be replaced individually in the mind, through establishing and maintaining the necessary internal mental conditions, before engaging and dealing with the world around us.

We cannot control external conditions and developments and the demands and challenges they pose for the individual. It is not possible to create the ideal external conditions of an ordered, stable, secure and predictable world, a world that does not make demands and does not challenge us mentally. We may be able to change the human-created socio-cultural conditions, making them more sustainable, equitable, secure and peaceful, causing fewer problems and difficulties, demands and challenges; however, we cannot control the natural conditions and developments, and the demands and challenges they pose. We must deal with them, and respond and adjust to them. We need to establish the necessary internal mental conditions to deal with external conditions in constructive ways before they develop into crises in the mind, which we are not able to deal with alone.

So far, in dealing with mental problems, we are only tinkering on the margins, failing to get at the essence of the issues. What is required is putting mental health and mental healthcare on a different conceptual foundation. As discussed earlier, we need to distinguish clearly between the mind and the brain, and between mental problems, mental disabilities and neurological problems; between problems and difficulties of our inner mental life and existence, the effects in the mind of neurological problems in the brain,

and neurological problems in themselves. The mind is the place where we consciously exist and act; where we experience, become aware, and where we must consider the conditions of existence, and how to deal with them. We are conscious of our inner mental life, what takes place and what we do in the mind. We experience it, we are aware of it, we must pay attention to it, and we must take responsibility for it.

What takes place and what we do in the mind defines and governs how we understand and manage existence and development. It defines and governs how we view, understand and conduct ourselves individually, how we relate and interact with each other, and how we deal with the world around us. Problems and difficulties in what we do and we engage, in behaviour and actions have their roots and beginnings in the mind. And it is in the mind where answers and solutions must start.

Failing to understand and manage the mind and mental existence, establish and maintain the necessary internal mental conditions leads to mental problems and difficulties. It leads to mental disorder and instability, doubt and confusion, uncertainty and insecurity, in turn which lead to feelings of fear, stress, anxiety, frustration, helplessness and depression. Consistently failing to understand and manage the mind leads to chronic, persisting and growing mental problems and difficulties, problematic mental behaviour and actions, feelings and emotions that we are not able to deal with alone, which can lead to substance abuse, addiction and suicide.

The brain, in contrast, is the physical-material foundation of the mind, our inner mental life, our consciousness and awareness. The brain transmits input from sense organs and internal sensors to the mind, which we experience as perceptions, sensations and feelings. It is the physical-material foundation of our mental faculties, mental powers and abilities. The brain translates what takes place in the mind - the choices and decisions we make, the aims, goals and objectives we define, and the behaviour and actions we consider — into physical conditions and overt behaviour and actions. The brain also is the physical-material location of our memory. Everything that takes place in the mind is stored in memory. How it is stored in memory depends on how it is mentally processed, whether we consider and make sense of it before it slips into memory. The ease with which we will be able to recall something from memory depends on how well we mentally processed it before it is stored in memory.

The brain does not define or govern what we do in the mind, how we deal with what enters the mind and awareness; however, what takes place and what we do in the mind is reflected in the brain. It triggers neural activities and leads to neural development in the brain. Neurological problems of the brain may affect what takes place and what we do in the mind, but they do not govern them. They may affect or limit the experiences that are transmitted to the mind and awareness, but they do not define or govern how we consider them and the sense we make of them. Problems of the brain may limit our mental faculties, but they do not govern the extent to which we develop and use them, and how we use them. They may effect our ability to translate what we do in the mind into overt behaviour and action; however, they do not define or govern the choices and decisions we make and how we make them, the aims, goals and objectives we define and how we

define them, or the behaviour and actions we consider and how we plan, organize and manage them. Neurological problems may affect our memory, but they do not define and govern how we mentally process what takes place in the mind before it is stored in memory.

Failing to differentiate between the mind and the brain, and failing to understand what takes place and what we do in the mind means we have no way of knowing or understanding what we observe in the brain. We will not be able to differentiate, in what we observe in the brain, between natural neurological activities and developments and those that result from what takes place and what do in the mind. We are unable to differentiate between changes in neurological processes and developments that are the results of neurological problems, or changes brought about by what we do in the mind, mental development and growth. We are not able to identify neurological activities and developments that result from views and understanding, images and pictures we create in the mind, developing and using our mental faculties, and engaging in given mental work and effort. We are not able to recognize neurological changes that result from choices and decisions we make, and how we make them, and behaviour and actions in which we engage, and how we consider, plan, organize and manage them.

More importantly, failing to differentiate between the mind and the brain means that we are not able to understand how in the mind we may be able to accommodate, or compensate for neurological problems of the brain. How through changes in mental work and effort we may be able to compensate for neurological problems that affect or limit the experience that enter the mind and awareness; problems that limit our natural mental faculties; and problems which translate into physical behaviour and actions, or that affect or limit our ability to recall and recollect from memory.

Brain research has its place, but it cannot explain or tell us how to understand and manage the mind and our inner mental life. More importantly, it cannot tell us what we need to do, what we must establish, develop and maintain in the mind. It cannot explain how to establish and maintain the necessary internal mental conditions, mental health and well-being. We do not need to know and understand scientifically how consciousness arises out of physical-material reality and conditions, to understand and deal with our inner mental life and existence, which is reflected in our experiences and awareness.

Moreover, brain research alone, without a clear and detailed understanding of our inner mental life and existence, cannot explain what it is we see in the brain in neurological structures, processes and developments. Without a detailed understanding of what takes place and what we do in the mind, we will not be able to differentiate between natural neurological processes and developments, and those that result from what takes place and what we do in the mind. We will not be able to identify in the brain neurological processes that result from developing and using our mental faculties, our natural mental powers and abilities, translating them into mental skills and practices, and engaging in mental work and effort.

Mental health problems, difficulties understanding and managing the mind need to be understood and addressed inside the mind, not as traditionally is the case understanding and dealing with them from the outside. They need to be considered and understood as difficulties or the problematic results and consequences of failing to understand and manage the mind and mental existence. They are problems that need to be addressed through active individual mental engagement, individual mental work and effort, understanding and managing the role and responsibility in the mind that by nature are individually ours to understand and manage. In contrast to understanding mental problems in terms of individual behaviour and actions or feelings and emotions that deviate from established norms, the causes of which are to be identified and addressed in the neurological structure and biochemical workings of the brain.

Dealing with the growing mental health crisis requires making mental healthcare, in the first instance, an individual activity and practice, not a public service. Mental health is a process, not an end state or product. It requires constant work and effort, individually establishing and maintaining the necessary internal mental conditions; mentally processing what enters the mind and awareness, considering the conditions that lie behind them, and how to deal with them. No one else exists, can enter or act for us in our mind, because this is where we individually are in charge and in control. Mental healthcare services need to advocate, promote and facilitate individual mental healthcare. They need to provide assistance and support, guiding and directing individually establishing and maintaining the necessary internal mental conditions; guiding and directing the individual to be actively engaged, engaging in the necessary mental work and effort, and take responsibility for what we do in the mind, individual mental behaviour and actions.

## **Education and Training in Mental Development and Growth**

In practical terms, what is required is education and training in mental development and growth - developing the knowledge and understanding, the abilities and skills to understand and manage the mind and our inner mental life. This requires education and training that is not provided by traditional education. Traditionally, education does not develop an understanding of the mind and our inner mental life, and it only indirectly develops some of our mental faculties. In their essence, traditional education and training consist of socialization and training in established socio-cultural conditions, views, values and conventions. In the process, they only indirectly develop some mental faculties, they do not fully develop all of them. Education and training in mental development and growth is required to demystify the mind and mental existence, to empower the individual mentally, and to provide the language with which to talk about mental problems - difficulties we encounter trying to understand and manage the mind and mental existence and deal in the mind with the demands and challenges of the external environment.

Education and training in mental development and growth involves developing the knowledge and understanding about the mind and our inner mental life, what takes place and what we must do in the mind, the demands and challenges we face in the mind and

how to deal with them. It includes developing an understanding of our mental faculties, our natural mental powers and abilities, how to develop and use them - translate them into the necessary mental skills and practices, and engage in the required mental work and effort. Education and training to develop the understanding and the mental faculties to process mentally, in real time, the demands and challenges of existence as they occur. In contrast to letting them linger unprocessed in the mind, until they develop into larger mental problems, difficulties and crises; letting them slip unprocessed into memory to haunt us later in dreams and flashbacks.

We need to develop the mental powers and abilities to be mentally alert, active and engaged, direct, focus and concentrate the mind and attention, exercise mental discipline and mental flexibility, and to visualize, see, and create clear and detailed images and pictures in the mind; the mental powers and abilities to study issues - consider what enters the mind and awareness step by step, at length, in depth and detail, until a clear picture emerges in the mind, and the mental powers and abilities to recall and recollect from memory.

We need to translate our natural mental powers and abilities into the mental skills and practices required to establish and maintain the necessary internal mental conditions. The mental skills and practices to consider and make sense of what enters the mind and awareness – experience, perceptions, sensations and feelings, thoughts, ideas, notions and recollections, the conditions that lie behind them and how to deal with them. Establish and maintain in the mind a sense of the human and the mental self, mental order and stability, clarity of mind and understanding, and a sense of certainty, security and confidence. The mental skills and practices to deal with, respond and adjust in the mind to change and changing conditions when only a minimum in mental work, effort and adjustment are required, before they develop into larger mental problems, difficulties or crises, which we can no longer deal with alone. To make informed and considered choices and decisions, define necessary aims, goals and objectives, and to consider, plan, organize and manage the required behaviour and action. The mental skills and practices to consider and deal with problems and difficulties, limits, shortcomings, errors and mistakes, as well as feelings of fear, stress, anxiety, frustration and depression, and the mental conditions that lie behind them. The mental skills and practices to articulate, put into words, and communicate the clarity of one's mind and understanding, the choices and decisions we make, the aims, goals and objectives we pursue, and the behaviour and actions we consider and plan.

Moreover, what is required is education and training to engage in a process of continuous, life-long conceptual and mental self-development and growth. Constantly reconsidering and updating - correcting, changing, expanding or improving, in light of change and changing conditions, the understanding, the mental powers and abilities, mental skills and practices we develop, on which we rely, how we develop and use them. Reconsidering and updating, whenever necessary and required, the choices and decisions we make and how we make them, the aims, goals and objectives we pursue and how we define them, the behaviour and actions in which we engage and how we consider, plan, organize and manage them.

Ultimately, education and training in mental development and growth must start early in life. Developing early in life the knowledge and understanding of the mind and mental existence, our role and responsibility in them, and how to manage and deal with them. Developing fully all our mental faculties. Developing the knowledge and the mental faculties to establish and maintain the necessary internal mental conditions, and prevent mental problems from developing. Dealing in constructive ways with the demands and challenges of the mind and our inner mental life, and dealing in the mind with the demands and challenges of the world around us. Dealing with them in real-time, as they develop and arise, not waiting until they develop into larger problems, difficulties and crisis in the mind, which we are no longer able to deal with alone.

## **Improving Mental Healthcare Services**

Improving mental healthcare services, making them more effective, efficient and controlling costs, requires differentiating between mental problems, difficulties understanding and managing our inner mental life, mental disabilities, the effects in the mind of neurological problems of the brain, and neurological problems themselves. These are all different problems, requiring different solutions and resources. Dealing with them requires differentiating between and separating the less problematic and costly from the more serious and costly problems and treatments: namely, differentiating between non-clinical and clinical cases. Dealing in the mind with mental problems and mental disabilities requires a different approach and resources than dealing with neurological problems in the brain.

Mental problems and mental disabilities require active individual mental engagement, individual mental work and effort, addressing them inside the mind. Dealing with mental problems requires education and training in mental development and growth. Mental disabilities, in addition to education and training in mental development and growth, require compensating, accommodating or working around them in the mind, through changes in mental behaviour and action. Neurological problems, in contrast, require clinical intervention by neurological experts and specialists, in a clinical setting with clinical resources.

Mental healthcare services dealing with mental problems and mental disabilities, in contrast to neurological problems in the brain, need to provide assistance and support for active individual mental engagement, individual mental work and effort. They need to provide assistance and support for the individual to understand and manage the mind and mental existence from the inside, establish and maintain the necessary internal mental conditions, and develop the necessary knowledge, understanding and mental faculties.

Moreover, to improve mental healthcare requires education and training in mental development and growth for mental healthcare providers, frontline practitioners, managers and administrators alike. Providing healthcare professionals with a detailed and in-depth knowledge of their own mind and mental existence and how to manage them.

For healthcare professionals to understand their own mental needs and how to meet them, their mental faculties and how to develop and use them; including understanding the problematic results and consequences of failing to understand and manage their mind and their inner mental life. It is only through understanding and managing our own mind and mental existence that we can understand the mind of others. Only through understanding the demands and challenges, problems and difficulties of our own mind and mental existence can we help others, offer assistance and support to other to deal with problems and difficulties understanding and managing their own mind and inner mental life.

In addition, improving mental healthcare services and controlling costs requires integrating and connecting separate and competing services, dealing with mental health problems, substance abuse, addiction and suicide, within the conceptual framework of understanding the mind from the inside as the place where we consciously exist and act. It requires mental healthcare services to operate on the conceptual foundation and within the conceptual framework of understanding of the mind from the inside, as the place where we consciously exist and act: our inner conscious mental life and existence. Understanding and dealing with the problems from the ground up and from the inside out, starting with a detailed and in-depth understanding of the mind and mental existence, our inner mental life and existence – nature, elements and processes, conditions, needs, demands and challenges, our individual role and responsibility in them, how to manage and deal with them. Understanding them in their essence, in a comprehensive, a differentiated, but integrated, connected and related way.

## References

### Background Research and Study

The discussion paper is based on 20 years of research and study considering and understanding, from the inside, the mind and mental existence, our inner mental life. Understanding the mind as the place where we consciously exist and act. Studying the mind from the inside as reflected in individual human experience -- nature, elements and processes, conditions, needs, demands and challenges, the role and responsibility in them, that, by nature, are individually ours to understand and manage; how to manage and deal with them. Understanding and managing them in their essence, in depth and detail: in a complete, differentiated, but integrated, connected and related way.

The work is part of a larger project, which includes the study of the fundamentals and essentials of existence: the natural conditions, needs, demands and challenges of human existence and development. The natural conditions that in the first instance define and govern human existence and development, which lie beyond our control, but which we must deal with and accommodate and to which we must respond and adjust. The fundamentals and essentials of existence that are common to all human beings, which lie behind and which are reflected in human experience, the experience of every individual human being.

In addition, the project includes a study of the historical path and direction of human conceptual and mental self-development that has brought the human species to where we find ourselves today. How, through the ages, human beings have understood their mind and mental existence; how they made sense of their experience, the conditions that lie behind them, and how to deal with them. How today we understand and manage existence and development, including the mind and mental existence, limits, shortcomings and contradictions, problematic results and consequences, the problems, difficulties and crises we create and we now face. Understanding the direction of the answers and solutions, the direction we need to take in conceptual and mental self-development and growth, individually, as society and as a species, to understand and manage existence and development in sustainable, equitable, secure and peaceful ways, within the natural parameters.

The results and findings of the research and study are available on the IHCMD web site, at <http://www.ihcmd.org>. On the left-hand side, click on Conceptual Foundation, and on a companion web site, Mental Problems / Problems of the Mind, at <http://mentalproblems.ihcmd.org>. The studies currently are being prepared for publication in two separate volumes, Arrested and Abstracted Development, and Inside the Mind. For a table of contents you can go to [www.ihcmd.org/ArrestedToC](http://www.ihcmd.org/ArrestedToC) or [www.ihcmd.org/InsideToc](http://www.ihcmd.org/InsideToc).

Additional writings on the mind, mental existence and mental problems arising from the research and study project include:

*The Mind and Mental Existence in Historical Perspective: Limits, Shortcomings and Contradictions* (draft discussion paper).

How the mind and mental existence historically have been understood and dealt with, in religious, philosophic and scientific terms, in psychological, psychiatric, behavioural, cognitive and neurological ways, limits, shortcomings and contradictions, problematic results and consequences.

*Empowering the Individual to Understand and Manage the Mind, Mental Existence, Mental Health and Well Being* (discussion paper, Dec. 2010).

A series of discussion papers, comparing and contrasting two different approaches, views and understanding - understanding the mind and mental existence from the inside versus understanding them from the outside - across a number of different issues (the papers are available on request):

*On the Human Self, Individual Character and Personality* (Nov. 2010)

*On Human Knowledge, Understanding and Language* (Jul 20, 2010)

*On Experience, Feelings and Emotions* (March 2010)

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*My Genome, Not My Self: Understanding the Individual Self* (March 2009).

Response to an article by Steven Pinker, *My Genome, My Self* (The New York Times Magazine, January 11, 2009) (Google Knol, <http://knol.google.com/k/axel-dorscht/my-genome-not-my-self/2fnzv7un2eczv/4>, Mar 2009). Contrary to the view of psychology and cognitive science, our genome (our genetic make-up) does not define or govern our psychological make-up, mental characteristics or personality. It is a limited and misleading view that fails to distinguish and differentiate between the mind and the brain. It is a view that fails to understand the mind and mental existence from the inside, the place where we consciously exist and act.

*The Mind Versus the Brain: Understanding Human Behaviour and Actions* (discussion paper, <http://knol.google.com/k/axel-dorscht/the-mind-versus-the-brain-understanding/2fnzv7un2eczv/2#>, Jan 2009).

The mind and the brain are two distinct and separate elements of our existence. The mind is where we consciously exist and act, where we experience, become aware, and where we must consider the conditions of existence, the world around us, and how to deal with them. It is where we make choices and decisions, where we define aims, goals and objectives, and where we must consider, plan, organize and manage our behaviour and actions. The mind and mental existence is where we exercise our mental faculties, mental powers and abilities. The human brain, metaphorically speaking, is the muscle of our mind and mental existence. It is the physical-material foundation of our mental powers and abilities. To understand human behaviour and action, and how we conduct ourselves we need to understand the mind and mental existence, what takes place, what we do and what we need to do in the mind, from the inside.

*Making the 21st Century the Century of the Mind, Mental Existence and Mental Development* (discussion paper, IHCMD Blog, <http://ihcmd.blogspot.com>, Dec 30, 2008).

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