

# **Neuropsychological Processing**

*A New Paradigm of Mind-Brain Functioning, Mental Disorders & Psychological Wellbeing:  
A Brief Introduction for Mental Health Professionals*

## **Preface**

This is an intellectual discussion about features of the mind/brain function which fall outside the purview of science. Mental disorders and psychological wellbeing occur, and are directly experienced, in mind, which is not measurable or objectively verifiable. As a method of enquiry science has little direct practical application to the exploration of mind, and yet science has long been universally accepted as the final arbiter of all knowledge on mental health. This is why our understanding of the mind and its disorders remains effectively unchanged after a century of scientific research.

Neuropsychological Processing (NPP) is an experiential and philosophical understanding grounded in direct observation of the mind, and it provides a clear and practical picture of how the mind and brain operate with respect to the actual experience of living. NPP provides a perspective from which mind and brain are seen to operate with a remarkable simplicity and it offers simple insights into how psychological disorders begin, how they are maintained, and how they can be eliminated. NPP is a reinterpretation of mind/brain/self relationships and a description of an unregarded mind/brain function that is critical to our neuropsychological development and mental health.

Due to the cultural, socio-economic and technological changes that have taken place over the last 80 years the human brain in modern society no longer 'processes its experience' efficiently. This restriction of function underlies the astonishing growth of mind disorders over this time. The range of commonplace psychological disorders can be identified as symptoms of an experience processing deficit which can be addressed with a single core treatment approach. Stable and sustained psychological wellbeing is an outcome of sufficiently processed life experience and it is the experience processing function that underlies the neuropsychological phenomenon often described as the 'peak' or 'spiritual' experience.

The basics of assessment and treatment of mind disorders are outlined with brief reference to the context of existing theoretical approaches. With the application of this model, and experience of its application, the origins and mechanisms of most presentations can be clearly understood and healing paths become clear. The majority of clients can achieve a 100% resolution of their presenting problems, without relapse, and potentially attain a level of mental health that far exceeds that of the general population.

While this model may seem unusual, unfamiliar and even alien to our normal day to day experience of ourselves, there is no aspect of it that is not demonstrable through sustained observation of our own subjective experience.

This is not a comprehensive discussion, its purpose being merely to place a new and more functional perspective in a public domain.

## **Introduction**

In the 17th century Nicolaus Copernicus had a simple leap of vision that began to gradually change our collective view of the cosmos. In a single moment of insight his brain 'made sense of' a range of disparate observations and realised that the earth was spinning, and that the entire cosmos did not in fact revolve around it. This was a significant step on the long journey to our present, as yet still incomplete, understanding of the universe.

Our current understanding of mind and brain, their functioning and their disorders, is still in a pre-Copernican stage of development. This is reflected in the continuing proliferation of mental health problems in the modern world. We are stuck in an old-world paradigm that greatly limits our perception and understanding of ourselves and our functioning.

It is the dominance of Science that has limited development in the field of mind and mental health. Today we regard science as the definitive arbiter of what knowledge is acceptable and unacceptable, and yet scientific methods are uniquely unsuited to the exploration of the mind and its dysfunctions. We cannot see directly into another mind so minds cannot be observed, measured or verified. Because the mental health sciences can only study those things that can be observed, measured and verified they have had to ignore the mind itself for generations. Mental problems begin in mind and they are experienced in mind, but direct information about the mind is 'unscientific' and therefore without scientific validity. Because of the primacy of science in mental health research and the mandatory adherence to evidence-based methods in professional practice our knowledge of mind and mind dysfunction has effectively remained at a standstill for almost a century.

Recent estimates suggest that nearly 40% of citizens in modern societies are currently suffering with a mental disorder of some kind and that number is increasing relentlessly with each decade. Today there are up to 150 identifiable mental health therapies, grounded in a dozen or more different theoretical models, which are employed to address up to 400 classified psychological or psychiatric disorders (conceptual abstractions of highly questionable validity). When the entire body of research evidence is examined closely it is clear that it offers no definitive support for any model of mind or therapeutic approach. The ubiquitous 'eclectic' treatment approach is an unacknowledged admission that the various models of mind are, at best, incomplete and have very limited explanatory power. At worst they are just wrong.

Any true exploration of mind is necessarily a subjective and experiential activity. The answers we need are right there in each of our own subjective, scientifically inaccessible minds. A simple curiosity about mind and its observable functions will reveal some very simple facts that will eventually revolutionise the field of mental health research and place it on a new and richly productive path. They are not facts that have to be established through science to be accepted, no more than we need published research to know that we should eat, breathe or expel waste. All we have to do is take the time to notice and we will agree upon them. One day we will largely agree upon the following-

- Despite our perceptions the neuropsychological phenomenon that we experience as 'I' has no power of initiative. 'I' am a bystander recollecting and identifying with the conscious and non-conscious functioning of the brain. Our preconceptions about our psychological 'centre of gravity' is based on a gross perceptual error. The brain is our centre. The brain thinks and feels. 'I' does not.
- Everything we witness in mind, including 'the mind' itself, is brain activity, and *all of it is purposeful*. That purposeful activity can be witnessed through sustained observation. It *cannot* be witnessed through brief inadvertent glimpses, no more than we can perceive the collective purposeful function of an ant community by noticing a few insects before crushing them. Understanding the mind takes time, time that we are unwilling to take because even the idea of spending time in solitude, reviewing memories, watching thoughts and images, attending to feelings and emotions, contradicts our fundamental social conditioning.
- The conscious mind is critical to certain brain functions that have a direct bearing on wellbeing and mental health. The brain uses the mind to 'think', so to speak, to *purposefully* process its experience to learn, adapt, grow and maintain its "mental health". The processing of painful experience is critical to the discharge of problematic emotion from, and the healthy integration of, that experience. The brain cannot fulfil these functions if the mind is not available for that purpose.
- The modern brain is socially conditioned to prevent the essential processing of experience, and prohibit the neuropsychological growth and wellbeing that is its natural product. It learns that it must not be idle, it must keep itself and its mind busy at all times, it must avoid boredom, and that 'too much thinking' is bad for it, because it is associated with alienation, mental health problems and, until recently, 'the devil's work'. The relentless growth of mind disorders over the last 70 years is more than just correlated with technological growth and the increasing sophistication of mind absorbing, processing prevention activities. The causal relationship can easily be demonstrated.

The evidence for these statements cannot be found in a science journal. It is found in our everyday experience, but because that experience does not conform to our culturally encoded, and wildly inaccurate, theory of brain, mind and self it remains unregarded. *If these basic observations informed our perceptions it would be readily demonstrable that mind problems have their origins in unprocessed experience rather than unexplained spontaneous biological defects.* Depression, Anxiety, and probably all non-organic mental

health problems, are external expressions of different unprocessed experience. Problematic mood states, cognitive distortions, emotive intrusions and ruminations are a natural feature of the the brain's attempts to process problematic experience in circumstances where it is prevented from doing so. They are the brain's way of drawing attention to a wound that needs to heal, in the same way it creates 'physical' pain or other unpleasant sensations, to draw attention to physical wounds or ailments. Natural healing requires the brain to overcome its social conditioning, to do what it deeply believes to be toxic - to reflect on, and process, its experience for extended periods.

### **'I' am not my Centre**

As we live our day to day lives we each experience ourselves as 'Me' or 'I'. This conceptualisation, and perception, of our selves was constructed in our early years and is consistently reinforced and maintained by social interaction and the language we have available to us. We perceive and feel that 'I' am something of substance, that 'I' am the active and controlling agency of the organism that has a personality and intelligence, has talents and failings, likes and dislikes, owns knowledge and has the power to think, solve problems and make decisions.

*We perceive and feel that 'I' am the active agency of the organism but this is a perceptual error of the same order as the earth-centred universe.*

In reality it is the brain that is the active agency at our centre, that is our personality and intelligence, and is the source of everything we imagine we are. It is the brain that generates 'me', and it generates the mind in which 'I' am experienced consciously. Everything that happens in mind - thoughts, ideas, images, feelings, the presence of 'me'- and the experience of mind itself, is a reflection of brain function. We know this in a detached intellectual way but we do not perceive it or experience it, and we certainly do not operationalise it in our daily lives. We conceptualise the brain as 'an appendage of me', like 'my arm' or 'my face', but in reality it is 'you' and 'I' that are the appendages of the brain.

*'I' do not have a brain. The brain has an 'I'.*

Importantly, 'You' and 'I' have no power of initiative, which contradicts our perception. The construct that we call 'I' is incapable of generating any thoughts or ideas of its own. I cannot predict what thoughts will come next and I cannot prevent them. 'You' and 'I' are like the clock's cuckoo who imagines he can measure time. It is the brain that thinks. 'You' and 'I' do not. We do not perceive this because our cultural conditioning precludes the conditions in which mind can be observed and examined. Thus we live randomly and largely without conscious deliberation. Like pre-Copernican star-gazers we live too close to the observed object to see it clearly, and we accept what seems to be obvious without questioning it.

*When we observe and interpret mental events from our I-centred perspective we observe bewildering complexity. But when the brain is placed at the centre the apparent mystery of mind resolves itself.*

When we identify with thought, and believe thoughts to be our own, we have no reason to question them. We accept that the 'stuff' in mind is 'our' random mental junk that has no particular meaning or function. But when we consider that all mental activity is generated by the brain we can observe that activity and question its function. We can ask, "Why is the brain doing this?" Through observation of mental activity the brain's intentions, become discernible. The brain begins to understand itself.

### **Psychological Disorders from a Brain-centric Perspective**

Non-organic psychological disorders are characterised primarily by thoughts and ideas in mind, both verbal and pre-verbal, which generate unpleasant feelings/emotions, shape our perceptions, and impact on our behaviour and our ability to cope with the demands and stresses of the external world. Unlike our usual thoughts and feelings, which come and go largely unnoticed, *unpleasant* thoughts and feelings are more *noticeable*, precisely because they are unpleasant and therefore unwanted. All thoughts are in essence intrusive, but unpleasant thoughts are *experienced as intrusive* only because they are noticeable. Like all thoughts, they are not generated by 'me' and they cannot be controlled by 'me'. Because they are unpleasant and intrude in an obvious unwanted way, they generate a sense of a mind that is in some way 'beyond my control'. What is actually occurring is that the true nature of the relationship between mind, brain and 'I' is becoming noticeable. The brain's thoughts are occurring in mind, as they always do, but noticeably. From the perspective of one who believes that 'I' am the active controlling agency of this organism, it might seem abnormal or frightening. These unpleasant thoughts and feelings are the very essence of our psychological disorders and the question then becomes "why does the brain place problematic 'intrusive' thoughts into mind which generate dysfunction?"

### **Experience Processing**

The brain has one unregarded function with respect to its mental health and development. This same function is vital to its capacity to survive. The brain must *process* its waking experience. This means that the brain must look at experience, examine it and make sense of it in the context of previous experience, learn from it, and integrate that learning in an organised way, making the necessary adjustments to the day to day operational knowledge that determines its responses to external demands. This is the mechanism through which it continually learns and enhances its understanding of itself and the environment it must adapt to and survive in, increasing the capacity to cope with the obstacles and challenges of living in that environment. Reflect for a moment on the difference between the way your 10 year old self perceived and interpreted self and world, and the way you see them today. It is through the function of processing that we 'learn from experience' and maximise our potential for wellbeing. *Experience processing is the mechanism underlying our 'neuropsychological' development.* It is through the effective processing of our experience that the abstracted characteristics we associate with good mental health and wellbeing are developed, such as self-confidence, self-esteem, coping efficacy and resilience, 'ego strength', psychological independence or self-containment, self-direction, wisdom and healthy perspective taking, authenticity and self-actualisation. The absence of some or all of these characteristics are an expression of limited or poor neuropsychological development, of which mental health is an intrinsic feature.

## **The Role of Mind in Experience Processing**

The conscious mind is central to the brain's capacity to experience and, importantly, to its capacity to process that experience. *The mind is a central feature of the brain's operational experience processing system.* The conscious mind is 'where' and how the brain witnesses the external world, and replays the experience of it, to process it. The conscious mind and short-term/working memory, together, function as the brain's 'big white board', the kind that a TV detective might use when working on a complex homicide investigation. All the facts, evidence, reports, photographs, the chronology of events, and hypotheses are placed on the board so that all of the relevant information is in the core and peripheral vision simultaneously. In doing this it is easier to see how some of the pieces of information are connected to each other and fit together. By staring at the board, with all of the information visible at once, patterns become noticeable to the brain which extracts them from the collection of disparate and discrete pieces of information, generating the insights and realisations that bring clarity and understanding. The time required to process the material depends on its complexity. This is the way in which the brain uses the mind to process experience. *It is only in mind that experience, or the memory of experience, is accessible to the brain.* It needs to see experience in mind for long enough to make sense of it, learn from it, make adjustments to current understanding and integrate that learning to operationalise it. This is how the brain of Copernicus was able to extract a simple, yet profound, insight from multiple observations. This is how we can continually derive insight and understanding from our life experience, and 'grow as persons'. This is neuropsychological processing and development. *In order to learn from experience, past and present, the brain needs sufficient time to access that experience in mind to process it.*

The term 'neuropsychological' is an acknowledgement that the brain and mind are not separate, and that we, as organisms cannot develop fully or appropriately if the brain's access to mind is unduly limited.

## **Cultural Prevention of Experience Processing and Neuropsychological Development**

The brain needs space in mind to process experience fully, but historically we have ascribed a wholly negative value to the conditions required for the brain to operationalise this function. For centuries it was a universally accepted belief in Christian cultures that "an idle mind is the devil's workshop", and "idle hands are the devil's tools", which suggested that space in mind allowed 'evil' to manifest itself. The negative associations with 'space in mind', continues in modern times but it is now firmly associated with "mental illness", social isolation and rejection.

We continue to place the highest positive value on keeping our minds 'occupied' at all times, and today we focus most on economic activity and seeking absorption in social and technological activities and entertainments. In our modern 'civilisation' it is a social and cultural imperative to have televisions, radios, computers, game consoles, and Internet and social media access in every modern home, and to carry smart phones on our persons. Only the most eccentric outsider remains uninvolved in these things. Each moment of our waking lives we must be 'doing' something to keep our minds occupied, to keep our white boards full of doodles. We share a collective pathological abhorrence for the

neuropsychological phenomenon that we call 'boredom'. 'Not doing' is wasting time. The prevention of neuropsychological processing is a way of life.

Optimal experience processing and development requires periods of 'not doing', to leave the mind available for processing to take place. From an 'I'-centred perspective the brain function of 'experience processing' is understood as *reflective thought*, which requires quiet and comfort, a relative absence of activity and some degree of solitude. It requires reduced distraction and 'time to think'. While the term 'reflection' remains in our language it is no longer a word that describes anything the average person actually does. (To be clear, reflection is a brain function. It is not something 'I' can do.)

*At this point on our evolutionary journey it is still universally accepted that the conditions that our brains actually require to promote neuropsychological development, maintain our mental health, and to achieve and maintain psychological wellbeing, are toxic and to be avoided.*

In 1950 the annual incidence of depressive disorder in 'developed' societies has been estimated at 1 in every 1000 people, and it was largely limited to the elderly (Silverman, 1968). Today, in 2015, some estimates suggest that it is 1:10 (Kessler et al 2005) and it is now commonplace among our children. It is estimated that each year 38.2% of the EU population suffers from a mental disorder (Wittchen et al, 2011). The simultaneous increase in mental health problems and our access to ever more sophisticated, mind absorbing, 'screen' and communication activities is more than correlated. The causal relationship can be simply demonstrated. We have become more highly skilled at processing prevention.

Our species has been around for at least 100,000 years. It was only in the last 70 years that radio and television became commonplace, with more sophisticated screen technologies becoming more prevalent in recent times. Before that time humanity lived for millennia in *relative silence and with fewer mind absorbing activities*. The brain had ample, albeit inadvertent, access to the conscious mind to reflect and process, to sort through and unravel the experience of daily life. With sufficient access to mind, normal brain function prevented psychological problems from developing, and healed them over time if they took root. In the modern world we now have numerous ways to habitually fill our attention during each moment of our waking lives, which keeps the brain's white board full and limits essential brain function. Today, our accepted notions of happiness and success are in large part about money and wealth, which is used to achieve the best possible means to fill time, absorb our attention, to avoid boredom and prevent neuropsychological development.

### **Neuropsychological Asphyxiation**

The brain that is continually deprived of essential mind-space experiences a sort of 'neuropsychological asphyxiation', characterised by a daily life experience that is relatively dull, repetitive, unsatisfactory, stressful and without any real sense of *meaning or purpose*. 'Curiosity' and 'interest', which underly the brain's fundamental drive to experience, and process that experience, are greatly diminished. *Curiosity, interest, a sense of meaning and purpose, and the experience of wellbeing, are psychological expressions of a brain that is using its mind to function fully.* Today as adults, and increasingly as children, our brains learn and grow only in the short spaces between absorbing activities, inadvertently, and at a very

limited rate. As will become clear, the absence of processing space leaves us particularly vulnerable to mind problems. Those activities that are often associated with better mental health, such as physical exercise, relaxation and meditation, and even some forms of prayer, derive most of their benefit from the inadvertent availability of mind space. They allow the brain to 'breathe'. Unfortunately, neuropsychological asphyxiation is what we call 'normal' in the modern world and our collective quality of life continues to decline. Due to the direction of technological and cultural development, a growing proportion of children and adolescents in modern societies are spending less of their crucial developmental years actually experiencing the world external to themselves compared to those a mere decade ago, and the opportunity to process their more limited experience is reduced. Essential neuropsychological learning and growth is reduced, and vulnerability to mental health problems is increased. Mental health problems and suicide in the modern world are therefore likely to proliferate further.

### **Experience Processing and the Removal of Emotional Pain**

A feature of experience processing that is critical to our mental health and effective daily functioning is the removal of the emotional pain that is frequently associated with experience.

*When an experience is fully processed, the painful emotion and problematic ideas associated with it are removed.*

When we think of all the difficult events we have experienced in our lifetimes, the things that have happened to us - the unhappy moments, the bitter disappointments, rejections, accidents, violent events and difficult losses - for the most part these are now simple memories, with no lingering problematic emotional content. We can think about those events easily, and maybe smile when we recall how they affected us at the time and how they no longer trouble us. These are experiences that the brain has been able to process fully. They are no longer painful to think about and they are viewed from a more functional and beneficial perspective, because the brain was able to do its job effectively. They become experiences that no longer *matter*.

Memories of experiences that are 'troubling' long after the events have passed, memories that remain painful or difficult to think about, memories from past times which generate negative thoughts and emotions in the present when they come to mind are, by definition, unprocessed. They remain unprocessed because our default behaviour is to avoid pain and so we struggle to keep them out of mind. Today we are facilitated in this struggle by current screen and communication technology, valued social habits, drugs, and a social regard for alcohol and a range of pharmaceutical toxins.

*Prior to the technological age it is likely that the processing of painful experience was, for the most part, unavoidable.*

The pain of these experiences - be it sadness, fear, guilt, shame, disgust, anger, or various combinations - and the negative thoughts and beliefs associated with them, remain with us, as if the events never truly came to an end, even if they have been long forgotten. It is this

pain that underlies most psychological problems. *It is the pain of forgotten, minimised and repressed unprocessed experience that underlie many of the mysterious so-called 'endogenous' psychological/psychiatric problems.* In a way, these experiences are still happening because the brain was unable to process them and bring them to a mental conclusion, and they continue to affect and shape our feelings, our behaviour and how we experience the world, and ourselves, each day. *Because they are unprocessed these experiences are still present and fully accessible.* They have not yet been filed in the place where memories can fade.

### **The Brain's Struggle to Process - Intrusions and Rumination**

From the NPP viewpoint, the pain of experience is no different than the pain caused by a physical wound. The purpose of pain is to draw attention to an injury so that it can be tended to and further damage avoided. The brain draws attention to important unprocessed material through the pain it creates in mind.

Pain is created in mind by the brain's continuing attempts to process difficult and complex experience. To have important unprocessed information in the system is an unnatural state and the brain has an imperative to resolve it. If we conducted ourselves as nature intended, and allowed ourselves natural periods of reflection, few problems would arise for us. But because we spend virtually all of our waking moments ensuring that our minds are fully occupied we prevent the brain from seeing and processing our experience. The more painful the material that comes to mind the more effort we devote to 'not thinking' about it. The brain does the only thing that it can do.

*The brain pushes features of unprocessed painful experience into the mind because it needs to process it. We witness the brain's efforts to process as 'intrusions', worries and ruminations.*

These are the unpleasant images, thoughts and feelings associated with the unprocessed experiences. They are thoughts that cannot be controlled because they are not 'our' thoughts. At present we conceptualise these as the primary symptoms of psychological disorders, from 'the worries that won't stop' of some anxiety disorders, the stream of subtle negative, punishing thoughts and feelings associated with most depressions, to the shocking intrusion of frightening images associated with major trauma. Intrusions are the brain's way of telling us, "I need mind space to process this". Their presence leads to secondary difficulties such as problems with appetite, sleep, behaviour, energy levels, memory and concentration, which in turn further reduces our capacity to cope with the additional stresses that life might throw at us.

So, to answer the question, "why does the brain place problematic 'intrusive' thoughts into mind which generate dysfunction?" -

*People have mind problems because they have unprocessed painful experiences that continue to affect their everyday thoughts, feelings, perceptions and behaviour. The brain keeps trying to process those experiences by pushing elements of them into the mind. Our*

*default social programming is to deny the brain access to the conscious mind, thus creating dysfunction.*

### **The Commonplace Neuropsychological Trauma of Children**

Neuropsychological trauma is unprocessed painful experience. When we think of trauma we tend to think of big events, such as soldiers in a war zone witnessing violent death and maybe killing others, the victims of rape and violent assault or those who have experienced life changing accidents. The reason these events have the dreadful effects that they do is because they are *so 'out of the ordinary' and so far outside of the persons previous experience* that the brain cannot process the experience quickly. It has virtually nothing to compare it to in its history and there is no 'filing cabinet' of similar previously learned information at the ready from which to draw explanatory information to help in 'making sense' of the events and integrating the experience. And, of course, such experiences are particularly painful and frightening so one part of the brain ('I', the subject) struggles to keep the experiences out of mind, while another part of the brain (possibly the non-verbal hemisphere) struggles to place them in mind for long enough to process them and heal.

As therapists and practitioners, and mental health theorists and researchers, we tend to overlook the fact that, as children, we have relatively little in the way of life experience and so much of what we encounter in our young lives is *new, out of the ordinary and very far outside of our previous experience*. From this perspective it can be seen that as children we are far more vulnerable to trauma than adults. In fact, children are often traumatised by events and circumstances that might appear quite innocuous to the more experienced observing adults. Our cultural wisdom suggests that "they are young, they'll get over it" or "they are too young to really understand these things", but it is precisely the lack of understanding, due to lack of experience and limited knowledge, that makes relatively complex experiences difficult to process effectively, resulting in emotions and problematic unsophisticated ideas becoming locked in place, potentially for a lifetime. The capacity to readily and quickly minimise or repress difficult (to process) experience is a feature of the young mind.

From this perspective it should be clear that childhood traumas are commonplace and play a key role in the greater proportion of adult presentations, particularly the more severe and complex ones.

Research tells us that between 70% and 90% of people presenting with mental health problems experienced trauma or emotionally painful events, particularly in childhood, such as parental separations, violence in the home, exposure to death, parents with mental health problems, neglect, sexual, physical or emotional abuse and so on. Researchers tend to look for those obvious things, but if they looked beyond the obvious that number would rise to almost 100%. A life of mental 'illness' can begin with small events like toileting accidents, a fight in the school yard, rejection by our young peers or attending a funeral. Try to recall the intensity and power of child thought and emotion and how the most innocuous set backs sometimes seemed like the end of the world.

## Processing Blind Spots

Blind spots refer to beliefs and attitudes that make no sense to outside observers and usually seem to be impervious to change. They represent inaccurate and problematic information that requires processing and correction. Think of the grown man that races out of a room in panic at the sight of a 10 gram mouse. He sees only a neurally encoded childhood *idea* of the mouse, and feels the childhood emotions associated with that idea that compel him to run. He cannot see the reality of the mouse, or a more benign idea of it, because the brain requires the presence of the mouse in mind for long enough to perceive it and process the new information. This is how exposure and flooding works.

We all have these blind spots but they are particularly pronounced in people presenting to mental health services because they impact severely on their quality of life. Think of the 5 stone teenager who is convinced she is fat and won't eat, the anxious mother who checks to make sure that her children are still alive 5 or 6 times each night, the compulsive hand washer who is terrified of imaginary contaminants, the alcoholic or gambler who engages in the same destructive behaviours repeatedly without learning and changing, or the depressed person who frequently thinks himself, and *feels* himself, to be completely worthless, inferior, shameful, unloveable or hateful, and undeserving, despite obvious evidence to the contrary.

These blind spots are important features of psychological disorders. They are discrete areas of experience that the brain cannot see realistically, 'make sense of', process and adjust, because important prior experience in those areas has not been examined and processed. In some cases the brain only requires time to examine these inconsistencies in mind to resolve them, time that we are culturally driven to disallow. These resolve themselves easily in therapy. Other beliefs are more intractable because *there is an absence of useful prior knowledge in accessible storage*, making it virtually impossible for the brain to make the necessary *leap of reason* when exploring the material in mind. This is one of the effects of trauma, particularly at an early stage of development. It has occurred before enough useful experience in discrete areas of life has been acquired and stored to help make sense of later experience in that area. The important early experience remains unprocessed due its relative complexity, the avoidance of mind, and the avoidance of emotional pain. Later experience of a similar or related nature cannot be processed because of the absence of reference information *and* the presence of both the original pain and the pain arising from the new events, which maintain the imperative to keep the experiences out of mind. Later events may lead to further traumatising. *Frequently, the only reference information available in the present with which to interpret new events is the experience, the understanding and the perception of the unsophisticated traumatised child in the past.* For example, how can an adult cope psychologically with the reality of death, if the only information available to her is the concretised partially conscious ideas and feelings of a 7 year old child, which suggest that death is being buried in a deep, wet, dark hole in the ground, alone, deserted by all your family and friends, to be eaten by worms.

In short, trauma and other unprocessed painful life occurrences create processing blindspots which prevent 'learning from experience' in one or more discrete areas of life associated with those occurrences. *This is why problematic beliefs sometimes appear to be immune to therapeutic intervention.* The earlier such events occur the 'younger' the understanding that

is brought to bear on associated events in the present, frequently evidenced by 'childish' and 'immature' interpretations and behaviour. (Noticing the presence of the 'child', and estimating the age of the child to facilitate the identification of formative events, is an important therapeutic skill). In some cases the fear of the intrusion of painful thoughts and feelings leads to a reflexive and greatly exaggerated avoidance of the mind space essential to processing and neuropsychological growth, resulting in a more global restriction of development and a pronounced and generalised immaturity.

'Locked in' childish and unsophisticated ideas and emotions, derived from forgotten or unregarded traumas, are at the root of most psychological disorders. A close inspection of most disorders reveals the ideas and emotions of the child mixed in with those of the adult. Learning from experience, adjustment of problematic beliefs, and complete resolution of psychological disorders, are unlikely to occur until such unprocessed experiences are identified and processed.

*Relapse occurs because the causal experiences are not looked for, identified and processed.*

### **NPP v Psychiatric Diagnoses**

It may now become clear why it is that we have so many different mental disorders, why so few of them fit neatly into the narrow psychiatric descriptions detailed in the various iterations of the Diagnostic and Statistical Manual of Mental Disorders (DSM), and why they remain so resistant to contemporary treatment approaches. From the NPP perspective the diversity of the expression of unprocessed experience, witnessed in the range of neuropsychological problems (and the range of quality of life problems that have yet to be perceived and defined as neuropsychological/mental health problems) reflects the diversity of human experience and the external factors that contribute to that experience.

The events we fail to process, as children and throughout our lives, vary enormously in character and in respect of the many emotions, ideas and behaviours they potentially generate, and they are therefore manifested in many different ways that clearly defy classification. At its most simple, an unprocessed *fearful* event creates the context in which a basic anxiety disorder might develop, and sad events may generate a basic depression. But very few painful events create single emotions and simple thoughts. A death or an assault might cause, and 'lock in', many different thoughts, emotions and feelings which might later crystallise into a mind problem that fits many boxes and none. We see emotions in the way we see primary colours, but without an appreciation of the multitudes of shades and combinations that we actually experience. How do you classify the thoughts and emotions of a child in a home with a violent parent, or one experiencing sexual abuse? The outward expression becomes confused further when *several* events or experiences are unprocessed. Further layers of complexity are added by variation in the social and environmental circumstances in which people are situated, and often confounded by the impact of substances and medications that alter brain chemistry.

When we clear away the clutter we will see that most 'diagnoses' are merely different expressions of the same thing - difficult experiences in the past that the brain was unable to

process, leaving us with a mix of emotions and poorly formed ideas and beliefs trapped in a neuropsychological stasis by an absence of mind-space, which limits the capacity to cope with the demands of life. Underlying the apparent complexity is the simple principle that experience must be processed by the brain in mind, which it is entirely capable of doing long after the experience has passed.

### **Diagnosis, Assessment and Treatment of Mind Problems**

From the NPP perspective the conventional diagnosable disorders are misleading constructs based only on observable, verifiable or reported symptoms, abstracted without regard to actual mind/brain function. From the NPP perspective all clients, and virtually all people, have the same diagnosis, and no assessment is required to determine this -

*All non-organic psychological problems are the result of unprocessed experience, the intrusions that reflect the brain's imperative to process that experience in mind, and the absence of the necessary mind space to allow that processing to occur.*

The NPP approach to assessment and treatment can be conceptualised simply. It is to explore the client's history to identify experiences that have associated psychological pain, be it sadness, fear, anger, shame or guilt, and facilitate the removal of that historic pain, and thus the associated intrusions and problematic ideas, by encouraging the client to bring these experiences into mind, repeatedly, so the brain can access them and process them *fully*.

To be clear, the goal is to remove as much emotional pain as practically possible, which allows the client's brain to experience, and to process and learn from that experience, freely. Theoretically, when problematic experiences are fully processed the associated processing blindspots will eventually be resolved automatically in time, if reflection/processing space is provided. In practice, the therapist will identify those blindspots that impact on the client's daily experience and functioning, and facilitate their processing, by challenging them, and encouraging reflection on them.

Beyond the elimination of symptoms (disorders) the therapist is looking for evidence of 'learning' that was previously absent. This appears as increasing clarity based on insights into both past and present events, relationships and circumstances, which is accompanied by a pronounced heightening of mood and a sense of new beginnings. This occurs when historic pain is removed and reflection/processing activity is engaged in willingly.

The overall treatment goal is to ensure that the client will never experience psychological disorder again and is firmly on a path of continual neuropsychological growth that will maximise wellbeing.

#### *Assessment*

Assessment involves detailed history taking, with emphasis on painful experience that continues to generate an emotional response in the present, and the evaluation of current circumstances and daily routines to gauge the extent of mind-space avoidance and opportunity in the client's daily life. The presenting cognitive and emotional intrusions are

identified which usually, but not always, indicates something of the nature of the experiences that require processing. A basic Likert approach is used to measure subjective distress/discomfort, and the reduction of that distress, as these experiences are discussed initially, reflected upon and processed. Assessment continues throughout the treatment process.

A vital component of the assessment process is reflective homework. Clients are requested to spend a *minimum* of one hour each day in reflection practice, which entails sitting comfortably in silence without distractions and just allowing thoughts to come as they may. It is useful for the client to begin with 2-5 minutes of mindful breathing. Sometimes it is useful if the client has specific questions or areas of experience to explore. The practice is preferable in the mornings as the brain is rested after sleep. It is during these times, and subsequently throughout each day, that material that requires processing, or assists processing, 'bubbles' into mind. *This is particularly important in the early stages of therapy for revealing important unprocessed experience that is absent from day to day awareness. When mind space becomes available the brain uses it and the client begins to 'remember' unprocessed events, or isolated details of events, that have been long forgotten or misremembered.* It is our cultural conditioning and daily habits that prevents this process from occurring naturally.

This work is vital for the therapist in achieving the basic goals of the therapy. Later, when painful, inhibiting experience has been processed and resolved, this reflection time is used for processing basic day to day experience, problem solving, perspective shifting, promoting and maintaining good mental health, and, if extended, for significant personal growth.

While it is quite common for clients to have experienced a clinical disorder for decades due to a *single* unprocessed experience that can be resolved in minutes, the more typical presentations involve multiple unprocessed and problematic experiences, ranging from those that are singular and of short duration (e.g. exposure to death, the loss of a relationship, a single violent, abusive or traumatic event), to repeated events (e.g. multiple abuses or sustained bullying over time), to events of longer duration (e.g. parental mental health problems, an abusive relationship or marriage, sustained financial problems or even a period of 'mental illness'). More often than not an early unprocessed experience inhibits learning in discrete or broader areas of future experience, resulting in multiple experiential episodes that need to be identified and processed.

(To help the client conceptualise the problem easily the author suggests that painful experiences are like tangled balls of wool that the brain will untangle by talking about them and reflecting on them. Sometimes the problem is made more difficult because several balls of wool have become entangled with each other. The only way to untangle the whole thing is to unravel each ball of wool, one at a time. The individual problematic experiences to be addressed are then listed for the client.)

### *Treatment*

With respect to treatment, it is important to be aware of the fact that the client, 'himself' or 'herself', is *incapable* of completing the necessary processing work. 'You' and 'I' have no intrinsic capacity for this. Processing is a brain function and it is the client's brain that must

do it. We don't know how it does it and we don't need to know. This is not unlike the way we use our computers to complete a multitude of tasks while being completely mystified by its internal workings. We just need to accept that if painful experiences and problematic beliefs are explored in mind, *comprehensively and for a sufficient time*, the brain will complete the necessary work, either in therapy or later.

The therapist can facilitate the brain's comprehensive exploration and re-experiencing of painful experience by asking the client to recall events and circumstances in detail, and to recount the narratives repeatedly, with a view to allowing forgotten details to emerge. During this process new material, memories or thoughts about the events, tends to 'bubble' into mind. The therapist should be alert to inconsistencies or gaps in the narrative, things that don't add up or make no sense, and invite the client to 'make sense of them'. Even small or apparently irrelevant details can lead to movement or change in a poorly formed and concretised memory or perspective. Memories that remain lost *should be reconstructed to the satisfaction of the client's brain*, if possible. The approach to exploration of painful material is largely identical to that detailed in Trauma Incident Reduction (eg. Gerbode, 1989, Bisbey & Bisbey, 1998) for the treatment of Post-Traumatic Stress Disorder.

Facilitating the processing of 'blind spots' is much the same as standard CBT practice, with an awareness that the brain requires the material in mind for sufficient time and that failure to shift a problematic belief or perspective may indicate the presence of unidentified and unprocessed emotional experience.

An important component of this practice is the understanding that the brain's work does not necessarily stop when the session is over. To the contrary, *the brain will continue to process material long after the session is completed, if given the opportunity to do so, and can do so more efficiently when away from the distracting evaluation of the therapist*. Therefore clients are urged, if at all possible, to keep their phones and car radios off post-session and spend a *minimum* of one hour in solitude reflecting on the material discussed in session.

Post-session processing is some of the most important work the client can do, or 'allow', in the early stages of therapy. This is because the experience processing function *accelerates* over time if mind space is truly available. While the 'rules' of experience processing have not yet been wholly established the author can say with a degree of certainty that two hours of continual processing focus may have 3 or 4 times the value of one hour, and 3 hours may have 10 times the value. This is subjectively and experientially demonstrable. Post-session reflection/processing is particularly powerful because processing work is already underway due to the therapeutic work that has just been completed. Talking about experience *is* reflecting on experience, and processing it. Therapy *is* processing, particularly when the therapist understands how it works and promotes it, and steps aside when necessary to allow it to happen.

Unfortunately the standard 'therapist hour' tends to be a limiting factor in therapeutic progress, suiting only the economic needs of the private therapist or agency, or the political needs of public health service employers, rather than the processing and mental health needs of the client. To maximise therapeutic progress 2-3 hour sessions are more effective,

particularly when followed by a minimum of one hour reflection by the client. Three hours of processing represents a great deal more than 3 x 1 hour sessions. Clearly this is far from ideal for the practitioner but the brain needs what it needs.

Most clients tend to allow their daily life routines, processing prevention routines, to fully re-establish themselves shortly after sessions. To use the detective white board metaphor, the case files are put back into boxes where they remain invisible, and processing ceases before the basic work is complete. Therapeutic value is maximised if two weeks of intensive work can be agreed, with two sessions weekly and a client commitment to reflective homework.

### **Factors that Impact on Treatment Efficacy**

There are a number of factors that impact on the efficacy of this treatment approach.

- Processing work depends greatly on the client's ability to process. Sleep deprivation, severe mood disturbance, physical pain, preoccupation with more immediate concerns and use of drugs and medications that impact on concentration, tend to limit processing capacity. It has been the author's observation that anxiolytics, antipsychotic medications and marijuana use, can make processing and change virtually impossible. The sedated brain cannot benefit efficiently from therapy.
- When left to its own devices the brain tends to focus on its most immediate concerns, particularly if primary needs, as detailed in Maslow's hierarchy, are not being met. It will not seek to process less immediate material if one is in pain or physical discomfort, or experiencing insecurity about food, shelter or safety. Clients who have recently experienced the loss of a significant other invariably focus on that when mind space is provided. Clients who experience loneliness due to poor social networks have difficulty with reflection/processing outside of the therapist's environment, particularly if they have limited self-stimulation skills (lack of interests and hobbies). Clients without basic self-entertainment skills and resources tend to be without their own pleasures and passions and believe their wellbeing rests solely in the company of others. They are also without the means to limit ruminative habits, which might become established or concretised. Such habits may assert themselves aggressively during reflection time. It is therefore essential that such clients be encouraged develop self-entertainment skills and resources, and develop rumination management skills.
- Experience that is not disclosed and brought to mind cannot be processed. Some clients fail to disclose painful experiences, deliberately and with a surprising tenacity, to avoid acknowledgement of experience they prefer to deny. This appears to be more common in younger clients in their teens and early 20s. Others do not disclose because they do not appreciate the significance of some experiences, or their role in their presenting problems. It is also common that a client can talk freely about problematic events because the most painful details have been removed or lost from the narrative.

- Clients who are ‘experts’ on their previously diagnosed problem, and on existing models and treatment approaches, and base a significant part of their identity on this expertise and diagnosis, can be very difficult to shift to a new way of thinking.
- The brain’s access to unprocessed material in mind is the mechanism through which therapeutic change takes place. Clients who do not engage in reflection/processing practice outside of therapy progress more slowly because the work done in the therapist’s office is not brought to a conclusion, or not at all because unprocessed material remains unidentified. Encouraging clients to reflect is the *most* challenging aspect of the NPP approach. There are a number of reasons why this is the case.

### **Resistance to Reflection/Processing**

In modern world conditions it is rare for clients to commit to hours of reflection. The busyness of modern lifestyles, living in shared and often noisy households, and the usual level of family, social and economic commitments tends to preclude extended reflection/processing. More problematic, however, *is the extraordinary internal resistance each of us has to the conditions necessary for essential processing.* This is a reflection of cultural beliefs about keeping the mind busy, ‘wasting time’, ‘being productive’, having to do *something* at all times, the reflexive avoidance of the painful or disturbing thoughts and images that might possibly emerge into awareness and, importantly, the neurological phenomenon that we refer to as ‘boredom’, and our beliefs about boredom.

Therapeutically, the most challenging aspect of the NPP approach is to successfully encourage the client to overcome this resistance and engage in reflective thinking regularly and routinely, to experience the explicit rewards and hopefully become familiar with their own mind/brain functioning. Many clients cannot bring themselves to engage in the practice fully without repeated encouragement over the first 2 or 3 sessions. It is initially perceived as a dreadful homework chore until actual experience of processing, neuropsychological change and personal growth, makes it clear that it is a practice that significantly improves the quality of day to day experience.

### *Boredom and Processing*

Boredom is an expression of neuropsychological events that take place when the brain has nothing in mind to occupy it, or to absorb its attention. We experience a pronounced need, or compulsion, to do something, anything, and we feel an agitation or a discomfort that compels us to act, and we act. In fact it is more usual that we go to considerable lengths to ensure that we never find ourselves in a situation where boredom might actually be experienced. Our drive to avoid boredom, or dispel it, is so powerful that we know very little about it.

*The neuropsychological phenomenon that we call ‘boredom’ is quite possibly the most important, yet most ignored, feature of human neuropsychology.*

Simple experimentation will demonstrate that the sensation of boredom, in the extended absence of activity and distraction, completely dissipates within 20-25 minutes, marking the

beginning of a natural but little experienced neuropsychological state in which the brain can use its mind more freely to reflect and process experience. The discomfort is replaced by a mild psychological relaxation (diminishing neuropsychological asphyxiation) which becomes more pronounced as minutes and hours pass.

The brain begins to place material in mind, slowly and irregularly at first, making it available for inspection, eventually allowing linkages and patterns to be identified, extracted, verbalised, 'known', and integrated. Experience processing is very much a 'right-brain' driven function, in that it does not happen in a recognisable linear fashion. Thoughts appear to be random and unconnected when observed serially in the shorter term, and only begin to appear purposeful over longer durations as linkages are made and insights experienced. As stated, this processing function accelerates over time. If that time is provided, *voluntarily, with an open mind and without resentful clock watching*, it is characterised by an increasing absorption in reflective thought and a growing sense of internal comfort and wellbeing. The normal identification with thoughts may be noticeable as it becomes clear that 'I' am playing no part in, or have no influence over, the mental events that are occurring. It may become clear that 'I' am, in fact, *absent* when processing is taking place. The psychological correlates of the brain functioning more fully come to the fore; curiosity, motivation, optimism, warm self-regard, a reduction or absence of stress, and a sense of feeling more alive, purposeful and fulfilled. It is this brain function that underlies the Peak Experience detailed by Maslow and the 'spiritual' and 'transcendental' experience alluded to and described in a range of religious and mystical literature. It is hypothesised that this reflects an enhanced relationship, or co-operation, between the brain hemispheres. It is also hypothesised that 'I', or 'awareness of self' is a neuropsychological state reflecting a verbal hemisphere dominance that is inimical to the processing function.

A simple way of conceptualising this is that the brain has learned to spend its waking life continually and endlessly seeking the input of data. When it is deprived of that input it struggles for more, which we experience as boredom and the compulsion to act. When that deprivation continues the brain eventually ceases the struggle and begins to examine and process its existing internal data, thus producing the *output* that is learning and growth.

The drive to act, to occupy the mind, during the initial 25 minutes is a powerful compulsion. It is so effective that it prevents us from routinely paying attention to mind, from spending time in mind and perceiving mental events more clearly. In the therapeutic context it deters clients from fully participating in their own therapy outside of the therapist's office. In the early stages clients typically report that they engaged in the practice for 5, 10 or 15 minutes, on one or two occasions, and found the experience unpleasant. Most do not want to admit that they didn't do their homework. They experience boredom and, frequently, the emergence of difficult material that requires processing. It is thus necessary for the therapist to communicate the importance of the practice, to revealing material that requires processing at the outset, to achieving a successful resolution to current mental health problems, and thereafter maintaining a good quality of life.

(The author likens the early stages of reflection/processing practice to turning on a tap that hasn't been used in decades. At first there is nothing, followed by a distant gurgling, and

then followed by spurts of dirty brown water full of painful impurities. Eventually the discoloured water flows freely and soon becomes clear. The free flowing clear water represents a brain that functions in the way it is supposed to.)

Encouraging clients to reflect and process reduces their time in therapy significantly. Most core psychological problems presented in therapy can be fully resolved in weeks. More complex histories with multiple unprocessed events might take longer. Longer term challenges of more complex presentations, which might include the loss or underdevelopment of key skills and poor social networks, and difficult daily living circumstances, are more resolvable over time when the causal unprocessed experiences have been completely addressed.

Neuropsychological processing is a brain function, like concentrating, doing sums in your head or going to sleep. It is a skill, of sorts, to be aware of the setting conditions and to initiate the function, a skill that can be learned and better honed. Think of the child who has been asked to write a short story for homework for the first time, looking at the empty page and his pencil, with no clue about where a story might come from. At some point he learns how to get his brain to do it for him. Or not.

### **NPP and Existing Therapeutic Approaches.**

The NPP model can be extracted from a range of mind-related models and practices. This includes Cognitive Therapy (Beck, 1967), Behavioural Therapy, Mindfulness and Acem Meditation, Psychodynamic or “depth” therapies, Counselling, Trauma Incident Reduction (Gerbode, 1989) and Eye Movement Desensitisation and Reprocessing (Shapiro, 1989), and Maslow’s work on the hierarchy of needs, self-actualisation and the peak experience (Maslow, 1954, 1964). Each provides a useful description of their own pieces of the complete mind/brain jigsaw, supported by evidence, but without reference to each other. In some respects NPP is a merging of the functional aspects of each of these models within a brain-centric paradigm.

Cognitive Therapy identifies the crucial relationship between thought and emotion, which is part of the mechanism through which important unprocessed material is brought to our attention. The cognitive triad, cognitive distortions and automatic thoughts represent the manifestation of unprocessed problematic experience and associated processing blindspots. Depth therapies have an appreciation of the impact of the client’s experiential history on the present and the need to bring aspects of that history to conscious awareness. While behavioural theory tried to ignore mind entirely its precepts offer a great deal to our understanding of the way in which we, our world view and associated behaviour, are shaped by our interactions with the external environment. It is through the neuropsychological processing of experience that problematic conditioning is deconstructed. The principle of the brain processing problematic material in mind is, in essence, at the core of EMDR and TIR theory and practice. While both originally focused on the treatment of PTSD, the scope of these approaches has expanded greatly to include a broader range of mind disorders. The relevance of Maslow’s work to this model cannot be fully discerned in the limited context of a discussion on psychological disorder, neuropsychological development and therapeutic intervention, and yet it is a significant part of the foundation on which NPP ultimately rests.

NPP was derived from an exploration of good mental health and wellbeing, rather than an exclusive focus on the 'abnormal'.

Virtually all current therapies offer a positive 'processing space' which allows the client to bring unprocessed material into awareness for a period of time. Maintaining thought/mood/anxiety records, keeping a journal, relaxation exercise, the recent incorporation of Mindfulness to CBT practice, and the encouragement of physical exercise, all facilitate experience processing outside of the therapist's environment, albeit in a limited and inefficient form. This is why these approaches offer benefit to clients, particularly when the causal factors are known and straightforward. These approaches are often unsuccessful, and a high proportion of clients who benefit eventually relapse, because the broader actuality of mind/brain function, and the presence of unprocessed experience, is not appreciated.

The therapeutic goal of NPP is to eliminate presenting mind problems entirely and to provide the client with the knowledge and skills that will ensure they can manage their own mental health needs in the future and, hopefully, find themselves on a pathway of sustained neuropsychological development.

### **Summary**

The NPP model states that our current understanding of ourselves is based on a perceptual error. At its most basic we perceive 'Me' to be the active agency of the organism, and from this 'I'-centred perspective mind and brain functioning appear bewildering, even to neuroscientists and mental health professionals. Subjective critical observation of the mind and its processes over time demonstrates that the brain is our active agency, and that 'I' has the functional status of an onlooker without power of initiative. One of the brain's primary functions is to process its experience in order to learn, to adapt and maximise its potential for wellbeing. The conscious mind is a central feature of the brain's experience processing system. The brain requires the availability of space in mind to fulfil this function. For centuries the brain has been culturally programmed to limit or avoid the mind space it requires to process experience optimally. This can be described as an internal contradiction in the operational software that limits functioning. In the modern world screen technology, and excessive economic and social demands, precludes the inadvertent availability of mindspace that protected our ancestors from the mental disorders that are commonplace today. Mental disorders are the thoughts and emotions of unprocessed experiences, the associated processing blindspots, the intrusions of the brain trying to process those experiences in the absence of sustained periods of mind space, and the negative impact this has on coping capacity.

The brain-centric perspective provides a profoundly more accurate perception of our functioning, and of who and what we are, and brings the apparent complexity of the human condition - mind, ideas, beliefs, attitudes, emotions, feelings and consequent behaviours - into a simpler focus. There is the brain and its capacity to process experience and develop itself neuropsychologically, thus optimising its wellbeing. The limitation of that function leads to pronounced mental health problems which includes classified mental disorders, and more

commonly, a life experience of limited quality, usually characterised by ‘neuropsychological asphyxiation’, the unnecessarily frequent experience of negative emotions and the unnecessarily infrequent experience of positive emotions. At the other end of the spectrum there is ‘peak experience’, the experience of enlightenment, the experience of the spiritual or the mystical, *which is the experience of extended neuropsychological processing*. It would be accurate to state that many of humanity’s religious belief systems would not have come into being if their founders had an awareness of the brain and its functions.

NPP is more than a model and a therapy. It is both a more functional perspective of the reality of living, and an authentic way of life that allows the brain to facilitate itself in the conscious pursuit of wellbeing, through continual neuropsychological development. It is the author’s view that NPP is a first step in a new direction that will lead to a better, simpler understanding of mental health and wellbeing.

Michael L. P. Fox  
Clinical Psychologist  
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