

**White Paper**  
***A New Paradigm for Assessing and Addressing***  
***Human Mental and Emotional Distresses***

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Purpose: to identify an alternative method (relative to the currently practiced method) in evaluating and addressing human mental and emotional distresses.

Existing Practice/Methodology: The conventional process employed in the treatment of individuals with mental and emotional distresses is static and very rigid (although it is noted that a very small fraction of practitioners are exceptions to this statement). The process is typically described in the following scenario:

- An individual with distresses visits his or her general practitioner. The practitioner either:
  - Prescribes a psychotropic drug and may or may not recommend counseling/therapy, or
  - Directs the patient to a psychiatrist for evaluation and treatment.
- If the patient visits a psychiatrist, the psychiatrist:
  - Asks the patient a limited number of questions primarily concerning the symptoms of the patient and any other questions (family history of “mental illness” and current stressors in the patient’s life) in order to assign a mental disorder (from the DSM) to the patient’s condition.
  - Prescribes one or more psychotropic drugs to treat the diagnosed “mental disorder” and may or may not suggest therapy/counseling in addition to the drug(s).

Observations of Efficacy of Existing Practice/Methodology: The following observations are based on the author’s experience with the mental health care system (including exposure to psychotropic drugs, counseling/therapy in conjunction with the drugs or during withdrawal from the drugs, and other treatments including electroconvulsive therapy) and the experience of hundreds of others with whom the author has communicated either directly or indirectly.

- Psychotropic drugs
  - Frequently, the drugs create both physical and mental/emotional symptoms of their own that are often intolerable and do not improve the condition of the patient in any objectively or subjectively measureable way.
  - Frequently, the drugs “mask” the symptoms for which they have been prescribed and are able to be tolerated but leave the patient in a numb, flat-line state of mental/emotional existence.
  - Rarely, the drugs effectively ameliorate the symptoms for which they were prescribed and improve the patient’s overall mental/emotional condition.

- Frequently, in situations where the drugs seem to be efficacious, they eventually lose their effectiveness and require either up-dosing or a change to another drug or addition of one or more drugs.
- Often, when the patient decides to discontinue the drug or drugs (even when they have had no effectiveness or were even deleterious), he or she suffers a significant withdrawal. The withdrawal can be intense and prolonged, lasting years. In most cases, the prescribing physician has no knowledge of how to effectively taper the patient from the drugs in order to minimize symptoms of withdrawal.
- Counseling/therapy in conjunction with psychotropic drugs
  - Frequently, counseling/therapy does not work, especially in patients who are having difficulty tolerating the psychotropic drug(s). The reason could be that the ability of the brain to resolve distresses in a natural way is impeded by the drugs. The drugs are affecting the natural functionality of the brain.
  - Rarely, counseling/therapy seems to work in patients who are able to tolerate the drugs.
- Electroconvulsive therapy (ECT)
  - Frequently, ECT does not improve the mental/emotional condition of the patient and often results in significant memory loss as the number of treatments increases.
  - Rarely, ECT relieves the mental/emotional distresses with an increase in number of treatments, but memory is still impaired as the number increases.

Basis for a New Paradigm: While a relatively minor fraction of individuals appear to benefit from taking prescribed psychotropic drugs and/or getting ECT treatments, the majority seems to, at best, be unaffected. Many end up being poly-drugged for years without any improvement in quality of life. For many, the drugs themselves destroy quality of life and may even result in individuals taking their own lives.

A methodology which considers drugs only as a last resort is ideal. In this way, suffering from unwanted effects of the drugs is completely avoided. In addition, a methodology that allows an individual to seek his or her own resolution without the need to see a medical professional is optimal for many reasons.

General Rationale for a New Paradigm: While the current methodology for treating individuals with mental/emotional distress is presented to the public as “scientifically-based,” its basis is far from even the most fundamental description of the scientific method. The scientific method, as applied to human behavior and mental/emotional effects of that behavior (distresses in this case), is fundamentally:

- Observe as many pertinent aspects of an individual’s life as possible which could result in or be the cause of the individual’s distresses.
- Hypothesize how these life aspects, either individually or in combination, could result in those distresses.
- Test the hypotheses by making changes to one or more life aspects.

- Accept, reject or modify the hypotheses based on whether or not the distresses are affected.

General Description of a New Paradigm: This methodology is designed to be used privately by the individual to make a self-diagnosis and, through answering many life questions, to determine likely causes for his or her distresses and the best course of action to address and resolve those distresses. There is no need for input from any other individual until the resolution point is reached.

- Self-diagnosis – The self-diagnosis is simply a list of symptoms that the individual is experiencing. Only the individual knows exactly what he or she is feeling and thinking. The purpose of the self-diagnosis is to describe (as completely and clearly as possible) one’s distresses. It is an opportunity for the individual to come “face-to-face” with his or her distresses. **Under no circumstances is any type of label (from the DSM or elsewhere) given to any combination of symptoms.**
- Life review – The life review is a description of the individual’s life and should be as complete as possible. It is an opportunity to “self-observe” in order to “paint a picture” of one’s own life so that the individual can objectively look at the “self-portrait” and whatever else is in the painting. Ideally, the life review should address every aspect of the individual’s life – childhood, relationships (past and present), specific troubling events that come to one’s memory, personality type, diet, fears and phobias, drug/alcohol usage (including prescribed drugs), self-perceptions (physical and mental), schooling, illnesses, exercise, employment (past and present), sleep patterns, various habits and obsessions, hobbies, likes, dislikes, and so on.
- Hypothesize – The purpose of hypothesizing is to determine how the answers to the elements of the life review may be causing or resulting in the individual’s symptoms of distress. It is often very eye-opening for a person to be able to look at their own painting (their own life) from a third-person perspective in a detached, unemotional way. Frequently, the “pieces to the puzzle” (each life review element) can be put together to give a much clearer picture of one’s life and how/why the person now feels the way they feel. This can be done by the individual himself or herself or with another person whom the individual trusts (friends, family, someone else who has experienced or is experiencing similar distresses).
- Test hypotheses – This is simply making changes to life elements (if they can be changed) or making changes based on life elements of the life review.
- Accept, reject or modify hypotheses – This is noting how the life distresses are affected by the changes and reacting accordingly.

Paradigm Uniqueness: The proposed design and platform for this paradigm make it unique. It is designed to be used in a “stand alone” fashion by any individual. This is extremely important because it allows the individual to see his or her own life “up close” and in great detail without any fear of what other persons may think. It is a self-examination which is likely the first step (which we tend to skip in lieu of drugs – an ill-perceived “quick fix”) in facing and resolving personal conflicts and distresses.

The heart of this paradigm is the life review. The life review should encompass as much as possible from a person's life. The results can then be put together to determine how all of the factors in the review affect the person's current feelings, thoughts and distresses.

The "platform" for the review is ideally some sort of computer-based questionnaire (probably a combination of multiple choice and true/false or yes/no questions). The questionnaire would be evaluated by some sort of artificial intelligence (perhaps similar to IBM's Watson). The evaluation would yield results based on probability of the causes of the individual's feelings/distresses. The possible causes could then be explored by the individual or with another (or others) to attempt to resolve or deal with the cause(s).

Summary: The efficacy of mental health care, as currently practiced, is less than questionable. There are many reasons for this. A system, based on a new paradigm, is needed. The methodology described above is markedly different from the methodology currently widely employed. It allows any individual to "self-assess" his or her own life privately and hypothesize how the factors of their life, *in toto*, have affected or are affecting their current feelings and thoughts. Steps can then be taken to resolve the individual's distresses, either alone or with the help of others.

The core of this new paradigm is the "life review" which is generally described above. The appropriate questions of the various areas or aspects of the life review will require input from several different disciplines. As such, this methodology is a multi-discipline approach, making it unique and very different from current methodologies.