Understanding what makes us human as the context for functional living and effective therapy.

Louis Pasteur is reported saying: "Chance only favours the mind (which is prepared)", (Vallery-Radot, 1901, p. 98).
Our preparation, thus, is to take on *a deep understanding of the nature of our selves*. Then, we are ready to respond effectively no matter the chance events that arise in life.

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WHY IS MENTAL HEALTH HARDER THAN ROCKET SCIENCE?

While we seem to be doing well in understanding how to conquer much of our physical world and beyond (perhaps not for long-term outcomes) we are NOT doing well in managing the human psyche, as indicated by our current 'mental health' statistics, despite so-called evidence-based practice in treatments for emotional and behavioural problems.

BECAUSE… We doctors of the psyche have increasingly relied, over the last 50 or so years, on non-empirically derived diagnostic labelling of symptom clusters in describing human problems, and on empirical research predominantly focusing on unitary factors without the context of an holistic theory. This is at the cost of *developing a deep understanding of the nature of our selves.* Then in trying to manage these problems, the focus had been on:

1. pharmacological treatments which help quell the emotional reaction
2. validating emotions outside the context of their origins; or building positive processes to the detriment of developing resilience to negative experiences
3. changing external factors in an ever-faster world with immediate access to social media, etc. rather than focusing on the issues these target.

This failure to understand the *internal responses humans have to life experiences in the context of a comprehensive theory/understanding of the interplay of competing internal survival responses* has been to the detriment of our emotional and behavioral functioning over this time span.

OBSERVATIONS OF THE NATURE OF OUR SELF – DEVELOPING AN INTEGRATED PROCESS MODEL OF HUMAN BEHAVIOR

Being human is to live in a conceptual world. This is our crowning glory resulting from our *human-only bi-directional learning* (reported by Hayes et al, 2012) teamed *with conscious awareness* (access to reason and rationality). These two **unique and powerful** capacities have resulted in *human beings* being able, like no other animal, to build rockets that can fly to the moon and beyond, buildings over 100 stories high, to create the internet, *ad infinitum.* However, the concepts we initially derive automatically from bi-directional relationships are not always an accurate perception of the world with us in it as it is: e.g. *'our Earth is the centre of the universe'*. Thus, to come to understand our world as it is we need our conscious awareness to refine these early concepts; *'our Earth is actually an insignificant planet in an insignificant solar system in a vast universe'*.

Our concept of self, arguably the most influential concept driving how we live our life, follows a similar pattern. 'We view *our experience* of living through the lens of how we view our self' (iMind 2020). The choice is between a lens of living to prove our self or one of living to enjoy our self and manage what life offers. This differentiation has, *over millennia*, been recognised at the core of most religious literature. The Judeo-Christian bible opens with the story of Adam and Eve eating from the *Tree of Knowledge of good and evil* and, as a result, being vanquished from the Garden of Eden where all was simply provided. The emergence of prophets over the history of our living highlights practices that focus on 'right living' for the betterment of our on-going existence. This contrasts with the self-focused drive to perpetuate 'feeling good' that is at the core of the paradigm that is influencing many current mainstream 'mental health' treatments. Maintaining this automatic default, the maladaptive way of seeing our self, *inhibits* the shift to the values-based focus of 'right living'.

To know the nature of our self involves understanding *how we LEARN our concept of self* within the context of our mammalian biology where emotions drive behavior. Our initial view of self describes the core of human suffering – our emotion and behavior problems. However, as we can now learn of the nature of our Earth, we can also learn from our earliest years a concept of our Self as it actually is, promoting engagement with adaptive living.

THE STUDY

In 1950 Karen Horney described the self concepts of **'self-glory and its mirror image self-hatred'** as qualitatively different from **Self-realization**. In parallel, some decades later ACT (e.g. Hayes et al, 2012) differentiated the self as **the content of our experience** (actions, attributes, processes) from the unified self as **the context of our experience**.

Arguing for a shift from diagnostic symptom clusters to process models to describe human behavior, Hayes et al (2020) identified the dimensions of self, affect, cognition, attention, motivation and behavior for inclusion in an *Extended evolutionary meta-model of change processes* differentiating maladaptive and adaptive processes.

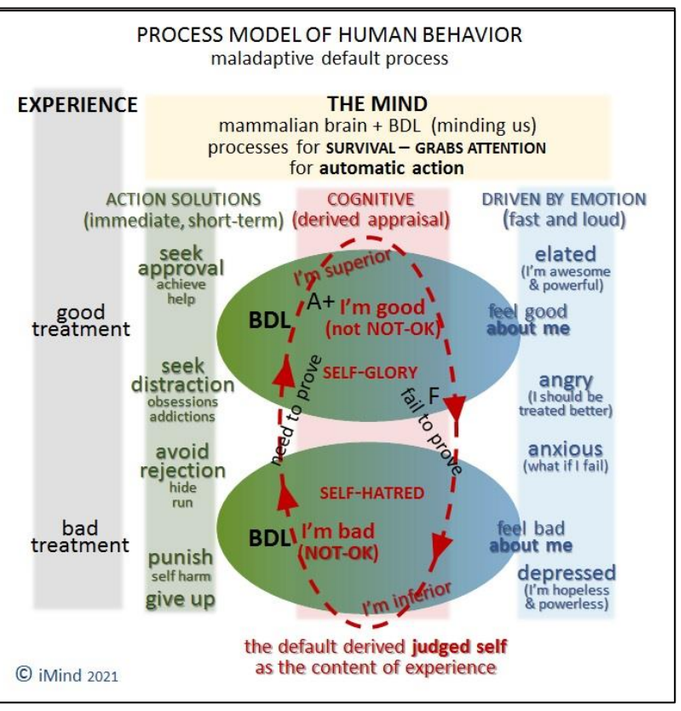
The first publication of the iMind model (Brabin, 2005) reflecting some prior years of recognition as a Rational Emotive Behavior Therapist and trainer, described the self at the core of the cognitive shift in treatment. This process model (below) integrates the Hayes et al dimensions with the view of self as the core process, highlighting its differentiation for adaptive and maladaptive processes.

The pilot study was designed to test the validity of the model through factor analysis towards the development of an inventory to assess the self process in clients' functioning.

*Label a child as 'good' **teaches them** to label their self as 'bad'.*

We learn our initial *judged view of self* automatically through the way others respond to our actions and attributes in the way all animals learn.

1. When a young child is treated *badly,* they *feel bad* and derive, through automatic bi-directional learning (BDL) the sense that ***I am bad***. The sense of being unlovable, rejected, unwanted, not belonging, is the ultimate fear for a child. Thus, they need to find a way to get approval, do well, promote their attributes in order to feel good about themselves (***I am good***) or, at the least, distract from or hide from others a derived sense of defectiveness.
2. When their solution to gain approval, love, attention, recognition invariably fails the child can either give up or blame themselves. Self-blame is powerfully reinforced as it gives the child a reason to keep going, by doing better/trying harder, but is confirmed by further failure, resulting in a life-long cycle of self-blame (proving-failing) which is hard to shift.
3. The self as derived from the content of experience reflects the judgement of what we do, have and feel.
4. Emotions and related stories (derived concepts to 'explain' experiences) drive approval, distraction, avoidant or punishing behaviors. These reactions to past experiences – thoughts, feelings and actions – are re-triggered by subsequent related experiences, as our mind retains these well-rehearsed action patterns, particularly to traumatic, life-threatening experiences.



DESIGN

90 items self-report were developed – 30 negative rating, 30 positive rating and 30 non-rating – and emailed via Survey Monkey to the author's contacts encouraging on-sending to their contacts.

Judged self items *– e.g.*

- *I often think I'm not good enough.*
- *I often feel like I'm a failure.*
- *At times I feel empty.*
- *When things go badly it often feels like it's my fault.*
- *Being a winner is very important.*
- *My achievements make me who I am.*
- *There's nothing I can improve about me*
- *It's important to have friends who agree with me*

Non-judged Self items *– e.g.*

- *I am equal to others.*
- *I feel contented within myself.*
- *What I do has little impact on how I feel about me.*
- *I just know I'm OK.*

Participants responded to 'rate how these apply to you?' on a 7-point Likert scale from 'strongly disagree' through 'neutral' to 'strongly agree'.

RESULTS

101 completed responses were returned.

Demographic of participants

Age: well represented across 20s to 60s (ave=48; SD=15)
Location: from Melbourne and environs (85%), the rest from other Australian states or overseas
Gender: 81% female
Family and Personal situation:
82% did not feel unsafe during childhood
69% were not unhappy during their teens
91% were not poorly provided for financially in growing up
58% did not have a parent with a degree
82% had a degree (including 50% with a higher degree)
87% did not have below average come……. ***Yet***
28% had taken antidepressant medication (≥ some months)

Factor Analysis

A 4-factor solution accounted for 65.7% of the total variance (*Extracted through Principal Component Analysis with Oblimin Rotation – Kaiser Normalization)*

Factor 1: 28 items uniquely loaded on **low esteem**:
I'm not good enough and no one cares, or, life sucks (Not-OK)
Factor 2: 6 items uniquely loaded on **high esteem-Achieve**:
I am what I do, or, I am my success (not Not-OK)
Factor 3: 4 items uniquely loaded on **non-judging**:
I respect myself and others, or, I'm OK and you're OK
Factor 4: 5 items uniquely loaded on **high esteem-Social**:
I am great but keep telling me (not Not-OK)

Qualitative assessment

Of greater interest for this pilot study were consistent patterns of item loadings reflecting:

1. Not-OK is negatively correlated with the non-judged Self factor loadings (Pearson Correlation -.23, p =.02*).

Judgment:	low	non
I feel bad about myself.	.853	-.322
Just being alive feels good.	-.713	.409
I just know I'm OK.	-.683	.516
It feels OK to be me.	-.677	.403
I fear that others will see who I really am.	.648	-.304
When things are going badly I know it will pass.	-.638	.531
I am successful at things I do.	-.625	.488
I am fortunate.	-.546	.522
I have nothing to be proud of.	.509	-.489
My life is a blessing.	-.471	.581

2.a High and low judged self loadings reflect the same direction (Pearson Correlation less than .1, ns)

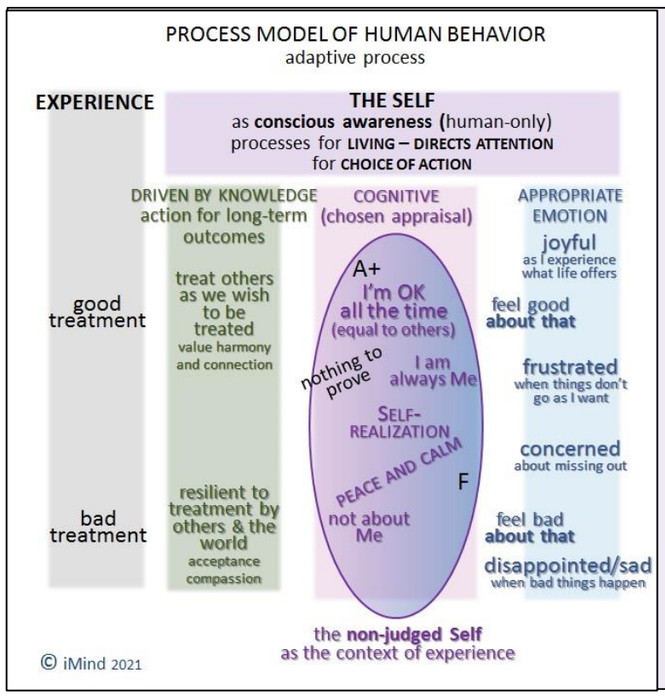
Judgment:	low	hi (A)	hi (S)
I am filled with doubts about myself.	.757	.329	.325
If I don't do well it feels like I've failed.	.694	.464	.368
I avoid tackling tasks I may fail.	.607		.551
I compare myself with other people.	.586	.440	
I fear conflict.	.531		.417
I'm unlucky.	.499		.429
I hate being alone.	.434	.428	.411
Making mistakes is bad.	.413	.591	.436
My achievements make me who I am.		.305	.626
I don't cope with opinions that contradict mine.	.315		.713

2.b consistently opposite to the non-judged OK Self.

Judgment:	low	hi (A)	hi (S)	non
Most people are better than me.	.686	.372		-.363
I have some great skills and attributes.	-.640		-.302	.475
I am equal to others.	-.638	-.375		.407
My self-respect comes from within.	-.625	-.323		.333
I enjoy time alone.	-.427	-.307		.468
My success is due to luck.	.433		.561	-.374
I deserve to be punished if I make a mistake.	.389	.366	.471	-.376

The core of resilience is knowing who I am.

I KNOW I'm OK all the time even when I don't feel OK.



Through parental modelling reinforced by appropriate language the child can learn the non-judged view of Self as will later be consciously experienced and rationally understood.

1. As the context of our experience our known **Self IS our being** (existence), thus, cannot be judged. *I can never stop being Me*.
2. The Self is not our mind, it has a mind which talks to us about the stories it creates through its BDL capacity.
3. As conscious awareness **our Self is the observer** of our experience that enables us to **assess the fact from the fiction** of the stories our mind tells us and, then, to **choose appropriate action**.
4. We also become aware of our **fundamental equality** as beings of equal worth. This is modelled in parents' unconditional love for their child (which is helpful to verbally reinforce) in contrast with their approval/disapproval for their child's actions.
5. While the capacity for this learning resides in us from birth, access to the awareness develops over childhood into adulthood through further life experiences as we can increasingly access our reflective brain process (aka executive function) to assess the concepts/ideas derived in our survival brain (aka our mind).
6. The Self process also differentiates *'who I am'* from the mind's domain of *'what I am'*. This differentiation has disappeared in today's parlance. Ask anyone over 10! By early adolescence in assessing their performance and attributes against others they shift to the comparative-self-as-content view.

There are **no best versions of my Self** *only Me as I always am.*

There are no good or bad people only people who DO good or bad things.

Our choice is between living our lives proving our self or enjoying our Self.

Our way of seeing is our way of being.
Effective therapy starts with helping us understand the nature of ourselves.

PREVENTION OF SUFFERING

Involves training for parents, teachers and the broader community in recognizing the innate power within us all to recognize emotions and associated action patterns contrasting:

- knowing WHO WE ARE vs WHAT WE ARE
- differentiating language for Self vs Mind by
  - never labelling the Self or whole person
  - always separating the Self from its parts – actions, attributes and feelings,

This reflects recognizing that **I *am***…. only refers to me/*my being* which is always worthy; when we identify with anything else we suffer the fortunes and misfortunes of the experience of that false 'identity', e.g. 'I am depressed' means I *feel* depressed; 'I am good at math' means I *do* well at math; 'I am a psychologist' means I *have* a career/*work* as a psychologist; 'I am a winner' means I *won* a prize; etc.

TREATMENT OF SUFFERING

Involves helping the client to:

1. recognize the short-term action patterns of their mind from past history experiences
2. recognize their dominant view of self and use an attention focused breath meditation to engage the Self
3. access openness to the wisdom of the Self for awareness with reason to see things as they are from a long-term rational perspective
4. encourage the client to use the breath to shift from engaging with the arousal which triggers/is triggered by the historical action pattern to reflectively engage with more valued action responses.

THE CHALLENGE IN BETTER MANAGING SUFFERING

… influencing a shift in the current paradigm toward process models reflecting long-known wisdom through evidence of more effective prevention and treatment outcomes,
… relegating medical treatment as a last resort for extreme life-saving situations
… mitigating against treatments which **block or deflect access** to our innate processes available to manage our suffering and promote growth.

DISCUSSION

The pilot study with its small numbers and limited population representation provides tentative support for the model proposed:

- **the 3 self-judging factors** (low and two high self-esteem – Not-OK and not Not-OK) are on the same dimension reflecting the cycle of proving one's self, *a constant self focus*. (Note the high level of academic and income success in the study population which does not appear to protect from the need for antidepressant medication);
- **the non-judging (*I'm OK*)** is negatively correlated with the negative self-judging (*I'm Not-OK)* the factor structure reflecting the value of social connection as *'other than self'*;
  - a significant correlation (Pearson Correlation .3, p =.003**) with high self-esteem-social is likely to reflect the use of social interaction for self validation rather than for values-based community interaction.

Fosdick (1943) described the ego-centric (judged) self as living in a room surrounded by mirrors, a prisoner of self-reflections and endeavours to improve – this obsession with the self being the root of the 'mischief' (problems in living). Changing the mirrors to windows (away from self-judgement) exposes the world beyond where persons, causes, truths and values exist, worthwhile for their own sakes, to achieve a meaningful life. Many people, he reflects, never achieve this maturity, living on in their childish ego-centric pattern as 'specimens of arrested development'.

The pilot study provides supportive evidence for the iMind model in addition to its value in clinical practice with clients. However, a replication study with a larger more representative sample further testing the items loading most strongly on the factors is warranted toward the development of a self assessment inventory.

Not only does the iMind model reflect evolution-based biological and learning processes providing links between the self-concept, cognition, emotion, behavior and being caught in a maladaptive drive to prove one's self, it indicates the goal of treatment as the shift to the adaptive view of self, freeing us to engage with functional living. It promotes awareness of treatment that does *not* 'back the wrong horse' by reinforcing the cycle of proving one's self.

Internal Consistency of the Factors

Self Judgement	Mean	SD	Cronbach Alpha
Low Not-OK	3.20	1.67	.876 (good)
High (A) not Not-OK	4.13	1.28	.740 (acceptable)
High (S) not Not-OK	3.20	1.01	.515 (low)
Non-rating OK	6.07	0.79	.547 (low)

References

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Presentations

Presentation on this topic have occurred by the author, since 2002, at 13 conferences around Australia and at International School Psychology conferences in Exeter (UK, 2004) and Amsterdam (Netherlands, 2016). Three conference papers have been published in Australia since 2005.