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The Enriched Environment in a Person-Centered Approach to the Promotion and Maintenance of Well-Being: A Salutogenic Model

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Abstract

An enriched environment, as defined herein, is a designed environment of a welcoming and familiar constancy within a bonding group dynamic and the provision of novel, fun, engaging and challenging but not overambitious eclectic and illuminating learning experiences for the promotion and maintenance of well-being. The learning experiences of the enriched environment are designed to be positive, reinforcing, stimulating, rewarding, encouraging, supportive and full of possibilities, based on the principle that all meaning and understanding is entirely dependent on context, and therefore varies with context. The revelation of this principle is that knowledge itself (i.e., the accumulation of meanings and understandings) is composed of relative 'truths,' as all things may be understood from many different positions, starting points and frames of reference. Being relative does not make these 'truths' any less real to the frames of reference in which they reside. The full recognition of this relativity leads to the undeniable, stirring realization that there are endless possibilities – so many more, endless things to discover beyond what we already know; so many more, endless ways by which to view all phenomena; so many more, endless ways to think about life and all its mysteries; and so many more, endless contributions to knowledge waiting for eager, imaginative, curious, probing, open, questioning minds to reveal.

The enriched environment, as represented herein, is a specifically designed person-centered program of learning experiences consisting of a prevailing ambiance of respect and concern for the individual, the sanctity of selfhood and the recognition of the essential role of social integration in the well-being of the individual. This equal focus on both respect of the individual and on social interaction forms an encompassing milieu that facilitates the engagement of life through programs and activities providing challenge and growth to the fullest of each individual's capacity and excites the individual's interests to promote 1) a sense of accomplishment; 2) bonding with others; 3) joy of the moment; and 4) a keen anticipation of the discoveries, camaraderie and achievements tomorrow may bring. This paper briefly introduces a) the enriched-environment paradigm in a person-centered approach to well-being; b) the principles upon which the enriched-environment paradigm and person-centered approach are based; and c) the rigorously vetted evidence constituting the scientific foundation of these principles.

Keywords

Person-centered enriched environment, holistic well-being, salutogenesis, salutogenic well-being program, uniquely human social brain, cognitive reserve, brain reserve, brain and cognitive reserve (BCR), experience-driven neuroplasticity, fixed action patterns, pseudo-fixed action patterns, affective engagement, transformation, transcendence, self-actualization.

The culture change movement and the distorted medical model

Originating from caregivers in long-term care facilities, there is a startling culture change movement that is gaining ever more traction in the healthcare, and, especially, mental healthcare communities. This culture change movement, which we will refer to as the person-centered approach, and its rapid growth and development, are 'startling' because the person-centered approach repudiates the dominating medical model constructed on a distorted concept of pathology and the overuse of pharmaceuticals for every behavioral difficulty and physical discomfort that accrue in residents in the traditional nursing home or long-term care setting, 'remediating' every condition through drugs that numb tactile sensation and cognitive and emotional reaction, stifling awareness and personality into a dehumanizing zombielike state for easy management (see Robinson, 2021a, p. 2).

The medical model treats as pathological the physical and psychological manifestations in reaction to the distress of the dead-end environment often found in the traditional nursing home setting, with its miasma of futility and its depressing, restrictive institutional structure lacking adequate social and physical outlets so necessary to physical and psychological/cognitive well-being, ignoring the individuality of the elder that possesses basic social and psychological needs as everyone else, choosing instead to drug the elder rather than address unmet needs and the stagnant environment that induces distress and triggers the onset and progression of both physical and cognitive degeneration (see Robinson, 2021a, p. 2).

The culture change movement is indeed startling when considering the strength of the person-centered care advocates' commitment and courage and most enlightened perspectives in resolutely resisting the dominance of the commercial juggernaut of Big Med and Big Pharma and the pervasive dogma of the medical model, especially resisting the medical model's approach to pathologizing reactions where negative situations or pressures, particularly in situations perceived by an individual to be inescapable and of interminable duration, or, of sudden, dramatic trauma, that defensively induce *natural*, *innate* responses to obfuscate, distort or otherwise deny reality as an autonomic mechanism protecting one's core psyche. Such a situation occurring from the full realization of the loss of one's former settled, familiar living conditions and the subsequent loss of independence and desperate feeling of hopeless entrapment in a forced, hollow life within the cold, sterile environment of an institutional setting. The real problem is the individual's situation, not the individual's behavior, which, initially, is only a reaction to a situation, that, if allowed to persist in the long term as an escape mechanism from a chronically distressful environment, often leads to serious cognitive disorder. It is the negative situation that must first be resolved, then the triggered inappropriate behavior and/or cognitive obfuscation of reality can be modulated by *naturally* reestablishing cognitive integrity in eliciting and constantly reinforcing more positive, self-affirmative and productive behavioral outcomes in a supportive enriching environment (see Robinson 2018, p. 2 and 2021a, pp. 2-3).

The medical model consists of drug-oriented intervention and a pathology-obsessed approach to so-called 'mental illness' (i.e., cognitive and behavioral disorganization), exceedingly narrow in concept and theoretically vacuous, based on a nosology inherently inconsistent within itself and even self-contradictory, and, in clinical practice, often causing more harm than good. This nosology is transcribed in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) of the American Psychiatric Association, considered the 'bible' of the field

[the World Health Organization counterpart, the *International Statistical Classification of Diseases and Related Health Problems – Mental, Behavioural or Neurodevelopmental Disorders* (ICD-11, Chapter 6 – World Health Organization, 2022), presents a similar nosology] (see Robinson, 2021a, p. 3).

Up to the fourth edition of the DSM (DSM-IV), the nosology totally ignored the most obvious fact that behavioral problems are very often basically problems in adjustment to environmental conditions and are frequently embedded within the context of a conjunction of tensions between social pressures or other environmental stressors, cultural constructions, self-concept and core values. DSM-IV (American Psychiatric Association, 1994) gave some lip service to the sociocultural dimensions of behavioral problems by introducing the Outline for Cultural Formulation (Appendix I), a sophomoric, vacuous view of the effect of social situations and cultural perspectives on behavior. The current fifth edition (DSM-5 – American Psychiatric Association, 2013) claims to update and extend the Outline for Cultural Formulation, primarily through a ludicrous 16-item questionnaire [the Cultural Formulation Interview (CFI, pp. 752-754)] referred to as a "brief semistructured interview" (p. 751) that attempts to define: a) an individual's cultural domain and the impact of that domain on the presenting clinical problem; and b) the individual's perception of the problem (as well as the perception of those identified as significant members of the individual's social network through the Informant Version of CFI, pp. 755-757) as a means to "avoid misdiagnosis" and "improve therapeutic efficacy" (pp. 758-759) [see Robinson, 2021a, p. 4].

In the DSM-5, just 10 out of the almost 950 pages address the social and cultural impact on human behavioral outcomes and just 16 items on the CFI (17 on the Informant Version) propose to construct a revealing composite of the unique nature of an individual and define the presenting problem and its treatment from the individual's perspective. This approach most disturbingly reveals the utter lack of understanding of: a) the fundamental concepts of human behavior and the neurophysiology and cognitive processes of the antecedents of human behavior; b) the whole person as a unique individual; and c) the myriad intricate interactions of finely nuanced cultural and social dimensions by which every individual is self-defined and continuously and subtly but meaningfully redefined by the experiences of life unfolding day-by-day (see Robinson, 2021a, p. 4).

Like its earlier editions, the DSM-5 [inclusive of its newest release, DSM-5-TR (American Psychiatric Association, 2022)] is based on categorizing some arbitrarily assembled behavioral characteristics (so-called "symptoms") as pathologies, i.e., somatic disorders or diseases, distinguishable solely by a specific aggregate of symptoms – defining behavioral disorganization as fundamentally a biological process, and though giving some lip service to social and cultural agents contributory to cognitive and behavioral disorganization, the DSM-5 basically ignores social environmental factors (inclusive of factors relating to lifestyle) as major causes of cognitive and behavioral dysfunction as well as somatic pathology. Of course many instances of cognitive and behavioral dysfunction are sequelae of physical injury or somatic pathology, but, in acquired conditions exclusive of predisposing somatic dysfunction or tissue damage, which sequence of conditions was the initial cause, social environmental factors resulting in somatic pathology inducing cognitive and behavioral dysfunction, or social environmental factors resulting in cognitive and behavioral dysfunction inducing somatic pathology? In both cases the root of the problem is embedded within the social environmental conditions, and, in these cases, the negative (i.e., disorientating and/or disabling) social environmental factors must be addressed as the front line of intervention (see Robinson, 2021a, p.4).

Paraphrasing Liah Greenfeld (2013), the DSM-5, in spite of its changes, simply carries on the fundamental problem of all the preceding DSM editions, that, predicated on the medical model of behavioral pathology, fail to provide a fundamental understanding of the human mental processes, i.e.; the human mind, and fail to answer the critical questions: 1) what is a dysfunctional human mind as opposed to a functional one, i.e.; what are the criteria for determining whether a certain manner of cognitive reaction or character of behavior is dysfunctional or not (considering the question can one be sane in an insane world – Archon, n.d.; Academy of Ideas, 2020; Chisholm, 1951, physical pages 5-14; Bartlett, 2011) and most importantly, 2) what are the bases for such criteria and what are the causes of cognitive and behavioral dysfunction and the attendant principles by which such dysfunction may be remediated? (see Robinson, 2021a, pp. 4-5).

Because of its nearly exclusive biological focus and fundamental distortion of equating mind with brain, the medical model minimizes (in clinical practice, often repudiating) the role of the sociocultural environment in the adaptation and ongoing modification of human behavior in response to the interpretation of experience, basically ignoring the very components that motivate and drive human behavior and the essential sociocultural avenues by which cognitive and behavioral dysfunction may be remediated. Thus, the medical model and the DSM in all its editions neither reflect the reality of human experience nor provide any helpful understanding of cognitive or behavioral disorganization or realistic avenues of remediation thereof (see Robinson, 2021a, p. 5).

The essential problems with the DSM-5 and the entire medical model of mental health include: 1) the total lack of theoretical grounding or any evidential basis for the diagnostic categories of the DSM; 2) the enormous overlap of so-called ‘symptoms’ from one diagnostic category of so-called ‘mental disorder’ to another; 3) the lack of definitive etiological bases distinguishing different alleged disorders; 4) beyond pure lip service, the blind dismissal of the critical importance of the role of sociocultural factors as a source of cognitive disruption and psychological distress in the onset of cognitive and behavioral dysfunction and that of related somatic disorder; and 5) the growing number of alleged disorders in each subsequent edition of the DSM, resulting in the medicalization (i.e., pathologization) of defensive, resistant strategies of the individual to reduce or block out the impact of negative environmental conditions – the medical model labelling such resistant individual responses pathological while ignoring the negative, destructive behavior inculcated by the ‘sick society’ by virtue of conformity with the destructive social norms promulgated by such a society. Within all this is the constant jockeying of self-serving interests for political power among the various factions competing for authority and influence in both professional and academic circles and a larger share of the vast commercial enterprise of Big Med and Big Pharma – the motivation is clear, as it cannot be denied that the medical/healthcare industry is the world’s largest commercial sector, ‘Big Business’ with a capital ‘B’ (see Robinson, 2021a, p. 5).

Health and environment: The determinants of well-being

Our brains are wired in networks of interconnected neurons (nerve cells). It is precisely the patterns of neuronal interconnections in the brain which constitute thoughts, perceptions, the recognition of particular objects of our environment; the identification of different people and their meaning in our life; the construction of self-identity; etc., by which we understand the world we live in. This cumulative understanding through experience is defined as cognition. An assemblage of associations by which we form a distinct configuration of meaning is referred to as a ‘cognitive construct.’ The totality of all the intricate, dynamic, ever-changing

interactions between all the innumerable cognitive constructs that we formulate throughout our lives is referred to as each individual's own unique 'cognitive schema' (i.e., one's *mind*) from which each individual's unique personality and set of behavioral characteristics arise (see Robinson, 2020, pp. 8-9).

Cognition (or *mind*) constitutes the very properties and the mechanisms thereof that both make us human and make each of us unique. Cognition consists of associations of data encoded in the constant instantaneously changing patterns of encephalic neuronal interconnectivity. In simple terms, cognition constitutes one's unique pattern of thinking and one's manner of understanding and interpretation of stimuli (impressions) from one's environment (both external and internal), directing one's actions in response to specific environmental stimuli from situation to situation as perceived by the individual. Cognition, then, is the process and condition of a 'knowing' or 'understanding' formed from the cumulative constructions of ideas, outlooks and conceptual orientations (collectively termed 'cognitive constructs') acquired through both incidental as well as formalized learning constituting the totality of life's experiences by which each individual uniquely interprets and assigns meaning to her or his environment in organizing interaction therewith. Since cognition consists of an individual's distinctive patterns of thinking, and distinctive responses to environmental stimuli (i.e., behavioral outcomes), cognition can be considered as indistinct from behavior, constituting an essential faculty of humankind which is molded (i.e., *learned*) from life's experiences – we *are* what we *experience* (Robinson, 2015a, pp. 33-34, 2015b, 2022, pp. 7-10; Cacioppo & Berntson, 1992; Cacioppo & Amaral et al., 2007; Cacioppo & Decety, 2011; Cacioppo, Berntson, & Decety, 2010; Cozolino, 2006; Lieberman, 2013).

Through the process of evolution, the human brain developed as a social brain, whereby all learning and behavior is constructed within the ongoing process of socialization and all experience is internalized in a social context (Robinson, 2015a, pp. 14-38, 2020, 2018, pp. 4-6, 2021c, pp. 4-9, 2022, pp. 7-10; Cacioppo & Berntson, 1992; Cacioppo & Amaral et al., 2007; Cacioppo & Decety, 2011; Cacioppo, Berntson, & Decety, 2010; Cozolino, 2006; Lieberman, 2013; Adolphs, 2009; Bhanji & Delgado, 2014; Blakemore, 2008 and 2010; Brüne, Ribbert, & Schiefenhövel, 2003; Frith & Frith, 2010; Grossman & Johnson, 2007; Insel & Fernald, 2004; Kennedy & Adolphs, 2012; Saxe, 2006). Behavior, then, may be understood as a product of, and response to, social integration or lack thereof – as socialization is defined as the internalization of experience (the interpretation and registration of information; i.e., the process of learning) shaped through the social milieu and its prevailing dictates as a function of the biological predisposition forged from the evolutionary process in the development of the social brain of the anatomically modern human (*Homo sapiens sapiens*).

Our human core behavior, understood as a function of cognition, consists of the fundamental properties of learning; curiosity and inquisitiveness; logic, reason and rationality; affective reaction; morality and spirituality; and social orientation. The balance between emotion, rationality and morality is critical to both individual well-being as well as a harmonious, healthy society, however; as a result of pathology, injury or deleterious social environmental conditions and circumstances, our core behavior is susceptible to suppression and even distortion (negative or deleterious social environmental conditions are conditions in which there is a dearth of positive stimuli as experienced in a corrosive, threatening, confined, isolating or otherwise inhospitable, deprived or stressful environment). Studies since 1947 have shown that environmental enrichment (EE) can reverse cognitive or behavioral disturbance resulting from injury, pathology or negative (i.e., detrimental) environmental conditions, as noted by Alwis & Rajan (2014, p. 1), who state: "Since the initial discovery by

Hebb (1947) that environmental enrichment (EE) was able to confer improvements in cognitive behavior, EE has been investigated as a powerful form of experience-dependent plasticity," reinforcing the 2008 study by Kleim & Jones, in which it is concluded that: ". . . neural plasticity is the mechanism by which the brain encodes experience and learns new behaviors. It is also the mechanism by which the damaged brain relearns lost behavior in response to rehabilitation" (p. S225). The term 'neural plasticity' referred to by Kleim & Jones (more formally described in the corpus as 'neuroplasticity') is the neurophysiological process of learning (i.e., cognitive development) through the constant wiring and rewiring of the connections of neurons in the brain, creating myriad patterns of neuronal interconnectivity and neuronal circuitry in response to environmental stimuli, by which our experiences and associated understanding (i.e., cognitive constructs) are internally encoded.

The quotes by Alwis & Rajan (2014) and Kleim & Jones (2008) above refer to the process of recovery from cognitive and behavioral disruption by relearning in an enriched environment through the inherent mechanism of neuroplasticity, the organizing function by which all experience is internally encoded. In relearning, an enhanced, significantly engaging environment is required to raise the reduced capacity of neuroplasticity in somatic damage, or to enable more powerful encoding of newer, more positive and enriching experiences that supersede residual deleterious cognitive constructs acquired from previous negative social environmental factors.

An enriched environment, is, by definition, a learning environment, as all experience is an instance of learning about our environment, the situations it imposes, and how to react thereto. But, in distinction from any incidental or formal experience in the unfolding of everyday life, an enriched environment is an environment specially designed to provide more stimulation, particularly, rewarding and encouraging stimulation, invoking more positive, engaged reaction than random, incidental experience or conventional educational environments. An enriched environment is also, by design, a relearning environment, either to relearn behavior lost through somatic damage, or to relearn behaviors conducive to social integration that became distorted through a previously negative environment.

> Over the last several decades, neuroscience research has begun to characterize the adaptive capacity of the central nervous system (plasticity). The existing data strongly suggest that neurons, among other brain cells, possess the remarkable ability to alter their structure and function in response to a variety of external and internal pressures, including behavioral training. We will go so far as to say that neural plasticity is the mechanism by which the brain encodes experience and learns new behaviors. It is also the mechanism by which the damaged brain relearns lost behavior in response to rehabilitation. (Kleim & Jones, 2008, p. S225)

> Following brain injury or disease there are widespread biochemical, anatomical and physiological changes that result in what might be considered a new, very different brain. This adapted brain is forced to reacquire behaviors lost as a result of the injury or disease and relies on neural plasticity within the residual neural circuits. The same fundamental neural and behavioral signals driving plasticity during learning in the intact brain are engaged during relearning in the damaged/diseased brain. (Kleim, 2011, p. 521)

> Environmental enrichment (EE) increases levels of novelty and complexity, inducing enhanced sensory, cognitive and motor stimulation. Whilst environmental enrichment is of course a relative term, dependent on the nature of control environmental conditions, epidemiological studies suggest that EE has direct clinical relevance to a range of neurological and psychiatric disorders. (Hannan, 2014, p. 13)

Because learning (i.e., neuroplasticity) actually changes brain structure in the constantly changing patterns of neuronal interconnectivity, not only are changes occurring simply in neuronal connectivity, but also in all the encephalic neurophysiological elements that support strong, positive, learning-related connectivity, such as synaptogenesis and dendritic arborization, gliogenesis, volumetric increases (such as in increases in neuronal soma and nuclei size and glia cell size, in capillary dimensions and dendritic density, and in astrocytic proliferation, as well as in posterior hippocampus enlargement and volume enlargement of motor and auditory areas and their anatomical connections), with changes also noted in gene expression, protein synthesis, and many other areas of brain physiology (see, for example, van Praag, Kempermann, & Gage, 2000, p. 191; Taubert, Villringer, & Ragert, 2012, p. 321; Maguire & Gadian et al., 2000; Bengtsson & Nagy et al., 2005; Gaser & Schlaug, 2003a, and 2003b; Sluming & Barrick et al., 2002; Muotri & Gage, 2006; Draganski & May, 2008, p. 140; Huttenlocher, 1991; Aimone, Wiles, & Gage, 2006; Leuner, Gould, & Shors, 2006; Kleim, Kleim, & Cramer, 2007; Markham & Greenough, 2004; Kleim & Lussnig et al., 1996; Hydén & Lange, 1983; Jin & Wang et al., 2005; McAllister, Lo, & Katz, 1995; Comery, Shah, & Greenough, 1995; Kolb, Buhrmann, McDonald, & Sutherland, 1994). These positive changes in brain physiology (brain reserve) yield positive changes resulting in greater cognitive development (cognitive reserve), and vice versa, where a change in one domain (i.e., the physical or the cognitive domain) produces a corresponding change in the other, constituting a bidirectional intrinsically interlinked neuroprotective function of brain and cognitive reserve (BCR).

Brain and cognitive reserve (BCR) is observed in numerous studies in neuroscience and cognitive rehabilitation in which cognitive performance and behavioral reaction in some individuals remained unimpaired in spite of pathology or tissue damage evident in the brain in those individuals. This unimpaired functionality in spite of pathology or tissue damage is due to 1) high preexisting brain physiological indices (such as grey matter volume; volume and functional robusticity of neurons, synapses and dendritic branches, etc. as well as efficiency of action in neurons, synapses, glial cells, etc.) and 2) a preexisting high cognitive development, which together provide an enhanced functional tolerance and greater compensatory mechanisms in coping with pathology or tissue damage (see, for example, Kleim, 2011; Sampedro-Piquero & Begega, 2017, pp. 459-460; Nithianantharajah & Hannan, 2011 and 2009).

Preexisting robust, high cognitive development is attributed to a lifestyle that generally includes: 1) active social engagement, 2) a history of participating in learning-based activities of challenging and sustained cognitive engagement, 3) a tertiary education and 4) regular participation in physical and recreational activities (see, for example, Sampedro-Piquero & Begega, 2017; Nithianantharajah & Hannan, 2009, p. 369). Studies bear out the logical connection that cognitive reserve (a robust and high level of cognitive function) through a more cognitively and socially engaged lifestyle directly impacts brain reserve (more robust brain physiological indices) [see, for example, Sampedro-Piquero & Begega, 2017, pp. 459-460]. BCR creates a neuroprotective shield that enhances immunity against acquired pathological conditions and aging-related neurodegeneration in the brain, and against environmental stressors and the onset of social environmentally induced cognitive and behavioral disorder (see, for example, Sampedro-Piquero & Begega, 2017, pp. 459-460; Nithianantharajah & Hannan, 2009, p. 369, and 2011, p. 331).

The human brain has two principal functions: 1) to regulate the primary autonomic life-sustaining bodily functions, and 2) to direct interaction with the individual's environment through the interpretation of environmental stimuli and reactive voluntary motor control. In the latter of these two critical functions, the brain acts as a repository of the input of the five senses and, through the mind, interprets their sensory information by which it modifies its neurophysiology via the mechanisms of neuroplasticity to induce a specific behavioral response to the sensory information, whereby the brain changes its neurophysiology in accordance with a specific interpretation of and reaction to the external and internal environment, this neuroplasticity constituting the elemental process of learning. These changes can be positive, in that they are conducive to advancing the well-being of the individual, building up BCR, or negative, weakening BCR and impeding well-being by blocking or distorting the individual's natural core behavior and journey toward self-actualization (i.e., the attainment of one's full potential in harmony with one's inner core of values). Negative changes can result from either somatic pathology or tissue insult due to injury that disturbs basic neurophysiological functions, and/or from deleterious social environmental conditions or circumstances that predisposes or limits the interpretation of environmental stimuli, resulting in a faulty or deficient database of experience and unbalanced, misconceived or inadequate cognitive constructs (see Robinson, 2020, pp. 8-9).

Defining well-being

In defining the enriched-environment paradigm in a person-centered approach to well-being, it is first necessary to understand the meaning of 'well-being.' The term 'well-being' is commonly used very loosely, such that many people and many different institutions define well-being differently. Webster's unabridged *Third New International Dictionary* of the English language defines well-being as "the state or condition of being well" which is further clarified as "a condition characterized by happiness, health, or prosperity;" while a classic psychological definition of well-being is proposed to consist of a combination of 1) self-acceptance, 2) positive relationships with others, 3) environmental mastery (critical evaluation of opportunities and avoidance of inappropriate, disruptive or detrimental situations), 4) autonomy (self-dependence and a realistic appraisal of one's skills and abilities in forming one's personal goals), 5) a feeling of purpose and meaning in life, and 6) personal growth and development (self-actualization) [Ryff, 1989; Seifert, 2005], whereby psychological well-being is attained in a balance between self-restraint and the fulfillment of basic needs and realistic, positive goals through challenging and rewarding life choices and interactions.

In their 2014 study, Ryff, Love, Miyamoto et al. concluded that "positive and negative emotions are construed in notably distinct ways in Japan and the U.S. Not surprisingly, such differences shape the goals and practices of clinicians seeking to promote optimal functioning." The authors state that the larger message emerging from their study as a whole is that "cultural contexts shape ideal formulations of human well-being as well as the practices designed to promote them" (Ryff, Love, Miyamoto et al., 2014). While it is abundantly clear that cultural priorities and frames of reference shape conceptions of what defines 'well-being' and how it may be achieved, it should be equally clear that even within a particular cultural orientation, each individual's unique personality and life experience uniquely define the priorities that constitute a personal concept of 'well-being.' Well-being, then, must be understood as a highly personal construction of what defines a certain satisfaction in life that extends far beyond the boundaries of simplistic definitions of 'happiness,' 'health,' or 'prosperity,' as all of these qualities are entirely relative, taking on

different meanings in the context of the unique personality and life experience of each individual. A situation where one individual finds security and 'contentment,' another may find as an intolerably repressive and suffocating, barren existence.

From the above, we can clearly recognize that 'well-being' is a purely personal concept, a relative construction defined by each individual in accordance with their situation, personality and life experience. There is no universal definition of 'well-being,' it is simply a condition in which one feels a sense of continual growth and progression, and a pervading satisfaction and a basic harmony within one's life. Health and physical vitality are certainly important components of well-being, but, like everything else in life, one's individual perception of what constitutes good health and physical vitality is relative, dependent on one's life history and particular stage in the life cycle – at 21 years of age what an individual may consider good health and vitality relative to themselves would generally be quite different from what that same individual would consider good health and vitality relative to themselves at 75 years of age. In fostering the well-being of an individual, a person-centered approach is essential in recognizing that 1) every individual is a unique personality with a unique set of needs; 2) an elder person is no less a unique individual than any other adult of whatever age, each with particular knowledge, expertise and abilities, and, regardless of any disability, has their own unique set of needs, emotionally, physically, intellectually, and spiritually; and 3) every adult, regardless of age or disability, has the fundamental right to satisfy their needs and maintain her/his individuality with dignity and respect.

In adopting a person-centered approach, a program promoting well-being must consist of an enriched environment of health-oriented, balanced, socially engaging physical, cognitive and behavioral training designed to meet the individual needs of the participants in earnest absorption in a group dynamic, by which the participants are each enabled to develop deep, meaningful connections with each other; discover their own hidden abilities and their very own unique core of being. In realizing well-being, the program's goals for each participant must include the restoration of cognitive functioning, expansion of cognitive potential and the refining of cognitive constructs in a positive, personal, harmonious orientation to life that supports self-actualizing behavior and a healthy vitality toward a socially engaged, productive lifestyle in a state of mind characterizing an attitude for continued improvement in one's essential self-supporting activities as well as one's chosen activities for spiritual, emotional, and intellectual growth and joyful enrichment.

The sociocultural dimensions of well-being

As Jill Daino, on the mental health blog Talkspace states: "There are so many types of psychotherapy" (*Different Types of Therapy [Psychotherapy]: Which is Best for You?*, s.v. "Less Common Types of Therapy") [https://www.talkspace.com/blog/different-types-therapy-psychotherapy-best/] – retrieved Dec. 9, 2022.

It has been variously suggested that there are anywhere from:

1) at least 365 different methods of psychotherapy (http://sergeginger.net/resources/The+evolution+of+Psychoterapy+in+Europe.pdf) – retrieved Dec. 9, 2022;

2) more than 400 different types of psychotherapies (https://www.psychologytoday.com/us/therapy-types/integrative-therapy) – retrieved Dec. 9, 2022;

3) hundreds of psychotherapy models and schools of thought and over a thousand different named psychotherapies (https://koan-psy.com/cbt-vs-psychodynamic-psychotherapy/) – retrieved Dec. 9, 2022;

4) and again, over a thousand different named psychotherapies [Wikipedia (Psychotherapy, s.v. “Types”)]
(https://en.wikipedia.org/wiki/Psychotherapy) – retrieved Dec. 9, 2022.

So, if one or another actually works, why are there so many different psychotherapies and/or models, schools or techniques thereof? The answer is simple, just as in psychiatric treatments based on antipsychotics or other psychotropic drugs, psychotherapeutic regimens target the alleviation of a presented symptomatology that falls within a particular diagnostic criterion, with some therapeutic orientations and techniques believed to be more effective than others in the remediation of a certain symptom or a certain set of symptoms or suspected causes thereof. Whichever course of treatment – whether through psychopharmacology or through psychotherapy – a prescribed intervention is absolutely critical in remediating symptomatology, especially symptomatology resulting in behavior that can be seriously injurious to either the symptomatic individual her/himself or any other individual caught in the path of such dangerous behavior. Before any real progress toward recovery from mental disorder (i.e., cognitive and behavioral disorder) can take place, symptoms must first be stabilized.

It must be equally understood that the alleviation or stabilization of symptoms, while a necessary first step, does not, in itself, result in well-being, as well-being is highly personal and relative, representing a holistic phenomenon whereby a number of different needs both uniquely defined and uniquely important to each individual must be realized to achieve an overall balance in life that gives satisfaction, harmony, motivation, purpose and meaning to one’s sense of self. Only through a holistic, person-centered perspective can well-being be meaningfully realized.

In alleviating symptoms through psychopharmacology or psychotherapeutic treatment, behavior can most certainly be trained and conditioned to respond in what on the surface may appear to be a socially accepted manner; however, it is the very fundamental underpinnings of human relationships – such as a correct and perceptive understanding of the intentions, feelings and behavior of another person; a real appreciation of the concepts and implicit values of the rules of conduct that govern social situations; and the acquisition of the spontaneous ability to generate an empathetic and appropriate response that facilitates the formation and maintenance of real bonding and concern between one human being and another, that are the faculties that define us as human and as unique personalities, and it is these very basic faculties that evidence implies are not effectively addressed by standard intervention approaches beyond simple mimicking and what are basically superficial adaptations (see, for example, Hogarty & Flescher, 1999; Penn et al., 1997; Corrigan & Penn, 2001; Pinkham et al., 2003).

Behavioral symptoms, which certainly can be debilitating, are, in reality, rather arbitrary personality-generated manifestations of unmet psychological needs, which differ from individual to individual and largely crossover from one so-called ‘diagnostic’ category to another. Symptoms are not the real issue in behavioral problems, but simply the arbitrary reaction to deeper disturbances of an individual’s well-being. Rather than focusing on the alleviation of symptoms, as in psychopharmacology and psychotherapy, the focus in the realization and maintenance of well-being must be directed at the neurophysiological mechanisms that constitute the uniquely human social brain and the holistic core of evolutionarily constructed action patterns that drive human behavior and the personal equation that uniquely defines each individual.

Our evolutionarily defined core human behavior is manifested through what we term *pseudo-fixed action patterns* in contrast to *fixed action patterns*. The term 'fixed action patterns' is used in ethology to refer to the phenomenon first identified by Nikolaas Tinbergen and Konrad Lorenz in the late 1930s (see Lorenz 1970, pp. 316-350) as the automated responses of nonhuman animals to particular stimuli inherent to an animal's habitat. In characterizing a range of human traits in distinction from fixed action patterns, our explanatory model has adopted the term 'pseudo-fixed action patterns' to refer to strong behavioral dispositions that constitute quintessential human nature, that, rather than hardwired as in nonhuman animals, are subject in humankind to mediation by genotype and phenotype, and may even be entirely overridden by experience, stressing the flexibility of human nature, its dependence on learned response (i.e., socialization) and, consequently, its susceptibility to environmental influence including cultural dictates. These pseudo-fixed action patterns constitute the core behavioral tendencies that define us as human.

In fixed action patterns environmental changes may eliminate some triggers required to elicit essential behavior or may trigger ineffective or detrimental behavior with respect to the new adaptation strategies required by the changed conditions, leading over time to the demise of specific nonhuman taxa [*taxon* (sing.), or *taxa* (pl.), as used herein, refers to a specific type or types, respectively, or category of organisms taxonomically classified within the animal kingdom, such as the domestic dog (*Canis familiaris*), squid (subclass Coleoidea, superorder Decapodiformes) or human being (*Homo sapiens sapiens*)]. In human pseudo-fixed action patterns behavioral flexibility and inventiveness can respond as group action to meet changing environmental demands, however, social pressures (in the form of social indoctrination and cultural demands) on individuals in the group can mold individual characteristics to such extent that basic dispositions are altered or overridden, skewing the very nature of the individual, of a group, and even of entire societies, leading to cognitive and behavioral disorder in individuals and/or dysfunctional (i.e., non-sustainable) or dystopian societies.

Insufficiently equipped to compete with other animal taxa for survival on an individual basis, early protohumans evolved to rely on the competitive edge of core patterns of cooperative behavior in groups. By cooperative behavior facilitated by language, which lead to both higher-order reasoning and greater tool-making flexibility to manipulate their environment, humans were able to out-strategize, out-plan, out-maneuver, and simply out-think their taxonomic rivals for survival. Humans organized in groups such as bands or tribes also competed against each other – group against group – in a particular habitat or region, so that social cohesiveness as well as role and skill diversification and skill expertise within a group leading to more specialized supportive social structures became the keys to group survival that pushed evolutionary determinants toward the human tendency for more sophisticated, intricate and complex social organization.

So-called 'morality' evolved as a condition of group survivability. Such so-called human 'virtues' as courage, love, compassion, forgiveness, charity, mercy, consideration, honesty, honor, selflessness, steadfastness, loyalty, self-sacrifice, etc., that though became instituted in codes of behavior in the formulation of social order in viable societies and in sacred ideals of religious conviction, stem from natural tendencies embedded within the pseudo-fixed action patterns and cognitive constructions of the uniquely human social brain that are designed to solidify group cohesiveness and effectiveness in maximization of the competitiveness of a group. The greater these qualities among its members the stronger the group; conversely, the

degree to which they are lacking among the members of a group (be it a mating pair, a family, a band, etc.), the less a group is able to work together effectively and benefit from the interrelationships of its members. Cooperation in groups became the key to the survival of humankind.

For basic human survival:
1) learning became the central operating principle of the uniquely human social brain;
2) curiosity or inquisitiveness in response to novelty became the driving force of learning;
3) logic and reason became the principal method of categorizing and applying meaning to objects and circumstances (i.e., understanding);
4) and affective state (emotive response) became the mechanism mediating the balance between understanding and action.

Affective (emotive) qualities constitute essential components of pseudo-fixed action patterns, such as fear, anger, rage, hate, aggression and violence in the acute stress response (fight or flight response) and love, compassion, empathy, concern, and selfless, protective loyalty in the attachment/bonding response and the tend-and-befriend response, etc. While the predisposition of affect is an innate biological determinant of human behavior, the individual capacity for and/or particular nature of affective reaction is mediated by genotype and phenotype to the extent that each individual possesses a unique basic affective profile.

Individual affective reaction is highly malleable, and is learned or modified through experience such that highly indoctrinated societies can skew mass behavioral tendencies. The regulation of affect is pivotal to the formation and maintenance of social relationships. Affect not only informs and directs reasoning, but may also block it, as even the pillars of morality can become destructive once they become extremes, such that loving kindness taken to mindless obsession can lead to both sexual depravity and lack of justice in failing to properly punish wrongdoing and thereby insufficiently protecting the innocent, and, when justice itself becomes overzealous, it can lead to unfair punishment and even to torture and the murder of innocents. With this understanding, ‘emotional intelligence’ – the maintenance of balance between emotion, rationality and morality – has been recognized as an integral component of social integration in the fields of mental health and psychology (see, for example: Mayer, Salovey, & Caruso, 2004; Mayer, Roberts, & Barsade, 2008; Mayer & Salovey, 1997; Izard, Fine, Schultz, Mostow, Ackerman, & Youngstrom, 2001; Lopes, Brackett, Nezlek, Schütz, Sellin, & Salovey, 2004; Keefer, Parker, & Saklofske, 2009; Lopes, Grewal, Kadis, Gall, & Salovey, 2006; Lam & Kirby, 2002; Kiecolt-Glaser, McGuire, Robles, & Glaser, 2002; Emmerling, Shanwal, & Mandal, 2008; Di Fabio, 2015; Payne, 1985; Zeidner & Matthews, 2016; Schutte, Malouff, Bobik, Coston, Greeson, Jedlicka, Rhodes, & Wendorf, 2001; Sánchez-Álvarez, Extremera, & Fernández-Berrocal, 2015).

Our human core behavior is primarily a function of cognition, which includes learning ability; curiosity and inquisitiveness; logic, reason and rationality; affective reaction and social orientation. The balance between emotion, rationality and morality is critical to well-being and a harmonious, healthy society, as is the balanced expression of all the properties of our core human behavior as constructed within our uniquely human social brain through pseudo-fixed action patterns, however; as a result of pathology, injury or deleterious social environmental conditions and circumstances, our core behavior is susceptible to suppression and even distortion, leading to loss of well-being and cognitive and behavioral

disorder. Throughout the preceding discussion it has been shown in an extensive corpus of scientific studies that well-being and effective cognitive and behavioral functioning can be fully restored through a program of person-centered learning in an enriched environment of highly engaged group-to-person, person-to-group and person-to-person interaction.

Well-being program structure

The well-being program introduced herein promotes the individual nature of fundamental well-being in an encompassing person-centered domain of social interaction consisting of the following elements:

__ The group dynamic

The group dynamic is a working structure by which the well-being program sessions are conducted in a group participation framework, an individual group consisting of from four to eight stable members that participate together in each well-being program session. In the group dynamic, social consciousness is internalized through learning derived from observation, discussion, reflection and continual feedback in participation in a wide range of activities that incorporates physical exercise, cognitive training and highly engaged social interaction involving cooperation and teamwork. Without fully engaged participation and active and meaningful input from each member of the group, the group dynamic disintegrates. Each member of the group and her/his full participation is essential to the group dynamic, as the very interaction between the unique personalities of each of the members of the group are the defining characteristic of the group, giving it its unique identity, its special dynamic.

The group environment provides a socializing experience in a nurturing, supportive, reassuring atmosphere in which anxiety and pressure to perform/participate and conform is minimized through a gentle orientation to the group process and a growing sense of belonging to and identifying with the group. In being included and expected to equally contribute her/his very own personal thoughts and perceptions to every part of the group process as an integral member of the group, each member begins to understand that every member of the group, including her/himself, is critical to the group, without which the group dynamic is substantively changed. Any sense of pressure or anxiety of fully participating in the group is gradually eliminated as each member visualizes her/himself a part of the working group and that her/his input and participation are not distinct from the group and not judged by it or its rules, but rather an inextricable component of the group, its process, its rules and its unique dynamic. The self-identity of each member of the group becomes interlinked with the group identity.

Since we are social beings with social brains and social minds, our personalities are formed from the way each of us uniquely interacts with other people within the commonly agreed tacit rules of social conduct. Participation within the group structure through group commentary and feedback, while establishing and reinforcing tacit group values and rules of interaction, rather than enforcing any conformity of personality, actually is a powerful vehicle of self-discovery and development of individuality. By observing the differences in each individual member of one's group in the well-being program's sessions and interacting with each member – sharing thoughts, opinions and personal experiences – developing a deeper understanding of each member, one begins to recognize not only the differences between each of the members of the group, but also between each member and oneself. Such recognition informs a clearer picture of one's own individuality, of who one is, and, in

learning to appreciate the different personalities of the group and welcoming each's individual perspectives and ways of thinking, each's humor, warmth, and unique contributions to the group sessions, one begins to better understand and appreciate one's own uniqueness and individuality and the value of one's own unique contribution to the group in a growing sense of self and emergence of self-confidence.

The group dynamic of the well-being program does not indoctrinate or impose a rigid prescription of social behavior, but sets an example of social decorum through the group-generated 'norms,' whereby behavioral 'norms' are formed through the input of and interaction between all members of the group, in which each member's participation uniquely contributes to the special nuance and tacit rules of conduct that defines the special group dynamic of each individual group formed within the well-being program. It is the special interaction within each group that establishes each group's own unique dynamic, by which each member's sensitivity to and understanding of social context, perspective-taking and affective engagement takes place in gleaning the basic tenets conducive to rich, rewarding social interaction that, generalized and modeled, may be, in balance, both logically applied and empathetically responsive to the myriad social encounters along one's journey through life.

__ Perspective-taking and social context appraisal
Perspective-taking consists of the ability and custom to go beyond spontaneous, initial surface impressions and apply a thoughtful appraisal and a honed proficiency in recognizing and interpreting social cues that explain another person's thinking, feeling, and behavior as a manifestation of that person's perception of her or his own situation as a response to a particular social encounter. Perspective-taking involves one's development of respect for, understanding of, and empathy with other individuals by putting oneself in the other person's place and reflecting on how one herself/himself would feel and act under the same circumstances.

Though the well-being program is person-centered, it is also understood that the underlying nature of the individual extends beyond simply a focus on the individual as a static persona, and is most often dependent on the cumulative history of the individual's interactions in social contacts, particularly the different personalities with which the individual has interacted and the social contexts pertaining thereto, inclusive of the individual's most recent social interactions and current goals and other associations that predispose a particular mindset along with its particular desires and expectations. In training both sensitivity to subtle social cues and behavioral nuances leading to an understanding of another's circumstances and propensities, the well-being program fosters identification with and immersion into the characters and their personal situations in role playing in such activities as 1) reading stories together and analyzing and discussing the various characters' points of view and the tensions between cultural traditions, society and personal desires in a variety of literature set in different cultures, places, and times in history; 2) performing skits or plays in seeking to capture and experience a character's mindset and feelings in the unfolding of the actions and situations of the storyline; and 3) learning to appreciate the higher, subtle aesthetics of the arts to experience the absorption in the transcendent evocations of expression in music, dance and other arts, whereby the arts open a window into the deeper essence of one's being and a deeper understanding of self and the human condition – understanding oneself through understanding others and understanding others through understanding oneself.

__Affective engagement

An essential component of perspective-taking is affective engagement, as it is precisely one's own emotional state that influences the perception of another's emotional state and determines the selection and processing of social information personally relevant to the parties in a dialog; either effectively picking out the essential information and its implications within the particular social encounter, or completely missing or distorting that information, impairing effective dialog.

An individual's feelings are a principal determinant of behavior in any social situation and it is imperative to understand another's feelings in order to understand the other person's behavior and likely response in any social interaction as a cue to one's own behavior in responding appropriately and with empathy in a particular social encounter. Understanding another's feelings is not just recognizing that someone is angry, sad or desperate, but also why they are angry, sad or desperate. However, it is impossible to understand the deeper affective condition of another unless one's own affective response is appropriately well harmonized with one's personal situation relative to the context of any particular experience. In order to correctly understand another's feelings in a particular context, one has to constantly experience one's own appropriate emotional reactions. A lack of affect can be no less self-destructive and socially disruptive as uncontrolled, inappropriate emotional outbursts.

A major part of meaningful social intercourse is the realization of one's own emotional capacity by learning to engage experiences deeply through commitment and one's full involvement in the experience with focused attention, reflection, introspection and attachment, sharing thoughts and feelings with others. By putting oneself totally into the experience and its social interactions as an integral part of the experience, one learns involvement and concern, and learns to fully relate to the experience and to the interpersonal connections comprising the experience, whereby one fine-tunes one's social consciousness to feel, to empathize, and to bond with others.

__Transformation and transcendence

Transformation in terms of the basic aspects of our being is brilliantly summed up by Allaya Cooks-Campbell (2022) as follows: "Human transformation is an internal shift that brings us in alignment with our highest potential. It is at the heart of every major aspect of our lives. It affects how we see and relate to the world and how we understand our place in it." This definition could also be said to define cognition (i.e., the processes by which we understand and respond to the world around us through our experiences and how our experiences transform us by changing the way we look at things and act toward things through different perspectives). It equally defines well-being, at least well-being's essential component of personal growth and development as we accumulate knowledge and wisdom and refine our thinking and acting in harmonizing self in relation to environment (self-actualization). The essence of well-being is the life-long discovery of who one is as a unique individual and the attainment of one's fullest potential – a discovery of new understanding from each new experience in an awakening of new possibilities and deeper insights into our own unique essence and purpose in harmony with the different demands, needs, challenges and options that mark the different stages of our life. In seeking our highest potential, we transcend our physical boundaries, engaging our highest level of being through our inherent attribute of spirituality.

Spirituality is an inherent component of emotion, intellect and reason – the essential components of cognition. This may be understood from an evolutionary perspective in the recognition that spirituality evolved as the vehicle driving the uniquely human social brain's orientation towards cooperative behavior through the dual impulse of 1) commonality, and 2) curiosity and reason. The impulse of commonality, i.e., unity and connectedness, is the basic urge of transcendence, to go beyond the confines of self to connect with others, to bond, identify with and feel part of a group and of a larger wholeness, to connect with all that there is. The impulse of curiosity and reason is the urge of transcendence in the striving to know and to understand, to delve into the deeper mysteries of life, to get closer to the truth of existence and the origin of all things. These dual impulses of transcendence, that combine connectedness and inquisitiveness working together in the yearning of belonging, of sharing, of purpose, of meaning – propel the quest of the intellect and reason to understand what it means to be alive, to be human. Spirituality constitutes that core of being that defines us as both human and each of us as a distinct, individual psyche that belongs to and is part of the very fabric of the world in which all life and all manifestations of nature are interwoven while simultaneously constituting our individual uniqueness and the need to define our individual, unique, special place within the universality of existence.

The activities of the well-being program, as presented herein, along with the related materials and dialog within the group dynamic, explore the different realms of understanding and knowledge from the widest possible perspectives, stimulating each of the group members with the awe of the vast potentials of discovery, of endless paths on the journey through life, and the eager anticipation of the possibilities waiting beyond the bend in the road on the great adventure of being. This exploration seamlessly, tacitly and inconspicuously blends hermeneutic techniques and exegetic principles in the group dialogs and interchanges between the group members in questioning, probing and debating in the quest for understanding the various scenarios, situations and responses encountered in the group activities, thus realizing the many considerations, nuances and different sides that may reside in any question. We live within our mind and the journey of life continues on through a healthy, active mind and an environment arousing our innate curiosity and deep human need to communicate, share experiences, exchange ideas, work through challenges and involve ourselves with others.

__Person-centered enriched environment

Humankind has survived by its tendency to create and live in a social environment; such an environment constituting a society consisting of specific cultural and social norms and structures. Due to this behavioral imperative, individual survival has become dependent on the skills to negotiate social interaction and the demands of whatever society that constitutes the environment that one must interact with to meet the basic requirements of life. Beyond pure physical survival, the human being is a psychologically complex being that requires some interaction with other human beings to meet basic psychological needs. We are defined as individuals, as unique personalities, by the psychological needs unique to each individual, and the unique manner by which each individual interacts with society (that is, with other humans within culturally determined rules and norms) to meet those needs. We are social animals and the way we interact socially defines who we are as unique individuals, that is, who each of us is as a discrete persona that is distinguished from every other person now living, that ever lived, or ever will live. Our personality, our uniqueness as an individual, is manifested through, by and within our social consciousness. We discover ourselves and become who we are though our social interactions.

The well-being program, as presented herein, focuses on a person-centered enriched environment of highly eclectic learning and bonding activities in a cohesive group dynamic that promotes high cognitive functionality with emotionally compelling social engagement that emphasizes group interaction and teamwork; individual responsibility; perspective taking; social context appraisal; empathetic, attentive listening; constructive feedback; individual initiative, facilitation of the voice of the individual, and the confirmation of self. Throughout all the program activities, special attention is placed on the facilitation of the voice of the individual in interaction within a mutually defined group dialog, stressing individuality and personal growth through fluid social integration.

In this program we explore the wonders and beauty of nature and together examine the human array of conceptualizations, beliefs, modes of social interaction and interpersonal relationships, reactions to situations, emotive contours, flights of imagination, aesthetic visions, creative artistry and nuance, duty, purpose, loyalty, love, spirituality, sense of destiny and myriad other products of the mind and natural core values in a variety of contexts through a range of media by which we gain insights into the essence of being human, by which long submerged memories of one's life resurface and are transformed by new recognitions, regaining or crystallizing one's sense of self by connecting one's own unique past with new understanding and possibilities learned and imagined from ongoing new adventures in the enriched environment.

We explore behavior through a variety of activities and media, learning how to interpret frames of meaning in understanding others and discovering or rediscovering ourselves in 1) various excursions to museums and stage performances, 2) engaging nature as encountered along hiking trails and immersion into the surroundings in camping out in the forest under the stars, 3) through participation in games and physical training, and 4) absorption in stories, music, drama, art, motion picture films, dance, etc. In answering the criticism that a large portion of such material and activities is creative, artistic, often fanciful, and does not reflect the drudgery and routine that may accompany the responsibilities of real life, such creative material and activities are however indisputably products of the mind – the depository of all that we experience and think about – and therefore representative of our hopes, dreams, fears, longings, imaginings, in short, the true essence of being human, and in both experiencing these manifestations of mind and spirit in dialog with each other, as well as becoming more intimate with the physical and spiritual sides of our personal being, we learn what it is to be human and how to connect with others, and through that connection with others, discover our very own personal, unique core of being, reforming our cognitive constructs in redefining a more positive, personal, harmonious orientation to life supporting balanced, self-actualizing behavior, fluid, engaged social interaction and a real, unequivocal bonding and reengagement with oneself, with others, and with life itself.

Salutogenesis and the Salutogenic Well-Being Program (*SWBP*)™

The holistic model of the well-being program as presented herein, with its principal features of the enriched environment and a person-centered orientation, constitutes the salutogenic model of health promotion. Though the terminology of our approach, as defined herein, is very different from that used in the prevailing salutogenesis corpus, it refers to the exact same processes, concerns and goals as defined in the salutogenesis corpus. Though salutogenesis originally evolved from a sociological perspective, our approach was primarily informed from the fields of applied social neuroscience (ASN), neuropsychology, cognitive rehabilitation and anthropology of the mind (AOM), and therefore incorporates the terminology consistent with those and other fields of study that have informed our research and development. Although the terminology differs, the fundamental concepts as we have defined herein, are identical to that of the salutogenesis corpus, with our research and development providing a rigorous scientific validation of the foundations of salutogenesis and its application as informed from and vetted through an extensive corpus of scientific studies published over a period of some 70+ years.

The term salutogenesis, coined by Aaron Antonovsky, is derived from the Latin word *salus,* and the Greek word *génesis* (*γένεσις*). The Latin word *salus,* meaning safety, salvation or welfare, was also the name of the Roman goddess of safety and well-being who became a protector of personal health, and was associated with personal health as well as the welfare and safety of the state. *Salus*, as incorporated in the formation of the term salutogenesis, refers to health. The Greek word *génesis* means origin, source, beginning, nativity, generation, production, or creation. As incorporated into the formation of the term salutogenesis, *génesis* refers to origin or generation. Salutogenesis (the generation of health) is a concept originally proposed by Aaron Antonovsky as a new way to understand health as a holistic concept rather than simply the absence of illness or medical disorder (Vinje, Langeland, & Bull, 2022). Salutogenesis is concerned with what elements in one's lifestyle and one's environment contribute to good health or illness and how those positive elements may be marshaled and most effectively utilized, and those negative (i.e., stress-inducing) elements avoided or at least minimized (i.e., resisted). (Note that 'stress' is a general term referring to a wide range of physical or psychological processes, many of which can induce positive as well as negative outcomes. As used herein, unless specifically stated otherwise, 'stress' refers to an environmental condition inducing a deleterious effect.)

Aaron Antonovsky (1923–1994), formerly Professor and Head of the Department of Sociology of Health, Faculty of Health Sciences, Ben-Gurion University of the Negev, Be'er Sheva, Israel, wrote four major works leading to and formulating a model of salutogenesis [Antonovsky, 1972, 1979 (1980), 1987a, 1987b]. In these works he addressed the problem of health issues that, despite the tremendous ongoing advancements in modern medical science, continue to plague a large percentage of the world's population. Antonovsky traced this problem to modern medicine's singular focus on pathology or illness, concerned simply with treating an illness rather than with the essential elements of an individual's life and the mechanisms by which good health may be promoted throughout an individual's life.

Salutogenesis is an approach that, rather than a singular concern with pathology and its diagnosis and treatment, is concerned with the dynamics of individual well-being from a person-centered perspective, uncovering and promoting the psychological, social, and cultural components that enable the individual to tolerate stress and maintain good health.

In this person-centered perspective, the individual and the individual's interaction with her/his physical and social environmental conditions are viewed as a holistic phenomenon. The ability to tolerate or resist stress and maintain one's good health in spite of stress, Antonovsky referred to as 'sense of coherence' (SOC), and the personal and environmental resources necessary for SOC he referred to as 'generalized resistance resources' (GRRs). Both of these interdependent concepts can be seen as major components of our understanding of well-being – SOC as a positive, attuned cognitive schema consistent with reality and the essential physical and psychological needs of the individual, and GRRs constituting one's relatively (i.e., relative to the individual) positive individual circumstances in a relatively (i.e., relative to the individual) positive supporting environment that meets the unique, core needs of the individual. Salutogenesis poses the question 'how can an individual, in the totality of her/his uniqueness and circumstances, be helped to move toward greater health? – with health itself understood as a holistic phenomenon crossing multidimensional planes including the physical, psychological, social, emotional, spiritual, intellectual, and vocational elements of one's life, and all the consequent environmental dimensions thereof, inclusive of lifestyle.'

Antonovsky originally defined SOC as: " . . . a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that one's internal and external environments are predictable and that there is a high probability that things will work out as well as can be reasonably expected" (Antonovsky, 1980, p. 123). Antonovsky later identified the three main components of SOC as 1) comprehensibility, 2) manageability and 3) meaningfulness (1987a, p. 16) – that together constituted the fundamental aspects of cognition, behavioral adaptation, and motivation instilling an overall sense of well-being (i.e., 'confidence') consistent with reality and practicability (see Antonovsky, 1987a, pp. 17-18). Antonovsky regarded the elements of cognition, adaptation and motivation to be essential in fostering the individual's involvement "as a participant in the processes shaping one's destiny as well as one's daily experiences" (ibid., p. 18) – leading Antonovsky to formally expand his definition of SOC as follows:

> The sense of coherence is a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence [such] that 1) the stimuli deriving from one's internal and external environments in the course of living are [perceived realistically as] structured, predictable, and explicable; 2) the resources [i.e., a supporting environment consisting of accessible GRRs] are available to one to meet the demands posed by these stimuli; and 3) these demands are challenges, worthy of investment and engagement. (Antonovsky, 1987a, p. 19 – text inserted in square brackets added for clarity)

Later proponents of salutogenesis redefine or enhance the definition of SOC in the following ways:

> SOC is a positive way of looking at life alongside an ability to successfully manage the many stresses encountered throughout life. (Billings & Hashem, 2010, p. 4)

> . . . Sense of Coherence (SOC), a global orientation towards life that is based on self-reliance in the face of challenges, self-confidence in one's ability to deal with demanding events and the trust that difficult events hold meaning for one's life. (Alivia, Guadagni, & di Sarsina, 2011, p. 381)

> . . . Sense of Coherence (SOC) or the ability to identify and use one's health resources' [*sic*] is a key capacity for people's ability to gain health and have a healthy orientation in life. (Lindström, n.d., physical page 7 – insertion in square brackets added for clarity)

Generalized resistance resources (GRRs) were initially defined by Antonovsky as "any characteristic of the person, the group, or the environment that can facilitate effective tension management" (Antonovsky, 1980, p. 99). In 1987, Antonovsky gave examples of GRRs that included "money, ego strength, cultural stability, social supports, and the like – that is, any phenomenon that is effective in combating a wide variety of stressors" (1987a, p. xii). In their literature review of salutogenesis and the promotion of positive mental health in older people for the European Commission, Billings & Hashem (2010) defined GRRs as:

> . . . biological, material and psychosocial factors which make it easier for people to understand and structure their lives. Typical GRRs are money, social support, knowledge, experience, intelligence and traditions and there is significant overlap between those GRRs identified and 'protective factors' for mental health identified in the discipline of psychology. It is believed that if people have these kinds of resources available to them or in their immediate surroundings, there is a better chance they will be able to deal with the challenges of life. (Billings & Hashem, 2010, p. 4 – see also the definition of GRRs in Lindström & Eriksson, 2005, p. 440)

Billings & Hashem go on to define SOC and how SOC and GRRs work together in enabling well-being and promoting overall health, as follows:

> While GRRs identify important 'ingredients,' a sense of coherence (SOC) provides the capability to use them. SOC is a positive way of looking at life alongside an ability to successfully manage the many stresses encountered throughout life. Three types of life experiences shape the SOC: *comprehensibility* (life has a certain predictability and can be understood), *manageability* (resources are enough to meet personal demands ['demands' referring to an individual's unique set of physical and psychological needs]) and *meaningfulness* (life makes sense, problems are worth investing energy in). More recently, a fourth concept has been added, *emotional closeness*, which refers to the extent to which a person has emotional bonds with others and feels part of their community. (Billings & Hashem, 2010, p. 4., text in square brackets added for clarity)

From the foregoing, we can see that SOC and GRRs are so intertwined that they are frequently conflated, with definitions of one having identical components with definitions of the other, as 'resources' (i.e., GRRs) certainly include the attributes of an individual's character ("psychosocial factors," such as "knowledge, experience and intelligence"), an integral part of SOC ["a positive way of looking at life alongside an ability to successfully manage the many stresses encountered throughout life" as stated by Billings & Hashem (2010, p. 4)], with 'psychosocial' referring to both the psychological dimensions of an individual's unique character and personality (i.e., SOC), and the social environmental conditions (i.e., GRRs) whereby one's character, personality and unique experiences in life and the play between accessible external resources and internal and external stressors directly impact an individual's self-concept and ability to meet the demands imposed by society and circumstance.

All of this is very much embedded within our definition of well-being as we have presented as: "a purely personal concept, a relative construction defined by each individual in accordance with their situation, personality and life experience . . . a condition in which one

feels a sense of continual growth and progression, and a pervading satisfaction and a basic harmony within one's life" (p. 9 herein). Such a pervading sense of satisfaction and inner harmony (i.e., SOC) is intricately dependent on a nurturing environment (i.e., GRRs). In this understanding, SOC and GRRs are interdependent and intertwined as integral components of well-being, and the question that salutogenesis asks, is 'how do we enhance the positive faculties of the individual and provide the nurturing environment, that, together, lead to the well-being of the individual, maintaining the integrity of each individual as a unique entity?'

The ultimate concern of salutogenesis is in fact well-being, as SOC and GRRs comprise well-being and well-being is the principal component of the salutogenic definition of health, by which 'health' entails both bodily and mental health in a holistic interrelationship. Although its actual policies and practices can be antithetical thereto, the World Health Organization (WHO) early on espoused a philosophical position along the same lines as the salutogenic model:

> [Health is defined as] "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." (Herman, Saxena, Moodie & Walker, 2005, p. 2, Chapter 1 in the WHO publication *Promoting mental health: Concepts, emerging evidence, practice*, quoting Brock Chisholm, the first Director-General of the WHO in Chisholm, 1951, physical page 2 – text inserted in square brackets part of the original text in Chisholm, 1951).

The WHO in later years began to more fully adopt the salutogenic model as a basic philosophical position in the promotion of mental health, as follows:

> The concept of sense of coherence, developed by Antonovsky (1979), has been associated with mental health by many researchers and authors. Antonovsky's salutogenic model . . . stresses positive aspects and resources of health rather than symptoms or disorders. The three components of a sense of coherence are comprehensibility (ability to find structure in events), manageability (control of environment) and meaningfulness (importance and value inherent in events and one's life). A person with a strong sense of coherence is able to choose between various potential resources available. A low level of sense of coherence has repeatably been associated with mental ill-health, suicidal behaviour and psychosomatic conditions. (Lehtinen, Ozamiz, Underwood, & Weiss, 2005, p. 49, Chapter 4 in the WHO publication *Promoting mental health: Concepts, emerging evidence, practice* – in the same publication also see the box insert 4.1, *The Salutogenic Perspective and Mental Health* by Lindström & Eriksson, pp. 50-51, and the section *Antonovsky: the salutogenic approach* in Chapter 3 by Kovess-Masfety, Murray, & Gureje, pp, 36-37)

The WHO's incorporation of salutogenesis especially in regard to the promotion of mental health derives from the WHO's position that well-being is the key to health, and the key to well-being is mental health:

> . . . without mental health there can be no true physical health (Chisholm, 1951, physical page 4)

> At the 54th World Health Assembly, [Gro H.] Brundtland (2001 [p.6]), former Prime Minister of Norway[,] and then WHO Director General[,] proclaimed "There is no development without health, and no health without mental health." (Mezzich & Botbol et al., 2016, p. 5; also Mezzich & Botbol et al., 2017, p. 3 – text inserted in square brackets added for clarity, punctuation inserted in square brackets added for editorial consistency)

> Neither mental nor physical health can exist alone. Mental, physical and social functioning are interdependent. (Herman, Saxena, Moodie & Walker, 2005, p. 2)
>
> . . . mental health is the foundation of well-being and effective functioning for an individual and for a community. (Ibid)
>
> Good mental health and resilience are fundamental to our physical health, our relationships, our education, our training, our work and to achieving our potential. (Mental Health and Disability, UK Department of Health, 2011, p. 5)
>
> Positive mental health, has been defined as "a state of well-being in which the individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." (Christodoulou & Rutz et al., 2016, p. 293 – paraphrasing the corresponding statement in World Health Organization, 2004, p. 12)

The quote above from Mental Health and Disability, UK Department of Health, emphasizing resilience and the latter definition of mental health immediately above paraphrasing the WHO in Christodoulou & Rutz et al., are, in essence, identical to the definition of SOC. We can find several other examples of definitions of mental health by the WHO based on well-being and incorporating the concept of SOC:

> Mental health has been conceptualized as a positive emotion (affect), such as feelings of happiness; as a personality trait inclusive of the psychological resources of self-esteem and mastery; and as resilience, which is the capacity to cope with adversity. (Christodoulou & Rutz et al., 2016, p. 293 citing Kovess-Masfety, Murray, & Gureje, 2005, p. 35)
>
> Wellbeing, salutogenic factors, resilience (coping with adversity), and quality of life are all components of positive mental health. Quality of life is defined by the WHO as "an individual's perception of his/her position in life in the context of the culture and value systems in which he/she lives and in relation to his/her goals, expectations, standards and concerns" [embedded quote paraphrased from The WHOQOL Group, 1995, Abstract, p. 1403]. Recovery (reinforcing the strengths of a person even if this person suffers from serious psychopathology) is an important part of positive mental health. Mental capital (the cognitive and emotional resources of a person) is a useful concept that can help in the evaluation and promotion of positive mental health. (Christodoulou & Rutz et al., 2016, p. 293, text inserted in square brackets added to indicate original source)

In the latter quotation above, well-being and salutogenic factors, inclusive of resilience and quality of life, are defined as requisites of positive mental health. Note that the term 'mental capital' in the quotation is equivalent to the neuroscience concept of 'brain and cognitive reserve' (BCR) as introduced herein on pages 7-8. Additionally in the quotation, the emphasis on the individual in consideration of "his/her position in life in the context of the culture and value systems in which he/she lives and in relation to his/her goals, expectations, standards and concerns" – through the individual's s unique life experiences and unique reaction thereto – embodies the wholeness and uniqueness of the individual. It is this person-centered orientation that is the critical concern of salutogenesis and the critical factor of well-being itself in the recognition that every individual is a unique personality with a unique set of needs – emotionally, physically, intellectually, socially, and spiritually – with the fundamental right to satisfy those needs and maintain her/his individuality with dignity and respect.

Although a person-centered orientation as part of a holistic approach to health (inclusive of mental health) has been claimed by some researchers to date back to ancient Greece, and even ancient Chinese and Ayurvedic medicine and early Sanskrit writing (see, for example, Fries, 2020, p. 27; Snaedal, 2012, p. 2 and pp: 2-3; Christodoulou & Rutz et al., 2016, p. 291; Mezzich & Botbol et al., 2016, p. 2); however, the concepts of health and medicine were so different in ancient cultures to our current understanding that such an origin has little-to-no relevance to the person-centered approach within the modern healthcare system. It is rather more meaningful to understand the evolution of the person-centered approach in modern times from the early and subsequent work of Carl Rogers, first, in his early stage introducing the 'client' in referring to the recipient of psychotherapy – moving away from the medical model of mental illness (Rogers, 1942) – and then, to his concept of 'client-centered therapy' (Rogers, 1949, 1950, 1951, 1956), and finally, defining his work at the Center for the Studies of the Person as a person-centered approach (such as in Rogers, 1977).

It is easy to see, even in his early works, how his early understanding in his concept of 'client-centered therapy' was infused with the basic principles of what we have defined herein as the person-centered approach. These basic principles were embedded within Rogers' *core hypothesis of human growth and personality change*. Without using our more modern scientific terminology, Rogers articulates the process of neuroplasticity ('change and reorganization') stimulated by a person-centered enriched environment (a *created* intervention-structured *psychological atmosphere*) as fundamental in awakening a client's unique inner core of being towards the client defining her/his own pathway to a holistic well-being constituting self-determination and self-actualization, as follows:

> The hypothesis [of human growth and change] is that the client has within himself the capacity, latent if not evident, to understand those aspects of his life and of himself which are causing him pain, and the capacity and the tendency to reorganize himself and his relationship to life in the direction of self-actualization and maturity in such a way as to bring a greater degree of internal comfort. The function of the therapist is to create such a psychological atmosphere as will permit this capacity and this strength to become effective rather than latent or potential. (Rogers, 1950, p. 443, text inserted in square brackets added for clarity)

Although Rogers' person-centered approach has continued to be promoted by his followers and remains integral to their psychotherapeutic work, external to the Rogers camp the person-centered approach, as has been previously discussed herein (pp. 2-4), has been adopted and remolded as a philosophy and practice of benevolent care in various healthcare settings, including home, hospitals and long-term care facilities – particularly in dementia and elder care (see, for example, Alzheimer Society of Canada, 2011; Registered Nurses' Association of Ontario, 2015; Manthorpe & Samsi, 2016; Kitwood, 1997; Zeman, 1999; Schwartz, Holburn, & Jacobson, 2000; Brookman, Jakob, DeCicco, & Bender, 2011; Zhao, Gao, Wang, Liu, & Hao, 2016). From the success of the person-centered model in the promotion of individual well-being within the long-term care and dementia care settings, the person-centered model has been integrated as a major intervention framework in cognitive rehabilitation (for example, in traumatic brain injury, acquired brain injury, genetic intellectual disability, etc.– see, for example, Holburn & Jacobson et al., 2004; Heller, Factor, Sterns & Sutton, 1996; Ricciardi, Bouchard, Luiselli, & Dould, 2020; Togher & Wiseman-Hakes et al., 2014; Smithson & Kennedy, 2012) as well as in a wide range of psychotherapeutic and counseling modalities distinct from the Rogers school, and has

inspired the field of person centered medicine (PCM), which claims to integrate the person-centered paradigm and a holistic approach to the individual within a new standard of medical practice (Fries, 2020, pp. 27-28; Snaedal, 2012; Mezzich & Botbol et al., 2016; Mezzich, Snaedal, van Weel, & Heath, 2010; Rutz, 2012; Alivia, Guadagni, & di Sarsina, 2011; Armstrong, 2011).

Proponents of person-centered medicine (PCM) interact with the medical community consisting of researchers, physicians, public health officials, medical educators, policy makers, etc., in promoting the infusion of what is ostensibly a salutogenic approach into a new standard of public health policy, medical education and clinical practice. In defining PCM, Fries (2020, p. 27) states: "At a basic level, Person-Centred Medicine [*sic*] is about recognizing and respecting the importance of each person as a unique and special case" [insertion in square brackets added for clarity]. Quoting Alivia, Guadagni, & di Sarsina (2011, p. 382), Fries (ibid.) further articulates that, '"Person-centred medicine [*sic*]" '(PCM)' '"takes into account the physical, psychological and spiritual aspects of a person in health and illness in order to individualise [*sic*] health promotion practices, diagnosis and treatment'" [insertions in square brackets added for clarity – text in embedded single quotes citing Alivia et al., 2011, p. 382], and citing Snaedal (2012, p. 1), Fries posits that in promoting SOC, "The main rationale is to" '"take into account the totality of the person's health, and the idea that the person's aspirations and hopes, as well as his strengths and weaknesses, should be respected in an empowering collaboration between the person and those providing his medical care'" [text in embedded single quotes citing Snaedal, 2012, p. 1]. Fries further asserts that "This empowerment of the individual is accomplished in both health promotion activities and in medical practice" '"through the practice of a clinical communication based on the salutogenic approach"' '. . .' (Fries, 2020, p. 27 – text in embedded single quotes partially citing Lindström & Eriksson, 2010, p. 35).

As the name implies, person-centered medicine ostensibly places the individual and the uniqueness of each individual's character, total circumstances and the concomitances thereof, as viewed from a holistic perspective, at the very center of any program of healthcare, including the promotion and maintenance of good health (inclusive of mental health), and the diagnosis and treatment of any physical or cognitive/behavioral disorder.

In addressing intervention in cognitive/behavioral disorder (i.e., so-called 'mental disorder'), psychiatric researchers and practitioners have formed a specialized field within person-centered medicine, this specialized field designated as 'person-centered psychiatry.' Within person-centered psychiatry a so-called person-centered psychiatric diagnostic model referred to as the Person-centered Integrative Diagnostic (PID) Model (Mezzich & Salloum et al., 2010; Mezzich & Salloum, 2007, 2008; Salloum & Mezzich, 2011) has been formulated that claims to:

> . . . articulate[s] science and humanism to obtain a diagnosis *of* the person (of the totality of the person's health, both its ill and positive aspects), *by* the person (with clinicians extending themselves as full human beings, scientifically competent and with high clinical aspirations), *for* the person (assisting the fulfillment of the person's health aspirations and life project), and *with* the person (in respectful and empowering relationship with the person who presents for evaluation and care). This notion of diagnosis [i.e., the PID] goes beyond the more restricted concepts of nosological and differential diagnosis. (Mezzich & Botbol et al., 2016, p.10 – text inserted within square brackets denotes the original word construction in the first instance and in the second instance is added for clarity)

In the above citation, so-called 'diagnosis *of* the person, *by* the person and *with* the person' rings hollow at best and patently deceitful at worst for many reasons. Firstly, other than 1) *genetic anomalies* (for example, intellectual disorder from Down's syndrome or fragile X syndrome, etc.), 2) *a clearly defined somatic disease process* (such as kidney disease triggering ischemic cerebrovascular lesions leading to dementia), or 3) *acquired blunt trauma or sharp force trauma (i.e., penetrating injury) to the brain*, any so-called 'diagnosis' of the mental/behavioral condition of an individual only refers to an arbitrary symptomatology that can extensively overlap from one to another mostly arbitrarily defined diagnostic category of so-called 'mental illness' that lacks any clearly articulated etiology and egregiously ignores negative social environmental situations (inclusive of deleterious or otherwise inappropriate lifestyle choices) that block the fulfillment of basic psychological needs of the individual.

In fact, other than the genetic and acquired physiological events noted above, it is the negative aspects (negative with respect to impeding the attainment of true self-actualization) of one's social environmental conditions and/or interactions therewith that block one's basic psychological and physical needs that is the general cause of cognitive/behavioral disorganization through the formation of distorted or deficient cognitive constructs. Except for a clear etiology of somatic pathology, so-called 'diagnosis' of cognitive/behavioral disorder has no meaning since, in the absence of a clear etiology, all a so-called 'diagnosis' does is describe certain behavior (i.e., 'symptoms') presented by an individual that are already clearly observed either by the individual her/himself or by family, friends, cohorts (i.e., fellow students, workmates, etc.) or the individual's therapist. Besides an obviously deleterious lifestyle/environment, *none* within the circle of interaction with the individual, including the individual her/himself, and, most notably, the so-called 'therapist' (psychiatrist, psychologist, etc.) are actually aware or have the barest hint of the more subtle, highly diffuse, and often intricately interlaced problems in the lifestyle or social environmental situation of the individual that conflicts with or fails to provide the *unique* subconscious inner core psychosocial, spiritual, intellectual, and physical needs that define the individual as a whole person.

The Person-centered Integrative Diagnostic (PID) classification of disorders as a model for person-centered psychiatric diagnosis uses the very same nosology as the pathology-focused medical model that we have repudiated in our discussion in the above paragraph and on pages 2-4 herein. The PID classification of so-called mental disorders is generally based on the more and more openly debunked medical model's conception of so-called 'mental disorder' as a disease or derivative of a somatic disorder, as clearly attested in the following statement:

> There are various definitions of mental health. The statistical criterion and the nosological criterion [i.e., the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM) editions and the parallel WHO's *International Statistical Classification of Diseases and Related Health Problems* (ICD) editions] are no longer valid and it is generally believed that absence of mental illness is not a sufficient criterion to define mental health. (Christodoulou & Rutz et al., 2016, p. 293 – text inserted in square brackets added for clarity)

In their introduction to the publication *Person-centered Psychiatry*, the foundational text defining the field of person-centered psychiatry, Mezzich & Botbol et al. (2016, p. 8) state that: "The PID would include the best possible classification of mental and general health disorders (expectedly the ICD-11 classification of diseases and its national and regional adaptations) . . . ," the very same nosology of the refuted medical model of so-called 'mental disorders' (parallel to that of DSM-V) that has been clearly rejected as absolutely unscientific

and totally lacking in evidence and any clear etiology as reflected in the previously cited statement, as follows: "The statistical criterion and the nosological criterion [i.e., the current mainstream medical model of psychiatric guidelines by which so-called 'mental illness' is clinically defined and diagnosed] *are no longer valid* [emphasis added] . . ." (Christodoulou & Rutz et al., 2016, p. 293, in their chapter in *Person-centered Psychiatry*); a statement, which, in effect, denies the very core of what is claimed to be the enlightened field of so-called 'person-centered psychiatry' that, revolving around an invalidated diagnostic model centered on pathology rather than the person, is contradictory and anathema to the person-centered approach which it falsely professes to emulate (in the quotes above, insertions in square brackets indicate text that has been added to the original for clarity).

PID is claimed to represent a diagnostic model '*of* the person, *by* the person, *for* the person and *with* the person,' as articulated by Mezzich & Botbol et al., 2016, p. 10). Let us examine the plausibility of such a claim. In a legitimate holistic diagnostic model '*of* the person (of the totality of the person's health, both its ill and positive aspects),' we must understand that all the factors contributing to health or illness, especially in regard to mental health, are embodied in an intricate intertwining of connections between the core essence of the individual and the social environmental milieu with which the individual interacts, constituting the sum total of the continuous impressions of the ongoing experiences of one's life. However, these intricacies of one's life are not accessible to another's experience and therefore are unknown and remain unknowable outside the perimeters of oneself. Even within oneself, one's inner core, and the cognitive constructs derived from one's interactions with one's environment, are only gradually understood through the unfolding of life's experiences and the accumulated self-discovery and learning accrued on the journey of self-actualization. Only the individual her/himself can discover the true essence of her/himself. This is the true, fundamental meaning of the person-centered approach that focuses on providing the environment and support enabling one's journey towards critical introspection and self-understanding. To assert that a psychiatrist, psychologist or any other so-called 'therapist' can really know and understand an individual more acutely than that individual can know and understand her/himself is the height of unmitigated arrogance and diametrically opposed to the basic tenets of the person-centered approach.

In the PID conception of '*by* the person (with clinicians extending themselves as full human beings, scientifically competent and with high clinical aspirations),' the person submitting to therapy is not even mentioned, the construct '*by* the person' referring exclusively to the therapist and the therapist's proclaimed generous humanity, scientific competence and high clinical aspirations. With the clinician shining in the light of self-praise and accolades, the individual seeking remediation of certain health or behavioral issues, and who is regarded as the absolute center of attention in the person-centered approach, is relegated to a secondary position in the PID model of the clinical session, the clinician instead taking center stage.

In the PID conception of '*for* the person (assisting the fulfillment of the person's health aspirations and life project),' how is the clinician or therapist to know or understand a specific individual's 'life project' when the therapeutic attitude is that of a power relationship, with the therapist, through her/his self-promoted authority of 'superior' knowledge and understanding, 'suggests' what's best for the individual and how that individual may best proceed to reach those 'suggested' goals, which, rather than that of the individual, are heavily influenced by the therapist's own ideas of what constitutes an appropriate life-style and life objectives projected from the therapist's own life history, current position in society, general circumstances and psychosocial needs. And, finally, in the

PID conception of '*with* the person (in respectful and empowering relationship with the person who presents for evaluation and care),' the so-called 'therapeutic' relationship (i.e., the 'evaluation and care' to be bestowed upon the individual) centers on the clinician or therapist as the source of illumination rather than coming from the individual her/himself, as in the person-centered model, the foremost principle of which, as first expressed by Carl Rogers, is the creation of the *psychological atmosphere*, that is, the enriched environment, that encourages the individual's heightened sense of motivation, engagement, and reflection along the path of the individual's *intimately personal* journey towards her/his *own self-empowerment, understanding and actualization*.

It is through one's own journey through life that the open, searching, insightful individual sees glimpses of one's true self – the most astute and discerning individuals able to connect these glimpses, assembling a picture gradually revealing bits and pieces of the inner being that constitutes the very essence of one's unique identity. The problems with the individual's lifestyle/environment can *only* be understood with respect to an understanding of the individual's inner being; i.e., the person's inner core of psychosocial needs. This inner core, however, for most of an individual's life, is largely buried (for the vast majority of people, totally buried) under the disjointed inanities of the aimless, superficial trappings and degenerate priorities erected by our commercially/materially obsessed contemporary society.

"In the modern formula-driven, staid curriculum of education reinforcing the artificiality of the modal socialization of mass consumerism, our innate curiosity is suppressed and largely overridden by force-fed narrow concepts, empty sound bites, dissociated 'facts' and rote stereotyped surface role-playing by the time we reach adulthood in the impersonal, hype-infused, small-minded, electronic-media-inundated anonymity of modern urbanized daily life" (Robinson, 2020, p. 5).

In the suppression of curiosity there follows the subsequent suppression of spirituality, and with the suppression of spiritualty ('spirituality' referring to deep metaphysical contemplation as distinct from mindless religious fanaticism) there follows the suppression of real, meaningful connection beyond the superficial boundaries of oneself and the subsequent inability to bond with others, where, despite the shallow obligatory lip-service of professed solicitude as the expected response to tragedy experienced by others, there is a general loss of genuine, heartfelt compassion and concern for and interest in others, in community, and in the greater society at large. Life itself becomes superficial, engendering a dehumanization of humankind and a significant, growing, global cognitive decline and loss of substantive, instrumental thinking, with self-serving platitudes; banal, illogical suppositions; random, disconnected chatter; nonsensical, utterly risible and bizarre conspiracy theories and baseless lies supplanting rational, intelligent, practical, efficacious discussion of critical problems that impact the very future of human society and human lives on this planet. Common sense has become exceedingly uncommon and mendacity, ignorance and impenetrable stupidity have become the new normal. Truth is bent and twisted to such extent that the word itself and the ideal that it represents have lost relevance (see Chomsky, 2016).

Science, scientific principles and the very laws of nature are disputed by those untrained, ignorant and totally unqualified in the study of the relevant subjects of discourse, but become 'credentialed' by political platforms and social media. Scholarship itself within the various academic disciplines is either 1) dumbed down in an academic curriculum that presents rigid, surface, simplistic 'facts' while oblivious to the implications and connections thereof that open up nuances of newer and deeper understanding of different phenomena and the crucial

interrelationships between various phenomena, or else 2) scholarship is held moribund as new insights and paradigm shifts are stubbornly rejected no matter how much evidence there is or how tight or overwhelmingly compelling the arguments may be for a new understanding. In either case academia holds on tightly to a curriculum subject to politicization and extremism, rejecting breakthrough studies and ideas that challenge their less-than-stellar faculty and curriculum by ignoring or attacking more penetrating, enlightened erudition, with the so-called 'peer-reviewed' journals in the various fields of study following in lockstep, whereby biased self-serving editors and reviewers reject assiduously researched, innovative studies that manifestly refute the journals' articles and the reviewers' own static studies (Bartlett, 2011, pp. 102-126, pp. 147-177; Bet-David, 2022; Asher, 2022, Pluckrose, Lindsay, & Boghossian, 2019).

In such an environment, doubt begins to spread on both the legitimacy and integrity of 1) institutions of higher education, of 2) previously prestigious, so-called 'scientific' or 'scholarly' journals, and of 3) other previously vaunted institutions of our society, whereby distrust of authority and a multifaceted uncertainty spread throughout the population, leading to opinions and beliefs becoming more and more divisive, tearing at the very fabric of society, with stress, confusion and disillusionment emerging as significant factors in the effort to maintain one's well-being and mental health in navigating the twists and turns in the precarious landscape of a society in which purpose and meaning becomes jumbled and distorted, and chaos begins to take hold as the ground rules themselves become contentious and ever more elusive (see, for example, Bartlett, 2011; Morrow, 2021; Haidt, 2022; Kuş, 2017; Mac Donald, 2018; Anderson, 2018; Frances, 2018; Pluckrose, Lindsay, & Boghossian, 2019; Barkun, 2015; Asher, 2022; Oliver & Wood, 2018).

Bartlett (2011, p. 127) notes the growing toll that increasing acedia is taking on our contemporary society – "a pervasive psychological deficit in the industrialized countries of the world that has resulted in society-wide cultural impoverishment." This acedia or psychological deficit "has led to the cultural impoverishment of higher education and to the resulting narrowing of outlook and mediocritization of its students" (ibid.). This increasing acedia is a two-way street, simultaneously a result of the politization and degradation in the academic and scientific/scholarly circles by the loss of basic values of the society at large, and the influence of the dumbing down and loss of integrity within the academic and scholarly/scientific domains on the distrust of authority, general disillusionment and breakdown of the basic cultural, social and intellectual foundations of the society at large, all within "the psychology of a society and its higher education, both of which emphasize work and money to the exclusion of and consciousness of and respect for culture in its classical meaning . . ." (ibid.). In summarizing this condition, Bartlett states that "The wider society has been severely disabled by the accelerating dissolution of cultural awareness and esteem for culture, and college students have, in a parallel way, been rendered culturally disabled by a system of education and by a society in which the meaning of 'higher' has been lost" (Bartlett, 2016, p. 128).

Though the above construction of the direction of our modern contemporary society is principally based on that of a specific nation in mind, and though it is additionally understood that different nations will have lesser or more severe decline or disruption in different aspects of their respective societies, there is nevertheless an overall global trend toward the direction that has been presented above. This direction can be seen in the rise of extremism in various parts of the world as manifested in policies enacted by different governments that reflect both extreme left-wing and right-wing positions, which, in more moderate times, were not even considered of sufficient coherency, integrity or moral character to warrant open public discourse.

One example highlighting the growing extremism in modern society is the degree of open rhetoric and tendency in governmental institutions and the political landscape toward promotion and facilitation of authoritarianism or autocracy not seen since the repressive, brutal regimes of Stalin and Hitler. Such rhetoric and legislative and judicial rulings openly disseminating disinformation inciting bigotry, discrimination, hate and violence towards targeted groups, demonizing those groups and further polarizing the different elements of the population in seeking to overturn basic rights, dismantling the fair, just and humane laws of the land, and proselytizing the ideology of the superiority of one group over others in an agenda toward breaking down established democratic ideals of equality and social cohesiveness under a false banner of patriotism in a thinly veiled objective to replace, through dissimulation, a democratically elected government with an authoritarian or totalitarian rulership and the subjugation of targeted elements of the population.

On the ostensibly opposite side of the political spectrum, the legacy of the far-left divisive fallacies and thought-police of so-called 'political correctness' is no less a denunciation of logic, reason, critical thinking and true equality and no less destabilizing to the fabric of society than the rhetoric of the far right. The far right and far left have become so extreme that at times it becomes difficult to distinguish the rhetoric between them, as both are directed at sacrificing common decency to a narrow, self-serving, dystopian agenda, treating people as walking tropes rather than as individual, unique personalities, denying that each individual, though unique, also shares the same natural, core, universal needs of all humankind. In such a far left or far right social order denying the reality of the dual, natural human qualities of individuality and commonality, human nature is mangled and contorted, the modal society is progressively degraded into an increasingly benighted, perverse sensibility, and humanity descends into more and more dehumanized and unnatural thought and behavior.

This is not a phenomenon that has suddenly sprung up in the current political climate, but a waning of basic human values in an increasingly frayed consumer-oriented, technocratic society that has been evident and warned against for at least the last fifty years (Chisholm, 1951, physical pages 5-14; Mander, 1978, 1992; Toffler, 1981; Montagu & Matson, 1983; Schumacher, 1989; Callenbach, 1990; Kennedy, 1994; Carr, 2008, 2010; Hannah, 2021; McMillan & Brown, 2021; Robinson, 1995, 1999, pp. 41-42; Stoll, 1995; Sowell, 1995; Talbott, 1995; Winner, 1989; A. Gore, 1992). While society has continued on its self-destructive path without any sustained, concentrated and meaningful efforts to reorient our direction, we have finally reached a tipping point where we have become so estranged from nature and living such artificial lives that the degeneration of human society and humanity has begun to progress at an ever accelerating pace in a pandemic of growing cognitive impairment and behavioral disorder, that, though generally unacknowledged, is clearly documented by the few astute, perceptive independent thinkers with the courage to speak out on the ills of our society and the devastation it has wrought on humankind and the sustainability of quality of life and life itself on this planet (Chomsky, 2016; Asher, 2022; Chisholm, 1951; Pytlik, Soll, & Mehl, 2020; Anderson, 2018; Georgiou, Delfabbro, & Balzan, 2019; Morrow, 2021; Bartlett, 2011; Ståhl & van Prooijen, 2018; van Prooijen & Douglas, 2018; Bet-David, 2022; Oliver & Wood, 2018; Pluckrose, Lindsay, & Boghossian, 2019; Haidt, 2022; Academy of Ideas, 2020; Archon, n.d.; Barkun, 2015; Frances, 2018; Kuş, 2017; Mac Donald, 2018; Uscinski, 2020; Byford, 2021).

At the heart of this deep morass, lies a malignant core, stupidity – abject stupidity and the ignorance and anti-intellectualism it breeds. James F. Welles (2019, physical page 1) defines the psychosocial dimensions of stupidity as follows:

> What is stupidity? It is the learned corruption of learning. . . [Learning] is rendered difficult [and, at worst,] impossible or self-defeating by stupidity, which promotes maladaptive behavior by denying us *knowledge* [emphasis added] about our environment and our effects on it. In general, learning is directed and controlled by a 'Schema' [*sic*] – a master cognitive plan by which each person organizes information. It [i.e., one's cognitive 'schema'] is both a mental set which provides a context for interpreting events in the perceptual field and a program for behavior. Schemas are good [i.e., positive] if they are appropriate and adequate, or bad [i.e., negative], if they are inappropriate or inadequate for the situations and problems at hand. . . A person may change his [schema] to suit his self-image, while being reluctant to alter it simply to bring it into coherence with information from the environment.
>
> Basically, a schema is a system of belief, and all people need something in which they can believe. . . [The schema] rationalizes the believer's relation to the world while defining what he considers to be proper behavior in it. Invariably, each['s] schema is accompanied by an ideology – an intellectual, [internally] logical expression of beliefs [that might or might not be concordant with totally objective evidence-based deductive reasoning – what you think you see or understand might not be what *is*, in anywhere from a very minor to a vast departure from reality] . . . The irony of the human condition is that a person's behavior is so often inconsistent with his specific ideology [i.e., what a person believes she or he believes], particularly in matters of importance.
>
> The self-deceptive aspect of human nature is due to the role the schema plays in binding groups of people together. The schema is not only a behavioral/belief system for an individual, it is also a unifying force for society. However, stupidity is induced when linguistic values, social norms, groupthink and the neurotic paradox promote a positive feedback system which takes schematic behavior to detrimental extremes unjustified by and at odds with external conditions.
>
> Language functions not only as a communication system for a group but also as a value system which defines the mental life of the members and thus is a prime contributor to stupidity. . . [Language can] affect[s] the process of perception and make it so ambiguous that people can accept clear discrepancies between their beliefs and actions [i.e., in the justification of certain actions or attitudes that are contradictory or even anathema to what they believe are their basic beliefs]. . . With perception rendered so ambiguous and subjective, stupidity is invited, if not actually promoted, as people usually can find some verbal framework in which they may rationalize their behavior and some scapegoat or excuse to explain away their failures [and/or malicious ideations]. (Insertions in square brackets added for clarity or to identify the original construction in slight deviations from the source text to preserve grammatical integrity in relation to the inserted text)

"Stupidity is a more dangerous enemy of the good than evil" (Burns, 2021, physical page 1, quoting the young German Lutheran pastor, theologian and anti-Nazi dissident Dietrich Bonhoeffer writing from his prison cell where he was incarcerated in Nazi Germany and later executed for his association with the plot to assassinate Adolf Hitler). Burns, in elucidating the implications of Bonhoeffer's theory of stupidity with regard to our current global society, argues: "Stupidity [is] in full view. . . Ordinary people get constantly confronted with facts that prove their dearly held beliefs are not true. Yet, most just ignore them. This effect is magnified many fold in today's age. The world is full of chaos. There is too much junk

passing around masquerading as information. This makes people confused" (ibid., physical page 4 – text in square brackets inserted for grammatical consistency). In continuing, Burns quotes the eminent psychologist Erick Fromm (1965, p. 276), as follows: "'The result of this kind of influence is [a twofold one]: one is a skepticism of everything which is said or printed, while the other is a childish belief in anything a person is told with authority [the latter referring to an assumed set of values and/or 'truths' as espoused within the self-claimed authority of a particular organizational body or a particular ideological context]. This combination of cynicism and naïveté [a blind acceptance or rejection of the source of information foregoing any attempt at evaluating the evidence and the logical construction for or against the information itself] is very typical of the modern individual. Its essential result is to discourage him [i.e., the modern individual] from doing his own thinking and deciding'" (Burns, 2021, physical page 4 – insertions in square brackets in the first instance indicate the original wording of the quotation and in the latter are added for clarity).

Continuing, Burns states Fromm "tried to understand the laws that govern society. He argued that modern society brought with it freedom, but this very thing was also the seed of its destruction. Individuals received a new sense of independence, but this filled them with anxiety and doubt. People end up getting alienated, and seek a sense of security with other like-minded people. . . This is what promotes the rise of authoritarianism and other sick [i.e., distorted] ideologies. In a way, you could argue that this sense of alienation leads to a rise in stupidity" (Burns, 2021, p. 4 – text inserted within square brackets added for clarity).

Amplifying, Burns quotes Fromm (1973, p. 356) as follows: "'[the sick individual – i.e., the individual possessing distorted values and false beliefs] finds himself at home with all other similarly sick individuals. The whole culture is geared to this kind of pathology [of thinking] and arranges the means to give satisfactions which fit the pathology. The result is that the average individual . . . feels at ease among those who suffer from the same deformation; in fact, it is the fully sane person who feels isolated in the insane society"' ['– and he may suffer so much from the incapacity to communicate that it is he who may become psychotic'] (Burns, 2021, physical pages 4-5 – the insertion in square brackets added for clarity in the first two instances and completes the last sentence of the source text in the quote from Fromm in the latter instance).

Burns explains that "Numerous heuristics evolved in order to help individuals navigate the world. Among these, following the herd is arguably the most prominent. . . Herd behavior is among the pre-eminent [*sic*] causes of stupidity. Numerous scientific studies have shown how individual humans can be swayed by the crowd to adopt positions which go against all logic" (ibid., physical page 2 – insertion in square brackets added for clarity). In quoting Bonhoeffer, as follows: 'the power of the one needs the stupidity of the other' – Burns argues that "All kinds of populists, political entrepreneurs, and bullshitters take advantage of this mental state of the masses. Without support from the wider aspects of society, none of these power-hungry individuals would be able to access power" (ibid.). In further explanation, Burns quotes Bonhoeffer again, as follows: "'The process at work here is not that particular human capacities, for instance, the intellect, suddenly atrophy or fail. Instead, it seems that under the overwhelming impact of rising power, humans are deprived of their inner dependence, and, more or less consciously, give up establishing an autonomous position toward the emerging circumstances. The fact that the stupid person is often stubborn must not blind us to the fact that he is not independent'" (ibid.).

In elucidating the consequences of the loss of independence in developing one's cognitive constructs, Burns states: "People overcome with stupidity act as if possessed. Their logical part of the brain is shut down. Such a person starts acting as a political zombie, with whom any type of logic or discussion of facts fails. Instead, they function on the level of slogans, catchwords, and low-level rallying cries [principally couched within one or another intentionally misguiding conspiracy theory[1]]" (ibid., insertion in square brackets added for clarity). Burns then quotes Bonhoeffer's original statement describing this condition, as follows: "'In conversations with him ['him' referring to the individual overcome by stupidity], one virtually feels one is dealing not at all with a person, but with slogans, catchwords and the like that have taken possession of him. He is under a spell, blinded, misused, and abused in his very being. Having thus become a mindless tool, the stupid person will also be capable of any evil and at the same time incapable of seeing that it is evil"' (ibid., insertion in square brackets added for clarity).

[1]In criminal law, a conspiracy is an agreement between two or more people to commit a crime at some time in the future. An overt act toward furthering the agreement may also be required for a criminal charge of conspiracy in some legal jurisdictions; generally however, for an indictment of conspiracy, there is usually no requirement for any concrete steps to have been taken in the direct execution of the plot. Outside of the legal sphere, the term 'conspiracy' refers to a *factually based* plot of an illegal or harmful activity and its execution ('harmful' in the sense of evoking moral outrage) by a group (i.e., two or more persons), organization, or allied groups of perpetrators. Totally distinct from the term 'conspiracy,' the term 'conspiracy theory,' as used herein, refers exclusively to an *unfounded* explanation of a real or purely fabricated illegal or harmful event or situation *claimed* to be covertly planned and/or manipulated by a certain group (or allied groups) or organization(s) having nefarious access to power (for a well-rounded discussion of the nature of conspiracy theories, see Thresher-Andrews, 2013; Brotherton, 2013; Uscinski, 2020; and Byford, 2021).

A conspiracy theory, as defined herein, is a completely false assertion of a conspiracy often intentionally initiated to mislead the public in an effort to twist truth to demonize a certain group or groups, gain power and/or support a particular agenda. Conspiracy theories are never legitimate, never factual and never proven true, although, most disturbingly, many academic writers often inexplicably confuse or conflate the terms 'conspiracy' and 'conspiracy theory,' erroneously noting certain '*conspiracy theories* that have been proven true' when they are actually referring to the exposure of real *conspiracies* based on factual events and perpetrators duly revealed through meticulously investigated hard evidence presented in trial or other channels of rigorously vetted and authoritatively documented exposé. The acceptance and spread of a conspiracy theory throughout a society is totally dependent on the stupidity of the population in the failure of discernment between fact and fiction and logic and nonsense, constituting a perpetuated falsehood and denial of reality presenting a great danger to society as a viable functioning whole (Douglas, 2021; Groothuis, n.d.; Hannah, 2021; Georgiou, Delfabbro, & Balzan, 2019; MSNBC, 2022). Some examples of the most telling elucidations of how a society self-destructs from the blind belief in its own self-delusions can be found in Chisholm (1951), Chomsky (2016), Stowell (1995), Kuş (2017), Robinson (1995), Anderson (2018), Bartlett (2011), Frances (2018), Uscinski (2020), Oliver & Wood (2018), Byford (2021), and Morrow (2021).

Belief in conspiracy theories is, by definition, delusional, since delusions, like conspiracy theories, are beliefs that have no basis in fact, with many of the most disturbing conspiracy theories falling into the category of bizarre delusions, as defined by the American Psychiatric Association (APA) in DSM-5 (APA, 2013, p. 87) as follows: "*Delusions* are fixed beliefs that are not amenable to change in light of conflicting evidence. . . Delusions are deemed *bizarre* if they are clearly implausible and not understandable to same-culture peers [i.e., members of the same shared mainstream culture] and do not derive from ordinary life experiences" (text inserted within square brackets added for clarity). Delusions are further articulated by the APA (2015, pp. 29-30), as follows: "*Delusions* are false beliefs that do not change with proof that the beliefs are not true, no matter what others may say. Delusions are called bizarre if they are clearly far-fetched, cannot occur in real life or are not based on beliefs of the person's [mainstream, conventional] culture" (text inserted within square brackets added for clarity). In this last consideration of the attributes of bizarre delusions it must be kept in mind that entire societies can become bizarrely and/or murderously delusional (in the mainstream adoption of more extreme delusional ideation by a sick society) as history has clearly recorded, and certainly may be observed in large segments of a society as currently occurring now in our own time in both individual nations and more broadly in our rapidly deteriorating global society.

[1](Continued from preceding page)

While delusional ideation and the affinity for belief in conspiracy theories (the latter, conspiracy theory belief affinity, i.e., the propensity to believe in conspiracy theories, is hereinafter referred to as CTA) occurs to some extent throughout the general population as a form of a number of natural, common reasoning errors [including apophenia/pareidolia (also referred to as illusory pattern perception – see Kumareswaran, 2014, p. ii, s.v. Abstract, and also p. 53, p. 54, p. 61, p. 76, p. 170; Paape, 2022, physical page 2, physical page 3; Ellerby & Tunney, 2017, p. 281; English, 2021, pp. 12-13), as well as such reasoning errors as confirmation bias, inferential confusion, cognitive dissonance (also referred to as belief incoherence or doublethink), associative shifting, biased assimilation, conjunction effect fallacy (also referred to as conjunction effect or conjunction fallacy), and inference-observation confusion (also known as jumping-to-conclusion bias, a type of cognitive distortion with cognitive distortion also including all-or-nothing thinking or polarization, overgeneralization, disqualifying the positive, mental filtering, magnification – i.e., catastrophizing – or minimalization, and emotional reasoning), as a sample of the most common reasoning errors], it is the *persistent dominance* of such types of reasoning errors in an individual's cognitive style that leads to fundamental distortions of the reasoning process in the fostering of unorthodox and anomalous beliefs and the psychological condition of schizotypy, a subclinical or preclinical state (i.e., a nonclinical symptomatic state) along the psychological continuum from cognitive and behavioral balance to schizophrenia.

> Schizotypy is believed to refer to one's proneness to schizophrenia and holds that there is a continuum of cognitive, perceptual, and affective characteristics and experiences ranging from normal dissociative states to extreme states (Claridge, 1997). (Barron & Morgan et al., 2014, p. 156)

> One personality characteristic strongly associated with paranormal belief is schizotypy, a prodromal phase of schizophrenia involving cognitive, perceptual and affective symptoms (Meehl, 1990). Schizotypal traits include suspicion, magical thinking, social anxiety and paranoia, and the individual will also tend to hold odd and unusual beliefs (Barlow, Durand, & Stewart, 2009). . . Associated with schizotypy is paranoid ideation. . . Holm (2009) suggested that conspiracy thinking is very similar to paranoia as it is a deeply suspicious state, where an individual is constantly fearful of the dangers posed by external factors and agents. Bentall (2000) has noted the links between paranormal belief and delusions, and has suggested that *information processing and reasoning biases* underpin both types of thinking. (Darwin, Neave, & Holmes, 2011, p. 1290 – emphases added)

> Schizotypy is a multifactorial psychological construct, covering cognitive, perceptual, and affective domains. Schizotypal traits include suspicion, magical thinking, social anxiety, and paranoia, These factors potentially predispose individuals toward odd and unusual beliefs (Barlow, Durand, & Stewart, 2009; Darwin, Neave, & Holmes, 2011). (Dagnall & Drinkwater et al., 2015, p. 1)

> Psychotic-like experiences (hallucinations and delusions) occur throughout the general population, even in the absence of disorder, and are distributed dimensionally. Persistent psychotic-like characteristics, in the absence of severe mental illness, are often described as schizotypy, which has been conceptualized as part of schizophrenia's extended phenotype (Blain, Grazioplene, Ma, & DeYoung, 2020, p. 540; also see Töröf & Kéri, 2022; Georgiou, Delafabbro, & Balzan, 2019; March & Springer, 2019; Jones, 2018; Kumareswaran, 2014; Barron & Morgan et al., 2014)

> … delusional ideation was most strongly associated with conspiracism [i.e., CTA]. . . Clearly, delusional ideation and belief in conspiracies [referring to belief in conspiracy *theories*] share important cognitive characteristics (i.e., unusual beliefs, magical thinking, fear of external agencies and persecutions). (Dagnall & Drinkwater et al., 2015, p. 6 – text inserted within square brackets added for clarity)

> Reports of a delusional thinking style, in conjunction with observed associations between conspiratorial beliefs and personality characteristics such as schizotypy and paranoia (Darwin, Neave, & Holmes, 2011; Barron & Morgan et al., 2014; Bruder & Haffke et al., 2013; van der Temple & Alcock, 2015), therefore support a model that explicitly incorporates the role of cognitive processes independently identified [such as apophenia, inference-observation confusion, confirmation bias, inferential confusion, cognitive dissonance, associative shifting, biased assimilation, conjunction effect fallacy, etc.] to underlie the formation of delusions. (Irwin, Dagnall, & Drinkwater, 2015, p. 2; also see O'Conner, 2009; Franceschi, 2008; Blain, Grazioplene, Ma, & DeYoung, 2020; Blain & Longnecker et al., 2020; Brotherton & French, 2014; Töröf & Kéri, 2022; Conrad, 1958; Whitson & Galinsky, 2008; Brugger, 2001; Charles, 2008; Waldman, 2014; Kumareswaran, 2014; Pylik, Soll, & Mehl, 2020; Nilsson, Erlandsson, & Västfjäll, 2019; van Prooijen, Douglas, & De Inocencio, 2018; van Prooijen & Douglas, 2018; Walker & Turpin et al., 2019; Farnam Street, 2022; Jones, 2018 – text inserted within square brackets added for clarity)

Stupidity most often includes the embrace of conspiracy theories. As examined in footnote 1 herein, pp. 32-33 above, conspiracy theories are delusions, and delusions are defined as unshakable beliefs in something that isn't true and has no basis in reality (*Web*MD, n.d.; also see Drake Jr., n.d.; Jones, 2018; and Waldman, 2014).

Delusions are distinct symptoms of delusional disorder, a type of serious cognitive disorder under the psychiatric classification of preclinical, prodromal or early-stage psychotic disorder; i.e., schizotypy or schizotypal personality disorder – "Delusional disorder has a significant familial relationship with both schizophrenia and schizotypal personality disorder" (American Psychiatric Association, 2013, p. 93; also see Kumareswaran, 2014, pp. 143-63; Waldman, 2014; Jones, 2018, p. 4; Brugger, 2002; and Conrad, 1958) but that doesn't mean that those presenting with delusional disorder are completely unrealistic. People with delusional disorder may socialize and function normally, apart from the subject of their delusion, and generally do not behave in an obviously odd or bizarre manner; however, some types of delusions are extreme, manifesting in bizarre beliefs embracing conspiracy theories that violate even the remotely plausible order of things as we know it, such as alien (i.e., extraterrestrial or extradimensional) beings well integrated amongst us, that, in collusion with certain scapegoats [minority groups, 'foreigners,' and/or established seats of power (i.e., the perceived elites or the so-called 'deep state')] within our society, are manipulating us to our own destruction.

> Goertzel (1994) reported that belief in conspiracies was associated with low levels of trust and high levels of anomie, and such beliefs enabled people to externalize their negative/angry feelings and provide them with 'enemies' on which to vent such feelings. (Darwin, Neave, & Holmes 2011, p. 1289)

> Grzesiak-Feldman and Ejsmont (2008) examined whether paranoia was related to conspiracy thinking about specific ethnic groups (Jews, Arabs, Germans and Russians) and found that conspiracy stereotypes for all four groups were highly positively correlated with each other; in addition conspiracy beliefs [i.e., belief in conspiracy *theories*] for all [four] groups were positively associated with paranoid ideation. (Darwin, Neave, & Holmes, 2011, p. 1290 – text inserted within square brackets added for clarity)

Such hate-filled conspiracy theories are often reinforced by political propagandists, and, promulgated through political platforms and various media, are disseminated through an all-too-gullible and predisposed public, becoming a danger to society in that common sense and critical thinking are further eroded across a wide swath of the population. In addition to the danger to society, delusions may also pose a danger to the individual, in that the delusional individual might become so preoccupied with their delusions as an overpowering obsession that their lives become disrupted by the progression of outrageous, improbable thinking; invalid assumptions; faulty reasoning; paranoia; and ultimately dysfunctional behavior. Violence directed at the 'other,' whoever the 'other' is perceived to be, is often considered a legitimate recourse in extreme delusional ideation (e.g., belief in conspiracy theories, denial of reality and the unquestioned ready acceptance of fake news promoted by unscrupulous, agenda-oriented media outlets), leading to the formation of groups and various divisions constituting fractious elements of society significantly undermining social cohesion in utter derision of democratic authority, mounting blatant all-out diatribes, threats and direct acts of subversion and violent redress against perceived foes in 1) open defiance of the very concept and application of democratic, egalitarian rule of law, and 2) even more disturbingly, in inconceivable blindness to the rule of reason. Conspiracy theories and the anger and hate they

breed are not only detrimental to mental health, but equally detrimental to physical health as they become wrapped in a vicious cycle of destructive negative thinking, whereas negativity has been found to have a profound impact on health – and can even be fatal (see, for example Seheult, 2022 – citing Wong et al., 2018; Brown & Wong, 2017; Kim et al., 2017; Kubzansky et al., 2018; Toussaint, Shields, & Slavich, 2016; VanderWeele, 2018; Chida & Steptoe, 2009 – also see Kiecolt-Glaser, McGuire, Robles, & Glaser, 2002; Keefer, Parker, & Saklofske, 2009).

When the majority of a population becomes delusional in harboring baseless, extremist beliefs, then the society itself is transformed into a brainless, repressive, intolerant, aggressive state in which those categorized as 'others' and their so-called 'dissident' ideas and traditional beliefs and customs – as well as reason and truth itself – are suppressed or violently eliminated in a totalitarian dystopia. Such is a matter of immediate attention, as Barron & Morgan et al. (2014, p. 156) warn "Studies have suggested that belief in conspiracy theories are widespread (e.g., Goertzel, 1994), which is of concern because they have the potential to sow civic discord and public mistrust (Swami & Coles, 2010)." Such warning was given eleven years earlier by Rice (2003) and repeated by Darwin, Neave, & Holmes (2011, p. 1289), noting the persistent beliefs in pseudoscience and irrational nonsense and the prevalence of anti-intellectualism within the general population, as follows:

> An additional factor in conspiracy belief might be associated with belief in the paranormal – the acceptance of hypothesized processes that are currently thought to be scientifically impossible (e.g. extra-sensory perception, precognition, psychokinesis etc.). Despite increases in education level and scientific information, such beliefs are not in decline, and may even be increasing.

While Barron & Morgan et al. (2014), Goertzel (1994), Swami & Coles (2010), Rice (2003) and Darwin, Neave, & Holmes (2011) warned us of the prevalence of illogical and delusional beliefs in the general population between one and two decades ago, they could not have imagined the disastrous impact the widespread loss of logic and reason has had on our society today, but one rare savant 27 years ago prophesized the degree of degradation that has befallen our contemporary society with uncanny accuracy as follows:

> I have a foreboding in an America of my children's or grandchildren's time – when the United States is a service and information economy; when nearly all the manufacturing industries have slipped away to other countries; when awesome technological powers are in the hands of a very few, and no one representing the public interest can even grasp the issues; when the people have lost the ability to set their own agendas or knowledgeably question those in authority; when, clutching our crystals and nervously consulting our horoscopes, our critical faculties in decline, unable to distinguish between what feels good and what's true, we slide, almost without noticing, back into superstition and darkness. The dumbing down of America is most evident in the slow decay of substantive content in the enormously influential media, the 30-second sound bites (now down to 10 seconds or less), lowest common denominator programming, credulous presentations on pseudoscience and superstition, but especially a kind of celebration of ignorance. . .
>
> We've arranged a global civilization in which most crucial elements – transportation, communications, and all other industries; agriculture, medicine, education, entertainment, and protecting the environment; and even the key democratic institution of voting – profoundly depend on science and technology. We have also arranged things so that almost no one understands science and technology. This is a prescription for disaster. We might get away with it for a while, but sooner or later this combustible mixture of ignorance and power is going to blow up in our faces. (Sagan, 1997)

Much of what Carl Sagan feared would happen if society continued in its ongoing course when he penned the above concerns almost three decades ago has indeed occurred, and what has yet to occur presents an ever-present threat. Not only did Sagan accurately predict the future deterioration of society as is currently transpiring, but he even identified its cause: "the dumbing down of America," "a celebration of ignorance," where "no one representing the public interest can even grasp the issues;" where "people have lost the ability to set their own agendas or knowledgeably question those in authority," and where, with "our critical faculties in decline," we are "unable to distinguish between what feels good and what's true." In other words, what our modern contemporary society clearly suffers from is an abundance of ignorance and stupidity, the most destructive elements of a society that inexorably leads to a society's eventual collapse. Though Sagan specifically referred to the United States as the object of his concerns, the problems that he identified are to significant extent manifest throughout the contemporary global society of today as we suffer a pandemic of ignorance and stupidity where whole societies are losing the ability to govern themselves and where widespread incompetency, disorder, and far-right radicalization are becoming ascendant, all due to a mass loss of reason.

> We are living in an insane society. On the one hand, you have people believing Trump won the presidency, despite evidence to the contrary. On the other hand you have people ruminating on the eternal sin of 'white people,' whoever they are. As an individual who tries to use reason and common sense, you often end up feeling isolated amid all the madness. (Burns, 2021, physical page 5)

This mass loss of reason is an existential concern since reason itself evolved as a main element of the cognitive apparatus of humankind, that is, a main faculty of the human mind, that allowed us, the human race, to be transported over the chasm of extinction and survive as a viable taxon that could adapt to a variety of habitats. This human adaptability is unique within the taxonomic class of Mammalia to which we belong, setting us apart, distinct from the nonhuman animals therein with which we directly competed for natural life-sustaining resources in various shared habitats. In our evolutionary development, reason and logic applied within the context of social interdependency and social cohesion, along with the capacities and inclinations for learning, curiosity, affective reflex and spirituality formed our central core of being that defined us as human.

This modern mass loss of reason, destructive to the cohesion of the society that provides the resources and the very means by which we are sustained, is essentially the loss of our basic humanity, such loss breeding unbridled self-centeredness with its attendant unmitigated greed, power-lust, deceit and corruption. Of all life forms on our planet, humankind alone is the source of all evil, as conjured and thought in the human mind, as uttered from the human mouth, and as physical violence perpetrated against fellow humans by human hands. In contrast, the actions of nonhuman taxa are predominantly driven by hardwired instincts of automatic responses to environmental stimuli biologically imprinted by evolutionary determinants, not intentional and neither evil nor good, but simply mechanistic actions of pure survivability. It is a rather sobering thought to consider that should humankind cease to exist, the planet Earth would be free of all evil. An even more sobering thought is that because of our blatant, mindlessly selfish, incredibly stupid and self-destructive disregard of the natural resources that sustain all life, we have profoundly polluted our planet and altered the equilibrium of the worldwide ecosystem, perhaps irreparably, as many studies have suggested, and in so doing, we have unleashed an extensive environmental decay not only leading to our own doom, but further, along with all humankind, we have imperiled many of the major life forms (perhaps even all life forms) on this planet. Mass loss of reason is an imminent threat to our very existence.

Peter Burns elaborates on the evil of mass loss of reason, i.e., of mass stupidity and the conspiracy theories it spawns, as follows:

> Stupidity facilitates the process of the capture of society by spineless, evil forces. A narrative [most often, a conspiracy theory] is created that incorporates simple explanations for complex problems, offering 'solutions' and scapegoats. Whoever doesn't conform to this standard orthodoxy [i.e., the conspiracy theory] becomes the 'other,' an enemy to be destroyed. Of course[,] these stories would never amount to anything if people didn't believe them. Unfortunately, they do. Stupidity wins out over reason.
>
> The 21st century is seeing these internal failures of the human mind unfold in full swing. The first decade saw cognitive biases create economic bubbles which resulted in the crash of 2008. The second and third decades are seeing malicious forces from different sides of the political aisle hijack the world at large. While a combination of ideological true-believers and political bullshitters is leading the charge, all this is facilitated by stupidity. Bonhoeffer observed how historical forces and external conditions can exacerbate the problem of stupidity[:] 'It is a particular form of the impact of historical circumstances on human beings, a psychological concomitant of certain external conditions. Upon closer observation, it becomes apparent that every strong upsurge of power in the public sphere, be it of a political or of a religious nature, infects a large part of humankind with stupidity.'" (Burns, 2021, physical page 3 – insertions in square brackets indicate text added for clarity in the first two instances and indicate deviations in punctuation from the source text to maintain editorial consistency in the latter instances)

Stupidity can be seen as basically a social problem since it is primarily engendered by a belief in one or more (most often several) conspiracy theories (even when contradictory to each other) as a product of a fundamentally sick society. A sick society emerges from the interconnection between many different changing social environmental circumstances that lead to a breakdown and/or distortion of 1) basic logic, traditional values of humane decency, rules of equitable law and social order, standards of orderly and polite public behavior, modal integrity and 2) social institutions that fostered rational, constructive thinking; and the high ideal of truth and the pursuit thereof in the nurturing of the sense of unity, equality, community, tolerance, respect, consideration, mutual support, interdependence, inclusion, and well-being within and towards each member of society (see, for example, Morrow, 2021; Haidt, 2022; Anderson, 2018; Kuş, 2017; Frances, 2018; Robinson, 1995; Bartlett, 2011; Archon, n.d.; Academy of Ideas, 2020; Chisholm, 1951, physical pages 5-14; Carr, 2008, 2010; McMillan & Brown, 2011; Oliver & Wood, 2018; Pluckrose, Lindsay, & Boghossian, 2019; Asher, 2020; Bet-David, 2020; Lantian, Bagneux, Delouvée, & Gaurit, 2021; Douglas, 2021; Groothuis, n.d.; Ståhl & van Prooijen, 2018; van Prooijen & Douglas, 2018).

One could say that widespread stupidity in the modern world is simply the loss of morality that becomes pervasive throughout a sick global society:

> This much is certain, stupidity is in essence not an intellectual defect but a moral one. There are human beings who are remarkably agile intellectually yet stupid, and others who are intellectually dull yet anything but stupid. The impression one gains is not so much that stupidity is a congenital defect[,] but that, under certain circumstances, people are made stupid[,] or rather, they allow this to happen to them. (Koblin, 2021, physical page 4; and also see Morrow, 2021 – insertions in square brackets indicate deviations in punctuation from the source text to maintain editorial consistency)

So, we are left with the essential question: ‘how do we escape from this modern miasma of pervasive global cognitive and behavioral degradation and widespread idiocy, degeneracy, delusion and society’s self-destruction?’ and, for those individuals still cogent and reasonable, we must ask: ‘how may they maintain their reason, basic humanity and well-being in such a negative environment?’ In seeking the answers to these two questions, we must first each understand ourself as a discrete psyche (i.e., inner core of being), discovering our core values that define our very essence as a unique individual.

As Carl Rogers elucidated in his core hypothesis of human growth and personality change in developing his model of the person-centered perspective in mental health, we, as typical humans, are each endowed by nature [through the evolution of the uniquely human social brain, the social mind arising therefrom, and the social mind’s higher-order cognition and consciousness; its prerequisite of self-construction (i.e., the configuration of one’s self-identity); and its facility for deep, abstract contemplation and introspection in the quest of fusion with our inner self (i.e., with the core spiritual element of our being)] with the fundamental capacity to discover who each of us is as a unique individual. This capacity is enabled and entirely dependent upon a nurturing environment (this nurturing environment termed ‘the psychological atmosphere’ by Rogers) that stimulates and triggers our inherent insight of self-discovery. It is exactly this nurturing environment (i.e., the ‘enriched environment’ as we have defined it) that is constituted within the Salutogenic Well-Being Program (*SWBP*). The *SWBP* enriched environment is critical to offset and provide a buffer against the negativity of the prevailing milieu of the enveloping society in order to maintain (or, most often, to recover) our well-being that is constantly abraded, even to the brink of collapse, by detrimental influences entailing the stifling repression of openness; of frank intellectual dialog; of sincerity; of heartfelt concern; and of a true aesthetic appreciation of beauty in all its dimensions in the realization of a basic harmony of life through our connection with others, our connection with ourselves and our connection with nature (our connection with nature an integral part of us no matter how distant our daily lives are removed therefrom); all such essential qualities diluted and perverted in the modern global sick society which currently engulfs us.

This dilution and perversion of our fundamental behavioral proclivities that define us as human undermine the basic properties necessary for our survival – the most elemental of which is that of intelligence and reason, which has been profoundly weakened not just in the general population, but even within the highest levels of intellectual endeavor in academia and the various areas of science and fields of medicine such that we are rapidly losing the ability to govern ourselves and maintain the basic social and economic infrastructure required for a viable society.

We are becoming more and more incompetent in providing the basic services and resources required to meet the principal needs of a diverse population in a workable societal structure. The problems are legion, and include such major issues as: 1) the failure of an adequate response to the current pandemic in the inability to concretely discern the efficacy and safety of the COVID-19 mRNA vaccines and inability to provide other safe, efficacious, vaccine formulas or other solutions (Campbell, 2022b, 2022c, 2022d, 2022f, 2022h, 2022i, 2022j, 2022l, 2022p, 2022q; Syed, 2022a, 2022b, 2022c, 2022d, 2022e; Terhes, 2022; Malone, 2022; Malhotra, n.d., 2022a, 2022b, 2022c); 2) the recent alarming but unaccountable global rise in non-COVID morbidity and mortality (Campbell 2022e, 2022g, 2022k, 2022l, 2022n, 2022p); 3) the utter incompetency, evasiveness, stupidity, misinformation and outright fraud in a wide range of scientific and medical research and authoritative health guidelines (Campbell 2022a, 2022m, 2022o; Robinson, 1995, 1999, 2017, pp. 1-8, 2021a, 2021b; Dhand, 2022a, 2022b, 2022c; Pillar, 2022; Bendix & Chow, 2022; Sachs & Hsu, 2022); and

4) the ascendency of narrow, agenda-driven teaching and the consequent fraying of a true academic framework that embodies an unbiased, balanced, comprehensive educational curriculum (Filipovic, 2022a, 2022b; Wyman, 2022, Bartlett, 2011, pp. 102-126; Asher, 2022; Bet-David, 2022; Haidt, 2022; Mac Donald, 2018; Pluckrose, Lindsay, & Boghossian, 2019; Hoffman, 2022), as examples of the most pressing ills of society arising from the collective dumbing down of the intellect, substituting fabrication, deception, ignorance and clueless, faux scholarship for real understanding, knowledge and expertise. The population around the world is rapidly becoming more physically unhealthy, cognitively and emotionally unstable, more indoctrinated than educated, and more incompetent in all levels and areas of endeavor, with our governing bodies and so-called 'authorities' deservingly less and less trusted, all contributing to high levels of anxiety, anhedonia, dissociation, depression, disillusionment, confusion, disorientation, and despair in the erosion of well-being and rise of more serious cognitive and behavioral disorder throughout the general population. Such erosion of well-being primarily a sense of loss of self – an uncertainty of who one really is and what one's values really are, and how one is supposed to act and feel about different issues and situations in life, and even a doubting of one's own abilities, self-worth and relevance. The starting point then of recovering one's well-being in the disjointed world we live in is the vital realignment with oneself, the discovery or rediscovery of our own special individuality. But how do we do this? Where do we begin?

While we can understand human behavior and the human mind from a perspective that defines how we are a unique taxon within the animal kingdom, and can logically explain human fundamental behavioral characteristics and their evolutionary origins, such explanations give us no real understanding of the essence of being human. Understanding our essence is certainly no less important than understanding the biological determinants of evolution and the neurophysiology that makes us what we are. No doubt many would argue that understanding the essence of being human is of far more importance than understanding our evolutionary journey and neurophysiological makeup. But how do we understand that essence – how do we even start to examine what it might be? Since it is through our cognitive constructions that our own self-identity is created and the meaning of the world is formed, the object of our examination must be the mind, not as a constellation of cognitive machinery, but as an individual identity aware of its own mortality interacting with the world of its own construction. What does it feel like to be human, to be alive, to navigate the social boundaries of our own making – to live in the palaces and dungeons that we have constructed in our own minds? How do we begin this exploration – can we simply introspectively examine our own experiences of life? No, because we can never be sure that the experiences of our own experience are not just ever-tightening circles of self-reinforcing distortion entrapped within the walls of our limited cognitive constructions from the limited and distorted input of a narrow frame of reference or sick society. As social beings, we learn to understand the world around us through social reinforcement, therefore we need to look into the experiences of others from a wider perspective of social interaction and discourse encompassing a sweeping vista of different times and places and different societies and cultures to validate our own – i.e., we need to learn about the world of humankind in all its varieties of cultures, societies and lifestyles from the widest possible perspectives.

Wilhelm Dilthey (1833-1911), psychologist, sociologist, philosopher, historian, and developer of an evidence-based hermeneutic method of scientific inquiry, in introducing a systematic methodology for the study of the human condition, argued around the late nineteenth century that human consciousness, uniquely experienced by each individual, lies beyond vocabulary or verbal malleability to definitively relate in all its subtleties and

paradoxes of feelings and impressions, and can never be truly known outside a single, closed, individual perspective, and even that individual perspective remains vague, inconsistent and otherwise elusive as "the more carefully we examine our own experience, the more susceptible the experience becomes to our interference, for the interference changes the experience itself. Moreover, our very use of language to describe our experience transforms the experience" [as our so-called 'thoughts' are initially transformed into verbal constructions in the self-decipherment of our experiences in our own mind in our elemental conscious understanding of an experience, and in the relaying of our experiences to others in further transformation – the initial transformation a significant removal from and therefore distortion of the original experience, and the secondary relaying of an experience, a further, more significant removal from the original experience and therefore a greater distortion of the original experience] (Polkinghorne, 1983, pp. 222-223, text in square brackets added for clarity). Each time we recall a singular experience, we further distort it. In verbalizing our experiences (either in orally describing an experience to another person or reviewing an experience internally within our own mind) we reconstruct the experience, 'intellectualizing' the experience, changing the experience through the language which expresses the experience in the sentence construction, connotation of word choices and grammatical structure that shapes the flow of thought, adding and subtracting various emphases, subtleties, nuances and emotive contours, points of view and frames of reference imposed from the aggregate of all past and ongoing experience that form our continuously modified worldview (our natural learning through life's experiences).

As an example of the limitations of our own consciousness, when we are confronted with a question such as 'how did you feel about that situation?' we are often confused when we find that it is difficult to respond with a definitive answer. And though we might be somewhat disturbed by the inability to answer such questions with unconditional clarity, it is perfectly normal not to know with absolute fidelity how one feels about certain things as our cognitive constructs are exceedingly complex since our impressions are constantly in flux, changing in response to ongoing stimuli simultaneously eliciting multiple sensations in the formation of any particular cognitive construct compounded with the paradox of contradictory cognitive constructs, and we can never fully resolve those paradoxes – we just live with them as one's life experiences are an ongoing jumble of paradoxes of mixed feelings, changing vistas of impressions and competing interpretations.

The multitudinous sensory inputs that are instantaneously being processed into patterns of information through our *autonomic* cognitive processing apparatus to form impressions and build logical frameworks, conceptual imagery, personal knowledge databases and an overall cognitive schema within our mind, are so vast and complex, that they would swamp and totally overwhelm consciousness. If such microsubstratum activities were conscious, all concentration would be totally absorbed in analyzing how each microstimulus is processed and internalized and we would starve to death dwelling on the sensations of being hungry rather than forming a broad perception of the world of our surrounding environment to enable the appropriate interaction with that world to obtain the desired and requisite nourishment.

From the fuller understanding today of the neurophysiology of the human brain, and the subtle complexities of the human mind, it can be seen how even the individual perspective of one's own experiences and thoughts are in constant flux and severely limited, as the stream of environmental stimuli, both multitudinous and instantaneously transformed in the ever-changing complex of assemblages of cognitive constructs in the autonomic machinery of cognitive processing, are imperceptible to the slower, highly-filtered, more summary-based

conscious processing apparatus. Dilthey stated that neither consciousness nor the subliminal ('subliminal' referring to sensations or impressions below the threshold of conscious recognition) experiences or constructs of perception that underlie consciousness, closed to intersubjective examination, could be a valid realm of study; however, essential clues to individual human experience and universal manifestations of the mind could be extracted from the comparison of the products of the human mind in all forms of expression such as folk tales, myths, legends, superstitions, religions, history, philosophy, scientific theories and explanations, literature and the arts, language structure and vocabulary, casual conversation, cultural complexes, social structures, lifeways, etc. – which could be studied directly, concretely, intersubjectively, and analyzed in critical, constructive, objective, systematic and rigorously scientific ways (Polkinghorne, 1983, pp. 24-32, p. 223, pp. 284-5).

It is this recognition of the singular importance of not only learning but the environment in which learning takes place that is the nucleus of our Salutogenic Well-Being Program (*SWBP*) and the *SWBP* enriched environment as presented herein. Learning about the world in which we live and different cultures, different lifestyles, different beliefs, different frames of reference, and even totally different worlds of imaginative fantasy, as presented in the *SWBP* curriculum of stories and exploration of different people, places and times, and, engaging in dialog, constant questioning and probing in the framework of the group dynamic and perspective-taking within the *SWBP* enriched environment, where in discussion and reflecting on the different values, points of view and revelations of the different philosophies and personalities in the different stories and scenarios in which the individual characters interact, each program participant introspectively considers where she/he might fit in in each scenario, gaining insight into the universal essence of the human condition, into each program participant's own unique set of characteristics in the way they would react and why in the different situations in the stories in comparison with the actions of the different characters therein and the responses of the other members of the *SWBP* group, grasping clues to one's own unique inner core of being and unique identity on the road to self-discovery. Only the individual her/himself can discover the true essence of her/himself. This is the fundamental concept of the *SWBP* enriched environment and person-centered approach to well-being, and the realization of *SWBP* as a GRR, a principal resource enabling one's discernment of other GRRs critical to one's attainment and maintenance of SOC and the strengthening of one's resistance to the stressors confronted in everyday life.

Totally distinct from and in a direct refutation of the pathology based orientation of the medical model of health defined as the absence of illness, salutogenesis recognizes that health is entirely dependent on well-being (i.e., a construction of SOC in conjunction with GRRs) which is manifest through one's bodily condition and all of the influences (positive and negative) of one's physical and social environment and one's state of mind (cognitively, emotionally and spiritually) in a continuous, highly complex interplay of interactions (i.e., the recognition that well-being is an explicitly holistic phenomenon). Also distinct from the medical model of health is salutogenesis' recognition of the various needs of each individual regardless of whether they are patients with a clinically diagnosed condition, or simply a part of the nonclinical general population who find life challenging and falling short in meaningfulness and the realization of a certain satisfaction in life. As argued in 1979 by Antonovsky, the medical model ignores the needs of the nonclinical individuals in the general population who may be struggling to find balance and attain a sense of well-being in their life; the proportion of people ignored by the medical model of health Antonovsky estimated to be about two-thirds of the general population (Fries, 2020, p. 20, paragraph 'Exclusion of the non-diseased').

In today's troubled world, most of us suffer from some anxiety, disillusionment, and disorientation from disturbing societal conditions that directly impact or threaten the equilibrium of our social relationships, our day-to-day lives and the trajectory of our lives in the future. An already significant and ever-growing number of the nonclinical general population suffer considerable distress, cognitive and intellectual decline, a sense of isolation and loneliness, and a general malaise that continuously erodes individual well-being, enjoyment of life and general ability to manage one's life. In this turbulent sea of widespread discomposure, salutogenesis stands out as a viable holistic model for the promotion and maintenance of health and a primary avenue for the restoration of good health, not just for clinically diagnosed patients, but equally for the general population suffering from exposure to the toxic environment of our contemporary sick society.

Based on a wide range of studies it is evident that the brain of the anatomically modern human (*Homo sapiens sapiens*) is an evolved social brain, whereby all voluntary human behavior is learned, with learning almost exclusively taking place in a social context [for example, even in self-study, as any self-study itself is a consequence of motivations and decisions (tacit or explicit) formed from one's interactions within the different social frameworks of a society or social grouping]. Positive learning (referring to learning that is conducive to self-actualization) is promoted through a positive, stimulating environment. In negative environments (i.e., vacuous, disruptive or corrosive environments) that induce general malaise or more serious health and psychological issues, restoration of cognition and intelligence and the recovery of balanced behavior and physical health requires much more intensive positive stimulation than ordinary casual or formal learning experiences in order to rebuild defective cognitive neurocircuits and to override and transform negative cognitive constructs and behavioral patterns formed from the negative stimulation of the detrimental environment. This more specialized richly stimulating environment is defined as the 'enriched environment.'

The Salutogenic Well-Being Program (*SWBP*), a direct application of salutogenesis, is formulated around a curricula of learning in an enriched environment of socially engaging, emotionally compelling, and intellectually intriguing activities designed to peak the individual's curiosity and wonder at all the mysteries of life and the extraordinary variety of lifeways, customs, beliefs, and traditions of our own species across the vistas of time and place throughout the great human panorama, and yet, peeling back the surface trappings thereof and taking a deeper look therein in seeking the essence of our humanness, we may paradoxically find how so alike we all may be deep down at the core of our being. In this journey of discovery in the *SWBP* enriched environment we connect and merge within a curriculum that stimulates high cognitive functionality and emotionally compelling social engagement reviving degraded cognitive function and expanding cognitive capacity in restoring vital SOC, reclaiming the innate faculty of resilience and renewing the ability to discern and effectively access and utilize GRRs.

Though the current form of *SWBP* evolved from early work in years of research into the origins of and efficacious interventions in serious cognitive and behavioral disorder, such as schizophrenia, dementia, traumatic brain injury, etc.; the more intrusive that the deteriorating contemporary global society became in traumatizing the general population in subtle but significant ways, and in not-so-subtle ways, the development of *SWBP* became more focused on the salutogenic emphasis on the promotion of health rather than pathology per se and on the maintenance of the optimum health of the nonclinical general population rather than only patients with clinical conditions, while basing its structure on the scientific

evidence and established principles defining the basic neurophysiological properties and constructions of the mind leading to both balanced and unbalanced cognitive and behavioral outcomes.

As a result of this direction of research *SWBP* developed as a modality equally constructed for individuals with serious cognitive and behavioral disorder as well as for those individuals with nonclinical, more subtle (but silently debilitating) disruption of well-being. In recognizing that each individual and each individual's circumstances are differentially responsive to the particular structure of dialog and social interaction, *SWBP* is presented in two different formats, viz., the group dynamic as previously described (pp. 13-14), and the other, a companion/counselor format in one-to-one sessions, wherein the 'group' becomes a dyadic structure that follows the same principles as the group dynamic but in more of a companionship style of relationship.

The more casual style of the companion/counselor format is equally available to either clinical or nonclinical individuals, but perhaps might be more suited for the nonclinical general population as most of us could certainly benefit from a salutogenic-oriented counseling structure that provided 1) companionable interaction in an engaging and entertaining social environment in satisfaction of the need for social interaction and activities of fun and interest unfulfilled in the routine of daily life and the conflicts of divisions that are becoming more prevalent and more alienating in ordinary social discourse, 2) health maintenance advice and thoughtful, knowledgeable guidance to and liaison with appropriate medical services and community healthcare and supportive resources when needed, and 3) a concerned sounding board in helping to deal with the ins and outs of the various scenarios that constitute the responsibilities, decisions, difficulties, and complications that continually confront us as an unavoidable part of life that becomes more egregious and more difficult to navigate as our society and its community services continue to deteriorate. Such a program could become a center of community life. As the society and its social services and infrastructure deteriorate, it becomes imperative that we begin to create new community resources to replace those that become less and less relevant to the needs of the population; the focus and structure of the *SWBP* center making it the optimum vehicle for directing and coordinating the building of such resources.

As the development of *SWBP* originated within the principal fields of neuropsychology, applied social neuroscience, cognitive rehabilitation and anthropology of the mind, all concerned with the brain, mind, cognition and mental health (but also informed from studies in a wide variety of other disciplines and fields of research), and the overriding consideration of salutogenesis being that of well-being (SOC) as the foundation for good health, with mental health a necessity for physical health, *SWBP* focuses on mental health through the development of cognitive faculties within a holistic framework of the challenges of life, the demands and ordeals of society and the epiphany and preservation of self.

As a society can be degraded, even destroyed, by its own negativity, it can also be reclaimed by a resurgence of positivity. The salutogenic model represents a vital starting point for such a resurgence as it addresses the needs and qualities of the individual as a discrete, critical factor and integral part within the greater wholeness intrinsic to a sustainable environment encompassing a balanced ecosystem and ecologically and internally harmonious social infrastructure. While no magic bullet exists that will, with a single magisterial discharge, elicit a sweeping makeover of society and the general population in the purging of all faults and ills therein, and certainly no such claim is being made for salutogenesis or for *SWBP*,

however, the basic principles of salutogenesis embodied within the enriched environment of *SWBP* can dramatically influence an individual's outlook on life and an intelligent, concerned interaction with one's environment, thereby, individual by individual, community by community, one by one create a more informed, healthy, caring and responsive global society bit by bit directing us back from the edge of the abyss towards sustainable, nurturing lifeways and more holistically engaged and enriching lives.

The purpose of this paper is to introduce salutogenesis and the Salutogenic Well-Being Program (*SWBP*) and the critical roles of salutogenesis and *SWBP* in addressing the global crisis in the deterioration of health, especially mental health, in the general population and the related deterioration of the contemporary global society itself. Although salutogenesis and its basic principle of a holistic, person-centered framework in health maintenance as a concept has been studied and recognized to be a powerful model as a public health initiative and adopted as a general desideratum by public health agencies and such national and international health authorities as the World Health Organization, the UK Department of Health, the European Commission, the Alzheimer Society of Canada, the International Union of Health Promotion and Education, etc., salutogenesis has yet to be applied in a dedicated, structured program of positive cognitive and behavioral remediation and reinforcement for general well-being, for health promotion, and for recovery from serious mental disorder. *SWBP* is the only well-being program that rigorously applies the principles of salutogenesis for both the individual needing personal direction and those with serious cognitive and behavioral disorder in the promotion of general health based on a scientific foundation of extensive research in the psychosocial needs that define the individual as a unique, balanced, healthy human being.

We live within our mind, and the journey of life continues on through a healthy, active mind and an environment encouraging our innate curiosity and deep human need to share and involve ourselves with others. This paper is an appeal to the academic and public health communities – a call to action to create this environment necessary for a healthy, rewarding life by lobbying for the crucial priority of incorporating *SWBP* within the university academic curriculum training *SWBP* center directors and counselors and implementing *SWBP* community centers that conduct *SWBP* sessions through the university curriculum in cooperation with community organizations. We need to start now to save the future for all of us.

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