Chapter 15
Memetic Diagnosis, Memetic Assessment and Biopsychosocial Epigenetic Formulation

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15.1 Memetic Diagnosis

In the previous chapter, I proposed that a new multiaxial psychiatric diagnostic scheme should have, as Axis I, *Memetic and phenomenological diagnosis.*

What is memetic diagnosis? Memetic diagnosis such as depression and anxiety are descriptions of the memes that distress the patient. As discussed previously, psychiatric symptoms often arise from memetic conflicts, and major psychiatric syndromes are common final pathway brain dysregulation arising from gene $\times$ meme interaction. Furthermore, how a person experiences mental anguish and expresses it is often based on imitation of others, in the original meaning of the term, meme. In addition, memetic influences from the surrounding culture as well as the zeitgeist often determine in what form the distress is expressed. Memetic diagnosis, then, should be accompanied by a thorough memetic assessment of the patient that includes the early memetic environment, potential gene $\times$ meme interaction in childhood, early and recent imitation figures, and recent infusion of stress memes. This memetic assessment should be an important component of the biopsychosocial and epigenetic formulation, the Axis VI of my proposal.

Epigenetic formulation involves the interaction between genes and memes through development, with particular attention to significant stresses and nurturing in early life and recent stresses and social support. These are the factors that may

have augmented vulnerability genes and attenuated resilence genes or vice versa, resulting in syndromic mental illness, neurotic traits, or mental health.

At first glance, Axis I memetic diagnosis may not seem to differ from conventional diagnosis, and as far as nomenclature goes, this notion is correct. What memetic diagnosis implies, in addition to the *meaning* of the memes collected, is the fact that the memes have *replicated* to become a problem. Thus, it is necessary to identify the cause of the replication as well as to treat the process of replication.

The cause of the replication may be (1) imitation and/or empathy, deliberate or automatic, (2) large influx of new memes, (3) replication of dormant resident memes due to either weakening of the dominant memes or new memes augmenting the resident ones, (4) combination of any of the above, potentially causing a final common pathway dysregulation of the brain. The presumptive identification of the cause of the replication is then reflected in the memetic diagnosis with the qualifiers of: neurotic (resident meme conflict or resurgence), situational (influx of new memes or weakening of the dominant memes), or syndromic (final common pathway syndrome representing brain dysregulation). The qualifiers are not mutually exclusive, so that a person may have depression, neurotic and situational; anxiety and panic, situational and syndromic.

In this chapter, I will briefly describe how memetic assessment should be made, how priming factors and role models should be considered in the biopsychosocial formulation, and anticipate some new methods and techniques that need to be developed to further this aim.

15.2 Memetic Assessment

Memetic assessment of a patient should take into account the fact that there are conscious and unconscious memes, and that pathogenic and resilience memes may be either conscious or unconscious. The proliferation of usually dormant pathogenic memes occasioned by recent stress is often the precipitating event of the final common pathway syndrome.

15.3 Conscious Memes

Traditional methods of history taking and mental status examination will reveal the memetic content of the patient's suffering. In addition, the clinician's mirror neurons will generate memes within the clinician mirroring the emotional experience of the patient, i.e., empathy.

In making a memetic diagnosis, it is important initially to *listen* to the patient and appreciate the patient's memes rather than reinterpreting them immediately according to the clinician's memes. For example, when a patient complains of feeling sad and tearful, it should not immediately translate into depression, as the memeplex of feeling sad and tearful (think of an image of a person who is sad and tearful) can have many different causes and situations. For example, she may be feeling sad and tearful because she has an image of someone sad and tearful stuck in her mind (i.e.,

an isolated unchecked replication of sad and tearful memes as an imitation of the image), whom she may have seen in a film or a book. Thus, a natural question to ask may be, "When you are feeling sad and tearful, what comes to your mind, any persons or images?" Of course, considering the associated symptoms and signs of a major final common pathway syndrome such as major depression is important, but so is an understanding of the memetic nature of the patient's experience and presentation.

External or situational stresses and the memes they awaken are important contributors to psychiatric symptoms and should be addressed. In addition, as memetic conflicts often lead to anxiety, despair, and emotional turmoil, it is important to identify memetic conflicts in the patient. Direct questioning may be very useful, i.e., "Stress, as well as conflicts or dilemmas within one's own mind often causes anxiety, irritability, and depression. Have you had any recent stresses or struggles within your own mind?" When asked, many patients will respond with a sense of relief that the clinician understands his or her emotional turmoil. The memetic conflict is often conscious or preconscious and readily available for discussion, such as ambivalent feelings about job or spouse, or even existential (and possibly depressive) ruminations about life and suicide.

15.4 Unconscious Memes

The memetic conflicts are often unconscious, i.e., repressed by the dominant self-plexes, and the patient may adamantly deny any internal conflict. This is particularly the case when the memetic conflict is among the memes that have been resident in the brain for a long time, perhaps since childhood, or when there is a conflict between the seflplex and a surreptitiously introduced memes (see Chapters 11 and 12) that may awaken a dormant and dangerous resident meme.

Such unconscious memes and memetic conflicts may be surmised indirectly by obtaining a thorough personal and cultural history as well as the history of interaction among family members and cultural/subcultural groups and artifacts, such as customs and values. Very strong affect-laden acceptance or rejection of such values and customs may reflect underlying conflict. Projective tests, such as the thematic apperception test (TAT) and the Rorschach may also shed some light into the unconscious memetic life of the patient (Blatt et al., 1994; Bornstein and Masling, 2005; Klopfer and Kelley, 1942; Stein, 1955).

15.5 Priming Factors and Role Models

Memetic assessment should incorporate *priming factors* and *role models*. Priming factors may include having been exposed to the meme that mental distress should be expressed as a somatic symptom, and a role model may be a relative or a friend who had a particular symptom. For example, the exacerbation of back pain with depression may be modeled after a friend who had similar symptoms and was bedridden.

15.6 The Need for New Memetic Diagnostic Tools

Up to this point, we discussed existing diagnostic tools to identify the memes and memetic contribution to psychiatric illness. It is obvious that the existing tools are limited because they do not explicitly identify memes as the target of investigation. Thus, there is a need for tools specifically designed for collecting and identifying memes and memeplexes. In a sense, free association in psychoanalysis and psycho-analytically oriented psychotherapy is a method of collecting memes, but the length of the procedure is uneconomical and what to do with the seemingly randomly collected memes is open to question.

There is a need for more efficient and systematic methods of useful meme collection. The Jungian word association test may be an existing technique that may identify unconscious conflictual memes or *complexes*, and may deserve another look (Golden et al., 2000; Mohan, 2000).

Computerized meme scan may be developed. The goal of the scan would be to identify more common meme conflicts and the presence of pathologic memes and their strength as well as to determine the selfplexes and the degree of memetic democracy or autocracy. An inventory of beliefs, both common and uncommon, may be developed. Meme scan could also incorporate aspects of word association test, free association for a limited amount of time (somewhat akin to the Gottschalk-Gleser verbal sample test), Myers-Briggs personality typology, and skin conductance associated with computer-presented potentially conflictual word (Gottschalk and Gleser, 1969; Gottschalk et al., 1969; Myers et al., 1985; Quenk, 2000; Tieger and Barron-Tieger, 1997; University of Mississippi, Department of Psychology, 1981).

Memodynamics might be a tool to understand the ebb and flow of memes and the relative strengths of various memeplexes in the course of development of the individual. This would be a history of conscious and unconscious belief systems and their changes from childhood through adolescence to adulthood and beyond. What was your idea of how the world started when you were a child? What was your idea of your parents as you are growing up? What did you like to read as a child? Fairy tales? Did you believe in fairies? When you were school age, what did you believe about how the world began? How about now? Who was your hero when you were in grade school? In high school? Please describe how things changed during your adolescence, etc. This type of detailed history could also be obtained through a computerized program where the subject plays an active role in inputting the data and answering questions.

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