

## Chapter 20

# Overview of Specific Syndromes

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### 20.1 Introduction

In subsequent chapters in Part IV, we will briefly discuss specific psychiatric syndromes and their treatment. We will here use a model of mental illness that represents a dysregulation of normal brain function as a result of gene  $\times$  meme  $\times$  environment interaction through development (Chapter 12, 13, and 14). The diagnostic nomenclature is phenomenological and memetic, and depending on the degree of the dysregulation, gradations of diagnosis could be made, e.g., from anxiety as a symptom to anxiety neurosis to major depression and/or psychosis (Axis I in my scheme, see (Chapter 14).

It should be emphasized that by “genetic,” I do not mean just the DNA but also the products of the genes in action, i.e., the organism. By “memes,” I mean the information processed by the brain that is or potentially is transmitted (i.e., leave the brain) to the outside.

Thus, an Axis I phenomenological (neurophysiomemetic) classification clustered around presumed brain function/dysfunction may be as follows:

- A. Attention-cognition spectrum syndromes (delirium, dementia, impulse control syndromes, ADHD, antisocial personality, obsessive-compulsive personality traits, obsessive-compulsive syndrome);
- B. Fear–anxiety–depression spectrum syndromes (anxiety, panic, ASD, PTSD, depression – neurotic and syndromic, borderline syndrome, mania, adjustment disorders, avoidant traits and personality, phobias);
- C. Reality perception spectrum syndromes (psychosis, dissociation, conversion, somatoform, misattribution somatization);



for whole populations. One can be both a farmer and a carpenter, but one cannot be both a Christian and a Muslim.

Memes that are primarily geared to replication of themselves often at the expense of the genetic needs of the organism may be toxic to the individual. Such memes include most fanaticisms and fanatical religions and superstitions. They are toxic because they suppress, paralyze, and stunt the development of the filtering and sorting function of the brain (ego).

The state of symbiotic relationship between genes and memes in the brain represents the state of mental health or illness (Chapter 12 and 13). When there is a harmonious relationship among the memes in the brain, and their overall function is in the service of the genetic needs of the organism, and when there is a harmonious relationship among the genes in the brain as a result of epigenesis, and they have a harmonious relationship with the goals and plans that the selfplexes are striving for, there is mental health. When there is conflict between the needs of the genes and the memes, or among the memes and genes, then there is distress of varying severity. When the distress reaches a certain threshold, an autonomous syndrome may ensue, which represents a final common pathway brain dysfunction (Chapter 13). Exactly which symptom or syndrome occurs depends on specific gene  $\times$  meme interaction and vulnerability determined through epigenesis and development of selfplex. Thus, there may be individuals primed to develop anxiety, depression, dissociation, psychosis, etc., due to the genetic trait in interaction with the memetic environment, e.g., Is it more acceptable to express distress with a somatic symptom? By acting crazy? Withdrawing?

### **20.3 Toward a Dimensional Approach in Identifying and Treating Mental Illness**

All the conditions in the five categories of mental illness listed in Section 20.1 may coexist with each other and may overlap as the categories are simply representations of important brain functions. Each of the categories except the primary memetic/imitation conditions can be represented in a continuum using scales and subscales of assessment as below. Scales for many of these items are currently available, others need to be developed.

It should thus be possible to develop treatment strategies geared to improving each dimensional scale representing dysfunction or symptoms. Thus, for a patient who has a severe dysfunction in Af. Obsessiveness scale, Ag. Compulsiveness scale, Bb. Depression scale, Bf. Neurovegetative symptoms scale, and Cb. Dissociation scale may be best treated with a selective serotonin reuptake inhibitor (SSRI) which is known to reduce both depressive and obsessive-compulsive symptoms. The dissociative symptoms may be treated with meme-oriented therapies to reduce anxiety and to experience the obsessive thoughts as a dysfunction in meme-processing loop,

and through self-hypnosis to gain mastery over the dissociative experience and to strengthen a sense of selfplex.

The degree of efficacy of treatment may be monitored through repeated administration of relevant scales.

#### Diagnostic Scales (Normal—Neurosis/Trait— Major Syndrome)

- A. Attention-cognition spectrum conditions
  - a. Attention scale
  - b. Hyperactivity scale
  - c. Cognitive achievement/impairment scale
  - d. Rationality scale
  - e. Impulsiveness scale
  - f. Obsessiveness scale
  - g. Compulsiveness scale
  - h. Antisociality scale
- B. Anxiety-mood spectrum conditions
  - a. Anxiety scale
  - b. Depression scale
  - c. Stress disorder scale
  - d. Mania scale
  - e. Self-esteem scale
  - f. Neurovegetative symptoms scale
    - Sleep subscale
    - Appetite subscale
    - Libido subscale
  - g. Avoidant trait scale
  - h. Specific phobia scale with specification of phobic object
- C. Reality perception spectrum conditions
  - a. Selfplex integrity (smoothness of selfplex transition) scale
  - b. Dissociation scale
  - c. Psychosis scale
    - Hallucination subscale
    - Delusion subscale
    - Association subscale
  - d. Eccentricity/unconventionality scale
  - e. Misattribution/somatization scale
- D. Pleasure-motivation spectrum conditions
  - a. Anhedonia (reward deficiency) scale
  - b. Substance use scale
  - c. Memetic pleasure scale

- Rationality subscale
- Hobby subscale
- Idealism subscale
- Spirituality/religiosity/fanaticism subscale

E. Primary memetic/imitation conditions

- a. Eating disorders
  - Body weight perception scale
  - Attractiveness perception scale
- b. Suggestibility/Gullibility Scale
- c. Conformity Scale