In The Name Of Allah
The Compationate, The Mercifull

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Note/by Dr. Amir Kasra Mohammadi
Preface by Master Mohamad Ali Taheri
Mood Disorders
Case Report References
A talk with Dr. Monir Hadad
Eastern wisdom, Western psychology, Iranian Fara-therapy
Some Points on the term “Psymentology”
While the world races towards industrialization and profound technological transformations, psychological disorders and psycho-social problems are still a fundamental issue with an unpleasant outlook ahead.

As an extra psycho-social problem, psychological health requires a correct understanding and interpretation of the interrelated issues, and one must examine it within the context of the fundamental agents. The importance of this issue is that one must look beyond the independent variables which naturally play a fundamental role in psychological health and psychological disorders and understand other important agents within the context of a holistic approach.

A Dialectic movement in the recent decade has made western psychology more rigid, organized, more scientific and more precise, while it scorns upon any unclassified experience. Nevertheless, in the words of Murphy (1975), one can say that psychology is compelled to expand and become more flexible. In the annual congregation of the American Psychology Association, Alport (1965) said that he is witnessing a returning “interest in more comprehensive and philosophical issues” while “blind empiricism” is on the fall. In the current era, the people are attracted to having a more comprehensive and extensive psychology.

The main topic of psychology is the human being, who is not confined to “physiological layers”. Therefore, the first step must study the features of the human being within the bosom of creation. It can be said that a realistic, comprehensive and all-inclusive school of psychology has the ability to interpret all the psychological dimensions of mankind in illness and good health. The human, isolated from the universe, the creator, eternity, the origin and the afterlife, means nothing but a bunch of skin, bones and cells.

The human being is essentially a multi-dimensional being and the process of psychotherapy or any other kind of therapy, is tied into a complete analysis and understanding of his role within the context of the universe which leads to a precise diagnosis and an all-inclusive cure.

Faradarmani and Psymentology, are Iranian complementary medicines which have taken fundamental steps in creating a new paradigm by presenting a holistic framework; thus presenting a different method in the field of treating psychological disorders called Iranian com-

Note

*This presence which is nearer to myself than me and yet still unknown to me, moves my tongue and leads my deeds and causes my life to be a repetition of the same old things, and fills my dreams and guides my destiny. What is this presence?*

Dr. Amir Kasra Mohammadi
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plementary psychotherapy. A treatment with a practical interpretation of the divine features of mankind in the universe and in relation to the whole cosmos.

This outlook holds that every material thing which has been created in the universe, from the elementary particles defined in physics to entire galaxies, is governed by a consciousness, and material objects are nothing more than observable manifestations of this consciousness. In this method of treatment, a connection is established with the Interuniversal Consciousness Network which simultaneously examines all of the parts of the human existence. In this connection, troubleshooting is performed on the parts of the human existence according to the expedience of this Consciousness, and the patient undergoes the steps of treatment in this way. Technology and empirical knowledge are only one of the ways of helping psychological problems (Kaufmann 1989). With the results acquired through experience, it seems that Faradarmani and Psymentology are other ways of treatment. In addition to the cure of individuals suffering from various psychological disorders, having a life and increasing satisfaction of livelihood is necessary. In this respect, the spiritual growth of the patients can increase their quality of life. Other than providing a cure, Faradarmani and Psymentology can give meaning to and enhance the lives of individuals by awakening rich spiritual resources and the divine dimensions (including spiritual discourse, spiritual interpretations, help in re-defining God and discovering a new and divine outlook on the universe and creation).

In the process of Faradarmani-Psymentology, the only thing required is becoming a witness, submission (to God), good will and a kind of communal connection to the divine consciousness, only this and nothing else. All of this plus a connection to the Interuniversal Consciousness will alleviate the patient’s body and soul and reduce their symptoms.

Rogers (1980) has this to say on self-actualization and transcendence: “Whenever I find myself in the presence of my internal self, I find self-illumination; whenever I come into contact with my unknown-self to a degree, whenever I achieve a state in an interpersonal relationship, I call it an altered state of self-awareness. In this state, anything I do will be healing and therapeutic. It is in these moments that it seems my soul has grown wings to fly and come into contact with and help the soul of another human being. (In these moments) there is a deep growth and the healing energies have become active.”

In Psymentology, the issue of curability is considered a definite reality, and in contrary to the theory above, the main indicator is a connection with the consciousness governing the universe, not the individual’s presence, attention to self, achieving self-awareness and etc, because it is not possible for the patient to achieve such a presence, in spite of his problems.

A large number of psychologists and psychiatrists who practice this treatment, use their connection to the universe and its consciousness, according to the necessities of treatment or the request of the patient, and have reported the benefits. The current endeavor is the creation of a monograph in the field of the effects and practicality of Faradarmani-Psymentology in the treatment of some psychological disorders. This has been done with attention to the dire need of the patients (attention to spirituality and human as a whole) and the mention of some samples of successful experiences of psychiatrists in using Faradarmani-Psymentology in the treatment of some psychological disorders.
Being categorized amidst other fields in Complementary and Alternative Medicine (CAM) of Iran, and concerning the mind-psychology of mankind, Psymentology has an Interuniversalist perspective on the human being with an all inclusive approach. Mind and psyche each are dealt as a separate concept in Psymentology, comprising a specific part of an individual. This subject tries to alleviate mental and psychic disorders.

Psymentology Objective

The main target of Psymentology is the recognition of humankind, and the constituent softwares of the human existence, the diagnosis and treatment of mental and psychic disorders, as well as the unknown & unidentified disorders, which could also be pursued further as sub-classified below:

1-Acquiring Self-recognition in order to truly locate the human status in universe and the constituent softwares of the human existence.

2-Provision of precise definitions embracing the Human; Excellence; Perfection & man’s Culpmination, & etc.

3-Assisting mankind to attain the best quality of:
   a. Well being
   b. Well doing
   c. Well having
   d. Well thinking

4-Diagnosis of mental and psychic disorders along with resolving and software treatment of the above-mentioned problems.

5-Provision of up-to-date definitions in relation to mental and psychic maladies, besides diagnosis and dissociation of normality and abnormality.

History

Founded by I thirty years ago, “Psymentology” or “Interuniversal Mind-Psychology” has now gone through its experimental phasesquite succes counter with the truths and facts of existence, excessively grabbing my attention as a child; reflecting over “Where do we come from? Where are we going to? Why are we here? Where are we heading to? Who is the creator? What has he made the creation for? What is the outcome of this creation? Who is mankind? What are the possible
ways to approach & acknowledge Him? How are His potential powers activated? What are life and death? And etc.” I mean I had a great enthusiasm to comprehend the existing universe, to discover its mysteries and secrets which was incessantly conquering my mind. Then, on November 1st 1978 and all of a sudden, some mental inspirations and revelations occurred to me following which some dimensions/angles of the human being and existence were disclosed, and led me to the understanding that there is an immense Awareness & Consciousness dominating the whole of existence. Identical to a “Cosmic Internet”, this all-encompassing awareness has integrated all its constituent elements covering them up consciously. This revelation was not only including the theoretical issues but also the applicable information and operational instructions for practice; therefore the manner of applying such an Internet was the due reason to establish fields like: Faradarmani, Psymentology, and some other. As a consequence to such a perception came the “Interuniversal” mentality, based on which mankind is supposed to expand his reflections unto the entire existence, viewing life from a wider viewpoint, figuring and reaching out to his/her own unique position.

**Psymentology: General Principles**

1.-The human existence possesses an infinite number of interrelated components. Likewise, any method intending to analyze him must previously contain an “Interuniversalist” approach, simply to be able to inclusively explore his infinite number of interrelated existing components all together.

2.-To learn about man’s intrinsic essence and philosophy of existence, besides his true status in the ecosystem , his behavior and personality as well as other definitions relating to mankind are to be lucidly interpreted and illustrated. Having this in mind, Psymentology pays special attention to the comprehension of man’s stance in the ecosystem.

3.-Man’s psyche, physique and other constituent elements in his existence are considered all integrated and unified, whereas separating them apart would only lead to erroneous consequences.

Ecosystem encircles all the material connections in the universe in which every particle stands interconnected with another one. The ecosystem follows some certain and determined objective, knows from where it has started off and to where it is heading; what goal it is pursuing, and what distinct interchanges, alterations and/or designs to materialize in order to achieve its desirables and aims. Accordingly, the ecosystem owns personality, manner and character. Because its progress is pointed towards a direction, it is thus identified and personified. Therefore its behaviour is in line with providing both a trajectory and a personality to the ecosystem. As a result, the ecosystem enjoys a character entitling it as a living entity. This very living being has a memory called “Cosmic Memory”. Such a being should inevitably bestow a mind too, since this enriches the system with speculation and contemplation, all of which characterizes the ecosystem with an identity. This portion we call “Cosmic Mind” which ought to contain “Awareness & Consciousness” leading the universe towards a specific end. Provided that we admit the fact that the Cosmos is alive, hence it should retain a “Vital Force” too. Vital force prevails throughout the universe and is manifested by a variety of detectors. Different forms of life on earth represent these diverse detectors, from which the various species of mankind, animal, vegetation and micro-organisms have originated.

However, each part and every particle of the universe requires an exchange of daily bread by which they sustain to survive. For instance, each bit (of existence) continues to be thanks to a universal and cosmic gravity; rotation is based on two opposite forces: centrifugal and gravitational; likewise the relationships among various parts/pieces in the immense ecosystem of the whole being make them all maintain to exist. The combination of all such interactions supplies the sustenance and livelihood to the whole existence, where in a sense, the God of creation has set up these correlations based on certain rules and regulations. All of these principles and such regulations are recognized as supplier of sustenance and livelihood.
With regards to the fact that Psymentology is an Interuniversal science, each and every internal and external factor contributing to man’s conduct is totally investigated.

A Brief Definition of the Dimensions of the Human Existence

As stated earlier, in “Psymentology”, defining the dimensions of the human existence is a function of the “Interuniversalist” approach by having an Omni-lateral prospect upon the human being. Within this perspective, the aspects of the human dimensions are viewed as countless, comprised of various counts of software & hardware fragments. Of course, the entire hardware components are eventually managed and controlled by a single software compartment.

Some of human constituent components are:
1-Diverse bodies like: the physical body, psychic body, mental body, astral body, etc.
2-Various energy transformers, namely known as “Chakra”.
3- Numerous energy channels like those of limited, restricted or the fourteen non-physiological channels in the body as investigated in acupuncture.
4-Varied energy fields surrounding the body such as: polarity field, bio-plasma field, etc.
5-Components like: cellular consciousness, molecular frequency, several software constituents, and an infinite number of other unidentified elements.

In the Interuniversal approach, each fragment is contemplated in correspondence with every other element. Physique, psyche, mind, different bodies and other human components of existence are interrelated, where any impairment to one part could lead to the destruction of the others. Subsequently any exact diagnosis and/or even locating the particular component pertinent to the malady would be out of question. Here only an intelligent system with thorough competence, via an exhaustive scrutiny - or Scanning, could diagnose and cure any afflicted constituent part. Such a superb conscious grid, known as the “Universal Consciousness Network – or Interuniversal Consciousness” is being utilized in Psymentology. This network is the overall awareness & consciousness, dominating the whole universe, just like a “Universal Internet”; which is intelligently integrating and cohesively overlapping all the components there.

General Subjects in Psymentology

The subjects of Psymentology fall into two general categories:

1. Theoretical
   - Definitions regarding the components of the human existence as well as an understanding of the setup of man’s structural blueprint.
   - Recognition and recovery methods of psymental disorders and psychosis.
   - Analysis and description of the complications concerning the mental perceptions, psychic emotions & drives, and the resulting behavioral phenomena.

2. Practical
   - Includes all the prevention methods, the elimination procedures of the mind-psyche injuries, and healing unidentified disorders.

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**Approach & Process**

“Psymentology” or “Interuniversal Mind-Psychology” is a framework in which the treatment is achieved through a software approach, without any hardware interventions or manipulations (by hardware we mean the treatments applied physically [i.e. externally] such as pharmaceutical, invasive & surgical, physiotherapy, massage treatments, or any other similar method in which utensils and devices are to be implemented. On the contrary, by software interventions we mean only those therapeutic applications related to the internal software of man, away from any pharmaceutical or operational, & etc. treatments, and without resorting to any technique, in order to examine and resolve the patients’ ailments). Despite that psychoanalysis, psychotherapy and etc. are classified as software interventions; none of them are applied in Psymentology. In fact, Psymentology is not technique-based, and by this, it is vividly distinguished from other common psychology & psychiatry therapies.

“Psymentology” seeks to understand mankind and the constituent softwares of his existence, and also to cure man’s unidentified mental conflicts by serving as Complementary & Alternative Medicine (CAM) in helping those who are troubled; whereas in this approach the probing and the removal of any software disruptive. Viewed as a tiny member in this set-up, humankind is supposed to play his/her role quite accurately. Abnormality (malady) refers to any type of: disorder, blockage, damage or imbalance in any of the infinite constituting components of man’s existence.

Assuming the definition of the malady and implementing it in accordance with that of the Interuniversalist approach, drawing a diagnosis, in that case, would be something unlikely and impossible. One of the reasons to the existence of such a variety of specialized fields in current medicine is to achieve a more accurate diagnosis as well as implementing a more applicable treatment procedure. Therefore, a common field of therapy is divided into as many subcategories and specialties as demanded, in order to facilitate a more accurate diagnosis. Finally, the patient’s status is diagnosed with many varied opinions and several diagnostic statements.

In Faradarmani and Psymentology, the patient’s treatment process is followed as described by an “Interuniversalist Approach”. Through these two complementary methods and quite unlike other medical fields, neither the diagnosis nor its treatment is attained by a human being; it is a process in which the therapist plays no role at all. This distinctive diagnosis, free from any human initiative or even intervention, takes place principally by the grandConsciousness (the unique Cosmic Awareness), through investigating (Scanning) the being, diagnosing/locating the defected components, and healing them afterwards. As a matter of fact, “Scan” indicates that the whole human existence is thoroughly scrutinized by the magnifying glass of this Consciousness (Interuniversal Consciousness Network).

As explained earlier, mankind is comprised of countless constituent components, thus, the scanning and correction could only be made possible with the support of this grand Consciousness.

**Term Definition: Mind**

The mind exerts a software management on all the dimensions of the human existence, control-
ling the entire software functionality of man’s various components; scaling from cellular operation
to memory management, learning, and etc. Man’s perceptions are a product of the efforts of the
Mind. In Psymentology, Mind is not regarded as a subordinate to the brain, but the brain activities
are a function of the Mind, meaning that it is in charge of managing the brain.

Here, “perceptions” are meant as how one considers the universe (inclusive of the internal &
external world of the human being). What our multiple senses report/transfer to the brain would
be analyzed by the Mind, based on which every individual considers their own interpretations each
deriving distinctive outputs from the individual’s sensations. Viewing a given phenomenon, an
observer could regard it as favorable, while it stands quite unfavorable for another; whereas the sub-
ject for both observers has been the same. Simultaneously, it is also possible that an observer could
conceive and witness a subject, which another observer would not be able to conceive or witness.
In Psymentology, such an understanding is called “Perception”, which is manifested by the Mind.
Moreover, the Mind is tasked with controlling the memory, arranging the information as well as
managing the body and its cells.

Human Mind is then separable into two divisions “Instinctive Mind” & “Perceptive Mind”:
1-Instinctive Mind

This is the Mind which, in relation to provision of vital, natural or instinctive needs, by pro-
cessing the required data arrangements, figures out and provides the most accessible solutions for
survival. The property of this part of the mind is not exclusive to mankind. For example, with the
support of its instinctive Mind, an ant knows well how to build the nest, carry the seeds and how
to store them.

2-Perceptive Mind

Perceptive Mind, on the other hand, takes care of the data arranging and processing it in a way
that yields in interpretations from the creator, the whole existence, the very self, and any topic
surrounding mankind, therefore resulting in manifold understandings, sensations and comprehen-
sions in regards to any phenomena. This perception is exclusive to mankind, where the perceptive
Mind is only activated within humans and no other animals or plants.

Term Definition: Psyche

“Psyche” is the part which detects and manifests human feelings. Following the mind inferring
findings out of the internal & external events, it is then the turn of the Psyche, which based on the
predefined programs and criteria, to transliterate each mental perception into the language of emo-
tions, bringing about a sense of grief, rapture, fear, resentment, repulsion, happiness, misery, pride,
hope, dismay, disgrace, and etc.

The Psyche parts in two sections “Instinctive Psyche” & “Emotional Psyche”:
1-Instinctive Psyche

That sensory center of the living creature, being responsive to its instinctive needs, is referred to
as the “Instinctive Psyche”. For instance, delay in feeding a human, animal or even a plant, would
cause restlessness, anxiety, worry, psychological imbalance and finally depression; or the example of
lacking a mate in mating season, could exasperate an animal. The “Instinctive Psyche” is the com-
mon agent of depression among human beings, animals and plants.
2-Emotional Psyche

Exclusive to mankind, the “Emotional Psyche” manifests human sentiments, revealing the feelings in a meaningful fashion. In response to all inner and outer interpretations, this section of the psyche is capable of demonstrating a sentimental reaction causing positive or negative feelings. In this respect, feelings such as: grief, rapture, fear, resentment, repulsion, happiness, misery, pride, hope, dismay, disgrace, etc. are manifested, giving different meanings to life and existence; a part which is exclusive to mankind.

Body, Psyche & Mind: The Principle of Interactive Effect

This principle indicates that the eventual result of mental, psychic and physical activities is transported through such a cycle, as in figure 1.

Let’s say if there is a blow to one’s body, the resulting pain would cripple the individual’s mental and perceptual function, thus scarring their psychological and emotional activity. While on the other hand, the individual’s mental arrangement in taking on the pain and getting along with it, would respectively determine their feeling on the manner of a negative reaction against the blow; after which the degree and scale of the pain as well as its tolerability would in turn redefine the intensity of the pain for the body.

Given that someone, whose life is at jeopardy gets physically injured while attempting to escape, their mind leaves no room for the pain to remind itself; following this, the individual’s psyche also forbids any occurrence of such sensations, and therefore the body is exposed to a lessened pain level. Respectively, the higher the risk level, the more pain control by the mind. This whole issue grows more tolerable with having justifications for enduring pains like: in beauty/cosmetic surgeries, reaching one’s most desired ideal, or getting blessed via spiritual recompense (participation in some rituals involving tension and/or physical stress). Hence the pain level report from the body is a subordinate function to a mental software program.

In the case of a mouse in pursuit of a piece of inaccessible cheese which would resort to a variety of data arrangements in its mind. It would first try out several routes and methods to reach it, in which case any failure could lead to a confusion and disturbance. The case is the same with mankind, where for example, if one’s endeavors for making a living all fail, this can end up in derangement and total disorder.

In Psymentology, the Mind is not only detached from the brain, but brain functions are subordinate to the Mind which controls them.

Classification of Disorders
1-Physical Disorders
2-Psychic Disorders

Like types of depression (of radiant, mental, psychic or physical depressions) and kinds of agitation & anxiety.
3-Psychosomatic Disorders
Ulcerative colitis, peptic ulcer, hypothyroidism

4-Mental Disorders
1-Software-wise Classification
a-Software conflicts such as sexual orientation disorders
b-Non-software complications (Inorganic Virus Theory)

2-Subject Classification
a-Perceptual hallucinations like: visual, auditory, conceptual, sensory and motor
b-Bipolar Disorders
c-Multiple Personality
d-Obssession
e-Irrational fears (Phobia)
f-Inclinations and abnormal drives like: abnormal attachment and detachment, homosexual tendencies, suicidal drives, sadism, masochism.
g-Unusual behaviors like sleep walking

5-“Mentosomatic” Disorders
a-“Insight” i.e. cardiac seizure due to intense agitation or stress
b-“Hysteric” i.e. hysteric blindness, hysteric deafness, hysteric paralysis, and etc.

6-“Body-Mind-Psyche” Disorders like: insomnia and sleep complications

7-Some unidentified disorders not yet catalogued elsewhere such as: relocation and rotation of the pain in body, unexplainable bruises on the body skin, sleep paralysis (Bakhtak), and etc.

Some Theories as proposed in Psymentology

Inorganic Viruses Theory
One of the most indispensable theories in Psymentology is the “Inorganic Virus Theory”. According to this theory, mankind is encountered with viruses that could affect his mind, body and psyche; infiltrate in man’s diverse existing components and data files, having them contaminated with parasites and derangements. When such parasites occupy the Mind data files, they consequently would bring about all kinds & sorts of hallucinations, abnormal behaviors and unusual drives. In Psymentology, through resolving the symptoms of this contamination as well as purifying the patient of inorganic viruses, we are able to get rid of these and such complications. During the past few decades several successful experiences have been carried out proving the afore-mentioned theory.

It is worth mentioning that the term “Inorganic Beings” is applied for beings void of any organic or material aspect, whose unidentified form is not amassed with any atoms or molecules. At least and for the moment, they do not possess any physical or understandably tangible formation. As a result, and due to the lack of any bodily or identified structure, the world of science is not capable of identifying them or tracing them. However, the only possible way yet to distinguish and remove
them with the associated disorders, is applying the available experimental evidence and documents. This might at first glance seem quite bizarre and incredible, as it used to be mockery and ridiculous when Dr. Koch and Dr. Pasteur spoke of “bacteria”, whose existence was gradually proved.

**Consciousness Field Theory**

1-Particle Behavior in Consciousness Field

Particle Behavior: Each and every particle is influenced by a variety of fields such as: gravitational, electromagnetic, and etc., whereas here, another field is introduced as “Consciousness Field”. For now this field can be identified only through experience. Within such a domain, each particle turns subordinate to its superior consciousness. The overall behavior of particles in such a field varies from those of other fields. Conformability, decomposability and composition (reparability) are amid properties assimilated to this field.

2-Software Behavior in the Consciousness Field

a-Software Improvement: in a “Consciousness Field” human, animal and plant software programs are all reconstructable and improvable, via (exposure to) the Consciousness Field. For instance, applying the Consciousness Field for correction of sleep patterns.

b-Software Compatibility: In a “Consciousness Field”, the existence software programs are able to also harmonize and gain coherence with the new Consciousness Field. One of the byproducts of Software Compatibility in the Consciousness Field is a “Consciousness Immunity”.

**Consciousness Contamination Theory**

Based on one of the theories of Psymentology, human psychic mood and temperament could generate “Non-physical Radiations” or in other words “Consciousness Radiation” being neither a wave nor a particle. These positive or negative radiations can leave positive or negative impacts upon others. That is why we get varied feelings while visiting different people with pleasant or unpleasant sensations, following which a changed disposition is to come up. More importantly in this regard, is the contagion of varied disorders via negative consciousness radiations. In a sense, whilst the psychic body is producing negative radiations, this radiation could contaminate and involve others, overshadowing them too. As an example, those who are in touch with, encounter or deal with depressed people are bound to feel depressed after some time.

Among the groups gravely exposed to radiation contamination, we can list: psychologists, psychotherapists, dentists, hypnotists, lawyers, and etc.

**Brain Function Theory**

Here, the brain is considered as a collection of antennas which broadcasts, transmits, receives and/or transliterates into the language of the body the whole sensory data from inside and outside of the physical body unto the various bodies of the human existence like: mental body (perceptual part), psychic body (emotional part), and the rest.

Issues explained within this preface are just meant to serve as an introductory presentation of “Psymentology”. The very core issues of this field of study are elaborately dealt with in a book being published, which hopefully will be soon available to the researchers and all those interested.
Mood disorders involve a wide group of disorders, which pathological temper and related disorders are the predominant clinical façade & demonstrations of them. These disorders, in some of the previous editions of Diagnostic & Statistical Manual of mental disorders (DSM), have been known as affective disorders, but later, the term “mood disorders” was preferred. Because this term considers continuous and stable emotional states, and does not merely focus on the extrinsic manifestations of transient emotional states. Mood disorders can be best described as syndromes.

Moods might be normal, elevated or depressed. People usually experience broad ranges of mood states and their emotional manifestations are relatively vast; also they assume that they can overcome their temperamental and emotional states. As for mood disorders case the sense of dominance vanishes and the person feels massive pain and suffering.

In patients who have elevated moods (mania), expansiveness, flight of ideas, decreased sleep, increased self-confidence and self-important thoughts can be observed. In patients with depressed moods (depression), loss of energy and interest, feeling guilty, difficulty in concentrating, loss of appetite and thoughts of death or suicide are evident. Other signs and symptoms of mood disorders include change in activity level, cognitive abilities, speech, and vegetative functions (such as sleeping, sexual activity and other biological orders). These changes almost always lead to the patient’s disturbed interpersonal, social and occupational functions.

Patients afflicted with only major depressive episodes are said to have major depressive disorder or unipolar depression. Patients with both manic and depressive episodes or patients with manic episodes alone are said to have bipolar disorder.

The field of psychiatry has considered major depression and bipolar disorder to be two separate disorders, particularly in the last 20 years. The possibility that bipolar disorder is actually a more severe expression of major depression has been reconsidered recently, however. Many patients given a diagnosis of a major depressive disorder reveal, on careful examination, past episodes of manic or hypomanic behavior that have gone undetected. Many authorities see considerable continuity between recurrent depressive and bipolar disorders. This has led to widespread discussion and debate about the bipolar spectrum, which incorporates classic bipolar disorder, bipolar II, and recurrent depressions.

**DSM- IV- TR Classification of mood disorders**

According to the revised edition DSM (DSM-IV-TR), major depressive disorder (also referred to as unipolar), occurs without any his-
It is observed, almost around the globe and in all countries and cultures, that prevalence of major depressive disorder in women is twice as much as men’s.

Major depressive episode must last at least 2 weeks, and typically a person with a diagnosis of a major depressive episode also experiences at least four symptoms from a list that includes changes in appetite and weight, changes in sleep and activity, lack of energy, feelings of guilt, problems thinking and making decisions, and recurring thoughts of death or suicide.

A manic episode is a distinct period of an abnormally and persistently elevated, expansive, or irritable mood lasting for at least 1 week, or less if a patient must be hospitalized. Hypomania episode, that has to last at least for four days, has similar symptoms to manic episode, but is not severe enough to cause disorder in occupational or social functions and no psychotic features are present. Both mania and hypomania are associated with inflated self-esteem, decreased need for sleep, distractibility, great physical and mental activity, and overinvolvement in pleasurable behavior. According to DSM-IV-TR, bipolar I disorder is defined as having a clinical course of one or more manic episodes and, sometimes, major depressive episodes. A mixed episode is a period of at least 1 week in which both a manic episode and a major depressive episode occur almost daily. A variant of bipolar disorder characterized by episodes of major depression and hypomania rather than mania is known as bipolar II. DSM-IV-TR defines dysthymic disorder as characterized by at least 2 years of depressed mood that is not sufficiently severe to fit the diagnosis of major depressive episode. Cyclothymic disorder is characterized by at least 2 years of frequently occurring hypomanic symptoms that cannot fit the diagnosis of manic episode and of depressive symptoms that cannot fit the diagnosis of major depressive episode.

Epidemiology
Rate of incidence and prevalence
Major depressive disorder is a common disorder, which its lifetime prevalence is 15 percent and perhaps 25 percent in women. Incidence of major depressive disorder is also high among patients who go to general practitioners and the ones confined in medical wards, which even reached to 10 and 15 percent. Bipolar disorder I is less common than the major depressive disorder, that its lifetime prevalence is about 1 percent and is similar to lifetime prevalence of schizophrenia.

Sex
It is observed, almost around the globe and in all countries and cultures, that prevalence of major depressive disorder in women is twice as much as men’s. According to the theories presented, hormonal differences, the side effects of childbirth, differences in mental-social pressures between men and women and behavioural patterns related to an acquired helplessness, are the
Major depressive disorder appears more in people who have no close personal relationships or are divorced.

major reasons behind this difference. Bipolar disorder I, unlike major depressive disorder is more common among men.

**Age**

The onset of bipolar I disorder is earlier than that of major depressive disorder. The age at which bipolar disorder I begins is from childhood (even five to six) to fifty and in rare cases even higher and in average thirty. The average age for major depressive disorder’s onset is nearly forty and roughly 50 percent of all these patients’ disease begins between the ages of 20 to 50. Major depressive disorder may begin in childhood or old age as well.

**Marital status**

Major depressive disorder appears more in people who have no close personal relationships or are divorced. Bipolar disorder I is more widespread among divorced or single people than married ones, but this difference might be due to the inception of the disorder at an early age and also marital disputes, as a result of this disorder, both of which are symptoms of bipolar disorder I.

**Socioeconomic and cultural factors**

No relations have been discovered between socio-economic status of people and major depressive disorder, but incidences of bipolar disorder I, seem to be more in higher socio-economic groups rather than the middle class. Depression in rural areas is also more common than urban areas.

**Biological amines**

Neurotransmitters like norepinephrine, dopamine, serotonin, and histamine, are the type of biological amines which have the most influence on mood disorders pathology.

**Sleep**

Sleep problems, initial and final insomnia, repeated awakenings and excessive sleepiness, are among the known and most common symptoms of depression, and on the other hand, less inclination to sleep is a well-known symptom of mania.

**Hereditary factors**

Hereditary data strongly indicate that heredity is an important factor in the emergence of mood disorders and of course the heredity pattern of these disorders has complex mechanisms. Not only social-psychological effects can be ignored, but also non-hereditary factors would probably play a casual role in the emergence of mood disorders at least in some people. Hereditary factors are stronger in transmission of bipolar disorder I, compared to that of major depressive disorder.

**Studying Families**

Studies conducted on families, have repeatedly demonstrated that the first-degree relatives of the inquired having bipolar disorder I, may suffer eight to eighteen times more than first-degree relatives of observers of bipolar disorder I and two to ten times more from major depressive disorder.

**Psychosocial factors**

Life events and environmental stress: Stressful
life events before the first episode of mood disorder are more likely to exist than the following episodes. This relation has been reported both in patients with major depressive disorder and bipolar disorder I. The stress that leads to the first episode creates lasting changes in the brain's biology. Some clinicians believe that life events play a significant or main role in depression. The most compelling data indicate that the life event most often associated with development of depression is losing a parent before age 11. Losing one's spouse is among the environmental stresses which is most related to the beginning of a depression episode. Another dangerous factor is unemployment; people with no jobs are three times more likely to cite symptoms of a major depression episode than employed people.

**Personality factors**

There is no personality trait or type that uniquely predisposes a person to depression. Anyone with any kind of personality trait might become depressed at certain times. Research has demonstrated that stressors that the patient experiences as reflecting negatively on his or her self-esteem are more likely to produce depression.

**Diagnosis**

Major depressive disorder

In DSM-IV-TR, criteria for major depressive disorder and diagnostic criteria for depression related diseases are listed separately.

DSM-IV-TR criteria for major depression episodes

A. At least five of the following symptoms should be present simultaneously in a period of two weeks and also a sign of change in previous application. At least one of the symptoms should be either 1) depressed mood or 2) loss of interest or pleasure.

1. Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful). Note: In children and adolescents, can be irritable mood

2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation made by others)

3. Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. Note: In children, consider failure to make expected weight gains.

4. Insomnia or hypersomnia nearly every day

5. Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down)

6. Fatigue or loss of energy nearly every day

7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick)

8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others)

9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide

B. The symptoms do not meet criteria for a mixed episode.

C. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

D. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hypothyroidism).

E. The symptoms are not better accounted for by bereavement, i.e., after the loss of a loved one, the symptoms persist for longer than 2 months or are characterized by marked functional impairment, morbid preoccupation with worth-
lessness, suicidal ideation, psychotic symptoms, or psychomotor retardation

**Bipolar disorder I**

In DSM-IV-TR, there is a separate list of criteria related to mania episodes. Each specific period of abnormal mood has to necessarily last for at least a week.

**DSM-IV-TR Criteria for Manic Episode**

A. A distinct period of abnormally and persistently elevated, expansive, or irritable mood, lasting at least 1 week (or any duration if hospitalization is necessary).

B. During the period of mood disturbance, three (or more) of the following symptoms have persisted (four if the mood is only irritable) and have been present to a significant degree:

1. Inflated self-esteem or grandiosity
2. Decreased need for sleep (e.g., feels rested after only 3 hours of sleep)
3. More talkative than usual or pressure to keep talking
4. Flight of ideas or subjective experience that thoughts are racing
5. Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli)
6. Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation
7. Excessive involvement in pleasurable activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments)

C. The symptoms do not meet criteria for a mixed episode.

D. The mood disturbance is sufficiently severe to cause marked impairment in occupational functioning or in usual social activities or relationships with others, or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features.

E. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication, or other treatment) or a general medical condition (e.g., hyperthyroidism).

Note: Manic-like episodes that are clearly caused by somatic antidepressant treatment (e.g., medication, electroconvulsive therapy, light therapy) should not count toward a diagnosis of bipolar I disorder.

**Clinical symptoms**

Symptoms of mood disorders have two general patterns: One is related to depression and the other, manic episodes. Depression episodes can occur both in major depressive disorder and bipolar disorder I.

Anxiety is a common depression symptom that afflicts lots of patients, which means roughly 90 percent of them. Other vegetative symptoms of depression include abnormal menstruation and decrease in sex drive and function.

Depression in children and Adolescents: Fear of school and excessive dependence on parents may be symptoms of depression in children. Poor academic performance, drug abuse, antisocial behaviors, lack of sexual abstinence, escaping school and leaving home may be symptoms of depression in adolescents.

**Manic Episodes**

Elevated, expansive or irritable moods are the
main symptoms for manic episodes. Elevated mood is a carefree and often contagious mood that sometimes causes the inexperienced clinician denies it. Often the dominant mood of the patient during the beginning of the course of the disease is euphoria and as it moves on gambling, a tendency to disrobe in public places, wearing clothing and jewelry of bright colors and attentiveness to details are among other symptoms of these disorders.

Procedure and prognosis

Many studies which have been conducted on the procedure and prognosis of mood disorders, have concluded that the course of mood disorders is normally long and patients will generally relapse. Although mood disorders seem benign unlike schizophrenia, they inflict severe side-effects on patients. Psychosocial stress may play a role to initiate mood disorders.

Major depressive disorder

Procedure, inception: About 50 percent of patients, who suffer from the first episode of major depressive disorder, have had significant symptoms of depression, before the first episode was detected. One of the implications of this observation is that, if early signs of depression are detected and thus, treated sooner, an enormous depression episode can be inhibited.

The first episode of depression occurs before the age of forty in almost 50 percent of patients, and in case it occurs later, it will be accompanied with lack of family history, mood disorders, antisocial personality disorders and alcohol abuse.

Duration: Depression episode lasts six to thirteen months without treatment and often about three months with treatment. Discontinued usage of antidepressants, before the end of these three months, almost always leads to symptoms of depression appear again. With the progress of the disorder, the patient will be mainly traumatized by more and longer episodes. The average number of episodes, during a twenty-year period is five or six.

Emergence of mania: About 5 to 10 percent of the patients, who were at first diagnosed with major depressive disorder, suffer from mania episodes six to ten years after the first depression one. The average age for this change is thirty two and often appears after two to four depression episodes. The depression symptoms of the patients, who will be later classified under bipolar disorder I, often include: sleeping a lot, mental/physical lethargy, psychotic symptoms, history of post-childbirth episodes, history of bipolar disorder I within family and history of hypomania following consumption of antidepressants.

Major depressive disorder, not a benign one, which is mainly chronic and many patients often relapse most of the time. The possibility of improvement for patients, who are hospitalized, due to the first depression episode, is about 50 percent within a year. Recurring major depression episodes are also common. Around 25 percent of patients within the first six months, about 30 - 50 percent of them within the first two years and about 50 – 75 percent of them within the first five years after being released from the hospital will relapse. The more the depression episodes the less the time between them, and the stronger each one would be.

Bipolar disorder I

The natural procedure of bipolar disorder I
is such that charting the patients’ disorder and updating it alongside the progress of the treatment is often useful. Bipolar disorder I begins with depression in most of the cases, (75 percent of the cases in women and 67 percent in men) and is recurrent. Most patients suffer both from mania and depression episodes, but in 10-20 percent of patients, only mania episodes are evident. Mania episodes typically start quickly, but then gradually find their complete form. If each mania episode is not treated, they will last for about three months. 5-10 percent of people with bipolar disorder I, during the course of one year, suffer from at least four episodes/attacks, categorized as fast-spin.

Treatment

Different aims should be pursued while treating the patients with disorders. First of all, the patient has to be non-harmful, second of all, the patient should undergo full diagnostic evaluation, and third of all, a program for the treatment should be applied to that not only takes into account the patient’s current symptoms, but also considers his health and comfort in the future. Nowadays, a pharmacotherapeutical and psychotherapeutical plan is emphasized, which is particularly designed for a specific patient. However, stressful life events are linked to the increase in relapse rate in patients with mood disorders. Therefore, the treatment should also reduce the number and intensity of stressful factors in the patient’s life.

Hospitalization

The first and foremost decision that the physician should make is whether or not the patient should be hospitalized. Obvious necessities for hospitalization include necessary diagnostic procedures, suicide or homicide risks, and obvious deterioration in the patient’s capability to obtain food and shelter. If the patient has the history of accelerated development of symptoms and also if all means of usual support for the patient are demolished, two other necessities for hospitalization appear. Patients with mood disorders are often reluctant to be hospitalized. Therefore, it might be imperative to take action against their will. Patients with major depressive disorder, because of their mental lethargy, possess a negative worldview or negative viewpoints towards the worlds, and because of their despair, are often unable to make decisions. Manic patients also often lose their insight about their disorders, to the extent that in their idea, clinical confinement is absolutely absurd.

Psycho-social treatments

Most of the studies indicate that the combination of psychotherapy and drug therapy is the most effective treatment for major depressive disorder and this is what most of the clinicians and researchers believe, but some of the data implies another hypothesis, that at least in patients who suffer from mild major depression
Some of the patients do not respond to the first treatment, all antidepressants require three to four weeks to exert their great effects.

**Pharmacotherapy**

Although specific and short-term psychotherapies have deeply influenced therapeutic solutions to major depressive disorder, what has indeed revolutionized the treatment of mood disorders and has left a clear effect on their course and reduced the social costs of these illnesses, are pharmaco-therapical approaches. The doctor should combine pharmacotherapy with psychotherapy with psychological treatments.

Major depressive disorders: It is forty years that effective and specific treatments for depression have been provided. Taking these medications increases the chances of a depressed patient’s recovery during one month, to almost twice as much. But still a few problems in the treatment of major depressive disorder remain. Some of the patients do not respond to the first treatment, all antidepressants require three to four weeks to exert their great effects. It can of course happen sooner, but not all the time. And finally until very recently, using too much antidepressant was poisonous and had negative side-effects. But nowadays with the distribution of specific inhibitors of serotonin reabsorption such as Fluoxetine, paroxetine and sertraline and also bupropion, venlafaxine, nefazodone and mirtazapine, the same amount of impact has been reached by clinicians. But these drugs in comparison to the old ones have less danger and also the patients better tolerate them. Major depressive disorder is the main reason for consuming antidepressants. The first symptoms which often improve are impaired appetite and sleep patterns. Agitation, anxiety, depression episodes and despair are among the symptoms which recuperate later. Other main symptoms include lack of energy, poor concentration, feeling helpless and reduced libido.

**Treatment Substitution**

The organ/limb substitute treatment for pharmacotherapy is Electric Convulsion Therapy. Generally Electric therapy is used when the patient does not respond to pharmacotherapy, or is unable to tolerate pharmacotherapy or his clinical problem is so severe that fast improvement with ECT becomes indispensable.
Case Report References

5 Clinical Cases

Case One

This case is a 26 year old married female who has phobia of her mother’s death since she was 9 years old. She has acute attack of anxiety, crying, talkativeness, palpitation and nausea which continued for 2 weeks with restlessness, insomnia, and finally severe nervousness. These attacks recrudescence 3 or 4 times each year. 6 weeks after marriage and due to father’s death (5 years ago) the disease intensified and the signs were aggravated. After consulting a psychiatrist and using 24 pills a day (which the patient doesn’t remember the name of them) for 6 weeks signs got better but the side effects were depression, hypersomnia and indifference.

Since 2006, after becoming acquainted with Faradarmani and Psymentology, changes were witnessed after the first session of Faradarmani, because of side effects of the drugs she preferred to continue this method. With referring repeatedly to the psychiatrist and noticing signals of remission the dosage of the drugs were lowered. Within 6 months of Faradarmani she decided to stop using the drugs even though the doctor had recommended not to because of severe withdrawal symptoms; the only withdrawal symptoms reported were mild headaches for a couple of nights. The patient also suffered depression a year before during pregnancy with remission after Faradarmani and no problems after child birth.

Family history of the patient:
The mother suffered from depression and the brother was aggressive and restless.

Result
The patient is a female diagnosed with bipolar affective disorders with the signs of panic attacks that finally result to nervousness. The patient was under therapy for a while and since the medication has not effectively been identified, the method of therapy can also not be identified. But nevertheless, she was under relative control under the medication with attention to the severe side effects. After Faradarmani, the patient willfully and suddenly discontinued the medication, with no withdrawal symptoms. She also had recrudescence of symptoms during the pregnancy period which was controlled by Faradarmani without any medication. She had no signs of the symptoms after accouchement and is currently in partial remission.
In His Nameless Name

I ……. Was born in 1984, hold a BS degree and have a 3 months baby. I was suffering from panic attacks since I was 9, mostly in spring and autumn. Each cycle would last 15 to 20 days and I had symptoms such as stress, severe anxiety, restlessness, palpitations, frequent urination and frequent bowel movement, vomit, loss of appetite, intense crying and finally anger and infuriation. At first, these attacks were once or twice per year but as I became an adult, with any stress and anxiety and sickness even like common cold, the incidence would become more severe. I was prescribed with tranquilizers and strong sedatives.

Until one year after my marriage, in age of 20 after my father passed away, the attacks came back more severe and longer with depression and I went under serious treatment with psychiatrist (Dr. M. Shams Ansari) with higher dose of medication as I was taking 24 pill a day and every two weeks or monthly I would visit my psychiatrist. Six months later I met with a Faradarmani therapist (Mrs. Kondroodi) and received Faradarmani twice and I felt some changes. As I was having side effects of medications like sleepiness, lack of motivation and excitemen, I continued Faradarmani sessions and courses. After six months I decided to cut my medication and have only Faradarmani but my psychiatrist Physician was opposed to it saying there will be complications. But because of my increased capacity and change of insight that was caused by participating in Faradarmani Sessions, I’d found enormous courage and I stopped all my medications without any consultation with my family and my Doctor. Interestingly, I cut the drugs that I would give me extreme complications like tremors and severe anxiety just by taking them half a day late. I only had a mild headache first one or two nights and had no incidents any more. One year later, at the beginning of pregnancy I had intense craving simultaneously with incidents , I contacted my Faradarmani therapist and she guided me and I could treat my intense craving in three days and also with the help of Faradarmani I had an easy and special childbirth. I had c section with spinal anesthesia (my choice) and I was relaxed with no stress, cooperating with my surgeon and had no postpar-tum depression and … thanks to Faradarmani.
Case Two

This patient is a 47 year old female who has been suffering from depression for ten years, was hospitalized and underwent treatment after signs of hypersomnia, hyper sexuality, visual, tactile and somatic hallucinations, and feeling of outstretched legs and restlessness.

After a period of 5 days the drug of lithium was discontinued and after that approximately every month she had experienced depression, anxiety and fear attacks for 1 to 2 days, while only referring to a psychologist.

After the suicide of her child 3 years ago, the patient was diagnosed with a bipolar disorder and with the mechanism of denial of her son’s death, she was again affected by severe depression and attempted to commit suicide.

She again takes medication and decides to discontinue the drugs after one week due to the side effects. The patient became familiar with Faradarmani and Psymentology and experiences a lot of discharge within one year. The symptoms were relieved after the repeated connections (Etesal) of Faradarmani and Psymentology. Until now, the symptoms only intensify on the anniversary of her son’s death and each time is also controlled by Faradarmani and Psymentology.

Result

This patient has had bipolar affective disorders since 10 years ago and shows a strong hereditary tendency. Before coming into contact with Faradarmani and Psymentology, the therapy wasn’t enough and therefore recrudescence of symptoms with short intervals.

After acquaintance with this method of complementary medicine, the symptoms were under relative control for the past 2 years and the repeated attacks which were alleviated. It seems that she is moving towards complete remission and this case will be clarified in the following follow ups.
Patient’s Feedback

2010/10/9

I, .........................., am 48 years old. In 1999 I was severely depressed for some reasons and was under care of a psychiatrist in Atiye Hospital (Shahrak e Gharb). As I was prescribed lithium carbonate, The Psychiatrist of the setting, Dr.Hadad, diagnosed me with “Mania”.

I was in such a bad situation that my Psychiatrist suggested to become hospitalized which I refused. I gradually decreased my dose and later stopped my medication. After that, I would often become severely depressed and anxiety, phobia and etc, were my common symptoms.

In June of 2007 my second child who I loved dearly, committed suicide and passed away. I was near death and in July of same year committed suicide but was taken to Loghman hospital and survived but was in critical mental situation. Afterwards, I got familiar with Faradarmani and started my treatment with this approach and also by attending Faradarmani courses, obtained correct insights.

Sometime ago, I had a visit with Dr. Hadad and she said I have reached from stage BIID to BID and this is a good situation and I had a good treatment process in these three years. She also mentioned that according to medical science, a stage BID patient should have regular medication, but I don’t take even one pill.

Thanks to my dear teacher, I have good mental health and I also teach Faradarmani myself.
Case Three

This case is a 49 year old female whose symptoms started from severe depression 16 years ago and led to insomnia, memory loss, agitation, symptoms of obsessive thinking, negative thoughts, occupied mind, obsessive washing, crying, hair loss, eczema, tooth ache, restlessness and irritability with 6 month relapse periods. She was under therapy with the following medication: Oxazepan, Amitriptyline, Doxepine, Imipramine, Chlorpromazine and Diazepam. The patient was acquainted with Faradarmani and Psymentology 4 years ago and had a change in temperament after 2 months, after which she decided to gradually lower the dosage of the medication she was using. She didn’t have any relapse and since the past two years, all symptoms were completely gone and she had discontinued the medication. She has a feeling of enjoyment and the signs of dyspnea and heart problems are completely resolved.

It is worthy to mention the patient has also been suffering from heart rheumatism since childhood. Balloon angioplasty was used but she became affected with pulmonary artery stenosis again and a relapse of the symptoms of severe dyspnea was witnessed. These symptoms were completely alleviated with Faradarmani.

Result

With attention to the symptoms, basic depression disorder along with obsessive compulsive disorder is reported with periods of partial remission, but no complete cure with therapy. Complete remission was witnessed after using Faradarmani and Psymentology.
I have had heart rheumatism for 35 years, and used to take Panadol.

(Penicillin 1200)

I always used to consume antibiotics during Winter and cold weather and every two weeks my body became (illegible). I also had severe depression which lasted for almost seven years, plus intensive hair loss and felt heat in my hands. I used to suffer from toothache as a result of depression and also underwent heart ballooning twice (illegible).

After the first ballooning I felt quite well for about 5 years, at least I had no clogged arteries. After 5 years I suffered from clogged arteries and again underwent ballooning, but this time, I was rarely feeling good.

For the third time, I suffered from asthma. I could neither sleep nor lie down or walk. After that I took a test for heart (illegible), but could not bear it, and the doctor told me that my heart cannot be ballooned once more, because there are dangers of the coronary artery (heart’s vessel) breaking down, so I have to cope with it, and prescribed me some medicine.

I also turned into a pessimist, had palpitations and was constantly agitated. Apprehension and being fearful of the future used to torture me. I have been totally desperate, that - thanks to God - after a short time became acquainted with these classes. Then I completely recovered from all my diseases, such as my heart disease, depression, etc - thanks to God- and now, I am living my life in absolute peace and even do exercises.

I became acquainted with these connections - Faradarmani (Etesal) through one of my friends and started experiencing it.

After two weeks, I gradually became better. After seeing the improvements, I became interested to take part in the classes. I have finished all the classes and right now, I am absolutely physically and mentally healthy, and in addition to that, my insight about the world surrounding me has radically changed. I love life and enjoy it. My viewpoint towards my environment has changed and I do not feel weak and sad, even in difficult situations.
The case involves a 45 year old female which from 2005, suffered from depression with symptoms of lack of motivation, insomnia, anorexia and lack of empathy. After referring to a psychiatrist, she underwent treatment for 6 months with medication including Fluoxetine and Xanax (Alprazolam). One year ago, she contracted signs of mania after a romantic affair. These signs included high levels of excitement, exhilaration, interest in dance, laughter, talkativeness, profligacy and an increase in religious activities which lasted 4 months; after which, she entered a phase of depression, insomnia and restlessness. After referring to a psychologist, she was diagnosed with bipolar disorder and was under medical treatment for some time. After being acquainted with Faradarmani and Psymentology and the Etesals, she reduced and gradually discontinued the medication and after 3-4 months, the symptoms had decreased and she did not have any long lasting and outstanding symptoms for the past 6 months, and she has not been under any other treatment.

**Result**

The patient had gone through three periods with symptoms of mania and depression and had never received effective treatment for this disorder. But the symptoms were gradually relieved after Etesal with Faradarmani and Psymentology. Maybe one can look at it from this aspect that the temperament cycle had naturally disappeared but she has not had any recrudescence for the past 6 months.

For reassurance of complete remittance, the patient must be monitored over a period of time.

**Case Four**
It was about June 2008, after meeting someone who caused a great deal of suffering for me, I first started to pray excessively, to the extent that during praying (illegible). I had also become so carefree, absent-minded, lost concentration and the ability to choose, used to laugh excessively, talk nonsense, also gave away all properties in my house to others and visited cemeteries more often, and frequently slaughtered sheep and hens. I wasn't living a normal life by any means, and after all these, I became extremely withdrawn and suffered huge depression and felt terribly sick, I quivered, feared and could not sleep and little by little, literally lost my senses and did not like anything. I could not believe I was sick, because it happened so suddenly and also because I used to hate drugs and doctors. Even after consuming Fluoxetine and Xanax nothing changed. It was around 2nd of Aban, when a benevolent angel named .... after hearing of my condition from one of her friends and my own enthusiasm, which made me curious about the process of treatment through Faradarmani, came for my help and I started the treatment procedure with her, and kept telling myself this is my way to be relieved of all these tormenting feelings, and using the connection and being constantly in touch with Ms... and her spending a lot of her time on me, I gradually got better. Circa 11th of Azar I almost had none of the previous signs and became totally healed and after this successful result through Faradarmani and the insight that I had attained, on 13th of Dei, I decided to attend the classes, and I am absolutely eager to do this, because I set foot on this particular path and while on it, completely recovered without using any kind of medicine, and right now I am taking part in the fifth term and thank God that nothing has remained of my previous condition and illnesses and Ms ..., who is my teacher and my health's benevolent angel, witnesses my body and my soul's health.

In the end, I thank the almighty God for having set such mediums as harbingers of health, joy, sacrifice, forgiveness, empathy and etc who help people such as me, who are in dire need of help and sincerely spend their time on them, and I also hope never-ending success for all who have stepped on this path.

Lots of thanks to the readers of this article
Case Five

This case is a 48 year old male patient who has suffered from psychological disorders for the past 18 years and after severe aggressive behavior, insomnia, manic depression, restlessness, decrease in social relations (period of depression), extreme religious activities and profligacy, was hospitalized in Mustafa Khomeini Hospital where he was diagnosed with bipolar disorder and was put under medication (Imipramine, Clonazepam, Oxazepam and Lithium). The symptoms were relieved for approximately 2 months but he still suffered from continuous manic depression until 6 years ago, he became acquainted with Faradarmani and Psymentology and underwent therapy.

In the beginning, the discharges began in the form of a severe rash, sneezing, coughing, yawning and agitation which stopped after 6-7 months. In this period, the patient discontinued the medication without the doctor’s consent and after two months, there was a slight recrudescence of the symptoms with complete remission. He has no signs of depression or mania during these 3 years.

It is worthy to mention that the patient had been smoking two packs of cigarettes a day, which he stopped along with the medication, when he started Faradarmani and Psymentology.

Result

This patient has been diagnosed with bipolar disorder resulted in one incident of hospitalization.

The patient was under medical treatment when he became acquainted with Faradarmani and Psymentology and after feeling better, he decided to discontinue the medication without the doctor’s consent, which led to slight relapse of the symptoms.

But after 2 months and following the Etesals of Faradarmani and Psymentology, the symptoms were relieved and he has had complete remittance for the past 3 years without the use of any medication.
I certify that I …., with the ID number…. , from Banda Anzali, have suffered from mental disorder since youth and have consulted numerous psychologists, but none of them could cure me. Till year 2002 my illness became worse. Thereafter I was hospitalized in Mustafa Khomeini Mental Institute and during following years, I kept using Oxzazpam and other similar drugs. Then I ran into some respectable Fara-therapists and it is three years since then that without consuming any drugs I have completely recovered. I appreciate my Fara-therapist’s unsparing attempts sincerely.

God bless us,

2010
A talk with
Dr. Monir Hadad

Dr. Monir Hadad, psychology specialist, has been working for over 6 years in professional field, practicing in 2 hospitals and 2 counselling centres. She is now working in Psymentology research group as an expert.

Dr. Hadad how did you hear about Faradarmani?

In 2004 while I was starting Psychiatry Specialty Courses, because of very severe cases who were admitted in mental hospital, my anxiety began which I knew, was related to the negative energy of the patients. At the same time, I accidentally became familiar with Faradarmani by a relative and from February 2004, I started the courses. The anxiety was gone after 2 months and getting to know this new doctrine, made me to complete the related courses.

When did you start to use this method in your treatment activities?

In the same 3 years while I was in Psychiatry specialty course, I began this method on inpatients, but because of aggravation of symptoms, I couldn’t control the situation the way I wanted, so I preferred not to use this method much for inpatients. But I was still using Faradarmani in some cases. Right now, for some hard case outpatients who do not respond to medication or some cases which medication is harmful like pregnant and nursing women, I use Psymentotherapy.

According to your experience using this method, is there any limitation for the treatment of some disorders?

There is no limitation in my opinion but personally I use Psymentotherapy less for psychosis (severe hallucinations and delusions) who have no prior knowledge about this approach.

So, you find the discharge as the preventing factor?

You can say yes, the patient may not feel disturbed but families would get extremely concerned and I have to increase the medication dosage which I rather this not to happen in the first place.

What is the solution in your opinion?

Families and patients to learn more of Faradarmani, but as I am working in hospital and clinical environment and under conventional medicine, I face limitations. In other words my patients don’t know this approach and mostly refer to us for medication therapy and even if I explain a little about the Etesal, they are not very clear about it and will not take this method of treatment seriously. But individuals, who go...
with the program, acclaim the results. It would be better if we could treat psychosis patients in a special centre under supervision of Psychology specialists and Faradarmani therapists.

How do you describe the effectiveness of conventional psychological approaches?

Actually, the problem with conventional Psychology and medication treatments is that they just linger the symptoms. In fact, if the medication stops in most cases the problems will relapse after sometime. Especially for patients suffering from obsessive compulsive disorder, delusions and hallucinations, medication cannot be stopped and should be used for life. Akin to chronic diseases such as blood pressure and diabetes and etc, the patient needs to take medication for life which has its own side effects. So there is no ultimate cure.

Of course there are some cases that have good response to medications but there is still the chance of recurrence when the medication is stopped and a severe stress can be the factor.

How is the acceptance and application of Complimentary Medicine in the field of psychology? Is there an effective approach?

Generally, Complimentary Medicine has no place in Psychology and psychiatry fields and mostly medications and psychotherapy is used. It is noteworthy that psychotherapy takes a long time and patients usually do not cooperate to the end so the response rate is not desirable.

Have there been any definite cures for psychological disorders accomplished with this approach yet?

I have had cases that had no recurrence in the last 3 or 4 years and although these statistics are significant but as a psychiatrist I cannot say they are cured.

In other words, time and follow up studies are needed to approve the definite cure and if definite cure has been accomplished, it would be a new and completely transforming approach in science.

Of course if just recurrent cases decrease, it would be significantly notable too. On the other hand as this approach changes the world view and insight of the individual, his understandings of life become affected and this means improving the quality of living which is one of the fundamental goals in psychiatry/ psychology and this is another special feature of this method.

How much time is needed to prove the efficacy of a new medication or a method of treatment in conventional medicine?

Actually it takes years of time and research to prove the efficacy of a drug and for it to enter the market; the important issues are the side effects and the effectiveness of new drugs.
Fortunately in the case of Faradarmani and Psymentotherapy, there are no side effects; but as mentioned before, since they are new, more research is needed to prove the amount and duration of their effectiveness.

**How would you recommend your colleagues to approach these methods?**

If people look from an elevated perspective, try to examine other methods and not to judge quickly and in the meantime consider patient’s treatment and health in prior, they may deal better with new treatment approaches. We should not limit our view and reject new ideas just because the previous methods have been successful. It might be necessary to view these matters with an inquiring mindset.

**What is your request from the authorities?**

I think this field needs more research and study so we are in need of a very strong research centre because there are many issues to work on. Because of existing obstacles and unfamiliarity of people and scholars with this method, we cannot easily access cooperation from treatment and research centres. For example, we have some plans for neurological and psychological disorders but find it difficult to get cooperation from the health centres. This is because first we have to inform them and get them to know these methods so that after they see the results, they would start their cooperation with us.

But if we could have our own research centre, we will easily perform the studies and announce the results to academic communities inside and outside the country.

**What are the obstacles you face while performing your studies?**

Getting official licenses and on the other hand a professional team that is able to perform various projects.

**At the end, what is your opinion about the way of introducing novel theories of Psymentology (Interuniversal mind-psychology) such as inorganic viruses that by itself will create a revolution in psychology field, to the academic society?**

At first when I became familiar with this method, it was hard for me to accept it but subsequent experiences proved me that beyond the stuff I have read in books, there are issues that are still unknown to science.

Actually, the biochemical and biological changes that occur in disorders and are scientifically proven, are a shadow of non-material factors that we call “mental viruses” or “inorganic viruses”.

So, if academic societies can experience, in other words, suitable conditions could be provided to prove the existence of the inorganic viruses, they will accept this issue better. For this purpose educational films, practical workshops and inpatient treatment can be used since there is nothing more effective in this field than personal experience and theoretical topics without practical aspect will not lead to desirable results.
There is no doubt that human beings possess no more than one psychic system and only one realistic and comprehensive doctrine is capable of identifying all the natural and pathological dimensions to mankind’s psychic interactions.

**Question:**
- Are human beings and other living organisms merely comprised of molecules, or non-chemical factors also play roles in them?
- How many identities and psychic apparatus does every person possess?
- Is only one factor held responsible in the human psychic apparatus or does it involve different dimensions?
- How many psychological doctrines are needed in order to justify all dimensions of humans’ natural and pathological aspects?
- Could one doctrine, as a standard and coordinating one be applied?

The main key to answer all the aforementioned questions and aspects is the following viewpoint: “human psychology is as God has created it”. Human being has only one psychic apparatus and organization. During the course of history and in particular, in the contemporary era, every psychological doctrine has studied this psychic organization from its own angle.

From the very beginning of human life’s endeavours and among the most fundamental of all in combating the incredible forces of nature, avoiding pain, diseases, fears, perils and enemies, was witchcraft and sorcery. Sorcery activities and all that transpires in the world of magicians are veiled beneath emotions and tensions which have a unique aim and mission and are governed by the laws of associated meanings (contiguity, resemblance and contrast) which were founded by Aristotle.

Psychotherapy is linked to ancient practices and beliefs, which refer to manners of behaviour, speech, social structure and thoughts.
that were attributed to primary civilizations and tribes. Primitive civilizations indicated a set of traditions, values and a stage in social transformations. The methods chosen by them to fight diseases were apparently outside scientific laws and lacked access to laboratory and technical tools used today, which at first seem impossible and cause bewilderment, as long as scientific laws cannot justify them. Analysis of the procedure of treatment shows how one of the most basic psychotherapeutic concepts, suggestion (inculcation) plays a crucial role in it. The patient shows staunch faith in his healer and the healer, on their part, makes use of this domination and divinity from the patient’s point.

Shamans and Brahmins (the battle against spirits): Shamans were the Siberian and Mongolian idolatrous tribes’ sorcerers, and Brahmins, are Hindu priests. They believe in three deities; Brahma (creator of the universe), Vishnu (protector of the universe), and Shiva (destroyer of the universe), and that these gods are responsible for corruption and construction in mankind’s spirit. Shamans dedicated their time to healing, sorcery and capturing spirits in their tribe. Shamans were capable of exiting their own bodies, entering the realm of spirits through the aid of a guardian spirit and annihilating those which caused disease and wretchedness. Thus, Shamans’ spiritual healing was closely related to the elimination of the cause, being the evil spirits. Levi Strauss categorizes Shamans’ healings somewhere between medical and psycho-analytical treatment. Shamans take account of the cause and analysis and in the end, reach peace and they have it all in a disordered manner.

In the world of Shamans, symbols carry out mankind’s transformation and transcendence. They utilize human’s symbolic world, the same way most of the psychotherapeutic methods do today, for treatment purposes. However, there are huge discrepancies between steel and stone knife, notwithstanding the fact that both can cut…

Myths, traditions, beliefs and the medical profession: All that went on inside human beings in all civilizations, was an accumulation of imaginations, fantasies, beliefs and emotions which they had about themselves, the past and future, the inception and the end of fate, their strength and weakness, etc. From the aspect that everyone possesses such internal contact; the contemporary human is no different from the ones in each civilization. Only the quality of their organization, association and internal structures is different.

Psychotherapeutic systems have recognized disorders of organizations and internal structures as the basis for psychic diseases, and ask themselves: Did it use to be the same in the past? How did human beings express their pain and suffering? And how did they seek remedy and treatment to their discomfort?

Mankind in every civilization has confronted crises and tribulations through both intrinsic and extrinsic contrasts, which he recalled and sought solace and well-being in his curses, prayers, complaints and moans. What did he use to do in order to emancipate himself from sorrow and internal/ external conflicts and in what did he seek refuge from them?

Babylonians and the ones from Mesopotamian civilizations dwelled in a semi-obscure world fraught with delusions and symbols. For them, there was no distinction between what went on inside them, social life and the
world beyond death. Mankind was an undetectable part of the earth, sky and the gods.

Babylonians, following Sumerians, had divided treatment procedures into two groups, which for a very long while remained as a benchmark for other civilizations.

The first group, “internal healing”, to which priests were delegated and they treated spiritual disturbances and sufferings.

The second group, “external healing and surgeons”, is non-religious. Priests healed internal and spiritual ailments through the assistance of angels and demons and was more painted with trust in God’s will and used prophecy, prayers and curses.

In ancient Egypt, dealing with diseases was more rational. In every case, they acted in an orderly fashion:
1. Title of the disease
2. Examination
3. Diagnosis
4. Treatment

The procedure used to be carried out, accompanied with certain actions such as, consoling; saying prayers and incantations (spells) for purging them of the disease, psychotherapeutic treatment fused with magic and sorcery and inculcating instructions.

In ancient Persia, Tharazustra heralded the belief that if human beings behave according to their nature, which are benefaction and integrity, their spirit and wisdom will be one with those of the whole universe, which are Ahura Mazda’s. The path towards salvation or “Amerdad” is to pass the six spiritual heavenly stages (the six AmeshaSpenta).

In the history of psychotherapy, we come across an official and prevalent psychotherapy method in ancient Persia, for the first time, psychotherapy through words, with wisdom and spectacular order which astonishingly used human’s knowledge and experience.

Today, Lacan, the contemporary French philosopher and psychotherapist, made “words” known and identified it as the demonstration of the quality of psychosis and a tool to its remedy. Logotherapy, is a method of psychology that relies on the theories of Adler and the Existentialists.

The order and calculated way with which logotherapy is presented in Avesta has maintained its influence in most of the psychotherapeutic and emphatic methods as a general unity, just like Euclidean geometry.

A psychotherapy system during India’s history was founded and evolved as beliefs, philosophical and conscientious ideas, under the name of Hinduism, extended beyond philosophizing and formed into exercises and practices.

It is said the oldest philosophical work exists in the “Vedas” (Hekmat, 1943), which is the fundament of most of the psychotherapeutic theories predominant among us today. Freud’s principles and Roger’s can be vividly seen in Vedas’ words. And most important of all, Vedas introduce a psychotherapy system, which can be cited as a standard and prototype of how a belief system formed itself to reach practical levels as a psychotherapeutic method. The cohesion of this system is as significant as the consistence of the Psychotherapeutic methods relying on Freud, Rogers, Adler, Pung.

Buddha’s religion and Buddhism (the oldest of all systems of psychology-philosophy in psychotherapy) which emerged from Buddha’s life, was erected as a system of psychology-philosophy and reached its culmination in the followers’ community. The life, teach-
ings and community of Buddha, are three jewels, the triple gems which find unity inside a shell.

Buddha’s faith teaches freedom from Samsara, or the cycle of life and depicts how we can set ourselves free from this repeating life, for better or for worse. The way to liberation and reaching Nirvana, that is the essence of deathlessness or sheer eternity depends on constant efforts and following the eight Arian paths, endeavour accompanied with recognition and knowledge.

From the Islamic spiritual point of view, in psychotherapy Allah is the absolute and unique “being”. This is the sole creator and is aware. All lives sprang from “Him” and return to Him. “Be, so it came to being” is the endeavour of a god, in which the creator of creation, creating and awareness are all one and the same. God has created the existence from Himself, manifests Himself through it and all of existence is manifested within Him.

The world is a dynamic flow and in “Spiritual Dee & Demeanour”: the journey is “to become” from “being” and “Demeanour” is “to become” to “being”.

“Coming” from God and “returning” to God is a worldview. Human has been rendered his existence from unity and returns to it.

The conduct and goal of life, makes it necessary for our nature to be healthy and work well. The spiritual human first rectifies himself and accomplishes his own being; then focuses on the influence, investigating, innovating, observing and discovering his surroundings. “Effort” is the basic and amongst the first indications which his nature displays. Human beings, through their efforts, on the journey towards God, rectify themselves until they reach Him and it is only there, where they present what they have built and gain rewards or punishments. (Holy Qur’an; Najm: 40-41)

Faith in unification and in God, lead to cohesion, strength, durability (stability) and lack of conflict in behaviour, whereas lack of faith, causes instability, dispersion, conflict and frailty. The characteristics of a pious man are having a goal for his life. Believing in afterlife and having faith in returning to God, keep man away from feeling agitated, assuming life is meaningless and having nihilistic thoughts. The “being” of mankind, is a godly existence which is identified with awareness.

And ultimately, in the west and during the recent century, every now and then a new method and theory over psychotherapy was presented. The history of psychology reveals radical orientations in many subjects. (Li Hi, 1987) Every notion in opposition against previous ones is led towards a form of radicalism, but with the passage of time, the followers of it, recuperate and reform it and reduce its radical and fanatical aspects, which is no exception in the case of psychotherapy. During the last century, at least three significant and dominant notions about diseases and behavioural disorders were presented:

The notion of psychoanalysis, emphasizing the aspects of psyche’s dynamism and pursuing issues in the depths of man’s unconscious.

From the second point of view which rebelled against psychoanalysis, everything related to the unconscious was severely denied and researches were concentrated on human’s behaviour. In this objective view, even mind, its actions and contents were regarded as a
black box, entering which was eschewed. The radical version of this view can be found in B. F. Skinner's notions.

And the third, which opposed both the first and the second ones, (Li hi, 1987) attempted approaching mind and its processes, did not accept the unconscious, and cast emphasis on the conscious level of the mind (Beck et al, 1983), but brought forth the first childhood experiences. In this viewpoint, there were efforts to concentrate on behaviour and signs (inclining towards behaviourism), but recognized its root in information analysis systems in mind. (Beck, 1983) This outlook was also tainted with excessiveness. Harsh orientations towards recognition and intense inclinations to thought and overabundant concentration on mental deductions and total disregard for emotions and the aspect of provocative beliefs, made a great number of experienced known therapists seriously doubt these kinds of orientations, from the 1990s onward.

There are tens of psychology schools, viewpoints of some of which being completely contrary.

Psychology, in its version before the scientific one and as a part of philosophy was mostly attentive to the soul. Psychology in this initial stage basically relied on philosophical methods such as theorizing and inductive (or analogical) reasoning. This original version stems from dualism hypothesis, which assumes human beings are comprised of the two elements of body and soul. Until 19th century, psychology had dedicated itself to the study of the nature of the metaphysical superior element known as soul, and its relations to the inferior one that is the body.

In the 17th century, psychology’s focus veered from soul, to mind, its nature and functions. This change was mainly due to the influence of Decartes, who believed self and mind, to be one and the same, but also took the dualism principle to its extremes.

During 18th century and early 19th century, psychology somehow became a philosophical study of mind, which was hugely under the influence of natural science – particularly Newtonian physics- and the development of biology also affected it to some extent. The peak of this evolution was the divergence of psychology from philosophy, in the second half of 19th century. Psychology, with the beginning of its new period of evolution, had a definite plan to nourish to a science just like that of physics and chemistry. Mind, nature of awareness and experience remained the main debate of the new psychology. Thus, its main way could not be anything else but introspection. In addition, all its concepts are deeply rooted in philosophy.

When Wundt’s psychology, as a new science, parted ways with philosophy, it was regarded as the brand-new and scientific psychology, in comparison to the old version, which was philosophical psychology. When functionalism came to being, particularly when Watson’s behaviourism emerged, it was in fact behaviourism which has been viewed as a modern and more scientific psychology than Wundt’s.

It is imaginable that it was this process of new orientations, which result from the collapse of previous years’ systems, will continue, and what is brand-new and powerful today, will become outmoded another day.

As Harrell and Harrison in 1938 claimed in their treatise titled “Rise and fall of behaviourism”: “whereas behaviourism was only a minor movement, to some extent doubtful and lacking structural analysis, which
gradually emerged from the core of rational and theoretical psychology as introspective analysis and ended up as a study of mental reactions and ultimately as the study of behaviour.” Psychology, due to the compound influence of from both doctrines and in essence, as a result of behaviourism, diverged from philosophy and converged towards the natural sciences and has become more quantitative rather that qualitative, more practical rather than theoretical and has focused more on control and predicting the behaviour rather than its understanding.

During the first half of 20th century, two new and integral movements were founded, first phenomenological psychology and later existentialism, which from the historical and conceptual perspective, was closely connected to phenomenological psychology. These two doctrines rapidly developed and are now amongst the most influential contemporary philosophical doctrines. Their impact caused sublime changes in different realms, such as literature, art, sociology, theology and specifically psychology and psychiatry. During the late 1950s, this point of view (self phenomenological psychology), embraced lots of attention and support, that some introduced it as “the third force in psychology”, besides the established forces, being behaviourism and psychoanalysis.

In recent decades, psychology with a dialectic approach, has become more resilient, well-ordered, scientific and apt, day after day and disdainfully despises every unclassified experience. However, it seems that psychology, according to Murphy’s interpretation (1975), is becoming “more mellow”, “expanded” and is “excavating issues”.

Allport (1965), in annual American psychology community session, claimed he had observed indicating that the surge of “blind empiricism” was perishing and that “focus on wider issues and philosophical topics” was reviving.

The present era, and people’s tendencies need to have a broader and more encompassing type of psychology.

Human beings have to be viewed as independent values, not reducible to physical and chemical systems or a handful of tendencies and mental reactions.

In the past, everyone’s ideas could be disclaimed because of not being practical. But the concept of science back in 19th century is no more generally acceptable. The goals and facilities of science have largely grown and the definition of “science” has now become more liberated and more synchronized with all domains of human being’s thoughts.

Psychology has to earnestly try to help the understanding of human nature from all facets.

It seems that the crucial factor in the increasing interest in the self psychology, has been spreading emotions and trust in the point that psychology has exclusively studied human’s functions for a long time, while having constantly neglected human itself, and has directed its attention to lateral and secondary issues, while having neglected the original and the vital.

The main obstacle is that psychology, as all existing doctrines, only studies the human being and cannot investigate it as a being in the universe and existence as a whole. As of now, modern psychology was able to study human being as far as within the boundary of society and the context of upbringing or living and was unable to go beyond that or did not want to do so, and has, in a sense, neglected the fundamental and important mat-
ters, such as nobility, bravery, moral anguish, rectitude and erroneousness of deeds, evil, happiness, love, resentment, death, etc.

The main subject of psychology is particularly human being and that is not merely “the physiological layer”, so the first step should be studying human’s characteristics in the core of existence.

Today, there are different psychologies, whereas there is only one mathematics, geology, zoology, phytology and so forth.

It seems as though one all-encompassing realistic school of psychology can justify and interpret all psychic dimensions of human, in health and sickness.

Special care has to be given to the point that, because psychic disorders represent the whole organism and involves all aspects of the person, not only his psyche or his body, psychotherapy should also be applied according to a general or holistic outlook. Disorders such as anxiety, depression, personality disorders and thoughts turmoil, are all counted general and dynamic, for discovering the roots of which the integration of the self has to be viewed.

A holistic analysis of psychic disorders paves the way for a systematic assessment of treatment methods and is influential in personal psychotherapy.

The saying that mankind is seemingly a small scale universe, and in essence, the large scale one, literally means that human being cannot be studied from the point of view of particles. Human’s character, is not a static and minor one, which could be justified through mechanical principles. The spirit, which serves as the inception of all traits of a person, has a vast meaning and cannot be investigated as a tool. The psyche and soul of mankind are way beyond and deeper than nerves.

Human’s organism is not separate from that of the cosmos, and cannot be studied out of his culture, society and the whole universe, through the usage of the words neurotic, psychotic, etc.

The zenith of the psychological theories, which considered the whole to some extent and partially studied human outside the frame work of particles, is Gestalt therapy, which is a type of humanistic treatment, developed by Fritz Perls, and which was welcomed by other psychologists. In this method of treatment, the patient with his spectacular entirety as an organism, becomes the subject of study and during the process of treatment, this entirety is mentioned. In fact, the goal of Gestalt therapy is to render unity to human’s emotions and deeds, which are erected on the facts, proposed at the time of treatment for the organism with its own spectacular entirety and cohesion.

Gestalt therapy emphasizes on the point that understanding and studying the components without understanding and studying the whole is void of meaning and the properties of the whole have to be recognized, so that nature of the components would be perceived.

But human’s society is in need of something beyond a whole, which simply includes human itself. Prior to being a whole, consisting of components, members and organs, and prior to being studied as a person in a wider complex, called society, community, civilization and history, he is an intelligent being in a far bigger existence, and until now, eternal, named creation. Studying human being without considering Him in the entire existence is perplexing and deviating, as studying human dimensions has, for the
most part, been unavailing, since it distanced from the existence and creation and the consideration of mankind amid this existence.

Human, apart from the existence, human separate from the creator, detached from the beginning and the end, inception and conclusion, is nothing but a bunch of skin and bones and cells.

**The need for a spiritual strategy**

Human being is basically a multi-dimensional being and the spiritual dimension is one of his existential aspects. The procedure of consultation and treatment requires thorough acquaintance and evaluation of human, which culminates in an accurate and comprehensive diagnosis. On the other hand, in order to help the patients, in the process of development and recovering, using all capacities and facilities available in human is vital. The emergence and the new tendency towards spiritual faith and searching for a clear understanding of faith and its application in everyday life and its exposure in magazines, books, mass media and briefly permeation of religion and needs for it everywhere, stirs demands for therapists’ awareness and sensitivity towards the patients’ spiritual and religious issues. On the other side, the results of researches on the relation between faith and healthy physical, emotional and social functions, makes a re-evaluation of the role of religion and spirituality in mental hygiene, almost inevitable.

Therefore, religious and spiritual beliefs of the patients today, are not seen as inefficient and irrational, but will be counted as powerful sources for recovery and treatment. However, spiritual interventions do not have an outstanding, distinguished and equal stance along other approaches, and changing spiritual content into theory, investigation and application is onerous, and there are many obstacles and resistance against spiritual strategy.

A therapeutic strategy requires a precise definition of properties, fundamental principles, clear view of human’s personality and nature, identifying the nature of problems and aims of treatment, therapist’s responsibilities and sources, the nature of the relation, method and the scale of evaluation, methods of treatment and interventions, warnings and instructions, clinical prototype, and practical and theoretical supports.

**The main assumptions of this strategy are as follows:**

- There is a God.
- Human being and the whole existence are His creation.
- The existence of invisible, spiritual processes for sustaining the connection between God and mankind.

**Demand for an Interuniversal strategy in the treatment of psychic diseases**

Human is basically a multi-dimensional being and psychotherapeutic procedures or other types of treatments, necessitates thorough understanding and evaluation of human in the context of existence, which results in an accurate and multilateral diagnosis.

On the other hand, in order to help the patients in the process of development and recovery, using all capacities and facilities available in human is vital.

The results of researches, on the relations between faith, spiritual and Gnostic awareness and healthy physical, emotional and social functions make a re-evaluation of the role of religion and spirituality in hygiene almost inevitable.
During recent centuries, with the development of science and technology and the spread of structuralism, in all branches of science, even philosophy and psychology, knowledge and cognition is limited to sight. In today’s western psychology, mind (association and experience) and senses, are given originality, whereas human has to be studied as an entirety and in another entirety called the universe. Each and every single person, just like a society or in fact, the whole existence, possesses unity, integration and interconnection. Therefore, the analysis of human being and his psyche has to be carried out with an Interuniversal attitude. Thus, a one-dimensional interpretation of the human psyche is absolutely wrong and in vain.

Because psychic disorders demonstrate the whole organism and involve the person’s entirety, not only the psyche or body, psychotherapy should also take place in accordance with a holistic outlook. The disorders classified in psychiatry and psychology, are not merely linked to a function, and in their etymology, the study of a whole is vital, and this whole cannot be restricted to a set of biological limited factors or the surrounding physical environment, indeed, a broader set should be considered, and human cannot be studied through methodological reductionism.

Human’s soul and psyche are far beyond and deeper than nerves. Human’s organism is not separate from the whole universe and cannot be studied apart from the culture, society and even the entirety of existence, with terms such as neurotic and psychotic.

Faradarmani, as an alternative psychotherapy

All that has been created as matter in the universe, from the elementary particles of physics to galaxies, (including solid, plant, animal and human) are governed by a consciousness and the diverse forms of matter are nothing but observable manifestations of this consciousness.

The belief in consciousness or similar concepts, have an old history and the majority of cultures have acknowledged its existence, and still do. In different cultures, various names are given to this consciousness: the force of life in Iran, Prana in India, Chi in China, Mana in Polynesian islands, etc. Considering the antiquity of belief in consciousness, there has always been the question, of the location of this consciousness in the body. Until the Renaissance period, it was believed that consciousness resides in the human heart, but later, the science of anatomy made clear that heart is simply a muscle and a relatively simple pump. Since the brain is an extremely complex member, consciousness was associated with it and the belief yet persists. However, the discussion above indicated that consciousness belongs to every part of the body.

From this outlook, for human treatments, each and every part has been given attention, and the entirety of his being has simultaneously connected to the Interuniversal Consciousness, so that the required action would be taken to resolve the disorders in different parts, according to its discretion, and the patient would complete the treatment procedures.

The reasons and necessities of using the spiritual and Interuniversal strategies, including Faradarmani, in the treatment of psychic diseases

A divine outlook on the nature of human has deep contents for personality, treatment and change:
The 2nd Specialized Faradarmani Edition

-Being empirical and using precise investigations through the concepts of utility, in methodology and using qualitative outlooks and phenomenology
-Choice, modulation and attempt to unifying the Faradarmani outlook with others, as complementary and according to patients’ demands
-Helping the psycho-therapist, in order to enable him to work both in a vast world and in a special context

The role of the therapist (Fara-therapist)
-Embracing a worldview method that is adequate for patients with diverse cultural and religious backgrounds
-Embracing an Interuniversal treatment method
-Creating an open and safe therapeutic unity and considering patients’ awareness
-Helping people and becoming familiar with applied worship

The role of the patient in Faradarmani
-Recognizing and becoming practically familiar with the divine intelligence and consciousness
-Knowing the treasure inside and attaining the knowledge of Kamal
-Release from inner conflicts
-Analyzing how being aware of the whole universe and being an observer to the self and the universe affects his behaviour, emotions and his relations to himself, others and the existence
-Searching, discovering and using the sources of cosmic life, for making changes and healing

-Seeking guidance and divine clairvoyance, being able to better face the universe, change and healing
-The nature of therapeutic connection
-Respect, honesty
-Compassion, love and good intent
-Confirming a spiritual, divine and cosmological identity
-Accompaniment and attendance, on the way to perfection
-Growth, guidance and perfection

If we want to define human’s health and illness, from this point of view, it has to be done through the norms of three parts. Thus, assuming that abnormalities are not equal, the emphasis would be on mental abnormalities, psychic and physical, respectively. Accordingly, a healthy person is the one who does not have conscious abnormalities and it means that mind, psyche and body are synchronized. Every conscious abnormality can express itself in two or three parts of mind, psyche and body.

The application of this theory in psychiatry and psychology, culminate in groundbreaking results, some which are as follow:
-A new outlook in psychology and psychiatry and a brand-new idea in clinical holistic view, for the treatment of psychic disorders
-Displaying a new theory on intelligence, mind and psyche
-A new definition of susceptibility to disease and power of morbidity by an inorganic virus
-Displaying a new classification of dis-

The purpose of looking well is, for human to acquire the ultimate idea of his own being, the final judgment, in a sense. Looking well means a transformation in the viewpoint; this results in a transformation of his position in the world
eases and psychic disorders, according to the cause and the reason behind the emergence of the disorders

-A new definition of health and illness and a reasonable definition of mind, psyche and psychic hygiene

-A new and harmless definition for the treatment of psychic disorders and introducing a new psychotherapy

-Finding the common roots among different branches of spirituality, mysticism, philosophy, psychiatry and psychology, in the treatment of psychic disorders

The other application of the Interuniversal Consciousness theory is in philosophy, sociology and psychology. The fact that the universe is a living system and a unit which possesses its specific consciousness and all the elements of this world, are in a sense, autonomous living systems, among which human being is only counted as one (just like trees, cats, mountains, etc.), could open new horizons for science, at least from the perspective of Interuniversal philosophy.

This theory depicts how human has to give priority to the health of total consciousness, including nature, in order to be able to lead a healthy and joyful life, has to acknowledge the fact that this health is only attained when there is harmony between him and other people, nature and also the entire universe and the creator. He has to come to the belief that pride, selfishness, greed, eagerness for power and priority are like swimming in the opposite direction of the stream of the river of life and existence, for which everyone should pay a tremendous price; a penalty as enormous as losing the power of creativity and internal peace.

The aim of Faradarmani, which it recognizes as its responsibility, is not well-being, but looking and listening well in return for living well.

Living well is that which the modern society has set as its goal for everyone and constantly propagandizes, and among its properties are following the society’s norms, attempting to acquire welfare, and to attain a particular type of social interactions and the likes.

What the modern society imposes upon its individuals is indeed formalism, conformism and consumption.

Looking well does not have any of these characteristics which means the relation between human and being, words and who we are. Therefore, it is a science about human itself.

The purpose of looking well is, for human to acquire the ultimate idea of his own being, the final judgment, in a sense. Looking well means a transformation in the view point; this results in a transformation of his position in the world.

Faradarmani is creating enthusiasm, which in this doctrine, the person is not after soothing, but is after intensifying.

This person is well aware that enthusiasm needs no relief, it only requires action. The task of Faradarmani is attaining enthusiasm, the human subject in Faradarmani is not a tame and universal one, that is the subject which has changed his ideas, internal judgments, principles and is the one who knows who he is and knows his own value and has accepted the responsibility of (being himself) for the existence, creation and the almighty creator.
"Psymentology" is a new word to introduce and present a new theory in the field of psychiatry and psychology. This field, which has been founded by Mohammad Ali Taheri, investigates human's mind and psyche, through an Interuniversal outlook.

Because creating new words, especially in scientific communities has always been facing challenges, this word is investigated from the aspects of meaning, origin and structure from the perspective of linguistics.

Psymentology consists of three morphemes or phonemes: psy/ ment/ logy

• Psy is derived from psyche or psycho, which is a Greek word.
  - Psych is the short form of psychology, for instance: - a Psych major, which translates to a psychology student.
  
  This word is also used instead of psychiatric, meaning mental or issues associated with psychiatry, like the following statement: - The hospital's Psych ward

• Ment is the Latin root of Mental and in a sense, the word Mental is derived from Latin, which means mind:
  - Ment is the Latin root of Mental and in a sense, the word Mental is derived from Latin, which means mind:
    - Mental: Intellect, Intelligence, Mentality, Brains, Wits, Sense Reason.

• Logy(o) is another pronunciation of logy. Its root is the Greek word 'Logos' which means word.

Some Points
on the term "Psymentology"

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    - Mental: Intellect, Intelligence, Mentality, Brains, Wits, Sense Reason.

• Logy(o) is another pronunciation of logy. Its root is the Greek word 'Logos' which means word.
Logy hast the following meanings:
1. written or oral expression
2. Doctrine or theory, opinion, science
This word also means studying, especially a scientific subject.
[Origin: Middle English ‘Logie’ from old French, from Latin Logia, from Greek ‘logos’: word, speech]

Now, it can be considered if can build and create, lengthen or shorten a word, from the linguistics point of view:

- Word- formation, is a topic in linguistics which considers the formation and construction of words and also their changeover time. Below is a look at some of the most common ways to change and transform words:

1. Borrowing
One of the most common sources of new words in English is borrowing. English in its history has borrowed many words from other languages. Words such as:
   Lilac, Alcohol (Persian)/ Piano (Italian)/ Robot (Czech)/ Yogurt (Turkish)

2. Combining form
It is when a new word is formed by combining a word, a prefix or suffix or another compound word. For example, astr(o) is a combining form that can build the word astrology with another combining form such as (o)logy and astrophysics with the word physics and the word astral with the suffix al-.

3. Coinage (invention of new words)
Word such as:
   Kleenex, Nylon, Aspirin, Xerox

4. Clipping (cutting, slicing)
Clipping occurs when a word has more than one syllable. Below are examples of words that have been cut and shortened and have been allocated the term clipping:
   Gymnasium → Gym/ Mathematics → math/ Professor → Prof/ Laboratory
   lab/ Influenza → flu/ Advertisement → ad/ Airplane → plane/ Pianoforte
   Piano/ Omnibus → bus

5. Back formation, which means removing an affix (prefix or suffix)
In back formation, a brief word is made of a longer word, based on similarities between the longer words and other words in the language. For example, the word editor existed in the English dictionary much earlier than edit. If a comparison is made between the word editor and other words, such as singer, writer and worker, English speakers will think like singer, writer and worker which are made of morphemes, editor must also be made of two morphemes; the suffix or, which has the same pronunciation as er, and its meaning is someone who does something that the verb describes, and the verb ‘edit’. Thus, the new word edit entered the English words as a verb. At first, some showed their disapproval of this word, but today edit is perfectly acceptable. Not much ago, back formation led to the emersion of enthused from enthusiasm. Enthused stirred a very rigorous reaction, that ‘it is not a word’. It was a true that enthused was a brand-new word. But back formation is a correct and common method to create words. Such protests have never had any effect on the creation of words. Below are
examples of words which have been made by back formation:

Donate → donation/ Opt → option/ Emote → emotion/ Pea → pease/ Enthused → enthusiasm

6- Blending

A word is made from the combination of two words through removing the first part of a word and linking it to the end of another. For example, in some of America’s states there is a product such as gasoline. But this product is derived from alcohol. That’s why the word ‘gasohol’ was made for this product. Or from the two words fog and smoke the word ‘smog’ was built, meaning smoke. Other examples:

( breakfast, lunch) = brunch
( hotel, motor) = motel
( television, broadcast) = telecast

It is worth mentioning that sometimes for making a word using this method, the beginning of two words are linked, for example, words in the information technology can be noted, such as telex which is the result of the combination of the beginnings of teleprinter and exchange and also, modem which is the combination of the beginnings of modulator and demodulator.

7- Acronyms: Word that are made by the first letters of a group of words, such as:

NASA = National Aeronautics & Space Administration
NATO = North Atlantic Treaty Organization
UNICEF = United Nations Children’s Fund
WHO = World Health Organization

These methods are used both individually and combined (multiple process), in the process of making new words.

All languages use at least some of these methods. Word creation has never been, is not and will never be predictable. Through studying the history of a language, a linguist can understand the process which the natives of a language had used to form new words, in the past, and in this way, attain an overall understanding of the ways for creating words in human language.

One of the features of all languages is that words are constantly made and created. This characteristic of languages is named Creativity, Productivity, or Open-endedness, and it is a fact that the number of the potential words in each language is unlimited.

None of the changes in language have occurred overnight, indeed, it has been something gradual, and probably when these changes were taking place, they were not detectable. Although many of the changes in language have been due to social changes resulting from wars, aggression, and other major changes, the most common and influential changes, have been the usual process of changethrough cultural transmission. Languages will change during their lifetime, new words are produced, old ones are set aside and meanings keep changing. Examples of these changes in the structure of word formations were submitted. Words which are used in this collection are only examples. Each word in the English language has a history. Today, there are no words which we would use exactly like our ancestors’ language. There are also no reasons to think they were less capable of communicating with each other than us.
is not important how language changes. A language is a language forever, a productive communication system that perfectly fits the diverse needs of the language. A fanatical attitude towards language, for those who are familiar with the nature of it, is not comprehensible. Why should someone disapprove of creating new words? The dictionaries of all languages are full of words which were once new. The protests against words like edit are no more witnessed today. Language is democratic. Anyone may tell his own opinion. But the majority has always been victorious. Most people use a new word and this is part of the language, be it by borrowing, combining, shortening, inventing or creating it.

A critique on Psymentology

With the brief reviews which were carried out on the origin, meaning and structure of the word Psymentology, it can be said that this is a Greek word, that perfectly conforms to the word building patterns in the language, from the standpoint of structure. But it really is not important how and in what ways it was made. The importance lies in its mechanisms of creation, and that is the nature of productivity and creativity of language that in crucial moments leads to creativity and creation of words. A word that due to the richness of its content and meaning, on the one hand and beauty of its rhyme on the other hand, is unique in its own kind. Perhaps no other word could reflect the Interuniversal nature, in the assessment of mind, human psyche and his other existential dimensions. Therefore, any probable translation and equivalent searching in language can seriously damage to the meaning and concept of this word.

Linguists, from different perspectives of language and role have evaluated and offered several explanations for it. “The philosophical perspective considers language mainly as expressions of ideas, but what is common among all explanations, is that language is a means to build connections between human beings.” Language throughout its history has always played its role in communication and has always gone beyond the conventional boundaries. Because it has never known any boundaries and of course, it still does not. An unbiased look at human language and words, means having a holistic look at the human being and whatever belongs to him, and this is important only when language would want to play its role in the modern theories in the field of science and knowledge, and this means appreciating the scientific achievements and those who have dedicated their lives on them.

Many consider a divine source for language, and maybe it is because of the hints in mythological-land religious texts; Hinduism believes that language has come from the goddess Sarasvati, wife of ”Brahma”, the world’s creator. In the Old Testament, in verses in Genesis it is said thus (verse 2:9) “And out of the ground the LORD God formed every animal and every bird in the sky, and brought [them] unto Adam to see what he would call them; and whatsoever Adam called every living creature, that was the name thereof”. And elsewhere, in the story of the Tower of Babel, in verse 11:1 it is thus said: “Now the whole Earth used the same language and the same words.” And the verse 11:17, “Come, let Us go down and there confuse their language, that they may not understand one another’s speech.” And the verse 11:9: “Therefore its name was called Babel, because there the LORD confused the language of the whole earth; and from there the LORD scattered them abroad over the face of the whole earth.”

Linguists have also questioned the divine source of language. Yule, referring to the reverse...
11:9, where it says "there he confused the language of the world" wrote such in his book, "The study of language"; "If language has a divine source, so we have nowaystorestore that original language, especially according to the events of a city which was called Babel."

It can probably be proposed as a non-scientific theory that the source of language has been divine and inspiration. But if man could not prove the divine source of language, he could discover the origins and roots of many languages by tracking the linguistic roots, and perhaps for us, as Iranians, it would be a source of information that the root of many languages, especially those known as original languages, such as Greek and Latin, are from Indian and Iranian languages. Let's have a brief look below: "Sanskrit and Avestan are the most ancient languages among the family of Indo-European languages. Indian and Iranian is also a branch of the family of Indo-European languages, which is divided into two subcategories:

1. Indian and Sanskrit languages (the ancient scientific and divine language of Hindus and one of the most important Indo-Iranian languages)

2. Iranian languages: Avestan, Old Persian (Achaemenid), Pahlavi (Parthian, Sasanian), Persian (Dari, Tajik, Persian), Kurdish, Balochi, Pashto.

Aryans, who are Indian and European, were the people who lived together nearly five thousand years ago, and had a common culture and language. Some have taken history further than this. Each Aryan group of immigrants took a different direction and under the influence of the language and culture of their host, created a family of Indo-European languages, the names of some of which follow below. Subcategories of Indian and Iranian languages:

Germanic languages (1), Italic languages (2), Greek (3), Celtic, Slavic (4), Armenian, Baltic, Albanian. Indo-Iranian group of languages is the most important group of Indo-European family of languages, because it is considered the oldest group of this family. (5)

According to the classification above, the word Psymentology is in fact a subset of Indo-Iranian languages, and it is going to establish its position in Persian, English and other languages' dictionaries, anyway and not translation and equivalent can be found for it. Psymentology means Psymentology.

Sources
- Advanced American Dictionary
- Webster
- The Grolier International Dictionary
- The study of language/ George Yule
- Linguistics & Language/ Julia S. Falk

(1) Italian language branches, including Osque, Ombrian, Latin, Romans and Etc.
(2) Branches of Greek are Yevanic, Attic, Doric and today's Greek.
(3) Slaves-Balto languages including: Lithuanian, Russian, Polish, Czech, Croatian, Bulgarians, etc.
(4) Sources contained in the subtitle are taken from Indian and European languages from "Moein Dictionary".
(5) Source: www.donbelid.com