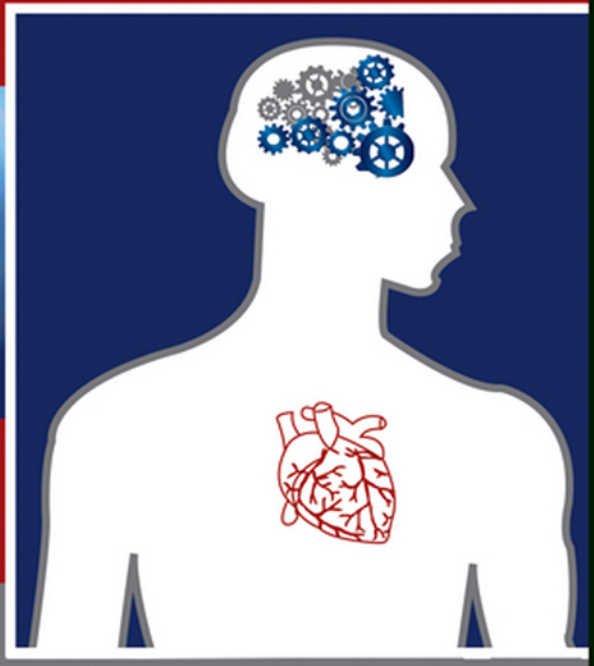
VOLUME 3

The Greening of Pharmaceutical Engineering

Applications for Mental Disorder Treatments



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The Greening of Pharmaceutical Engineering

Applications for Mental Disorder Treatments

Volume 3

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Preface

Recent political events in the United States have brought the healthcare debate back to the forefront of public discourse. While debate rages about universal payer or "whether" healthcare is a right or a privilege, etc., the wheel is not being reinvented. President Richard Nixon signed into law the *Health Maintenance Organization Act* of 1973. This law decriminalized extracting private profit out of the healthcare system. Prior to this, medical insurance agencies, hospitals, clinics and even doctors, could not function as for-profit business entities.

Meanwhile: how a real healthcare system should look is established in this book series on The Greening of Pharmaceutical Engineering.[1] Such a system would include the following:

1. science of "medicine" must be broken down to create science of "health";
2. *care* should be brought back to *healthcare* ;
3. there must be recognition that care-*giving* takes place continuously within a family, then community, then the region;
4. profiteering should be banned and profiting from people's misery should be treated as treasonous.

The fact that such ideals seem not to be present in the minds of those waging this struggle's leading edge (e.g. radical liberals or extremist libertarians) suggests there is still no clear path forward. Until we can create a real paradigm shift, society will remain stuck choosing the lesser of two evils.

This volume gets to the root of the problem by another path. It unfurls an option radically divergent from both the 'left' and the 'right', in which people would no longer be reduced to "choosing" between the equally toxic options of "chemicals for everything" and westernized

[1]Islam *et al*., 2015; 2016.

version of "yoga" that purports to free one's mind of any thought. This book makes a case in favor of a truly sustainable approach. It calls out the current fashion of new science that has been giving us the culture of anti-depressants, a culture that leads to suicide[2] and "yoga" or — even worse — that leads to the raunchiest addictions to sex.[3]

Earlier in volumes 1 and 2, we established how 'New' Science (the post-Newtonian obsession with short-term and tangibles) has disconnected humanity from conscience. It has done so by asserting a fake "Creator" that it calls 'Nature.' This 'nature' turns out to be… the Money god, enslaving its adherents in a remodeled 'new' trinity of financial establishment, media establishment, and the political establishment. Under this arrangement, the 'scientists' once again form the most faithful priesthood, all too happy to propagandize the scheme of the Money god. As discussed earlier, this latest 'new' science recycles Santa Claus and tooth fairy falsehoods to promote the sophistry of 'big bang', 'evolution' (as opposed to *natural selection*), Newton's "laws" (which remain 'true' independently of the passage of time), quantum theory (with its utterly fantastic cat courtesy of Prof. Schrodinger) and founded upon ever more illogical versions of 'original sin,' the Trinity, and the flat earth idea.

This book reconnects humanity with conscience and brings back the original scientific definition of grounding in order to regain mental health. By doing so, this book rescues people from the bombarding of alternate 'fact', 'fake news', and new-science sophistry.

This volume documents the most significant firsts of the modern era, identifying whatever is truly unique about humanity. This is analyzed from both tangible and intangible perspectives. This unique feature has eluded scientists, theologians alike for at least a millennium.

This volume begins with the purpose of human life. Then it discusses the way to ground psychologically and to seek a lifestyle that assures maximum success. How curious that we had to discuss this very notion at the dawn of the new millennium whereas there are hundreds of thousands of books, all focusing on 1001 ways to be successful before even considering the true purpose of life, let alone the impetus of a successful life.

In this book, a refreshingly new approach is systematically introduced and embraced. It considers a pre-puberty child as a model for human

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[2] Carlsten A, *et al*., 2001, Antidepressant medication and suicide in Sweden, *Pharmacoepidemiol Drug Saf.*, Oct-Nov.

[3] Burke, K.L., 2016, Yoga Scandals: Dysfunction And Healing, http://yogadork.com/2016/05/03/yoga-scandals-dysfunction-and-healing/

beings. It uses this model to define good behavior. This child development model is not like the 'lone researcher' à la Piaget or 'the product of the environment' model of Vygotsky or even the system model of Bronfenbrenner. None of these childhood models is free from dogmatic premises that recapitulate different versions of the 'original sin' narration. The childhood model that was used in this book is the one that has a different starting point for defining humanity, acceptable behavior, accountability, and psychological grounding. The book lists 100 'godly' qualities and shows each such quality has to be optimized in a lifestyle that will minimize mental and emotional maladies. This volume discusses ADHD and autism as part of natural qualities of children. Such a narration can help illuminate why conventional special educational curriculum and therapies have failed beyond giving some short-term antidotes.[4] Natural traits for each child are presented and ways to capitalize on these natural traits in order to prepare children for their maturing into responsible adulthood as well as for remedying adult's childhood trauma or pre-disposed psychological conditions.

Once the humanity model is understood, the rest of the book becomes a step-by-step manual. All mental diseases are redefined as a departure from ideal human lifestyle and a detailed appendix is provided to offer a guideline for healthy food, energy, and environment.

The book provides both tangible and intangible treatments of depression with an array of sustainable solutions. Two chapters are devoted to fighting addiction and getting a fresh start in life. Once again, both tangible and intangible solutions are offered.

In characterizing mental illnesses, 'diseases of the heart' are dealt with differently from 'diseases of the brain', the latter set being part of a management regime rather than curative regime. Two syndromes are identified, both belonging to the intangible variety of mental illness. The first one, called the oppression syndrome, is defined as our affinity for short-term results. By following this natural desire, we end up oppressing others or our own selves. Once identified, this can be remedied by going back to fundamental premises and re-starting the natural cognition.

The second syndrome presented is the Gujarat syndrome. It is the psychological equivalent of having contempt for one's own mother. This syndrome manifests itself when a person is so focused on the short -term that he or she opts to first love the oppressor (Stockholm syndrome), but

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[4] Davis, W., Whirring, Purring Fidget Spinners Provide Entertainment, Not ADHD, May 14, 2017, http://www.npr.org/2017/05/14/527988954/whirring-purring-fidget-spinners-provide-entertainment-not-adhd-help

then proceeds to loathe the fellow oppressed (thus becoming the scientific opposite of Stockholm syndrome).

This book's biggest contribution is the remedy it proposes for depression and other intangible forms of mental disease, viz. a total change in lifestyle. This lifestyle cannot operate blindly, however, purely within the confines of the status quo: it must be continuously optimized. Such optimization is not possible unless root causes of addiction are identified and removed from the lifestyle. A guideline for a step-by-step remedy to addiction is presented. An appendix is provided with a specific list of stimulants that can cause addiction. Finally, a manual is provided for diagnosis, remedy, and prevention of mental illnesses.

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M.R. Islam
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1

Introduction

1.1 What If We Have Been in a Collective Delusional State?

Henry Ford famously said, "Whether you think you can, or you think you can't—you're right." This seemingly correct and harmless slogan sums up the problem with modern-day cognition.

When we hear René Descartes' statement, "I think, therefore I am", no one counters it by saying, 'your thinking has nothing to do with your existence'. When Einstein said, "Reality is merely an illusion, albeit a very persistent one," we redefined truth by perception, reinvigorating the Trinity delusion, instead of telling him off for secularizing dogmatic thinking. How ironic that today making up your own reality is considered to be the biggest sign of mental disorder.

When Buddhist traditionalists told us, "We don't exist", we introduced Yoga[1] that would 'empty our mind', nullifying the original meaning and

[1]The word yoga in Sanskrit means 'connection' – not just with anyone but with Mahidhara (literally meaning holder of the earth) – the sustainer of the universe.

falsifying the meaning of the word entirely. Scientists, instead of leading the science – the essence of knowledge gathering – yielded to the comedians, politicians, and tabloid journalists that led the civilization down the path of collective insanity. Science has turned into a comedy show and engineering a cartoon.

When Douglas Adams, a British satirist, said, "Everything you see or hear or experience in any way at all is specific to you. You create a universe by perceiving it, so everything in the universe you perceive is specific to you," we found that to be profound. When Al Gore, the lawyer turned politician turned science activist quipped on his way to touting nuclear energy to the Middle East, "Here is the truth: The Earth is round; Saddam Hussein did not attack us on 9/11; Elvis is dead; Obama was born in the United States; and the climate crisis is real," we didn't see his hypocrisy.

Then in the nadir of our hypocrisy, we gasped when a 52-year-old husband and father of seven, Paul Wolscht, declared from a newfound foster home, "I have gone back to being a child, Stefonknee". In the meantime, we dig even deeper and double down on the same sliding slope by cheering on law professors, the likes of whom wrote, "Pedophilia: A Disorder, Not a Crime" (*New York Times*, Oct. 4, 2014). Instead of saying 'we have heard that line before', we nod feverishly. A scientist such as Richard Dawkins follows suit and says, "Mild pedophilia" doesn't cause "lasting harm".[2] Then, we are surprised when we learn that an ex-policeman, Alexander McCracken, 35, and his lover plotted to conceive a baby so they could abuse it and share it with other paedophiles in a plot to 'deffo rape a little baby girl' (as reported in the *Daily Mail* on February 26, 2015). Everyone watches this saga of a naked emperor, but no shepherd emerges to call out the emperor, who stands déshabillé before us. We have no moral ground and we are too busy increasing our pleasure and decreasing pain to think anything other than self-interest in the shortest term. We have lost all connection to our conscience.

Chapter 2 resets our collective delusional behavior to logical thinking and forces us to reevaluate what a human is before talking about human rights, the natural state of a human, or human maladies. This chapter reveals that we have been conned by 'philosophers' that are actually contemptuous

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[2]Richard Dawkins was quoted in *Salon* (Sept. 10, 2013) as follows: "I am very conscious that you can't condemn people of an earlier era by the standards of ours. Just as we don't look back at the 18th and 19th centuries and condemn people for racism in the same way as we would condemn a modern person for racism, I look back a few decades to my childhood and see things like caning, like mild pedophilia, and can't find it in me to condemn it by the same standards as I or anyone would today."

of true knowledge, leaders that don't care for those they are leading, and scientists that have zero tolerance for real science. The chapter establishes the undeniable connection of modern-day narration of humanity with the 'original sin' model and shows that over last few centuries, we have piled up hubris in building up falsehood over falsehood, while packaging dogmatic delusion as a secular enlightenment. The chapter sets the stage for replacing the culture of fear with the science of hope.

1.2 Have We Been Bankrupted to Become Unhealthy?

It is well recognized that the United States leads the world in technology development. According to World Bank data, the United States spent 17.4% of GDP on health care as compared to a world average of 9% of GDP. Outside of the military (which consumes nearly 3.5% of GDP government spending in 2014), healthcare is the largest industry in the United States. Interestingly, both defense and healthcare have to do with saving lives directly. However, healthcare is more closely associated with saving lives than defense, even though government spending in healthcare is much lower than that for defense. Figure 1.1 shows healthcare

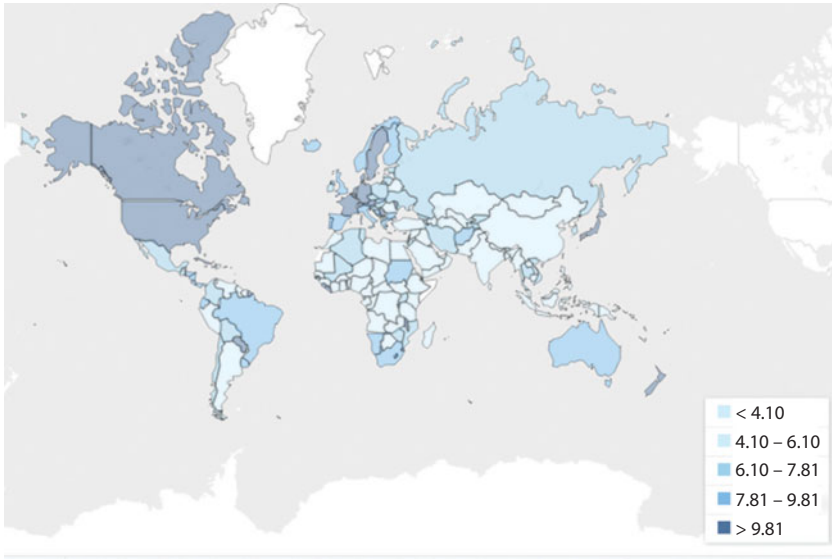

Figure 1.1 Health care expenses as a percentage of GDP (from World Bank website, http://data.worldbank.org/indicator/SH.XPD.TOTL.ZS?end=2014&start=2014&view=map)

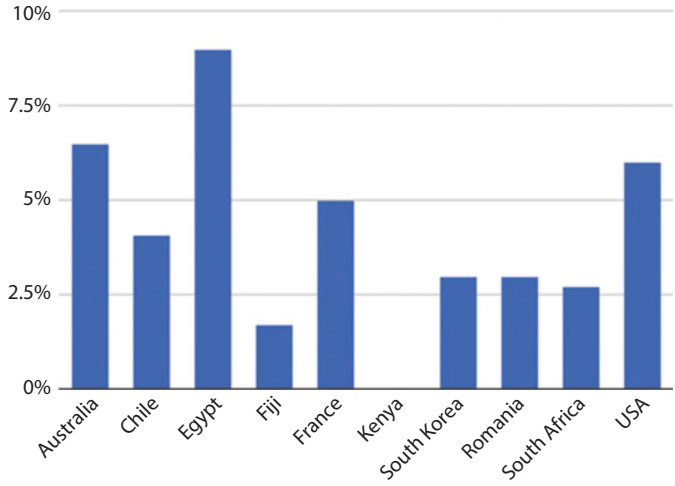

Figure 1.2 Percentage of healthcare for mental healthcare (data from WHO).

spending as a percentage of GDP for various countries and demonstrates how it has become the biggest financial drain for developed countries. Even though, approximately 10% of the total cost involves mental healthcare, it is meaningful considering the fact that mental ailments are the source of physical complications and eventual maladies (Islam *et al.*, 2015). The bulk of this expense is in mental healthcare. Figure 1.2 shows some of the biggest spenders (in % GDP) on mental healthcare. The United States is by far the biggest spender in terms of actual dollars spent per capita.

Further analysis shows that the biggest rise in mental healthcare costs is for prescription drugs – an expense that has skyrocketed in recent years (Figure 1.3).

As pointed out by Kliff (2012), the near collapse of inpatient care is not an accident. The shift away from inpatient spending goes back to the 1960s, when states began moving away from institutionalization for the mentally ill. The Community Mental Health Centers Act of 1963 pushed for more treatment in community settings rather than in state-run, psychiatric institutions. As Kliff pointed out,

> By treating the rest in the least-restrictive settings possible, the thinking went, we would protect the civil liberties of the mentally ill and hasten their recoveries. Surely community life was better for mental health than a cold, unfeeling institution.

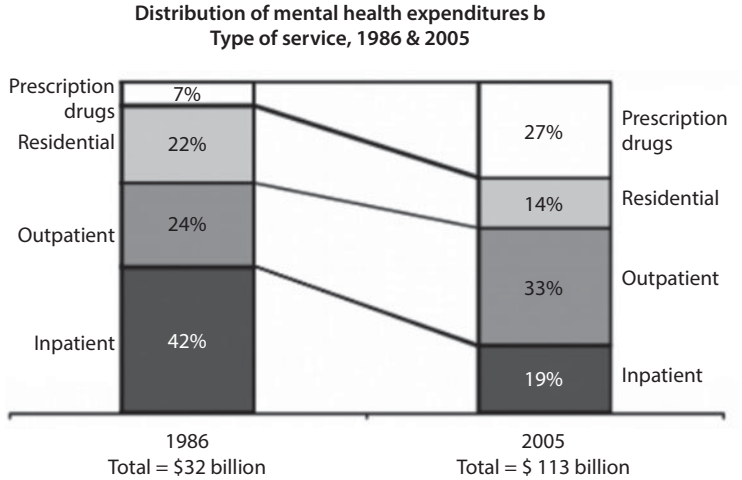

Figure 1.3 Prescription drug expenses have seen the highest increase at the expense of inpatient care.

> But in the decades since, the sickest patients have begun turning up in jails and homeless shelters with a frequency that mirrors that of the late 1800s. "We're protecting civil liberties at the expense of health and safety," says Doris A. Fuller, the executive director of the Treatment Advocacy Center, a nonprofit group that lobbies for broader involuntary commitment standards. "Deinstitutionalization has gone way too far."

Translation? We have once again been conned with a false promise.

It is estimated that some $330 billion out of $2.2 trillion of healthcare costs in the United States are due to prescription medicine (IMS, 2013). IMS Reports indicate the most prescribed drugs, along with their applications and known side effects, are as given in Table 1.1.

This table shows that antidepressant drugs themselves come as the second most prescribed drugs. In addition, it should be noted that all side effects induce anxiety that can cause or aggravate mental illnesses. For certain situations, this would create a spiral down mode as the distinction between biological and mental illnesses continues to be erased (Kosslyn *et al.*, 2002). A recent study (Crump *et al.*, 2013) found that on average, women and men with bipolar disorder died 9 and 8.5 years earlier, respectively, than people in the general population. People with bipolar disorder were two times more likely to die from any cause and were also at increased risk of death from heart disease, diabetes, COPD,

Table 1.1 The most prescribed drugs and their application and side effects.

Prescription drug	Total prescription (2010 data), in million	Primary application/side effects
Lipid regulators	255.4	**Cholesterol control/** Insomnia, Headache, Diarrhea, Constipation, Abdominal pain, Vomiting,Weakness, Muscle pain, Dizziness, Chest pain, Back pain, Hair loss, Skin reactions, Loss of appetite, Cramps, Memory loss, Liver disorders, Weight gain, Muscle disorders
Antidepressants	253.6	**Depression/** Nausea, Weight Gain, Sexual Dysfunction, Fatigue, Drowsiness, Insomnia, Vision Problems, Constipation
Narcotic analgesics	244.3	**Severe pain/** Respiratory depression, Nausea, Drowsiness.
Beta blockers	191.5	**High blood pressure, Congestive heart failure, Glaucoma and Migraines/** Diarrhea,Stomach cramps,Nausea,Vomiting.
Ace (angiontension converting enzyme) inhibitor	168.7	**High blood pressure, stroke prevention, kidney disease and diabetes/** cough, elevated blood potassium levels, low blood pressure, dizziness, headache, drowsiness, weakness, abnormal taste (metallic or salty taste), rash.
Antidiabetes	165	**Diabetes/** Headache, stomach upset, loss of appetite, nausea, diarrhea or vomiting may occur as your body adjusts to the medication. Inform your doctor if you develop: itchy skin, dark urine, fever, sore throat, swelling of the hands or feet, unusual bleeding or bruising. This medication can cause low blood sugar (hypoglycemia).
Respiratory agents	153.3	**Respiratory diseases/** myocardial infarctions, arrhythmias, sudden cardiac death, thrombosis, increase in the atherogenic LDL cholesterol, liver damage, impairment of thyroid function, insulin resistance and diminished glucose tolerance, damage in reproductive system, infertility, fluctuation of moods, irritability, uncontrolled aggression, other affective or psychotic symptoms and syndromes.

Table 1.1 Cont.

Prescription drug	Total prescription (2010 data), in million	Primary application/side effects
Anti-Ulcerants	147.1	**Peptic ulcers, indigestion/** Decrease in immunity, Drowsiness, galactorrhoea, gynaecomatia, constipation or diarrhoea, lassitude, decreased libido, skin rash, Convulsions, arrhythmias and cardiac arrest, dysrrehythmias in patients with CV disease or hypokalaemia, patients on cancer chemotherapy. Seizure, hypertensive crisis in patients with phaeochromocytoma.
Diuretics	131	**Hyper tension/** tachycardia, irregular heart beat, nausea, blurry vision, constipation or diarrhea.
Anti-epileptic	121.7	**Epilepsy/** Drowsiness, bone thinning, Memory loss
Tranquilizer	108.6	**Depression/** Heartburn, loss of appetite, Nausea, vomiting, diarrhea or constipation, abnormal liver function, jaundice, drowsiness, fatigue, disorientation, ataxia, unsteady gait, slowing of motor and mental reactions. euphoria, depression, headache, tremor, incoordination, memory loss, depressed mood, uncontrolled movements (including eye movements), reduced blood pressure, increased heart rate (tachycardia, changes in body weight, impaired libido, menstrual disorders, anemia, renal failure, Allergic reactions (itching, rash, edema).

flu or pneumonia, accidental injuries, and suicide. Women with bipolar disorder also had an increased risk of death from cancer. Also confirmed is a commonly known fact that mental illness can invoke suicidal behavior among the most vulnerable population of the community (Kelleher, 2013). Such occurrence of death further complicates the fact that several of the antidepressant drugs have been proven to increase suicidal behavior among the same population (Ilgen *et al*., 2010; Knock *et al*., 2013; Khan and Islam, 2012).

To date, it is considered that non-mental illnesses are primarily responsible for deaths. For instance, in the United States, heart disease is considered to be the leading cause of death, followed by cancer, stroke, respiratory diseases and accidents. However, if one takes the definition of health as "…a state of complete physical, mental and social well-being and not merely the absence of a disease or infirmity" (WHO, 2001), it becomes clear that mental health is intimately connected with physical health and behavior (Herrman, 2007). In fact, a more focused definition of mental health includes the following: "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community".

It is becoming increasingly clear that mental health is the foundation for overall well-being and good health. The fact that mental health doesn't receive as much focus as biological health emerges from the focus of society on tangibles and its reluctance to go beyond symptoms and medicinal interference.

In terms of historical background, the increase in prescription drugs involving antidepressants has been dramatic (a rise from 59.7% in 1996 to 72.7% in 2007) even though the number of diagnosed cases has not gone up (Mojtabai and Olfson, 2011). Painkillers are also being prescribed at an alarming rate. A hike of 600 percent was reported over the last decade (Zennie, 2012).

Chapter 3 investigates how the culture that converted the true purpose of life into 'be happy', 'have fun', 'live to the fullest' (translation: maximize pleasure and minimize pain, while making the rich richer and the poor poorer) has failed us. Chapter 3 analyzes the true effects of chemical drugs for various cases of mental ailments. It confirms some of the recent studies that indicate that nearly half of the total healthcare cost ($1.2 trillion out of $2.2 trillion total in 2008, $2.7 trillion in 2013) can be characterized as waste (Kavilanz, 2009). More importantly, it shows how prescription drugs have made us bankrupt both financially and emotionally.

1.3 Grounding Is Necessary but with What?

The talk of grounding has become ubiquitous – so much so that it has become what atomic energy and the sexual revolution were in the 1960s, in terms of generating tangible and intangible energy, respectively (no pun intended). Every crisis of a personal or social nature, be it depression, anxiety, alienation, attention deficit hyperactivity disorder, financial difficulties, "there is an app for it", and it's called grounding. Everyone is yelling 'focus', but where? They focus on 'nothing' and that's where the lunacy of new science[3] sets in.

Karl Marx wrote in *Das Kapital* (vol. I), "To know what is useful for a dog, one must study dog-nature. This nature itself is not to be deduced from the principle of utility. Applying this to man, he who would criticize all human acts, movements, relations, etc., by the principle of utility, must first deal with human nature in general, and then with human nature as modified in each historical epoch." Now that we know from Chapter 2 what humanity is, and what the purpose of human life is, Chapter 4 is ready to tell us how to deliver as a human, to be grounded and how to be grounded. It deconstructs centuries of disinformation and reconstructs a logical pathway for psychological grounding. It shows how to overcome the culture of fear and replace it with the audacity of hope.

1.4 Do We Even Know the Difference Between a Genius and an Insane Person?

We live in a culture that has a name for every ailment, but a cure for none. We introduced Volume 1 of this book series (Islam *et al.*, 2015) with the following remark.

> A professor of medicine in Canada was asked if there is any cure in modern era of any contemporary disease. After some reflection, he named penicillin as the only medicine that cures a disease. "Why then do physicians routinely ask if a patient has ever taken penicillin in his lifetime?", he was asked. This time the professor was quick in replying, "Oh, that's because today's penicillin is synthetic (artificial)". Of course, that poses the pointed question of whether there is any

[3]This term is used innumerable times in this book. The word 'New science' refers to post-Newtonian era that is marked by a focus on tangibles and short-term. In essence, new science promotes a myopic vision, for which the historical background of any event is ignored in favour a time slot that fits the desired outcome of a scientific process.

> medicine today that is not artificial." The same question was posed five years later, this time to an American professor of medicine. He couldn't come up with any medicine. When the name penicillin was mentioned to him, he quipped, "Oh, penicillin is the proof that modern era has no medicine that cures; it only delays the symptoms" (p.1).

There is a reason that the modern era has no cure for any ailment. It's because we do not know the cause of any disease. Pragmatism rules supreme as the indisputable dogma that governs our way of thinking, and that pragmatism tells us whatever sells is the truth. So, there is no incentive to finding the cause of a disease. After all, heaven forbid, that might actually cut our drug profit.

Of course, often we know the presence of bacteria gives one a certain ailment. But how is a human body overcome with such bacteria, defying all the immune mechanism we have in place? More importantly, how does an ailment persist even after the stimulus has been vanquished? While a cure is settled for a 'management regimen', who cares to find the cause when life-long management is far more lucrative? Chapter 5 takes a bottom-up approach. It looks into the causes of mental ailments after dividing the problem into tangible and intangible categories. Then, it offers natural remedies of both intangible and tangible varieties. Once the causes are revealed, the remedy becomes self-evident. Nevertheless they are presented and a guideline provided.

1.5 Is There a Continuity Among Depression, Dementia, and Schizophrenia?

We live in a culture with experts that are more like a sex consultant who cannot get a date. Everyone claims to know the answer to every question except the one that matters. Starting from the Harvard College days when 'how many angels can dance on a pinhead' was a serious research question, we have traveled through the nonsense of "if a tree falls in a forest and no one is around to hear it, does it make a sound?" to "Do we need God to be righteous?" In this book series, we have repeatedly questioned the fundamental premises of every theory that shaped our technology development. In this book, we show how new science has built up prejudices to congratulate itself rather than asking real questions that could unearth solutions to the crises humanity is facing. Chapter 6 answers the question as to how schizophrenia is different from dementia, depression and all other ailments. It then offers both tangible and intangible solutions.

1.6 How Can We Stop being Self-Destructive?

We have thus far established that every chemical solution to a problem has yielded an opposite outcome. These are not just 'unintended' side effects nor are they accidents. Scientific analysis shows these solutions are inherently counter-productive. So, how do we handle a healthcare system that introduces drugs as a cure to addiction while promoting the worst form of addiction? And, what mindset allows us to continue to rely on the same agents that lied to us repeatedly in the past? Chapter 7 analyzes the root causes of the self-destructive mindset and describes two categories of syndromes. The first one, called the oppression syndrome, addresses the general propensity to self-destruction. What used to be known as 'taking pleasure in sinful acts' is given a scientific explanation without resorting to the 'original sin' narration. More importantly, it is shown how such behavior can be identified and therefore corrected. The second syndrome deals with a mindset that develops contempt toward conscience and conscientious thinking. It's called the Gujarat syndrome. Gujarat is a state in India that saw massacres of Muslims leading up to Muslims voting for the ruling party that was partially implicated in the massacre and, furthermore, developing contempt toward fellow Muslims. This syndrome is like being allergic to sunlight. On the tangible side, this latest syndrome can be compared with being allergic to mother's milk.

1.7 Start Living Rather Than Making a Living: Make Humanity Great Again

Chapter 8 presents a recipe for resetting the mind clock. First it identifies the root causes of addiction – the biggest impediment to time optimization. Then, it offers practical solutions to optimize a lifestyle. This chapter is equipped with an appendix and a manual that can be used for all who seek a remedy to all major mental health problems.

The book ends with major conclusions and a 50-page list of references and a bibliography.

2

A Model for Humanity and Human Behavior

2.1 Introduction

Averröes, the father of European secular philosophy, famously stated, "Ignorance leads to fear, fear leads to hatred, and hatred leads to violence. This is the equation". Today, at the dawn of the Information Age, such a statement couldn't be more timely in the face of extreme violence around the world. This chapter investigates the natural traits of humans and how such traits can be best utilized to promote hope instead of fear and love instead of hatred. This chapter reveals currently used models of humanity and their undeniable connection to the 'original sin' model. If this 'original sin' assumption is removed, however, humans emerge as inherently 'godly' and continue to be that way if they act based on conscience. Any departure from a conscious and conscientious pathway makes humans and all ensuing policies and agendas inherently implosive. This model of humans can be best characterized as based on sustainability and hope, thus replacing all current models that are based on fear and scarcity.

The meaning of human life is a research question that is as old as humanity itself. In the post-Roman Catholic Church era, this question has been rephrased in different forms, such as "Why are we here?", "What is life all about?", and "What is the purpose of existence?" or even "Does life exist at all?" It is recognized in modern Europe that these questions are universal and worthy of research and authoritative opinions. In Volumes 1 and 2 of this book series (Islam *et al*., 2015, 2016), we have presented theories that establish the need to ask these questions that must be answered for a person to gain grounding. This grounding is relevant for mental health as well as emotional well-being. It is also important to understand how these questions have been dealt with during the childhood of a person (Neighbors *et al*., 2013).

Although not explicitly recognized, these questions have been answered in all disciplines with philosophical, scientific, and theological speculations of similar rigor. All speculations in Europe avoided any reference to the Qur'an, the book that claims itself to be a divine revelation, thereby being the external and universal standard. In the absence of this universal standard—unlike what happened after the Qur'an's acceptance gained momentum in Islamic political philosophy—there have been a large number of proposed answers to these questions, all of which contain an Orientalist/Eurocentric or apologist perspective. These one-sided views, as manifested by the often covered-up fundamental premises that are aphenomenal, are then presented as the universal view of practically all disciplines, ranging from social science to engineering. Not surprisingly, the focus in modern literature has been anxiety and resulting 'disorders' among children (Mian *et al*., 2011). Even when it comes to a childhood education model and modelization, the focus has been a dysfunctional and/or problematic social environment (Plotnik and Wahle, 2010).

In modeling human behavior, the focus has been mainly on tangible aspects. When it comes to children, it is not uncommon to find modeling with animals, with the most tangible features as the focus of modelization (Christoffersen *et al*., 2013). If one aspires to conduct scientific modelization, it must model the intangible features. In this regard, it is of utmost importance to evaluate the human emotion model with the children's educational model.

2.2 What Is a Human?

New science has not been able to answer the simplest of questions of substance — not, at least, without resorting to dogma and exceptionalism. We don't know what a human is or what are the unique features of humanity.