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# A framework that can help Save the Children

The universal balancing mechanism in the Time of Randomness framework can be used to create new sub-frameworks to build analysis, understandings or perhaps optimizing existing solution to a complex problem.

Physicians, physiatrist and organizations all over the world has fought many diseases throughout time to find a cure. The overall purpose is to bring patients back to a normal life where they contribute to society and become reunited with their family. If we are talking psychiatric diseases patients gets them unwillingly as they are torn between shame and guilt which adds to the complexity of diagnosing it. A cure is needed. But it requires a rock-solid diagnosis to be developed first.

**Goal**
I will focus on a framework to treat diseases where the brain's addictive power outweighs rational behavior:

- Abusive material.
- Abusive conduct.
  - Projective behavior.
  - Violent behavior.
- Abusive readiness.

The three general categories should separate material usage from behavior. Abusive behavior persona can belong to one and only one group: Projective non-violent persona means the brain pushes its shortcomings into a scenario that offers comfort. On the contrary, the violent persona can be a returning result of empathy shortcomings. I like to distinct the two like a bank robber where the first only wants the money out of necessity where the second kills everyone out of fun. Abusive readiness is a person who has developed a vulnerable mindset about the brains own self that strongly counteracts affection from other people such as genuine curiosity, interest or love.

Furthermore, anyone on the modern-day Internet risks being violated if their private images are, for example, used by others in new contexts for which consent was never given – for instance, in fake romantic relationships or within closed groups, a tactic also employed by criminal networks. But what about treatment of

military and police personnel suffering from such occupational injuries? Victims of abusive conduct disorders are not the average psychopath we imagine in our minds from the Hollywood script.

**Diagnosis**
I hypothesize that the cause of abusive conduct is that the brain misses a developmental step, rather than undergoing psychological regression.

The psyche affected by the abusive condition should be understood as temporally fragile and withdrawn, not as extroverted, anal-sadistic, even though criminal law and prevailing societal perceptions have tended to encourage the latter interpretation.

The causes may include: (1) Isolation, (2) Depression, (3) Anxiety, or (4) Failure in social life. According to my research, the developmental deficit often occurs at such a crucial stage of life that the patient is unable to recognize it as a consequence of the condition itself.

However, in cases where the patient denies the condition or lacks insight into it, the question remains how such a distinction can be established with sufficient reliability. It raises the question: How does a clinician identify the underlying condition and reliably establish a diagnosis if the patient either denies it or lacks insight into it?

- From a legal perspective, assessments should rule out situations involving agent provocateur strategies.
- Furthermore, the patient should be formally informed in writing of the nature and purpose of any psychiatric assessment, rather than becoming aware of its implications only afterwards.

**Treatment**
The means of curing abusive conduct is psychotherapy through conversation, combined in practice with the establishment of intimate relationships, the expansion of social relations, and relatively unrestricted dialogue. Visualization may be effective for those who already possess the relevant experiences to relate to it, that is, those who do not lack the sensory component. Others should not be introduced to more complex aspects. All forms of role-playing stimulate progression within the unwanted abusive spectrum and are therefore discouraged.

Religious discussions concerning life and death may, for some patients, possess an intuitive capacity to activate empathy, according to my observations in a psychiatric ward. Such discussions may facilitate the introduction of treatment,

for example using the book When The Devil Starts Sing (or poems by Hans-Christian Andersen), written for individuals with schizophrenia within an experimental fictional universe in which each chapter can be discussed with the patient over a seven-week period in relation to thoughts and emotions, possibly together with a hospital chaplain.

ICD-11 seeks to distinguish pedophilic disorder specifically from abusive conduct committed for other reasons, such as antisocial behavior, disinhibition, substance use, or mere opportunity. In any case I find it important to destigmatize the conversation about controversial diagnoses that hinder a return to society once a person voluntarily undergoes treatment and seeking to be cured. However, this requires in principle the treatment to be formally offered to the patient, including different patient groups that may benefit from the proposed treatment without meeting the diagnostic criteria by ICD-11.
Examples might include individuals with autism spectrum disorders or patients who suffer from schizophrenia and experience severe social isolation, depression, anxiety, or impaired social functioning. To these additional groups medication and experimental testing, should not be administered without a written agreement of the true composition or purpose of the drug.

**Legislation**
Section 77(1) of the Danish Constitution, up to the first comma, makes it clear that private conversations between adults cannot be restricted from discussing unwanted topics for political or legal reasons, provided such conversations are not followed by actions, as indicated after the second comma.
As I understand it, the organization Save the Children Denmark, on behalf of the government, has contributed to the formulation of a number of laws intended to prevent abusive conduct. However, I propose the repeal of laws that restrict verbal expression and fictional expression, including audiovisual representations, provided that no abusive material is used.

**A Universal Balance**
How does this clinical framework correspond to the universal balancing mechanism of Time of Randomness?

Your body is a house that you have built, but somewhere in the foundation a brick is missing. You cannot regress to this developmental stage because time has already passed and the brick is missing. When the brain decided to move on with life, the brick was already incomplete or entirely missing, and through later subsequent experiences the missing or incomplete brick becomes apparent to the brain. This permanent mental loss creates, in my view, a severely depressed state of panic in which all hope is gone, which establishes the basis for developing an abusive temporal disease.

It can be understood as the missing building brick interrupts the temporal time-events from unfolding properly and the patient gradually experiences a more and more tremendous and severe drop in the brain's equilibrium, which the body then harder and harder seeks to compensate for (Law of Best Opportunity). By doing so it increases the negative imbalance zone.

Therapy can try to identify the missing brick and recreate it psychologically with a new set of personal emotions and interests that connects the patient to a new future. This will restore the connection to the temporal time-events of today, provide hope and slowly emit the negative imbalance zone. If the patient understands the complexity of, for example, H.C. Andersen’s poems, then he will slowly grasp the missing building brick and how to recreate it. This is not a matter of IQ level, but a matter of biology. If a patient manages to articulate his disappointments in life, and the clinical staff successfully establish a new foundation in the patient’s life that holds true in reality, then I believe the patient’s brain will auto-correct as a consequence of stability and lose its addictive power towards abusive projective behavior.

As a universal theoretical framework I suggest:

- A developmental event fails to occur.
- This creates a persistent informational imbalance.
- The imbalance cannot self-correct because the required developmental information is absent.
- The psyche repeatedly cycles around the deficit.
- Therapy introduces a functional replacement for the missing information.
- The imbalance gradually decreases.
- Psychological equilibrium is restored.

The model above, like the other examples and analogies within the Time of Randomness framework, makes it possible to isolate individual components of a complex structure and formulate a new theoretical solution, allowing researchers to examine whether it could serve as a new tool in the scientific toolbox for understanding and solving an otherwise intractable problem. I have therefore shared my noted with Save the Children and the Danish Ministry of Health. It will take time, but this framework suggests that some patients may benefit partial or substantial to recover, where a complete cure is not attainable.