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## Meta-Cognitive Thinking and Logical Approaches after a Cardiac Arrest

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# Meta-Cognitive Thinking and Logical Approaches after a Cardiac Arrest

## **Cover Page Footnote**

EOF Project is an organisation which aim is to raise an education and self-education based on increasing meta-cognition and high order thinking skills. [www.eofproject.org](http://www.eofproject.org)

*Article*

## **Meta-Cognitive Thinking and Logical Approaches after a Cardiac Arrest**

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Is logical thinking an appropriate cognitive approach to the average person that faces the recovery process after a traumatic cardiac arrest?

The necessary recovery along the post traumatic life the person has to face caused by a cardiac arrest is often a very impervious and densely difficult process.

The cognitive damages caused by the cardiac event can often lead to a chaotic thinking which gets frequently intertwined with past and present beliefs and mindsets eventually inherent in religious, demi-religious, mystical or superstitious, spiritual or transcendental patterns and ideologies and forms of magical thinking.

Having a faith or a transcendental belief system represents a cognitive condition that surely provides a sense of psychological and existential security to the believer, which is the reason why so often the post trauma scenario leads to an increased attachment to the religious or spiritual ideas and archetypes the subject holds.

The cognitive disorder post cardiac arrest often seems to present chaotic psychological onsets which are quite similar to a post psychosis, meaning to say: due to the factors inherent in the necessity of re-gaining psychological security; religious archetypes and memes or eventually ideological characteristics commonly present in beliefs like the “new age movement” or the concept of spirituality itself, plus the cultural influences of local traditions and the system of morality in which the person grew up, get often intertwined with the process of recovery and its necessary convalescent work aimed to re-organize oneself cognition.

The inquiry we are examining in this article is pivoted in the analysis inherent in the validity or not of a recovery accompanied by a logical and meta-cognitive approach. The summary of this inquiry can be synthesized by the three points that follow:

1) Is it more appropriate to allow those whose mind is tethered to magical thinking alike beliefs to use those psychological and cultural constructs as means aimed to facilitate the process of recovery?

If we undertake this approach then we must also avoid attempts aimed to challenge the person's beliefs so to prevent possibilities in which the subject can eventually get psychologically hurt or offended because of the rationalization of his or her faiths and beliefs, which is a circumstance that can perhaps add even more psychological pain along the already painful process of recovery.

The issue is: does a cultural/religious, demi-religious or spiritual mindset help the cognitive process of recovery of the person that faces the psychological and cognitive aftermath of a traumatic cardiac arrest?

2) Is it instead more appropriate to engage a cognitive approach throughout the process of recovery so to use rationality and skeptical intelligence as means capable to re-equilibrate, re-gain and re-organize a sufficiently solid and ordered cognition and therefore sober and rationally clear processes of thinking?

The issue is: does an assistance based on logical and critical thinking help the person to rationalise the chaotic, confused and psychologically painful cognitive process of re-organization of his/her own psyche?

The necessity of this analysis is not to be considered as a questionable or philosophical approach or as a marginal issue but rather as a dutiful inquiry:

The question is: Is the allowance of former or present more or less gullible beliefs, faiths or spiritual mindsets something capable to prevent further confusion along the re-organization of the person's cognition?

Or is it something that, if in lack of critical analysis and rational approaches, can rather produce ulterior confusion in the person's psychology, as well it can perhaps result even in more or less delusional processes of thinking?

Like we analysed above: a faith-mindset surely provides a “psychological anchor” that establishes a sense of mental and existential safety in the psyche of the suffering and confused subject, however what must be highlighted, considered and analysed is the circumstance in which the defective condition of the cognition of the subject can easily engage increasingly irrational mindsets (due to the confused state of mind) and this phenomenology can actually and easily jeopardize a rational and appropriate recovery.

By imagining a couple of delicate but indicative circumstances we can formulate these two scenarios.

### **Case 1**

We can imagine that the victim of a cardiac arrest is a father of one or more children.

The person's children are just entering their adolescence (meaning to say: the delicate cognitive transition they are going through is highly fragile as well suggestible and impressionable).

The person, before the cardiac arrest, was a religious person, as well the subject was relatively interested in modern spiritual conceptualizations and conspiracy theories.

The person also believed in ghosts, in the possibility of “angelic presences” and in the possibility to communicate with them, (as well the subject is not interested at all about the invitation to rationalise the circumstance in which he/she believes in something that has no evidences whatsoever).

Along the post-cardiac arrest-scenario the subject tries to progressively “anchor” his/her mind to such ideas and beliefs also by generating justificatory and idealized patterns and confirmation bias-alike hypothesis related to what happened to him and by eventually linking the cardiac event to some irrational ideology such as “divine signs”, an “after-life revelations and visions”, a “having been gifted by god”, a “spiritual missions” whatsoever and so on. When the cognitive architecture gets more and more reconstructed (but it still relatively fallacious) the subject communicates with his/her children through the conditioned filters represented by such not-questioned ideas and beliefs and in this way he/she generates inevitably a form of unhealthy and irrational indoctrination within the children’s cognition due to the situation in which eventually the children come to believe in such biases.

In this scenario, because of the allowance and the lack of skeptical questioning and also the proliferations of such irrational mindsets, a cognitive damage and an unhealthy educative process of biased indoctrination against the psychological sake of the children indisputably come into being.

## Case 2

As above: the person has/had religious or spiritual beliefs and the psychological aftermath of the cardiac arrest contributes to the increasing of the faith in those beliefs, as well the confused cognition caused by the cardiac event amplifies and magnifies the lack or the deliberate avoidance of the act of skeptical reasoning about such ideologies.

However: in this case the person has no children and no family.

Also in this case, an absence of logical reasoning and rational inquiry contributes to the onset of a process of isolation or instead to a process of progressive integration with irrational ideas, groups and eventually even cults or sects: the more irrational and eventually fixated the person becomes, the more people around the subject tend to alienate the person due to his irrationalism and due to the fear of madness that usually people hold: as well the person in question eventually becomes a target for possible manipulators and deleterious organizations capable to nourish, promote, emphasize and even increase and consolidate the irrational beliefs the person holds (this is a modern tendency that is rising in the virtual word and social networks such as “magic healing”, pseudo-scientific approaches, spiritual practices of all kind and false promises of miraculous recovery and so on).

This process of alienation plus a process of integration with unhealthy circumstances and adhesions does not produce any productive help for the subject: in this case the subject instead enters a slow

or rapid process of psychological decay which can be merely a disintegrator of his necessary healthy mental recovery and rather a producer of future mental illness or a serious cognitive dissonance.

3) Considering the risks and the possible unhealthy consolidations of apparently consolatory but biased beliefs and irrational ideologies, a logical approach and a recovery based on a non-provocative meta-cognition (thinking about thinking) and basic critical thinking (questioning), even when the subject has an average intellect and common sense, appears to be the most appropriate psycho-therapeutic manner to accompany the suffering person throughout the necessary cognitive recovery.

The establishment of a sober psychological order and mental sobriety is certainly an objective and goal more efficient and productive than a deliberate avoidance to face and challenge a psychological anchorage to former or new irrational beliefs, despite the pleasantness they perhaps give to the subject or the relevance they had in his or her past.