

An Empirical Analysis of Perception

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Abstract

An empirical study revealed that psychosocial influences can trigger mental disorders that are not caused by pathological factors or internal dysfunctioning. While conducting the study, a non-invasive methodology for treating mental disparities was uniquely developed. The method was applied in a non-conventional therapeutic context by utilizing an adult female with severe mental instabilities. The result of the therapy confirms that the equilibration of influences is an evidence-based approach for treating mental disorders.

Keywords: emotivity, metaphysics, predilections, temporal validation

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Mental disorders cost society \$193 billion annually in lost earnings alone (National Institutes of Health (NIH), 2008). Most problems in human functioning result from the interplay of person and environment (UCLA, 2008); to define even further, how tangible/intangible concepts/circumstances (psychosocial influences) are perceived. Empirical evidence validates that psychosocial influences can trigger the onset of mental disorders that are not caused by pathological factors.

In one quantifiable example, a Minnesota Multiphasic Personality Inventory questionnaire was administered to college students in introductory psychology courses examining the psychological impact of psychosocial influences. The results of the questionnaire socially conveyed that from 1938 to 2007 there were increases in: (1) “hypomania” (5% in 1938 to 31% in 2007) – a measure of anxiety and unrealistic optimism, (2) “psychopathic deviation” (5% in 1938 to 24% in 2007) – a measure of having trouble with authority and feeling as though the rules don’t apply and (3) “depression” (1% in 1938 to 6% in 2007) – a measure of feeling hopelessness and dejection (Irvine, 2010).

After an extensive empirical study of the correlation between psychosocial influences and mental disorders, it was revealed that: (1) further investigation into emotivity is paramount and (2) emotivity is a subject for metaphysics. As Bluhm, Massa, Pavel, Post, Toulmin & Weissman, (1996) describe, metaphysics defines itself by the questions it asks: What are we? What is the world? What is our place in it? The trend towards this line of reasoning emerged in the seventeenth century when, rather suddenly, many topics and problems the Medievals would have associated with physics (e.g. the relation of mind and body, the freedom of the will or personal identity across time) began to be reassigned to metaphysics (Stanford, 2007).

Historically, metaphysics was mostly associated with religiosity and constructed to be articulated as spirituality, and was socially regulated by authoritarian social environments (e.g. monarchical rule) to govern the emotivity of a population. Presently, there has been an increasingly pluralistic religious landscape in the United States (an autonomous social environment), consequently, the defining properties of emotivity have developed into multiple interpretations.

The dominant theory in science is religiosity conditions people to be more prone to poor physical and mental health outcomes, contrary to the majority of religious beliefs that God is the solution (Manhattan Institute for Policy Research (MIPR), 1998). Statistically, it is estimated that 26.2 percent of Americans ages 18 and older have been diagnosed with mental disorders (NIH, 2008) indicating a negative correlation with the levels of belief in God ranging from 94 to 99 percent (MIPR, 1998).

Scientifically, metaphysics interprets the fundamental nature of reality as sums of particles or of temporal parts of particles (Baker, 2008). Investigating from a temporal premise and employing music as an apparatus (i.e. non-therapeutically), an empirical blind study was conducted utilizing participants 12 to 14 years of age. The goal was to observe the psychological impact of psychosocial influences and the mechanistic relationship between influences, physiology and emotivity; it was affirmed that psychosocial influences, physiology and emotivity are reciprocal.

The psychological impact is determined by an individual's perception or psychological processing of psychosocial influences. The psychological process is guided by predilections conditionally and psychodynamically constructed via three social regulators – imposer, mediator and moderator. During childhood development, imposers (i.e. guardians) psychodynamically set forth predilections that will result in a child's psychological identity or character. Depending upon

the qualitative and quantitative content of imposers' predilections, a child's developing identity will be based on an attraction/detraction of imposers' predilections. Mediators and moderators have less of an inclusivity in the constructive elements that develop into predilections, however, as social regulators, they play an important role. Mediators are an identifiable confirmation and are mostly constructed of peer groups. Moderators are similar to mediators but in an authoritative capacity.

According to the blind study, a broad observation of human reactions to psychosocial influences was a major factor in scientifically understanding emotivity. In particular, arousal and non-arousal were suitable indicators to qualify and quantify emotivity due to the physiological relationship with the central nervous system. Physiologically, the central nervous system operates as a control system functioning largely below the level of consciousness. The actions of the central nervous system in response to the psychological processing of influences are identified by the physiological mechanisms of the sympathetic and parasympathetic divisions.

Arousal and non-arousal to psychosocial influences are guided by predilections. Predilections are compartmentalized into two formats that constitute frames of reference; frame of "like" and frame of "dislike." The "like" frame of reference is compounded by psychosocial influences that are preferable (e.g. an individual's love for a specific style of music). The "dislike" frame of reference is compounded by psychosocial influences that are not preferable (e.g. an individual's hate for a specific style of music).

Today's social environment requires a scientific methodology in regards to emotivity; this article empirically offers a scientific method. The method was partly formulated from G.W.F. Hegel's (1770 – 1831) hypothesized proposition of "Subject/Object Problematic." Based on Hegel's hypothesis, the complete inseparability of subjective and objective factors is simply

more noticeable in physics (Kainz, 1996) but not in metaphysics. However, in metaphysics, the inseparability hypothesis is centered on the “Negative/Positive or Compulsion/Compassion Problematic” (temporal validation). Historically, the positive factor has been the favorable factor preferentially applied to and subjectively described emotivity. Such subjectivity can promote imbalanced discernment of psychosocial influences, and is correlatively responsible for the compartmentalization of predilections. Subsequently, it was theorized that if the same inseparability principle is applied to emotivity then a non-invasive method for treating mental disorders can be developed.

Empirically identifying the non-pathological factor that can trigger the onset of mental disorders was more difficult than developing a method for treatment. The method was further studied and applied in a non-conventional therapeutic context with a willing female participant 24 years of age. The participant was clinically diagnosed with a sleep disorder, restless leg syndrome, chronic anxiety/depression and adult attention deficit disorder. As a result, the following medications were prescribed for over five years; Ritalin, Trazodone, Lexapro, Wellbutrin XL, Imipramine, Effexor XR, Lunesta, Ambien, Adderall, Adderall XL and Provigil; the participant also received conventional therapy treatments from mental health and sleep therapy specialists.

By theoretically and dialectically applying the inseparability of the negative factor in conjunction with the positive factor to the therapy, a balanced discernment of psychosocial influences was identified via arousal/non-arousal. For example, in pre-therapy, it was observed that an arousal to certain psychosocial influences was severe; in post-therapy, the reaction to the same influences was a non-arousal to a mild arousal. Moreover, the study identified a correlation between the qualitative and quantitative characteristics of psychosocial influences

and arousal/non-arousal. However, after a year of non-conventional therapy, the results were: (1) a gradual elimination of medication and (2) no indications of a sleep disorder, restless leg syndrome, chronic anxiety/depression and adult attention deficit disorder; the participant has maintained her current stability status for over three years.

In summary, methodically reducing/eliminating predilections from an individual's psychological identity will systemically reduce/eliminate the probability for mental disorders that are not caused by internal dysfunctioning. Therefore, the future task of mental health specialists in an autonomous social environment is to scientifically bridge the gap between psychosocial development and temporal descriptions of metaphysics: "What are we? What is the world? What is our place in it?"

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