International Journal of Current Advanced Research ISSN: 0: 2319-6475.

ISSN: P: 2319 – 6505, Impact Factor: SJIF: 5.995 Available Online at www.journalijcar.org Volume

6: Issue 3; March 2017; Page No. 2776-2782 DOI:

http://dx.doi.org/10.24327/ijcar.2017.2782.0102



USING 7X4-FIELDS TO ORGANIZE SCIENTIFIC DATA REGARDING PSYCHIC MALAISE, MENTAL DISORDERS AND NEGATIVELY EXCEPTIONAL BEHAVIOUR

#### **Juhani Heiska**

Licentiate in psychology, psychotherapist, Finland: Savonlinna

#### ARTICLE INFO

#### Article History:

Received 18<sup>th</sup> December, 2016 Received in revised form 16<sup>th</sup>January, 2017 Accepted 26<sup>th</sup> February, 2017

Published online 28th March, 2017

#### Key words:

7x4-field, preventive mental health work

Copyright©2017 **Juhani Heiska.** This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

#### ABSTRACT

The 7x4-field is a tool for analyzing and describing reasons for mental disorders, illnesses, abnormalities and malaise, as well as human distress in general. It has been developed on the basis of practical mental health work and numerous interviews, as well as for example using a factor analysis. It is also suitable for dealing with various processes of distress and mental wellbeing. It provides a broader view of these processes than can be achieved with certain kinds of still images. This article examines the observation that many scientific results of reasons for pain describe the same elements that are presented in a 7x4-field's squares and how to make use of the results in education, cultural studies, as well as other studies.

#### INTRODUCTION

The great mathematician Pythagoras, who presented his theory of numbers, later inspired a scientific community, the Pythagoreans. They believed that numbers had precise meanings, especially the numbers 7 and 4. They mentioned for example that the Bible refers to infinity as 70 x 7, and that 7x4 is the duration of the lunar month as well as the menstrual cycle (28 days). 7 x 40 equals 280, which is how far along a pregnancy is when it reaches full term (Nordqvist 2012). It is also noteworthy that the ancient Greek society had four basic elements: Theatre, Stadion, Gymnasion and Temple. (Amandry 1984). Remarkably, nowadays scientific studies of the reasons for psychic malaise, psychic disorders and negative deviant behaviour form an enormous file. The gap between theory and practice continues to increase, which can be remedied with a well-implemented method of parsing files. There is one essential basis, which is built on the 7x4-field.

The first effector in the 7x4-field is LONELINESSES, and the first notable source for this comes from S. Freud in 1933. The second is MODELS, and the first notable source for this comes from A. Bandura in 1977. The third is STRESSES, for which the first notable source also comes from H. Selyè in 1956.

The fourth is EXPERIENCING PUNISHMENT / DISAPPOINTMENT, and the first notable source for this comes from B. Skinner in 1938. The fifth is LOSSES, for which the first notable source comes from G. Caplan in 1964. The sixth is AVOIDANCE/ ESCAPE POSSIBILITIES, and the first notable source for this comes from R. Lazarus in 1966. Finally, the seven this CHANGES, for which the first notable source comes from A. Toffler in 1972.

These causes are then categorized under certain CORNERSTONES, a term originating from ancient Greek society: HUMAN RELATIONS, PHYSICAL EXERCISE/BODILY FUNCTIONS, RATIONAL FUNCTIONS and FUNCTIONS PERTAINING TO OUTLOOK ON LIFE.

#### Method

The method of collecting the information consisted of the following phases: 1042 scientific results were collected regarding reasons for psychic malaise, psychic disorders and negative deviant behaviour. Most of them were published in the book Better Mental Health using (Heiska1.2016). Next, a 28-class 7x4-field was implemented. The field had originally been built based on randomly selected data from mental health patients' preliminary interviews. The randomly selected data was processed using factor analysis, resulting in clearly outlined seven-factor and four-factor solutions (Heiska 1990). The result was thus 7x4, or 28 classes. Each class was furthermore divided subclasses. Finally, all research results were placed into the classes, categorized using the titles.

\*Corresponding author: **Juhani Heiska** Licentiate in psychology, Psychotherapist

Finland: Savonlinna

#### RESULTS

At least all of the 1042 collected scientific research results can be fit into a 7x4-field organized as follows:

#### 1. Loneliness's

Situations primarily involving subjectively experienced isolation, alienation, anomy, separation angst etc.

Loneliness in human relations. Interpersonal loneliness: in social development, friendships, camaraderie, acquaintances, in comparisons of oneself to others etc.

- Spouse or life partner being or not being a part of one's circumstances.
- Widowhood, where the experience of loss is not most crucial.
- ❖ Absence or presence of a loved person.
- ❖ Number of roommates, e.g. single living.
- Presence or absence of child within adult living circumstances
- Loneliness relating to neighborhood, e.g. indifference of surroundings, homesickness etc.
- Number of friends, mates and acquaintances.
- Positive tokens of distinction coming from outside of home, e.g. letters of thanks, marks of honour, awards
- Loneliness because of deformity or dissimilarity in one's look.
- ❖ 10. Available channels of information regarding prospects of treatment in the social milieu of the person seeking therapy.

**Loneliness in mobility / physical exercise:** Loneliness which is part of motor coordination development and maintenance of body fitness or relaxation, distances to cultural activities etc.

- Distances appropriate from the point of view of mobility to banks, post office, bureaus, libraries etc.
- Suitable distances to locations of hobbies.
- Suitable distances to friends, mates or acquaintances.
- Opportunities to participate in physical exercise.
- Opportunities to participate in neighborly help activities.
- Caring for animals as a hobby depending on feasibilities and distances.
- Motor patterns of mother-child relations e.g. motor melody.
- ❖ Keeping oneself clean, Sauna, bath etc. from the point of view of being alone.
- Loneliness relating to coping with physical sickness or injury.
- Physical distances relating to availability of therapy.

**Loneliness in rational functioning:** Loneliness experienced in cognitive development, in actions primarily pertaining to daily livelihood, social coping, reflections, planning, studying etc.

- Work involving isolation from other people.
  - Work involving making solitary decisions.
- ❖ Work involving separation from near ones.

- ❖ Isolation because of paucity of work.
- Professional loneliness, unfamiliar language etc.
- Tedium of the games.
- Situations associated with looking after common affairs.
- ❖ Loneliness pertaining to getting support for upbringing.
- Discriminating or uniting features of quality of housing.
- Practical support or lack of such support given by environment for the therapy.

Loneliness in functioning pertaining to outlook in life: Loneliness experienced in emotional, ethical and aesthetic development, in actions relating to religion, art, values, ideologies etc.; cosmic, mystical, irrational etc. loneliness.

- Being solitary due to one's ideology, ideals, beliefs or philosophy of life.
- The experience of completeness, so called flowexperience, asubjectivity or such.
- Phenomena of envy.
- Problems of human rights in view of loneliness.
- Being subjected to compulsory treatment in view of loneliness.
- Masturbation.
- Estrangement, anomy (as a sociological concept), lack of norms, etc.
- Phenomena relating to lack of confidence.
- **Experiences** of false unity.
- Questions of appreciation relating to phenomena of mental disturbances, for example despair or hope.

#### 2. Models

Situations primarily encompassing opportunity to learn from models

**Human relationship models:** Models fashioned by the society, acquaintances, mates, friends, relatives and near ones.

- Models provided by severe or frightening diseases.
- Models provided by diverse paroxysms.
- Models provided by incessant pain or anguish.
- Models involving failure of control or trying to maintain it
- Models formed by peer rejection.
- Models deriving from self-destructive behaviour.
- Bribery, corruption etc. from the point of view of model learning.
- So called unwritten laws of human behaviour, e.g. models of efficiency standards.
- Models relating to sexual behaviour.
- Perceptibility of disturbed behaviour or its common occurrence or consistency in the surroundings of the person seeking help.

*Models / physical exercise & bodily functions:* Models involving motor development, maintenance of body fitness, relaxation etc.

Models derived from physical exercise-minded environment.

- Models given by morning routines.
- Eating habits from the point of view of models.
- Vitamins in nutrition.
- The cleaning of body and the hygiene in view of models
- Models given by surrounding people about how to handle bodily functions.
- Prevailing views about connections between physical exercise, psychic wellbeing and mental health.
- Models received about relaxation: relaxation exercises, love-makings, celebrations, experiencing tears of joy etc.
- Cultural models of physical exercise and health, e.g. gymnastic exercises during intervals and loitering in the streets.
- The congenital models in bodily functions, epigenetics and other such.

*Models of rational functioning*: At work, in organizations, reasoning, studying, enlightenments etc.

- Models from the media.
- Mental health models through work.
- ❖ Behavioural models derived from the quality of work, e.g. the model for the forever-busy style or the "customer is always right" approach.
- Models from reasoning and studying.
- **&** Behaviour belonging to identity.
- Phenomena pertaining to willpower.
- The dominant diagnostic.
- The organizing models in healthcare and treatment of the disease.
- The so-called arational viewpoint, in which you cannot understand everything and end up Proceeding via paradox.
- Culture-bound presumptions and information about the mind becoming disturbed or aberrant.

*Models pertaining to one's view of life*: Models derived from religion, ideologies, vicinity of nature or arts.

- Cultural religious customs.
- The so-called customs of a country.
- Customs at home regarding common hobbies.
- Models on how to relate to values and questions of faith
- ❖ The beliefs pertaining to different cares.
- Models derived from moral duplicity.
- Models for dealing with feelings of guilt.
- **&** Behaviour pertaining to favorite places.
- Models derived from maintenance of honor and reputation.
- The utilization of intuition.

#### 3. Actual Stress Situations

Situations primarily involving all of the following factors:

- Something unpleasant has happened.
- Unpleasantness is known to continue, unless certain action is taken.
- Certain action mentioned above poses some difficulties.

Stress in human relations: in social interaction, family situations, emotional communications, etc. in which loneliness

or questions of values are not the crucial unpleasantness factors.

- Stress of generally getting one's message through.
- Stress of expressing emotions.
- Stress of number of people.
- Controversies about sharing responsibility.
- Stress of having to select one's company.
- Being under pressure, contentious circumstances, mode of bonding or mystification etc.
- Double-bonding expression, circumventive talk, responding tangentially etc.
- Generational gap conflicts.
- Disturbances in the homoeostasis of the family, familial distortions, confusion of roles within the family, chaotic family situation.
- Stress of gravidity and parturition situations in human relations.

Stress of mobility / physical exercise / bodily functions: in motor coordination, keep-fit exercises, relaxation exercises etc.

- Restrictors in chances of exercise possibilities and movement in the immediate circle.
- Plight of finding an untroubled place for walks.
- Stress relating to movement in the house.
- Vacation stress, problems regarding the scheduling of leisure.
- \* Hazardous exercise.
- Hereditary stress.
- Encumbering factors of blood consistency, general state of health etc.
- Organic malfunctions in motor coordination.
- Conflicting attitudes relating to organic stress.
- Stress of brain dominance, brain tumors etc.

*Stress of rational functioning*: Functioning primarily involving cognitive development, daily livelihood, housing, reflections, studying etc. from the point of view of stress.

- Stress caused by suitability of working times.
- Stress about cessation of work.
- Physical stress, e.g. noise, disagreeable odours and
- Stress of rationalization and organization, unsuitable activity level or load of information etc.
- Stress relating to labor union action.
- ❖ Difficulty in acquiring a home or threat of losing it.
- Annoying structural features of housing or environment.
- **&** Economic predicaments.
- Stress of getting involved in lawsuits.
- Contending interpretations regarding nature of selfobserved symptoms, e.g. whether the pain is physical or psychic.

# Stress of functioning pertaining to one's view of life: Problematics from the point of view of religion

Problematics from the point of view of religion, arts, emotional aspects of security, values, ideologies etc.

- Stress of keeping a secret.
- Problem of order of precedence and appreciation of actions, e.g. conflict between work, family life and economical enrichment, inactivating effects of increased services and equality problems.

- The problems of self appreciation.
- Situations of helplessness in helping.
- **Stress of getting into different risk groups.**
- Disputes between different world views and religious movements.
- Competition around standards of living.
- Poor prognoses that seem to fulfil themselves, perpetual degradation of those who have met with setbacks, the batting of the beaten etc.
- **\*** The paucity of empowering images.
- Environmental failings in tolerance towards visible and identifiable disturbed behaviour.

## 4. Punishment/disappointment Experiences

Occasions when certain behaviour has caused something unpleasant to the experiencer.

**Punishment experiences in human relations:** in friendships, comradeships, family situations, social developments etc.

- ❖ Violence-begets-violence phenomena or other such.
- \* Reproaches of neighbors or other near surroundings.
- Being a target of gossip mongering.
- Punishments via unnoticeability.
- The scapegoat phenomena.
- **&** Being the target of intimidation.
- Birth of an unwanted child in view of human relations.
- Experiencing societal punishment for sexual behaviour.
- Experiencing societal punishment for dressing, hair care, orother such.
- Experiencing environmental punishments for availing of mental health therapy.

**Punishment-** / **disappointment experiencing in physical exercise** / **bodily functions:** in body fitness, relaxation or actions relating to muscle development.

- Physical punishments.
- Experiences of physical violence.
- Occasions when one is physically sensitized to experience punishment.
- Failures in breast-feeding.
- Failures of keep-fit programs.
- Experiencing poor success with physical exercise equipment etc.
- Experiences of failure in competitive situations in physical exercise contests.
- The harassment of pedestrians, intimidation with violence etc.
- The effects of capital punishments.
- The frustrations related to being on waiting lists for care.

Experiencing punishments / disappointments in rational functioning primarily: involving daily living, housing, reflections etc.

- Persons who cause experiences of punishment at one's workplace.
- Admonishments about the quality of work, judgments etc.
- Reprimands and failures encountered in upbringing.
- Rebukes and disappointments encountered in daily

work

- Unsuccessful plans, petitions, proposals etc.
- Excessive or exorbitant punishments.
- The effects of collective penalties.
- Ignoring or forcing into solitude etc. as a method of punishment.
- Difficulties in focusing on the penalties.
- Experiences of punishment after exposure to disturbances is revealed.

**Punishment** / disappointment experiences in functioning pertaining to outlook on life: in religion, dealing with values and ideologies, in ethical development etc.

- Gloomy and depressing news from the world.
- Remaining in obligation, reactance phenomena etc.
- Occasions of unforgiveness.
- Experiences of punishment due to being branded a heretic, belonging to a minority etc.
- Experiences of shame after emotional outbursts, e.g. feeling of shame after having bared one's deepest emotions.
- ❖ Agony of conscience as a punitive factor.
- Vicious circle of embitterment.
- Consequences of a poor sense of humor.
- Poorly appreciated spirit of enterprise.
- Demeaning behaviour of those who encounter deviation and states of disturbance.

#### 5. Losses

Occasions involving losses momentous to the experiencer.

**Losses in human relationships:** in social development, in chances to function with other people, self expression etc.

- Loss or a serious illness of a near one.
- Parentification phenomenon in children.
- Loss of human relationship aspect in organic disease.
- Surgical operation, miscarriage, abortion, unsuccessful cure etc. from the point of view of human relationships.
- Losses relating to sexuality without loss of bodily functions.
- Losses relating to communication possibilities without losses of function in sense organs.
- Losses relating to appreciation, honor etc.
- ❖ Being betrayed.
- Personally experiencing the problem of childlessness.
- Being a parent of a child who is taken into custody.

Losses/physical exercise and bodily functions: Losses related to the ability to move about on one's own, keep-fit exercises, motor coordination, relaxation exercises etc.

- Unavoidable curtailing of time allotted for taking care of the body's fitness.
- Organic obstacles for mobility.
- Unavoidable reduction of exercise caused by pets.
- Mobility reductions due to age.
- Lessening of home facilities for fitness care or reduction of possibilities for outdoor exercise.
- Losses in sensory functions.
- Losses related to teeth.

- Circumcisions, losses focused on sex organs etc.
- \* Blood pressure medication and sexuality.
- ❖ Connection between inflammations or other deterioration of body and psychic disturbances.

**Losses** / rational functioning: Losses relating primarily to daily living, housing, reflections etc.

- Outdated training.
- ❖ States following fines, losing one's driving license etc.
- Loss of job or long-time objective.
- **.** Loss of home.
- Accidents, natural catastrophes etc.
- Attional side of losses involving organic diseases, hospital bacteria, and other such.
- Organizing crisis help.
- Increase of income disparity.
- \* The problematic of wasted time.
- \* Reduction in income, status inconsistency etc.

**Losses** / functioning pertaining to outlook on life: Action primarily concerning religion, arts, emotional aspects of security, vicinity of nature, values, ideologies etc.

- Sentiments of loss concerning politicization.
- Losses due to secularization of religion.
- Decline in the dignity of labor.
- Losses concerning diminishing respect for elders, exservicemen, and other such.
- **.** Decreasing appreciation of families with children.
- Losses concerning nearness of nature.
- Losses of pet animals from an emotional point of view.
- Losses felt because of deteriorating quality in the use of language.
- Losses of identity.
- The phenomenon of statistic numbing when facing people who have experienced losses.

### 6. Avoidance or Escape Possibilities

Possibilities to avoid anxiety in a way that in the long run adds to it, for example covering up, belligerence, escaping through intoxicants etc., detrimental defensiveness or coping.

Avoidance possibilities in human relations: In social development, friendships, comradeships, acquaintances, in comparisons of oneself to others, self expression etc.

- Possibilities to avoid being the center of attention.
- Getting the worst disservice e.g. in the form of drinking pals.
- Possibilities to frighten those nearby.
- Possibilities to pretend indifference, e.g. toughening one's so-called personality armour.
- Phenomena of cohabitation, frequent divorcing etc.
- Established practice of avoidance games in the family, e.g. mode of banishment.
- Phenomena of lying.
- Possibilities to avoid those guilty of drunkenness.
- ❖ The handling of restraining orders.
- Extent of disorders caused by symptoms pointing to disturbance in the social field of the experiencer.

Avoidance possibilities in physical exercise: in the use of physical energy, keep-fit exercises etc.

- Avoidance possibilities afforded by disparity in family members' mobility and bodily variations.
- Possibilities of misuse of bodily power.
- \* Temptations not to use muscular power.
- Temptations for overeating or avoiding eating.
- \* Temptations for speeding in traffic.
- Muscular exertions required by pet animals, gardening etc. from the point of view of avoidance.
- Possibilities to avoid situations of dining and its timing.
- Inclination to have surgery and the unconscious inclination to self-mutilation.
- Connections between the distortions in advertising and body images.
- ❖ Avoidance of using safety equipment.

Avoidance possibilities in rational functioning: in work, planning, traffic etc.

- Possibilities of avoiding work without unpleasant consequences.
- Possibility of escape-into-work reactions.
- Possibilities of the misuse of power, discrimination, consistency effect, etc.
- The influence of composition in the inhabited area.
- Alleviation of anguish achieved through using chemicals or assistive devices from the point of view of avoidance.
- Possibilities of avoidance reactions in traffic, for example low risk of drunk driving getting detected.
- Possibilities of circumventing limitations, covering up one's own mistakes from others etc.
- Possibilities for avoidance reactions related to malpractices, side effects in connection with treatments, etc.
- ❖ The problem of information fatigue syndrome and loss of attention in media communication.
- The phenomenon of good enemy in mental health work.

Avoidance possibilities relating to outlook on life: Functioning from the point of view of avoidance primarily relating to religion, values, ideologies, arts, emotional development etc.

- \* The narcotic effect of watching television.
- The narcotic effect of using computers.
- Avoidance of pondering about the basic questions of life, pondering about feelings of disgust or such.
- Avoiding questions of responsibility.
- Possibilities of avoiding dealing with questions of values, remembrances and emotions connected with grief work.
- Tattoos as a way of adaptation.
- Following so called comings out of the closet in homosexuality, transsexuality, pedophilia and other such.
- Possibilities to distort using make up or such.
- Effects of nudism culture.
- Possibilities of indulging in excessive daydreaming, artistry, autism etc.

### 7. Experiencing Changes Without Unpleasantness

Changes in circumstances that do not involve losses or failures, but are nevertheless new and momentous for the experiencer.

*Changes in human relations*: in friendships, comradeships, acquaintances, neighbours, ownerships.

- Change of one's circle of friends.
- Getting married, getting engaged or such.
- Changes in possibilities of sexual behaviour (not involving losses or disappointments).
- Change in the size of the family.
- Variations in human relationship games.
- Change of habitation from the point of view of human relations.
- Change of type of dwelling in regard to mode of ownership etc.
- Change of close neighbors.
- Birth order of siblings.
- Scientific communities' approvals that telepathy is true.

Changess / physical exercise & bodily functions: Changes experienced in motor coordination development, muscle development, stay-fit exercises, relaxation etc.

- Changed mode of using muscles in daily living, adapting to a mount of light etc.
- **&** Beginning of physiotherapy, pedicure and such.
- \* Changes in going to work, using one's own car etc.
- Changes in distances to places of service, closure of shops.
- Changes in meal times and leisure hours.
- Changes in ways to utilize leisure with reference to movement.
- Chrono-biological phenomena of the body, development of body image and such.
- Problematics in growth of length.
- Specific periods of sensitiveness of bodily functions.
- \* Alterations to the body through surgical operations.

**Changes** / **rational functioning:** Changes without clear negativity primarily involving work, livelihood, reflections, planning, information processing, studying etc.

- Changes of profession.
- Changes of employment.
- New fields of work, new tools or working methods.
- Change in one's financial circumstances (not for the worse).
- Conclusion of an important assignment.
- ❖ Momentous positive change in circumstances, e.g. a promotion.
- Substantial transfer of property (without failure).
- Change of daily source of information.
- Structural change of dwelling.
- Change of information technology in use.

Changes in functioning pertaining to one's view of life: primarily in religion, arts, values, ideologies etc.

- Changes in ethical values.
- Changes in experiences of orgasm.
- Changes in sexual norms.
- Changes in customs and habits.

- Changes in fashions.
- New ideologies appearing in the life field, effects of future on the present situation.
- Changes in traditions.
- Effects of the changes in publicity images as in reality television programs.
- **!** Effects of changes in lifestyle, e.g. future shock.
- **\*** Experiencing strong and new art experiences.

#### **CONCLUSIONS**

The method of organization in question has in Finland already been used in preventive mental health work and psychotherapy. It functions from both a positive point of view, such as focusing on promoting wellbeing, and from a negative point of view, i.e. focusing on the removal of the causes of malaise. It has also been utilized in implementing e-books. Experts in Finland can receive access to a file that begins with a 7x4-field. After an employee has familiarized themselves with the 7x4-field, the various screens and their titles can be brought up for examining scientific research and their sources (Heiska 2. 2016).

The organization's classificatory reliability has also been studied, with the limited preliminary resultsso far looking promising. The situation is similar to psychiatric books on diagnoses. These have for a long time brought the reliability of classification as a whole under public scrutiny only after the diagnosis labels have already been adopted into use. In any case, the presented method of organizing research results can be examined in the book Better Mental Health with 7x4-field. It allows the reader to find out how the research is organized.

The following is remarkable too: In the psychology of behavior change technique taxonomy have Finnish psychologists N. Hankonen, S. Nuojua & M. Ahokas published a taxonomy which includes 93 items (Hankonen *et al.* 2017). Great Britton's Medical Research Council has

funded this research and these items are suitable for 7x4-field too.

#### Sources

- 1. Amandry, P. (1984) Delphi and its history. Athens: French Archaeological scool of Athens.
- 2. Bandura, A. (1977) Self-efficacy: Toward a unifying theory of behavioural change. Psychological Review 84.
- 3. Caplan, G. (1964) Principles of preventive psychiatry. New York: Basic Books.
- 4. Freud, S. (1933) New introductory lectures on psychoanalysis. New York: Norton & Co.
- 5. Hankonen, N., Nuojua, S. & Ahokas, M. (2017) Käyttäytymisen muuttamisen tekniikoiden luokitusjärjestelmä: askel kohti systemaattisempaa käyttäytymismuutostiedettä. Psykologia 52(01).
- 6. Heiska, J, (1990) Kunnan mielenterveysilmapiiriä ja häiriöitä estävän työskentelyn tuloksia mittaavan menetelmän kehittäminen 7x4-kentän avulla. Licentiate dissertation University of Tampere.
- 7. Heiska, J. 1. (2016) Better Mental Health with 7x4-field. Hamburg: Lambert Academic Publishing.
- 8. Heiska, J. 2. (2016) Johdatus ihmiseen 7x4-kentän avulla (e-book). Tampere: Mediapinta.
- 9. Lazarus, R. (1966) Psychological stress and the coping process. New York: McGraw-Hill.
- Nordqvist, C. (2012) A History Of Medicine. Medical News Today 9.8.Selyè, H. (1956) The stress of life. New York: McGraw-Hill.
- 11. Selyé, H. (1956) The stress of life. New York: McGraw-Hill.
- 12. Skinner, B. (1938) The behavior of organisms. New York: Appletion-Century.
- 13. Toffler, A. (1972) Future shock. New York: Bantam books.

#### How to cite this article:

Juhani Heiska (2017) 'Using 7x4-fields to organize scientific data regarding psychic malaise, mental disorders and negatively exceptional behaviour', *International Journal of Current Advanced Research*, 06(03), pp. 2776-2782. DOI: http://dx.doi.org/10.24327/ijcar.2017.2782.0102

\*\*\*\*\*