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## A Political Psychological Primer of Virtual Reality Sequelae for Mental Health Professionals

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Editor's Note: A version of this paper will be presented at the Program for New Challenges for Proven Values: Defending Access, Fairness, Ethics, Decency, 49th Institute on Psychiatric Services, October 24, 1997, Washington, D.C.

This paper describes a number of sequelae stemming from virtual reality (VR) and VR technology (VRT) based on theoretical and empirical research in the behavioral sciences, social sciences, humanities . These sequelae are political psychological in nature--political in that they involve power, i.e., managing the disparity of ability and motivation between the real and the ideal, what one has versus what one wants to have, what one is and what one wants to be--all within a world of infinite need and finite resources; psychological in that they involve one's political representations, viz., representations of power including ideology, schemata, attributions, and self and other comparison processes, and epiphenomenal emotional functioning.

The Construct of VR is Old but Viewed as New. VR is implicated in the oldest and most basic pursuits of philosophy--epistemology and metaphysics. ? Is there an objective reality towards which one can virtually approach through sensation (cf. Hume) or reason (cf. Plato or Kant), or a priori is objective reality an apocryphal conception masking what can't be apperceived (cf. Hinduism-based texts), falling away through a succession of appearances (cf. Buddhism-based texts), or flying away before language clarification (cf. Wittgenstein's Tractatus Logico-Philosophicus)? If there is an objective reality, does mind preshape perception and cognition as VR experience, or is it the product of VR experience? The pressing nature of these questions and attempts to answer them may reflect the angst of being in a world with questionable meaning and stability as posited by existential philosophers (cf. Sartre's position on essence versus existence).

In lay psychology, VR usually denotes approximating one's notion of reality through self- and other-reflection. In one's naive phenomenology, thinking and feeling about the past, present, and future underlines that VR as concept is anything but new. In fact, historians have long noted that conceptions of VR often becomes a basis for cooperation or conflict within the self or between self and other. Ultimately conceptions of VR--under assault by alternative logics and rationalities and often perceived as illogics and irrationalities--are girded only by faith and becomes a motive force in the world's sublime and evil moments.

To foster the sublime and prevent or attenuate evil, mental health intervention techniques have long embraced VR via role playing, psychodrama, hypnosis, meditation, cognitive and cognitive-behavioral therapies, psychochemotherapies, and tension-relaxation exercises.

And to foster the sublime and prevent or attenuate evil--with mixed results at best--revolutionary movements--targeting government, science, technologies, sciences, the arts, societies, and cultures--engender VRs that allegedly approach the Ideal.

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The Construct of VRT is Old but Viewed as New. Technology often denotes knowledge application. From the VR perspective, the denotation would comprise applications that create, maintain, and modify VR conceptions and experiences. These applications are frequently related to the rubric, states of consciousness, and include the previously mentioned mental health intervention techniques. They also comprise cultural ritual--assuming the previously mentioned techniques are not themselves only such ritual--the nonmedical ingestion of psychoactive substances, immersion in cultural products such as dance, drama, epics, myths, paintings, and sculptures, and computer-generated prostheses supporting intrapsychic processes. The very last of these is what mental health professionals commonly call psychiatric applications of VRT. VRT, then, is very old. Specific examples of VRT vary in time much as cultural products do. And VRTs have been espoused by purveyors of so-called "brainwashing," "thought control," neurolinguistic programming, and marketers of commercial products and political policies, ideologies, and candidates.

Mental Health Variants of VR and VRT Contributions to Human Welfare are Already Widespread but Viewed as Limited. When human welfare is delimited to attenuating symptoms related to formal psychiatric diagnosis or formal attributions of pathology or less than optimal health, VRT applications encompass spider phobias (Carlin, Hoffman, & Weghorst, 1997), fear of flying (North, North, & Coble, 1997), autism (Strickland, Mesibov, and Hogan, 1996), general phobias (Kirby, 1996), acrophobia (Rothbaum, et al, 1995a; 1995b), student-related behavior disorders (Muscott & Gifford, 1994), aggressive thoughts (Calvert & Tan, 1994), test anxiety (Knox, Schacht, & Turner, 1993), cognitive dysfunction related to neuropsychiatric disorder (Waters & Ellis, 1996), and humanistically conceived potential and wellness (Tart, 1993). When human welfare is widened to include life pursuits and phenomena bearing on subjective well-being, VRT applications encompass all the above and the general areas of rehabilitation medicine, aviation human factors, educational technology, and cultural, literary, and media studies. Examples of these include air traffic control performance (Treiber, 1994), leisure-oriented purchases (Burke, 1996), law enforcement training (Hormann, 1995), social navigation facility (Darken & Sibert, 1996), the understanding of lay phenomenology in psychological experimentation (Colle & Green, 1996), school and vocational motivation as well as career counseling (Casey, 1995), altered states of consciousness (Tart, 1990), understanding of language as representation (Ryan, 1994), facilitating of past and future body image comparisons (Featherstone, 1995), understanding of myths, fables, fantasy, symbolism, semiotics, dance, painting, and play (Bourke, 1996; Hoare, 1992; Kearns, 1996; Sutton-Smith, 1994), suspended disbelief in the reality of imaginary characters (Dunn, 1995; Munro, 1995), the nature of psychological immersion and states of consciousness (Piccola, 1996; Ryan, 1994), impression management, deception, and personas (Lasko-Harvill, 1992), understanding of societies and power hierarchies (Brayton, 1995; Wolfe, 1994); understanding self-identity (Turkle, 1996) understanding of the construct of the public square (Heusel, 1995), collaborative educational and political projects (Aoki, 1995; McDermott, 1995, and freedom from the subjugating discourses that are the evil incarnate of the postmodernists (Pomeroy, 1996; Zimmerman & Dickerson, 1996). Political controversy towards the above includes the morality and validity of what constitute acceptable goals and to what degree change agents also function as accomplices of powerful authorities who benefit from social and cultural inequities fueling the very need for change and to conceptualize it.

Mental Health Variants of VR and VRT Sequelae are Fairly Well-Documented but Viewed as Barely Researched. According to empirical or theoretical research, VR and VRT applications may induce malaise and physical dysfunction (Gross, 1995; Kolasinski, 1996; Mon-Williams, Wann, & Rushton, 1993; Regan & Price, 1994; Regan & Ramsey, 1996; Strauss, 1995), the equating of electronic communication for embodied experiential reality (Hillis, 1996), the "deprivileging of expert opinion and procedure (Crampton, 1994), the exacerbation of sexual compulsiveness (Flowers, 1995), fragmentation of self

(Bloom 1997; cf. Laing, 1968), emotional responses likely to increase ethical dilemmas (Kennedy & Stanney, 1996), racism (Imani, 1995), and unpredictable modifications in perceptions of social context (Foster & Meech, 1995), abstraction (Stein, 1995), sense of reality (Shapiro & McDonald, 1992), emotional responsiveness (cf. Bergelman, 1991), subjectivity (Dunn), interpersonal expectations (Treiber, 1994), imagination (Field (1995), sense of institutional control (Wolfe, 1994), and perceptual style (Lanier & Biocca, 1992).

The small number VRT mental health outcome studies focus on attempts to therapeutically influence the object of referral questions, e.g., presenting complaints and symptoms. These studies do not cover possible negative consequences in psychological and socioadaptive areas not immediately stemming from referral questions. The lack of a VRT mental health literature on the latter may partially be explained by purposive selection by controllers of information sources, e.g., editors, of studies only supporting therapeutic efficacy or by self-censorship of researchers engaged in impression management in an academic survival of the fittest.

The Dialectic of VR and VRT Political Sequelae Has Largely Been Ignored by Researchers. An emotional numbing in construing reality that might lead to a greater toleration of human and civil rights violations and legal restrictions of freedom and liberty. A social alienation leading to less participation in community and communal activities, and lesser contributions to the collective welfare. More significant antisocial tendencies, hyperinstrumental volition, and less sense of responsibility for others leading to behavior making the robber barons look like saintly monks. An increasing permeability of ego boundaries leading to a weakening of a primary self-identity and the rising of situationally dependent multiple identities fostering more unpredictable social behavior. Limited direct contact with the world of nature with unfortunate consequences for the integrity of the environment and associated ecologies. Motivation, cognition, emotion, affect, and moral and ethical judgment controlled largely by hardware-software developers and so-called content producers resulting in more effective political control.

Similar Issues were raised with the popularity of behavior-modification social utopias by some interpreters of B.F. Skinner's political works. Perhaps these Issues arise with any new and not so new promise of a Rose Garden, Eden, and escape from the tragedy inherent in human existence.--from diet and exercise fads, through meditation, to immersion in some Great Idea. What seems to happen is as with a Socratic dialogue--thesis, antithesis, and synthesis form an iterative process that never ends but tails off without satisfaction. Knowledge has been neither synthesized nor amplified.

To this, behavioral scientists may posit that knowledge development is ultimately the role of the scientific method based on logical positivism, that the method will serve the purpose of Wittgenstein's vaunted language clarification. However, there have been enough competent critiques of logical positivism's reliance on observation, procedure, materialism, acontextualism, and the like to look askance at this proposed rescue.

It is only with the tools of theoretical and experimental research that sequelae may be identified, explicated, and monitored as they change through social transformations of knowledge. As suggested by the elaboration likelihood model of persuasion that can be employed in attempts at mass political control, the VR sequelae that one believes in may be dependent on the content and the packaging of what one attends to. Without the careful integration of theoretical and experimental research, what one attends to will be closer to the shadows one observes on the wall of a cave than the Pure Forms behind one's back. (Editor's Note: Reference list available upon request from the IBPP Editorial Board.) (Keywords: Culture, Psychiatry, Virtual Reality.)