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Fundamental Theorem of the Theory of Superiority Complex

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Abstract

This article discusses Axioms of the theory of superiority complex, which is developed in the area of war, law and social psychiatry. The aim is to unfold the manner in which individuals become attached to certain ideologies and complex notions, which then repress and incubate in their unconscious minds that later reveal themselves as mental disorders. This controls their minds and actions in abnormal manners which consequently compel these individuals to act improperly in private and public lives. Complex ideas and repressed feelings are the usual manner wherein the human unconscious pours out the manufactured troubles that can lead to dissociated/split in personalities, according to psychodynamic theories.

The method employed is the deductive approach which deduces the theorem from six main axioms and four definitions. Deductive reasoning usually utilises axioms and definitions which then become the basis upon which theorems and lemmas can be derived in a scientific manner. This unique approach adheres strictly to the scientific method, which reigns supreme in the way of obtaining objective knowledge which can later be tested empirically by scientists.

The results furnish us with an important theorem and its corollary in medicine, which is considered the fundamental theorem for the theory of superiority complex. Individuals who harbour complex notions or ideologies tend to allow these repressed feelings to control their unconscious minds which later reveal themselves in abnormal behaviours. These are supported by Freudian and Jungian theories, in addition to more recent theories advocated by some British Psychologists, which state that the unconscious negative repressed feelings and complexes may control the inner and outer lives such that individuals may suffer the rest of their lives amidst performance of criminal activities in the lives of patients.

The conclusion states that not only is the individual who possesses repressed complex ideas/ideologies has with it a latent disorder, but also where an individual is seen as having a disorder he may well reveal complex ideas as well. The implication is that no disorder is without a symptom and vice versa no symptom is without a disorder. In other words, if a patient is diagnosed as having a mental disorder, then there is a corresponding symptom which enabled doctors to have based their diagnoses upon in order to derive their sound judgment and conclusion.

Keywords: *Theorem, Mental disorders, Superiority Complex, Complex ideas, Repressed feelings, Unconscious, Preconscious, Conscious, Probability, Deductive method.*

Introduction

Psychiatrists and neurologists have for many years informed us concerning the manner individual patients whom they have diagnosed already behaved conforming to the mental disorders which those underlying symptoms portray. Those who are suffering from hysterical disorders^[1], for

example, usually have been without exception patients who have suffered from unconscious scares right from childhood for a long period^[2]. Both Freudian and Jungian^[3] theories educate us concerning enormous knowledge about the concept of complex/es which work their way into individuals' unconscious and later reveal

themselves in different kinds of clinical disorders^[4]. It is these same principles which have enabled us to develop the theory of superiority complex, which hypothesises that individuals develop complexes around the manner in which they want to perceive only themselves as better than other individuals “in content” (i.e., their biological makeup). These complex notions, which they have concerning other persons that they look down upon and hate, tend to work under their unconsciousness such that later they control their minds and behaviours that contaminate them in order to behave in abnormal way^[5]. These have also been expatiated upon by the discipline of abnormal psychology which has of late developed different kinds of abnormal behaviours using the psychoanalytic theories or psychodynamic theories^[6].

Statement of the Problem

The problem of this article is to unveil the manner patients develop mental illness or abnormal behaviours by way of harbouring repressed feelings, complex ideas or ideologies which later compel them to behave in an abnormal manner. It seeks to argue that given relevant principles or axioms and corresponding appropriate definitions, an important theorem considered being the fundamental theorem of superiority complex and illness aetiology as a whole, will be derived. This theorem has important implications for how doctors deal with diagnoses of patients, an essential principle which makes their work with patients become easier, valid and successful. The work will also discuss Bayes theorem, which is often employed in the medical field in order to guide diagnosis of disorders. The importance of Bayes probability theorem will also be investigated.

Aims of the Study

This article deliberates on the theory of superiority complex, which is propounded in the three disciplines of war studies, law and social psychiatry. The aim is to illuminate the way

individuals become emotionally attached to certain ideologies and negative repressed complex feelings or notions, which then incubate in their unconscious minds that later control their minds and actions in an abnormal manner. These ideas again force these prospective patients to act abnormally in different levels of their lives. Complex ideologies are the usual manner where the human pre-unconscious and unconscious pour out the manufactured troubles that can lead to dissociated or a split in personalities. These concepts, we gain a great deal from the illumination given to us by some British Psychologists and abnormal psychology as a discipline.

Significance of the Study

Knowledge of psychological complexes in the discipline of psychology in general and abnormal psychology as causing latent mental disorders is common. But here in this study we make a formal deductive experience^[7] that depend on six axioms and four definitions which educate us concerning the power of deductive science^[8].

Limitations of the Study

The study is intended to deal with the theory of superiority complex and its fundamental theorem that have been developed in the areas of war studies, law and social psychiatry. Though it borrows ideas and concepts from abnormal psychology and psychology in general, it nonetheless does not cover these wide areas of medicine. Its innovative approach makes us regard it as a specific research in the disciplines of social and transcultural psychiatry which deal with human behaviour.

Preliminary Notes

The Six Axioms and Four Definitions

The principles to be listed and discussed below here have been known as essential ways where more important knowledge could be acquired. Individuals find themselves in the company of sects (both deviant and good ones), petty

organisations (both religious and non-religious ones), supremacy groups (both organised and non-organised ones), cults and occultism groups, where certain ideologies and complex ideas are transmitted and imbibed. Therefore, what we usually consider as indoctrinations of ideologies does in fact occur when people find themselves in the company of these diverse groups. While others find it necessary to reverse [reversibility] their lives to mental healthiness [non-linearity], others find it difficult to reverse their minds and their whole behaviours [irreversibility] from these dangerous indoctrinations [absolute linearity]^[9]. It is as a result of this that we get people who make everlasting bonds or attachment with these sects and the various organisations around the world, which could derange their mental healthiness for a long period or forever [absolute linearity]. These relationships could damage their minds and relationships with other individuals who occupy significant positions outside their own circle of friends. This in turn will affect their self-esteem in a negative way in a higher degree [pinnacle conductivity]. The *minutrons* accelerations which occur in their group gatherings could make them see other individuals as unworthy and they shall then develop hostile attitudes to people outside their own circles^[10].

The Six Important Formal Axioms or Principles of Superiority Complex

Here, our procedure will be to summarise the general principles of superiority complex theory in a simple way by using the language that absolute linearity and non-linearity has provided us. The statement of each principle will be followed by some *scholium* (comments), for the sake of explicitness and emphasis.

Axiom 1

Associated with every psycho-superiority complex individual is a master mentor, that whose constant visualization of him (mentor) causes the abnormal mental state. This mentor can be an unseen God/god, organisation, or an individual who has

written several books. The mentor becomes a strong controlling figure in his imaginations or thoughts.

Scholium

The cause-effect structure provides us with information where the complex individual originally contracts his false mentally-charged ideas (*minutrons*). The mention of a mentor can here be taken as a scholar who has published some books about these negative ideas, a well-known politician who has formulated a theory regarding this, or a very strong organisation that has been established to propagate these false ideas. This master mentor can be worshipped or venerated, and so the individual becomes engrossed in something that has a deep root and will not be easy to uproot. This will be worse if he got infected during the formative years of his life.

Axiom 2

If S is an obsessed individual with superiority complex, the probability that D, a son to S, will turn to be a superiority complex individual will be high. D's actualisation of this condition will later be that determinant to his becoming a member of an underground organisation, sect, and cult or join occultism.

Scholium

During their formative years children are influenced a great deal by their parents and significant others, such that in most cases the parents' professions can influence the offspring to go into the same profession. Complex ideas that have been transferred to children through indoctrination have caused some young men to commit murder in the racist south of the USA. There is a higher probability that a child grown with a racist parent will cultivate hate for others. A strong prediction can be made in connection with this law because there are large bodies of empirical materials that give support to this.

Axiom 3

Whenever a segment of the ruling class/figure or a leader becomes obsessed with superiority, the inhabitants suffer, and this is also the experience of the foreign inhabitants who sojourn in their midst and this leader or a figure, if he is not controlled or removed could cause blunder or a catastrophic end in the whole surrounding regions.

Scholium

Numerous cases or facts can be drawn from history: Case 1. King Nebuchadnezzar, the Babylonian King and his constant brutality towards his own people and the Jews that were in captivity. He wanted to become like God, the most High and so he built a huge statue to represent himself. This king was obsessed with superiority. Case 2. Some Roman Emperors who became deified and wanted to remain like gods. The sufferings of the citizens of Rome and the Christians that lived in this Great Empire. Case 3. Some Persian Kings during the Great Persian Empire. Case 4. Alexander's obsession with superiority and his own understanding that he was a Grecian god incarnated. Case 5. The Second World War and the sufferings of the German people and the Jews who lived among them. Case 6. Modern Iraq under the rule of Sadaam Hussein and the sufferings of both the Iraqi and the Kurdish people.

There were numerous examples (i.e., English Kings)^[11] where some kings were detected to be not in contact with reality and yet these same kings in their "omnipotent" conditions were Commanders in those great wars which left millions of innocent people to perish. These kings supposedly suffered from psycho-superiority complex: Richard I, Henry III, King John, and Edward I who persecuted the Jews in their dominions. These could be said of many Kings in numerous lands all over the ancient world who oppressed their own subjects and others subjects outside their dominions.

Axiom 4

There is association between the superiority complex and the kind of continent the individual hails from. While not making a specific statement regarding this, it can be asserted that the human race as a whole may have relationship (yearning for) with superiority complex.

Scholium

This fourth principle provides a clearer interpretation of the superiority complex theory, in that it predicts that superiority complex has association with human race^[12]. Furthermore, this principle predicts that superiority complex has affinity with a person's continent of origin. These details of the relationship of complex are not needed for our purposes. They are to be preserved for future scholars who will eventually study the implication concerning the falsity or truth of these predictions.

Axiom 5

Where superiority complex ideas are the norms of the society, then the probability is that there will be a greater proportion of the people suffering from it, and therefore there will not be any difference between the normal and the abnormal perception of the self. In other words, a clear demarcation between the normal and abnormal could not be made easily.

Scholium

Certainly, a higher proportion of individuals living in a society where these ideologies are regarded as a way of life will be found (in the above proposition). This knowledge we obtain from group psychology and the theory of modelling advocated by Albert Bandura in his social cognitive theory^[13]. Through the years, modelling has been acknowledged to be one of the most powerful means of transmitting values, attitudes, and patterns of thought and behaviour^[14]. Following conceptual traditions, many theorists have conceptualised modelling as imitation. This is the process by which one organism matches the

actions of another, usually close in time. Drawing on the psychodynamic tradition, a number of personality theorists and developmentalists interpret modelling process as identification. Identification is the adoption of either diverse patterns of behaviour, symbolic representation of the model, or motives, values, ideals, and conscience.

Axiom 6

Those acting as the “hidden forces” (i.e., hidden variables) who operate freely in the high and low areas of the complex prone-societies, on causing distractions, destructions, and sabotages, shall afterwards become the same ruling class or elite.

Scholium

Certain people that form an important segment of the ruling class engineer a great deal of problems. However, as their operations are not open to the public the authorities or the police cannot do anything to stop them. These activities are not different from the work of the secret police, though in the case of the secret police they have official permission from the state to do whatever they set out to do with the purpose of protecting the state. Thus the hidden variables that provide different types of motivations to the individual with superiority complex are the mentor-hidden variable that comprises an organisation or a significant other. This variable seems to possess the central framework of the theory of superiority complex, and it is asserted to be the “first cause” that impressed the acceleration of this dynamic philosophy. The rest of the hidden variables are the parents’ hidden variable, the gang hidden variable, and the racist books and propaganda advertisements hidden variable.

The expression “hidden variables” refers to the manner these variables that are present to the individual seem to operate on this individual without him/her realising its destructive power.

Remember that we have already asserted that many of these ideas are, however, not known by the individual as false. It also points to the

mechanism of entangling the individual, thereby allowing his/her rational faculty to become helpless without adequate control over it. Still the hidden variables may refer to the same as quantum theory^[15] has, that is, those variables that cannot be accounted for in the observable world, and yet they have influence on the system.

Definitions

Definition 1 [Complex transmission]

By complex transmission, we mean that any act that is unlawfully pursued or carried out by the self-exalted human being to injure another person or his life so that she/he (the latter) will not be capable of functioning appropriately well or enjoying his state of success or peace.

Scholium

In connection with this definition, we also propose the hypothesis that states that charged complex ideas that have been termed “minutron” can be transmitted to another person. In other words, individuals can be infected with these non-observable abnormal mental states. In the context of the theory of superiority complex, this definition will aid us to formulate the corollary theorem around ‘the complex reaction field’ to be formally known later as conspiracy principle or theorem.

Definition 2 [Psycho-superiority complex]

By psycho-superiority complex, we mean individuals who see themselves as better than other individuals in content (biological content as a human being). They externalise these mental ideas or repressed feelings by causing troubles or disturbances to other individuals they consider as less human or as animals.

Scholium

Among other things, *the measure of degree-of-complex* will surely increase in strength with particular individuals:

- Superiority complex increases with age among the young adults especially from teenage onwards^[16].
- Superiority complex is sustained among the majority of intellectuals who want to remain distinct
- Superiority complex is revealed among certain old age males who hail from aristocratic homes^[17].
- Superiority complex is commonly found among certain church denominations who strongly believe in the false theory of a Biblical curse
- Superiority complex occupies a higher proportion of the brains of the Underground groups or individuals' thoughts^[18].

The *severity of the effects of the complex* that the obsessed psycho individuals possessed can cause certain individuals to commit murder or go about and destroy or burn down religious buildings of certain churches.

Definition 3 [Complex/es]

By complex/es we mean the usual repressed feelings or negative cherished unconscious mental ideas/thoughts that find their way to appear into the conscious which can then cause damage to the individual self as mental disorders.

Scholium

In psychology and other related disciplines, *complex* is a related group of usual repressed feelings or thoughts which cause abnormal behaviour or mental states. But here in our article/treatise it could appropriately be referred to as a preoccupation or obsession with "something." One can possess complex about punctuality, superiority, etc. The problematic condition that gives us the power to designate a group or an individual as "complex" may not be necessarily interpreted as "illness," so far as the condition has not deteriorated to the psycho-level. We say this, as many of the victim sholding these false notions have been wrongly exposed to the teachings unknowingly that make them cherish attitudes

(cognitive, affect, and behaviour) that occasion this miserable condition. If one should question someone about it, he/she would respond in a normal way that this is certainly true, and would find nothing wrong in cherishing these false ideologies. In other words, some people cherish these notions out of ignorance. The question that naturally follows is that, how have these individuals come to possess these false beliefs that have conditioned their behaviour to conform to the ideologies that subsequently usher many ignorant people into this mess? The majority of people have received these ideologies through early indoctrination at home and in schools in a manner that could never have been rejected by the individual, as they were poured into the mind in an ingenuous way. Others have imbibed these ideas during church services that take the form of readings and singing. In fact, some sermons preached in Christian congregations have the tendency of propagating these ideas indirectly to many innocent individuals.

Definition 4 [Minutrons]

We define minutrons to be the highly charged mental ideas which individuals possess in their brains (white matter). They are manufactured/incubated in the individual's unconscious and can easily be transported into the preconscious and later to the consciousness of the individual. Like electrons that carry electricity in solids, minutrons carry the charged ideas in the brain field as well as transmit charges through wave medium to another individual.

Scholium

What therefore is White Matter? White matter fills nearly half the brain of the natural man. This brain substance consists of millions of cables that (often appears whitish) connect individual neurons (what is usually called grey matter) in different brain regions, like trunk lines connecting telephones across a country^[19].

Where can we find this? Grey matter is the stuff between a person's ears and this is where mental

computation occurs as well as memories are stored. The upper clay substance of the brain field is where we have the cortex, which comprises densely packed neuronal cell bodies. This is the decision-making part of nerve cells, that is, the neurons. Beneath it lays the bedrock of “white matter” that makes up almost half of the natural man’s brain. White matter in the natural man’s brain is comparably larger than what we have in other animals. Corpus callosum is a mass of white matter cables; it connects the brain’s left and right hemispheres. On either side, the cables extend up and outward toward the cortex, creating a structure called the cingulum.

What is unique about white matter is that it is composed of millions of communication cables, each one containing a long, separate wire, or axon, coated with a white, fatty substance called myelin. Just like the trunk lines that link telephones in different parts of a country, this white cabling connect neurons in one part of the brain field with those in other parts. [A cable is an axon insulated with milky-white myelin.] Each cable in the white matter extends and leads from a neuron in one region to a neuron elsewhere.

Main Results

The Fundamental Theorem and Its Corollary

Formal Statement of the Theorem

That not only has [the individual who possesses] complex repressed feelings and ideas some disorder, but that where there is disorder there must also be [a revelation of] complex ideas (Theorem 1).

Proof

Let the psycho-superiority complex individual originally contracts mentally-charged ideas (*minutrons*) from a specific mentor, usually formulated as a theory/doctrine regarding him. Then, he will follow the mentor and imbibe the notions and belief concepts that are propagated around by their adherents (Axiom 1). It is also understood that during their formative years children with obsessed parents are also influenced

a great deal by them and other significant others. Therefore, complex ideas are transferred to children through indoctrination (Axiom 2). Modelling has been acknowledged to be one of the most powerful means of transmitting values, attitudes, and patterns of thought and behaviour. This occurs through imitation which is the process by which one organism matches the actions of another, usually close in time. The psycho-dynamic tradition also talks about modelling through the process of identification. It is through identification that the individual adopts either diverse patterns of behaviour, symbolic representation of the model, or motives, values, ideals, and conscience (Axiom 5). The hidden variables of the parents hidden variable, the gang hidden variable, and the racist books and propaganda advertisements hidden variable contribute to the individual’s obsession with superiority ideas and its myths (Axiom 6). Since the definition talks about internalisation and externalisation of repressed feelings of the psycho-superiority complex individual which originate the mental disorder (def. 2), the individual will subsequently reveal complex ideas manifested in his inner character. In the end, complex repressed feelings or thoughts will eventually cause the abnormal behaviour or mental states. (def. 3). This theorem is deduced at once from Axioms 1, 2, 5 & 6 and definitions 2& 3.QED.

Scholium

We shall see later during the discussion of the research, implication of the fundamental theorem of superiority complex, that it connotes probability theorem in that it predicts that if an individual has a symptom then there is a high probability that he has a disorder and the visa versa could also be true. In that when an individual has been diagnosed as having a disorder, then there is a corresponding symptom/s which informs the practitioner that he must be given appropriate treatment.

Formula for the Theorem

$$Sc\chi = (dr) \cong (C\chi) \text{ OR } S = (d) \cong (C)$$

Where $Sc\chi$ represents Superiority Complex

Dr represents disorder

$C\chi$ represents Complex ideas

Superiority complex = disorder \cong complex ideas

Corollary Theorem: Superiority Complex can be transmitted**The Conspiracy Theorem (Theorem 2)**

In connection with this theorem, we also propose the hypothesis which states that charged complex ideas that has been termed “*minutrons*” can be transmitted to another person (this follows from principles 2 & 3; definitions 1, 2, 3, & 4). In other words, individuals can be infected with these non-observable abnormal mental states. In the context of the theory of superiority complex, let this complex reaction field be formally known as the conspiracy principle or theorem. And also let the process whereby the translation of *minutrons* between the inert condition and the kinetic condition be known as the bilateral intercourse. Imagine a man Φ with considerable influence and power who occupies a high position in authority. Let ϑ represent his good friend, who in the world of influence and contacts has been aided to acquire a high position in the public sector. If the person Φ should one day have problems (that lead to him being at loggerheads) with a third person Ω , who happens to work at the department where the person ϑ has influence or control and is acquainted with him; the man Φ will use his influence on the person ϑ to do unfavourable things to Ω that can lead to the last-mentioned being sacked or removed from his wonderful position. We conclude at this instance, that the psycho-superiority complex of the man Φ has been transmitted to the man ϑ , or the last-mentioned person has been *infected* with the first-mentioned person’s madness. The momenta of these *minutrons* of the person Φ can be spread to different individuals, supposing the vice that has to be carried out requires the involvement of many

people or depends on several techniques to be utilised. Here it can be further *hypothesised that the extent of the disturbance to Ω will be related to (i.e., proportional to) the moving energy of the minutrons to be transmitted from the person Φ to other persons involved in this conspiracy.* Where the pressure put on a person’s *minutrons* is constant, the damage caused by the person Φ to the individual Ω will be irreparable. Momentum (G), which is like a punch and in physics is mass (m) multiplied by velocity, in our theory is the moving and exchange of contacts of *minutrons* between the psycho-superiority complex individual and other individuals. It is known in our theory as the cross-contact fields of momentum, ($G = v/\lambda$) and their increments per unit of time are equated to the components of the power ($\nabla E = mc^2/\lambda^2$).

Some characteristics of the *minutrons* are that:

- (1) They possess *mass* and *speed*;
- (2) The acceleration of *minutrons* is unobservable;
- (3) The reception of a *minutron* causes a reaction in the brain field;
- (4) There is intensity of the charged *minutrons*; and finally,
- (5) *Minutrons* can be measured and require energy, in the form of mc^2 and they can be comparable to electrical current.

The collision of *minutrons* occurs where the recipient of a plot rejects the plan orchestrated or suggested by a psycho-superiority complex person, which is seldom the case in communities where superiority complex ideas are the norm. Most collisions do change the force or energy in the *minutrons*. It has become necessary to introduce the term *minutrons* perforation to denote this state where collision occurs between a psycho-superiority complex person and a co-aid complex. But, as the situation predicts, there is some permanency of the easy flow of *minutrons* among the society that the complex ideas are the norm and this condition makes us to regard the *minutrons* permeability ($p = 1$) ($\approx E = e \text{minutrons}$ acceleration/induction where e is termed *minutrons* permeability) as a property of this latter

stage, where suggestions of conspiracy found easy supporters among these groups of people. This easily suggests a kind of biased attitude inherent in this culture or society of people being discussed. The opposite of these circumstances is that where there seems to be uneasy access to *minutrons* of complex free society or semi-complex societies is described to be *minutrons* permeability ($p = 0$ and $p < 1$ respectively) ($\approx E = z_{\text{minutrons}}$ acceleration/ induction where z_{is} termed *minutrons* impermeability).

Symbolically, the formula for this can be written like this:

$$\Psi = (\Phi_{I+} \mathcal{G}_{II}) \otimes \partial > \Omega_I$$

Where Ψ represents a complex reaction field and ι represents the *minutrons* of individuals.

Here Φ_{I+} is the parent complex, \mathcal{G}_{II} the co-aid complex, ∂ represents the work to be done (the work function of the *minutrons* or, in other words, the energy needed to cause non equilibrium to the resultant complex), and Ω_I the resultant complex, which is otherwise known as the sufferer's madness. Thus, when there is $(\Phi_{I+} \mathcal{G}_{II})$, $\Psi = 0$, which indicates no reaction in the complex fields. But $(\Phi_{I+} \mathcal{G}_{II}) \otimes \partial$ means *minutrons* are charged, for there is some work being done. This can be represented by θ . Where we therefore have $(\Phi_{I+} \mathcal{G}_{II}) \otimes \partial > \Omega_I$, it indicates that $\Psi = 1$, a strong indication that complex reaction is going on. It also provides us the complete complex reaction fields. The co-aid complex can be increased to encompass many different persons, depending on the magnitude of the problem and the work to be done to enable the plot to be accomplished successfully [i.e., $(\mathcal{G}_{II} + \mathcal{G}_{I2} + \mathcal{G}_{I-} + \mathcal{G}_{I4} \dots \mathcal{G}_{In}) \otimes \partial$]. Between the superiority complexes, that is, the parent complex, and co-aid complex/complexes, the *minutrons* travel in wave mediums (λ). This complex relation holds, in the whole world of human relations, for where there is no conspiracy the complex action field reduces to $(\Phi_{I+} \mathcal{G}_{II})$, which is $\Psi = 0$, a normal return to the amicable relationship.

To employ the calculus of classes, we pursue this formula:

$$\Psi = (\Phi_{I+} \mathcal{G}_{II}) \otimes \partial > \Omega_I$$

$$\Psi = \Phi_{I+} \mathcal{G}_{II} \partial > \Omega_I \text{ by principle of distribution}$$

$$\Psi = \Phi_{I+} \mathcal{G}_{II} \partial > \Omega_I \text{ by principle of simplification}$$

$$\Psi = \Phi_{I+} \mathcal{G}_{II} \partial > \Omega_I$$

Where here the relation can be expressed as Ω_{I+} is "included in" $\Phi_{I+} \mathcal{G}_{II} \partial$ or $\Phi_{I+} \mathcal{G}_{II} \partial^{[20]}$ is "greater than" Ω_I . It can still be expressed as Ω_{I+} is "equal to" $\Phi_{I+} \mathcal{G}_{II} \partial$ (This follows addition theorems for distributions where these are seen as independent random variables). This theorem has wider implications, for example, in the world of wars and minor conflicts, where we can move from the personal experiences level to the societal level. There is no question about the fact that according to our theorem, war is a symptom of disorder. Since in the last hundred years the two World Wars we have fought have unveiled how the complex madness of one man or men had led the whole world into going to war. A classic example is seen with a cherished and famous war leader who lived in the middle of the twentieth century. Unfortunately, his ruling years were brought to an abrupt end through assassination. It was told by some of his aides that when the drugs that were supposed to cure his troubled illness were injected he felt like an "omnipotent." This made many of his decisions that he took inappropriate, and led to a catastrophic end of the war he led his country to wage (Many of these people are deluded into believing that they are superior or have been called to fulfil a promise)^[21]. This is but one of sundry examples that many countries of war had witnessed. While these leaders managed to infect some people with their madness as accomplices, they also succeeded in transmitting their illness to the sufferers or victims, whose tortures till death preceded their madness of defending or causing untold havoc on the planet earth. Some madness can become permanent, especially the sufferers' madness. The reason why this conspiracy theorem is also important to the theory of superiority complex is

that it aids us to comprehend what the objectives of those people entangled in its philosophies are apt to accomplish, and what those affected by it experience in their day to day lives. Sabotages and conspiracies are mirrored in the first-mentioned delusive states, as these help them in the augmentation and holding on to their illusory superior power. This theorem enables us to derive a new theoretical law to be known as the Complex Action Law which states that: *At any complex action fields there exists always the parent complex, which is the psycho-superiority complex individuals or individual, co-aid complexes or complex, that is, the accomplice and the resultant complex, otherwise known as the sufferer complex. The product of the work accomplished by the parent complex and co-aid complex being greater than the resultant complex.* (In one sense this is an empirical law gained through analysis of a theoretical law. For, a theoretical law helps to explain empirical laws already formulated, and to permit the derivation of new empirical laws).

If we want to embellish our law to encompass the speed of light and the wave medium which is common in Mathematical Physics, our new Complex Action Law formula could be written like this:

$$\forall = (\Phi + \mathcal{G}u) \otimes \partial > \Omega_1 \times (mc^2/\lambda^2)$$

$$\forall = (\Phi + \mathcal{G}u) \otimes \partial . mc^2 > \Omega_1/\lambda^2$$

Where c^2 is the speed of light, m is mass, and λ^2 is the wavelength or the distance travelled by the *minutrons*. This formula is valid and more appropriate if we understand the fact that *minutrons* only get to others through these faster mediums.

Still our formula can be reduced to appear like this:

$$\forall E = W_1 mc^2 > \Omega_1/\lambda^2$$

Where E is energy of the complex reaction, W_1 is the work done; n is any integer from 0 to ∞ , c^2 velocity of light and λ^2 being the wavelength, that is, distance travelled by the *minutrons*.

Bayes Theorem and the Fundamental theorem of Superiority Complex

Fundamental theorem of superiority complex can complements Bayes' theorem as theorems which could be used to support practitioners' efficient diagnoses in medicine. Bayes theorem, like fundamental theorem, is a probability theorem set forth by an English mathematician called Thomas Bayes who lived in the period between the years 1702-1761^[23]. His theorem is an essential theorem which is of significance in medical decision-making and some of the biomedical sciences. Some scholars think the theorem has the purpose of admonishing practitioners to desist from relying on guess work but instead to utilise accurate measurement in guiding their decision making. A discussion of this theorem is important in order to show that its employment in decision making in diagnosis in medical practice is necessary.

Bayes' theorem is used in clinical epidemiology in order to establish the probability of a particular disorder in a group of persons with a specific characteristic on the basis of the overall rate of which disorders and its likelihood of that specific characteristic in healthy and disordered individuals occur.

Bayes' theorem is also applied in clinical decision making where it is employed to calculate the probability of a particular conclusion given at the onset of specific indicators, signs, or outcomes of some tests that have been made. For example, the accuracy of the exercise cardiac stress test in predicting significant coronary artery disease (CAD) depends in part on the "pre-test likelihood" of CAD: the "prior probability" in Bayes' theorem^[24].

His theorem also makes it possible in order to allow the influence of new information on the merit of competing scientific hypotheses to be compared by computing for each hypothesis the product of the antecedent plausibility and the likelihood of the current data given that particular hypothesis and rescaling them so that their total is unity. In mathematical language, in Bayes'

theorem the antecedent plausibility is termed the "prior probability;" the likelihood of the current data given that particular hypothesis is called the "conditional probability;" and finally, the rescaled values are^[25] the "posterior probabilities."

Many practitioners think that Bayes theorem remains the normative standard for medical diagnosis, but unfortunately it is usually violated in clinical practice^[26]. Several attempts to simplify its application with diagnostic computer programs, nomograms, rulers or internet calculators have not helped to enhance its application and use in research^[27]. The theorem aids in order to surmount many well-known cognitive errors that have been experienced in diagnosis, such as ignoring the base rate, probability adjustment errors (conservatism, anchoring and adjustment) and order effects. Though Bayes' theorem and its underlying precepts are taught early in medical school and also found in medical texts, the observance to its principles, according to some critics, is all but deficient. It is asserted that the low probability disorders are still tested for causing unneeded cost and risk while the high probability disorders are ignored when a single negative test recurs.

Therefore, in medical practice, the basic concept of Bayes' principle for medical diagnosis is well recognised and known. A practitioner's diagnosis is not necessarily definite simply on the basis that a test was positive. Diagnosis is often not depended on true or false (binary decision) premise, but instead on a dynamic probabilistic assessment. The post-test probability (also called the updated probability, posterior-probability or positive-predictive value) of a diagnosis is dependent on how likely the diagnosis was before the test was done (the pre-test probability, also referred to as the prevalence or prior-probability), the test result (positive or negative) and the ability of the test to discriminate between those afflicted and not afflicted with the disease (test characteristics expressed as sensitivity and specificity, or likelihood ratios)^[28].

Bayes' theorem therefore combines these elements to produce the post-test probability of the disorder. While a positive test enhances confidence in a medical diagnosis, it does not usually prove its certainty. The decision of the clinician and patient determines whether this confidence exceeds a treatment (or action) threshold^[29]. In the same vein, a negative test discovered minimizes confidence in a diagnosis, but scarcely rules it out entirely. Those involved will decide if further action is needed after this post-test^[30]. Finally, it could be asserted that the use of the theorem in determination of medical diagnosis has recently been criticised though we do not intend to do any discussion of that^[31].

Discussion and Research Implications

First and Second Fundamental Theorems of Medical Diagnosis?

First Fundamental Theorem of Medical Diagnosis and Practice

Nodisorder is without a symptom, viceversa; no symptom is without disorder.

This is deduced at once from Theorem 1.

Second Fundamental Theorem of Medical Diagnosis and Practice

A disorder can be transmitted from one person to one another.

We make deduction here immediately from Theorem 2.

The fundamental theorem and its corollary have implications. In an earlier work, several theorems have also been deduced from these principles which show the significance of this theory in the world of wars^[32]. The current theorem *first* offers the importance of knowing that illness or disorders have their symptoms and, *secondly*, disease and illness for that matter can be transmitted from one person to one another. That is, no disorder is without a symptom, and vice versa no symptom is without a disorder. In other words, concerning the first fundamental theorem, if an individual is diagnosed by a practitioner as having a mental disorder or a disease for that

matter, then there is a corresponding symptom which enabled the practitioner to have based his diagnoses upon in other to have derived his sound conclusion. In this way it can rightly be asserted that the fundamental theorem is a probability theorem and can, furthermore, be extended to become a fundamental theorem of medical diagnosis or practice: All illness, disorder, or disease have symptoms by which a practitioner could utilise to arrive at a probable diagnosis. This is what we term in this article as the equivalence principle of complex ideas- disorder. A comparison can be made with Albert Einstein's theory of relativity, which discusses the relationship between mass and energy, that is, energy has inert mass ($E = MC^2$). This principle of equivalence of complex ideas and disorder theorem justifies us in considering the complex ideologies of most war leaders that did not heed the voice of the international communities as entailing some kind of disorders. That is, they had disorders and could have been diagnosed of that to convey the truth about the states of their conditions. This interpretation agrees, moreover, with the picture of the complex madness revealed in war leaders who lived in the ancient kingdoms such as the Babylonian, Persian, Grecian, and Roman Empires. If we adhere to the principles of the theory of superiority complex, *we might also hypothesise that the energy needed (the time spent for peaceful means and deliberations) for persuading parent complex and co-aid complexes in not going to war is greater, the more disorder/complex ideas the parent complex fellow possess*. The increase in disorders are not only due to the complex ideas imbibed from these mentor figures/background influences, but also the energy content of the norms mediated by the corresponding society he led or steered.

This article brings to mind the role of symptoms in medical diagnoses. In the medical practice, since time immemorial, medical practitioners have utilised symptoms in order to aid them diagnose a disease or a mental disorder. This principle has been the usual procedure taken by practitioners to

help them reach a determination as to whether a mental patient should be regarded as normal or abnormal. This is what gives doctors the clue concerning which medication they will prescribe. It is based on meticulous observation which is gained from enormous experience gained through medical practice in the form of apprenticeship^[33]. It is a work that is not done in a haphazard manner, in that the life and integrity of patients are at stake and that is the reason why people systematically choose the profession and it is preceded by serious examinations and a later meticulous training before they are granted permission/license to practice.

Diagnosis and its cardinal Importance to Modern-Day Medical Practice

Diagnosis, which is shortened Dx or DS, is the method of determining which disorder or condition elucidates a person's symptoms and signs in his hospital visits. Dubbed by practitioners as diagnosis, usually one always has the medical context in mind. The data needed for diagnosis is often mustered from a history and physical examination of the patient seeking medical care from the practitioner. In addition, one or more diagnostic procedures, such as diagnostic tests, are also taken during the occurrence of this procedure. A kind of medical diagnosis known as posthumous diagnosis is also utilised to explain symptoms that preceded a patient or someone's death^[34].

As many signs and symptoms are broad, diagnosis can present some difficulty on many occasions to practitioners. Take for example, redness of the skin (erythema), this by itself shows symptom of many disorders and thus does not tell the healthcare professional what is wrong. That is all the more reason why differential diagnosis is embarked upon in order to look for several possible explanations which must be compared and contrasted in order to reach a superb conclusion. This procedure will entail the correlation of various pieces of information which is then tracked by the recognition and

differentiation of patterns. Oftentimes such a procedure is completed easily by a symptom or a group of several symptoms which is termed pathognomonic in medical diagnosis.

Since diagnosis is an essential component of the process of a doctor's initial visit, the fundamental theorem of superiority complex states that it must not be ignored; in other words, it should be at the heart of medical practice. The use of diagnostic procedure encompasses classification tests and this is also supported by our fundamental theorem, which can be used to complement Bayes' probability theorem. JFA Murphy, an editor of an important Medical Journal in Britain says:

All clinicians are aware of the importance of reaching the correct diagnosis. It is impressed on every medical student and trainee from the outset. Khuller et al argue that diagnosis is more important than ever before because the patient has so much to lose when there is a misdiagnosis. A diagnostic error may result in the patient being denied timely, effective therapy or being administered potentially toxic, incorrect medications. Where a prompt treatment could have returned a patient to full health, the consequences of a wrong diagnosis can be devastating. Getting the right diagnosis is key for the patient. In addition to being made in a timely fashion, the diagnosis and implications must be communicated effectively. The key issues are timeliness and accuracy. Timing may be minutes in acute situations or weeks in relation to subacute disorders^[35].

We move on to say a few things about the uses of diagnosis in general.

Methods and Uses of Diagnosis

The health professionals who can perform diagnosis are: the physician, physical therapist, optometrist, healthcare scientist, chiropractor, dentist, podiatrist, nurse practitioner, or physician assistant^[36]. Though we do not intend to name more, there may be other professionals who

depend upon diagnosis in order to perform their professional treatments.

The procedure can be regarded as an attempt at classification of an individual's illness condition into separate and clear-cut categories that permit medical decisions about treatment and prognosis to be completed in a professional manner. Therefore, opinion regarding diagnosis is usually analysed in the manner of illness or other condition. But where a person has wrongly been diagnosed, this person's actual illness or sick condition is not the same as his diagnosis^[37].

Practitioners agree with one another that a diagnosis performed does not usually indicate the clarification of the causes of the illnesses or its conditions for that matter. It could be asserted at this stage that what brought up this illness or condition is known. But this in effect clarifies illness in order to optimise treatment and further specify the prognosis or prevent recurrence of the illness or condition in the future.

Practitioners perform diagnoses based on these three indications:

1. Detection of any deviation from what is known to be normal from anatomy (structure of the body), physiology (the operations of the body), pathology (wrong workings of both anatomy and physiology) to psychology (thoughts and behaviours).
2. When a complaint has been communicated by a distress patient.
3. As soon as a patient has sought help from a practitioner a diagnostic procedure could commence. This may commence from the waiting room to the doctor's office even before a patient has started to narrate her complaints^[38].

Diagnostic procedures in most of the various available methods employed by practitioners are:

- a. Complementing the already given information with further data gathering, which may include questions of the medical history, physical examination and various diagnostic tests.

A diagnostic test is any kind of medical test performed to aid in the diagnosis or detection of disease. Diagnostic tests can also be used to provide prognostic information on people with established disease^[39].

- b. Processing of the answers, findings or other results. Consultations with other providers and specialists in the field may also be sought^[40].

There are a number of approaches or techniques that can be employed to execute a diagnostic practice. This entails performing a differential diagnosis or following medical algorithms.

Rightly asserted, a diagnostic method may involve components of multiple approaches, such as the use of differential diagnosis (employing many candidates of diseases as possible to determine); pattern recognition (recognise pattern of individual clinical characteristics); diagnostic criteria (specific combination of signs or symptoms and test results); clinical decision support system (interactive computer programmes to aid) and other diagnostic procedures (e.g., medical algorithm for assessment and treatment of diseases).

Recapitulation and Concluding Remarks

The fundamental theorem we have unveiled and discussed, together with Bayes theorem, could be the principles that could guide practitioners in their work concerning diagnosis. While the fundamental theorem says that all illness disorders have symptoms and therefore must be investigated thoroughly, Bayes theorem says that recognise the best decision-making method which should make one utilise the probability theory so that sound and quick judgment will be obtained in order to arrive at accurate diagnosis. Already the latter theorem has helped in many ways to enable practitioners to surmount many well-known cognitive errors that have taken place in the social context of medical diagnosis, such as ignoring the base rate, probability adjustment errors (conservatism, anchoring and adjustment) and order effects.

Again, the fundamental theorem talks about the concept of disease or illness infection, which also furnishes us about the geographical environment and the social context of this phenomenon. Transmitting from one patient to another, diseases can work havoc which knowledge about infections procedures should be studied and how to curb it must be studied or assessed using the right kind of methods.

Concerning the additional theorems that have been deduced from the principles and the already demonstrated theorems in the work mentioned earlier^[41], it could be asserted that this could easily be applied to what had happened several centuries and still continue to occur today. Wars were never touched upon by able geometers probably because they, like many men of today, they agreed that war had to be part and parcel of mankind. That this lower instincts or primitive urges that take place in war cannot be curbed we disagree completely. These principles, their definitions and those demonstrations provided elsewhere depict that war is not anything that should be regarded as normal and therefore should be relinquished.

This work have been able to prove or present demonstrations of the theorems deduced from the principles, but these are not enough, as it is possible for additional great thinkers to engage themselves in and make more theorems that can also be proved. This current proof may therefore serve as preliminary one that will encourage the earnest seeker to work more on the principles.

The six axioms and the four definitions above have demonstrated rigorously that there are important laws for the theory of superiority complex which concern human behaviour. These laws further furnish us with fundamental theorems/principles of medical diagnosis which state that *no disorder is without a symptom, vice versa, no symptom is without a disorder*. And moreover, *a disorder can be transmitted from one person to one another*. As the reader will notice, these theorems are necessary consequences of the principles, so that if the principles are accepted,

the theorems must be accepted also. The theory's great predictive power should allow us to accept it, as well as test it, for its truth or falsity, and consider it as one of the most useful theories in the twenty-first century.

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