

Benjamin Tate

Senior Project

Paul Thayer

## **Senior Thesis**

### **Cycles: What They Are, How They Manifest in Day-to-Day Life, and How One Breaks Them**

The cycle is a pattern that most people see in their day-to-day lives with or without knowing it. Judging by the name, it is often a circular pattern that is repetitive: one thing leads to another and then the cycle repeats. We, as humans, are exposed to different types of cycles throughout life, some of them being essential parts of our lives.

One type of cycle that is worthy of note is the changing of seasons in a year. The first seasonal change in a year happens on March 20th, when the season of winter changes to the season of spring during the Spring Equinox. Next, the Summer Solstice occurs on June 21st, in which spring transitions into summer. Then, during the Autumnal Equinox on September 23rd, the season transitions from summer to autumn. Finally, on December 21st, the Winter Solstice occurs, and it becomes winter for the last ten days of the year. Winter lasts up until the Spring Equinox that takes place next year, and then the cycle continues.

Biological life cycles are another type of cycle that a lot of people are familiar with, especially in the science field. One life cycle that is notable is the life cycle of a tree. A seed is planted in the ground. If treated properly with water and sunlight, it will germinate into a seedling. It will then

turn into a sapling. Eventually, the full tree will grow. The tree will then die and then a seed that is from the tree can be planted in the ground. The cycle then repeats.

However, in addition to these cycles, which are often neutral in the broader context of human nature, there exist more vicious cycles, cycles that can provide a great deal of suffering to the one that it revolves around. These cycles of suffering are often created from things like trauma or abuse and involve things like substance abuse or developing mental disorders.

One type of cycle that fits this definition of a vicious cycle is a cycle of abuse. Cycles of abuse are often recognized as a four-part pattern, and someone who can pick up on these signs can probably identify signs of abuse in a relationship. These types of cycles continue a lot of the time because of a power dynamic between the partners in the relationship, meaning that one person has a hold on the other. This abuse may be physical, sexual, or emotional. Writing for the health website Verywell Health, freelance writer and health expert Angelica Bottaro talks about this cycle of abuse and the different stages that are a part of it.

The tension stage is the first stage in the common model of cycles of abuse. In this stage, external stressors often push the abuser to harm their partner. Examples of external stressors might include things like financial stress, a bad day at work, or simply being tired. The stress often builds up over time for the abuser because they feel a loss of control and they eventually do harm to their partner in some way. Angelica Bottaro says of this stage that: “The person who is the target of abuse tends to try and find ways to ease the tension to prevent an abusive episode from occurring. During this time, it is typical for the person at risk of being abused to feel

anxious. They may also be overly alert or 'walk on eggshells' around their partner in the hopes that they don't do anything to 'set their partner off.'" (Bottaro, VWH)

The incident stage is the second stage in the cycle of abuse. In this stage, the tension in the abuser builds up to a point where they need to release it on their partner to feel powerful and in control again. At this stage, they will begin to engage in behaviors such as verbally insulting their partner, threatening to hurt their partner in some way, trying to control the behavior of their partner, and committing acts of physical or sexual violence against their partner. There is also a strong chance that the abuser will seek to refocus the blame onto the abused. Bottaro writes about victim blaming regarding the second stage: "The abuser may also shift the blame for their behavior onto their partner. For example, if your partner becomes physically violent, they may say that it was your fault because you made them mad." (Bottaro, VWH)

The reconciliation phase is the third stage in the model of the cycle of abuse. In this phase, the abuser will try to reconcile with their partner, hence the name. The abuser will often attempt to make up for their actions of abuse by offering gifts and being overly kind and loving towards their partner. Bottaro writes that when the abused partner experiences this phase, the love and kindness that their partner usually gives them triggers a psychological reaction from them in their brain "...that releases feel-good and love hormones known as dopamine and oxytocin. This release of hormones makes them feel closer to their partner and as if things are back to normal." (Bottaro, VWH)

The calm stage is the fourth and final stage in the cycle of abuse. In the phase of calm, the abuser may apologize for their actions, but then they typically explain away and make excuses for the abuse, such as blaming outside factors for what they did. They may diminish the effects of the abuse and try to convince their partner that what they did wasn't that bad. They may even try to victim-blame and try to convince their partner that it is their fault that their abuse happened to them. Regardless, in most cases, the abuser will show remorse for their actions and promise to their partner that the abuse will not happen again. Bottaro writes of this phase:

“Because of their convincing nature, you may believe that the incident wasn't as bad as you thought it was, which helps to further relieve the tension surrounding the incident. Ultimately, the abuser will convince you that the abusive behavior is a thing of the past even though it's not.” (Bottaro, VWH)

Another cycle of abuse that is often mentioned when discussing these vicious patterns is the cycle of abuse in families. The cycle of abuse in families often manifests in the form of a person who was abused as a child also abusing their child. A paper was published in the child psychology journal entitled *Child Development* in August of 1988. The paper, written by Byron Egeland, Deborah Jacobvitz, and L. Alan Sroufe, is entitled *Breaking the Cycle of Abuse* and it deals with this topic. In the paper, the trio state that Egeland, Jacobvitz, and another person named Papatola followed the child-care practices of women who had been abused as children for a period of three years. What they found in this study that they conducted was that 70% of women who experienced abuse as young children were observed to maltreat or provide

borderline care (I.E., suspected of maltreating their children). In contrast, a mother who experienced loving and caring parents as a child was loving and caring to her children.

Another cycle of suffering that is present in many people's lives is the cycle of drug addiction and substance abuse. The American Society of Addiction Medicine defines addiction as a chronic brain disease that affects the brain's reward, pleasure, memory, and motivation.

Addiction is typically brought on by circumstances, such as trauma or abuse, that would make a person that would typically avoid substances like drugs or alcohol to become addicted. Addiction tends to develop over time and eventually becomes a cycle of addiction, treatment or abstinence, and then relapse. There are six main stages to the addiction cycle: initial use, abuse, tolerance, dependence, addiction, and relapse.

The first step of the addiction cycle is the initial use of the substance. Initial use of a drug or substance can be the result of anything, but it is typically the consequence of a variety of things ranging from abuse or neglect, depression, social issues, loneliness, and peer pressure from people around them. It is important to note, however, that these issues will not lead to substance addiction all the time. There are other contributing factors, such as the subsequent stages of addiction. According to American Addiction Centers, the entrance to addiction "... can be as seemingly benign as getting a prescription to manage pain or a mental health issue, as culturally typical as trying a first drink at the age of 21, or as insidious as being pressured by friends or family to try illicit drugs." (AAC)

The second step of the addiction cycle is the regular abuse of the substance. The World Health Organization defines substance abuse as using a substance in a way that is harmful to the individual. With illicit drugs like cocaine or methamphetamine, abuse occurs the first time a person uses that drug. With substances that are more legal like alcohol or tobacco, the moment when full-on abuse of a substance starts to occur is somewhat harder to pin down. However, most experts agree that the abuse of these substances starts when the person that is using them is using them for a euphoric response, or high, that the drug creates. This leads them to consume the drug repeatedly.

Tolerance for substances is the third step in the addiction cycle. This is the stage where the person who is addicted to the substance may increase the dosage or frequency of the substance to achieve the desired high that they want. Tolerance is a strong indication that the brain has changed in response to the drug. The brain typically changes how it responds to the substance. Ultimately, this leads to the next step in the cycle: dependence.

Dependence is the fourth step in the addiction cycle. This is the stage where the body or brain becomes nearly fully dependent on the substance to function properly. An example of this is when a person who has been using a substance like methamphetamine or cocaine for a long time may find it impossible to function or feel pleasure without using the substance.

Addiction is the fifth step in the addiction cycle. This is when the use of the substance becomes a mental health condition. There are several symptoms listed by the Diagnostic and Statistical

Manual of Mental Disorders (DSM-5) that can help identify addiction, such as being unable to stop using the substance or being unable to keep up with everyday responsibilities due to dependence on the substance.

Relapse can be a sixth step in the addiction cycle. After the person is properly treated for the substances that they abuse, there is a good chance that they will relapse. American Addiction Centers says that the relapse rates for addiction are at 40 to 60 percent and that those rates “...are similar to those for asthma (50-70 percent) and adult-onset diabetes (30-50 percent), as reported by the National Institute on Drug Abuse.” (AAC) The causes of relapse vary; sometimes, the initial treatment may not be adequate for the addict. Other times, the addict may attempt to quit on their own without any professional help. Over time, control may be lost over the addiction and relapse can happen. However, this typically isn’t an indication that the person has failed, only that treatment needs to be adjusted properly to prevent relapse from occurring.

A lot of the time, addiction can have severe consequences on a person’s physical health. In a lot of cases, it can impact a lot of people at once. For example, smoking is one of the leading preventable causes of death, responsible for over 400,000 premature deaths every year in the United States. It also weighs heavily on the economy, with close to \$200 billion combined cost of healthcare and lost productivity. According to a paper published in the peer-reviewed scientific journal *PNAS* by Thibaut Sesia and Anthony A. Grace, despite all this damage being done and the long-term effects of smoking tobacco being widely known to the public, “...only 3% of all smokers successfully quit, although 70% of all smokers express the desire to do so.” (Sesia and Grace, 1)

There are several mental disorders that have a sort of cyclical nature. One of these disorders is obsessive-compulsive disorder, which is a common mental condition among people today. It is a chronic condition that is often characterized by obsessions and/or compulsions. The cyclical nature of OCD is that an obsession will occur, followed by a compulsion, which will make the obsession go away temporarily before another one or the same one comes along and causes the cycle to repeat.

Obsessions are distressing thoughts, images, and impulses that enter the mind repeatedly against one's will. They are usually ego-dystonic, meaning that they exist in contrast to or are inconsistent with the values of the person who experiences them. The person who experiences obsessions considers them to be unreasonable or excessive, but they often consider them to be possible or inevitable to happen in real life, so they do compulsions to reduce or eliminate the possibility of them happening. It is important to note that obsessions typically do not revolve around day-to-day worries, which are more common in generalized anxiety disorder, perceived imperfections or deficits in appearance, which occur in body dysmorphia disorder, or fear of having a serious health condition, such as cancer or a disease, which occurs in health anxiety.

Compulsions are repetitive behaviors that a person with OCD feels compelled to perform, typically because they fear something might happen if they do not. For the most part, compulsions are involuntarily performed and are seldom resisted. Compulsions will either take the form of an observable action, such as checking to see if a door is closed or seeing if the lights



are turned off several times, or a covert mental act that cannot be observed visually by anyone, such as repeating a word or phrase in one's mind. Many of these symptoms cause extreme distress to these patients and their families. Mental compulsions that are not viewable to the human eye are typically more troubling and are also more difficult to resist most of the time. It is important to make the distinction that compulsions are not the same as impulsive behaviors, such as shopping, gambling, or paraphilias, which are usually pleasurable actions that bring instant gratification to the people that do these sorts of things.

Many people who have OCD have both obsessions and compulsions that affect them daily, and these obsessions and compulsions can have many symptoms, such as washing for germs and checking things for insecurities. Certain compulsions include things like the compulsion to count certain things in relation to the obsession of religious or moral doubt, the compulsion to put certain things in order in relation to the obsession of forbidden thoughts, the compulsion to repeat certain things in relation to the obsession of harming oneself or others, or the compulsion to pray in relation to the obsession of telling someone about something that the person might be harmful to them.

The term "ritual" is often used interchangeably with "compulsion" but is more accurately used to refer to motor acts that are less severe than compulsions. The term "rumination" in the context of OCD refers to repeated mental acts that are performed and repeated without end in response to intrusive ideas and doubts that are present in the mind. "Pure O" or "Pure OCD" are terms used to describe an extreme form of OCD that consists of ruminations and thoughts that permeate the

mind, albeit without the compulsions that are usually expected out of a situation involving such things. To be diagnosed with OCD, obsessions and compulsions must be a major part of one's life and take up a significant amount of time or cause significant dysfunction, distress and impairment. Hoarding can potentially be a compulsion that happens in a case of OCD; however, "hoarding disorder" is an entirely separate diagnosis that refers to the excessive acquiring and hoarding of objects and the significant difficulty of discarding them, regardless of their quality. It is also important to not confuse compulsions with tics, which are distinguished from compulsions in that there are focal uncomfortable somatic sensations that precede and are relieved by the tic. Motor tics involve movements that range from simple and abrupt movements to more elaborate and sometimes even purposeful behaviors.

OCD is often more difficult to recognize when the intrusive thoughts and ideas that one experiences and the compulsions that follow them are more stigmatizing. This usually comes in the form of intrusive thoughts in relation to sexuality, but it could also be related to another social taboo. An observer of this certain type of situation may notice that the person who is suffering from these obsessions and compulsions seems preoccupied or anxious or takes a considerably long amount of time to respond to questions that they may be asked. It is not observable to see the person struggling with these thoughts. Because of this, this type of OCD is often hidden, as patients believe that their intrusive thoughts and images are too shameful or morally bankrupt. They are afraid of expressing these thoughts and images to mental health professionals out of the fear that they will be misunderstood or reported to social services. However, mental health professionals may not need to know the content of these thoughts and

images and reassuring a person with OCD that having these thoughts and images in their mind is normal for this condition may be sufficient before onward referral.

However, there have been concerns raised as to whether these intrusive thoughts can make a person with OCD violent or unstable. Each case varies from person to person and every case should be viewed individually; however, there has been virtually no record of people with OCD acting violently because of their thoughts.

The first symptoms of OCD typically appear in adolescence or early adulthood, and they typically begin with a gradual onset. However, a more rapid onset might occur later, especially in the occurrence of a traumatic event, such as an accident or death of a loved one. The person or people who have been affected by an event like this may fear that this event will occur again if they do not perform certain actions that they are made to believe will make the event happen another time.

Whatever the case, OCD can be severely incapacitating to people who experience it. The symptoms that one often faces when experiencing it have the potential to interfere with the patient's familial, societal and occupational functions. It can make one lose jobs, fail classes, and wreck relationships with friends, peers, family members, romantic partners and spouses. As stated before, it is a vicious cycle of obsessions and compulsions. So, the question arises: how do we break this cycle that surrounds this disorder?

While OCD is unfortunately not an entirely curable condition, there are therapeutic strategies that are proven to help with this disorder and make it less intense for the person who has it.

Behavioral therapy is seen as the gold standard for treating OCD and other disorders. One type of behavioral therapy is cognitive-behavioral therapy (CBT), which involves the combination of behavior therapy and cognitive therapy. Behavior therapy for patients involves a process known as exposure and response prevention (ERP). In 2004, a paper was written on OCD by French researchers Martine A. Bouvard, Maud Millierey, and Jean Cottraux and published in the peer-reviewed medical journal *Psychotherapy and Psychosomatics* entitled “Management of Obsessive-Compulsive Disorder” in which a 35-year-old married woman with a 21-year history of obsessive thoughts and ritualistic behaviors is used as a patient. In their paper on OCD, Bouvard, Millierey, and Cottraux state that:

“After more than a quarter century of research, ERP has become the gold standard to which other psychological treatments for OCD, such as CT, have been compared. For CBT, 15–20 sessions are proposed for the treatment of an uncomplicated OCD patient. The format is individual weekly therapy sessions. A maintenance schedule is required (monthly booster sessions for 6–12 months).” (Bouvard, et al., 150)

There is also evidence that drug treatment can help with OCD and the severity of it. Selective serotonin reuptake inhibitors (SSRIs) and clomipramine are suggested for treating OCD in both the short term and in the longer term to prevent relapse. SSRIs are recommended first because of better tolerability than clomipramine. In 2014, another study about OCD was published in the

British peer-reviewed medical journal *BMJ* by consultant psychiatrist and reader in cognitive behavioral therapy David Veale and clinical psychologist Alison Roberts entitled “Obsessive-compulsive disorder”. Veale and Roberts say in their paper:

“A dose-response relation exists with SSRIs, so that higher doses are better for OCD than is the standard dose of an SSRI needed for depression. A trial of an SSRI at the highest tolerated dose lasts for at least 12 weeks. However, discontinuation of an SSRI or clomipramine, in the absence of cognitive behavioural therapy, usually leads to a high rate of relapse.” (Veale and Roberts, 4)

One spiritual figure of life that manifests in a cycle is the ouroboros. In esoteric and occult circles, the ouroboros is a serpentine figure, typically manifesting in the form of a snake or a dragon, that is meant to represent the eternity of life. According to *The Ouroboros as an Auroral Phenomenon*, a paper by Marinus Anthony van der Sluijs and Anthony L. Peratt published in Indiana University Press in 2009, “The earliest known examples of the ouroboros, which are purely artistic, antedate the age of writing and are concentrated in China and the ancient Near East. More than two dozen artifacts incorporating the motif and ranging over a largely continuous period of time have been uncovered in China.” (van der Sluijs and Peratt, 4)

While the ouroboros is a symbol that represents things like cyclicity and repetition today in the eyes of most people, it appears that may not have always been the case when one takes a closer look at the primary source material of this being. Some source material that has been found and closely inspected suggests that the ouroboros may have been of cosmological origin.

There are clusters of passages in both the *Book of the Dead* and the *Coffin Texts*, two books of funerary texts written in the twenty-first to seventeenth centuries BCE, that offer a depiction of a serpent coiling that surrounded the sun god as pathways of fire. According to van der Sluijs and Peratt, in terms of the sun's deadly cycle, "...the serpent's role is certainly defined as that of the divine antagonist who opposes the sun's rising with clouds and lightning." (van der Sluijs and Peratt, 6) There is a spell in the *Book of the Dead* that is accompanied by a vignette depicting the sun as a cat. The cat has a knife that is being used to attack a circular serpent that surrounds him at the foot of a tree. When one looks at another passage in the same book, there is an explanation for the vignette: the cat is meant to represent the sun god Re and the tree is meant to represent the sacred ished tree at Heliopolis, a city in ancient Egypt. There is a papyrus from around 312/311 BCE, which depicts Apep or Apepi, a serpentine being, as the enemy of the sun god Re. Apep is eventually destroyed when he is forced to adopt the circular position that he usually is depicted as having.

In later centuries, the ouroboros may have spread from Egypt to other places, particularly around the Mediterranean Sea. It appears as a decoration on the rim of a bowl with, according to van der Sluijs and Peratt, "...a Phoenician inscription from the seventh century BCE that was discovered in 1876 in Praeneste, Italy." (van der Sluijs and Peratt, 8)

Another item with an ouroboros depicted on it is a marble cup from near Sidon, now Lebanon.

The artistic motif of the round serpent spread during the Roman Imperial Age, with its use being

almost exclusively reserved for esoteric contexts. It was around this time that the world generally moved away from the idea of the ouroboros being a representation of darkness and evil and started using the snake's magical applications in the form of spells and amulets, particularly among the Gnostics.

There are several religions that deal with the concept of cycles of suffering. One such religion is the Dharmic religion of Hinduism. Hinduism provides us with the concept of samsara, or reincarnation as it is known in English. According to Hinduism, reincarnation is a process in which one's soul enters another body after one's death. It can go into another human, or it can go into an animal. Related to samsara is karma, which is a concept within the context of samsara that states that one's actions will determine what their status will be in their next life. Depending on how good of a person someone is, their spiritual status will elevate with each life they live until the cycle of reincarnation completely ends. After that, they are said to reach the status of moksha and become one with the universe.

Another religion that deals with the concept of a cycle of suffering is Buddhism. Much like its Dharmic predecessor, Hinduism, Buddhism teaches the concept of samsara. However, unlike Hinduism, Buddhism takes the concept of the cycle of suffering one step further and puts forth the idea that all life is suffering. This idea is encoded into a Buddhist philosophy known as the Four Noble Truths. The Truths are as follows:

1. Life is suffering.
2. Desire is the cause of suffering.
3. The end of suffering is a result of the end of desire.
4. The Eightfold Path is the key to ending desire and suffering.

The Eightfold Path is a set of eight precepts which teach the people that follow it how to build spiritual discipline. The eight precepts are as follows:

- Right View
- Right Intention
- Right Speech
- Right Action
- Right Livelihood
- Right Effort
- Right Mindfulness
- Right Concentration

By recognizing the Four Noble Truths and following the Eightfold Path, it is said that a person could detach themselves from desire and liberate themselves from the cycle of suffering that is reincarnation and reach a state of enlightenment. This enlightenment is commonly known as nirvana.



Mikel Burley, in his paper called, "Karma and Rebirth in the Stream of Thought and Life", mentions that there are ethnographic studies that provide examples of how the belief in karma in relation to one's social standing manifests in people's lives, especially those who have been born and raised in the cultures where those ideas originate. He mentions fieldwork done by anthropologists Richard and Candy Shweder in the small temple town of Bhubaneswar in the state of Orisha in eastern India and how it yielded examples of this phenomenon. One example given is that of an 83-year-old high caste brahmin woman who, according to Burley, "...over the preceding five years, had lost her husband, her eyesight, and her eldest daughter." (Burley, 965)

During the interview, she expresses her belief that these circumstances are consequences for the actions that she has committed in her life:

"I was born a woman. I gave birth to a daughter. My daughter died. My husband died before I did. Suddenly my vision disappeared. Now I am a widow - and blind." She weeps: "I cannot say which sin I have committed in which life, but I am suffering now because I have done something wrong in one of my births. All the sins are gathered near me." (Burley, p. 965)

Another example of how people from regions in Southern Asia view concepts like karma and apply them to certain situations in life can be found in the memoir of Ani Pachen, a Tibetan warrior-nun who led an insurrection against Chinese forces during the Chinese invasion of Tibet.

In the memoir, Pachen explains how, while being tortured in a Chinese-run prison, she attributed the state of pain and suffering that she was in to her former misdeeds that she had committed. She recalls how, in one instance where she was being brutally whipped and lashed with wet bamboo canes, she thought that her circumstances were the result of her own actions:

“My ears were beginning to ring, and my face was burning. My previous karma, I thought. The pain will eliminate my sins.” (Burley, p. 965)

When one looks at situations like these, they can get a semblance of what it means to believe in a cycle of suffering. People of these cultures believe that they are stuck in a loop, and that the circumstances that they are in are a result of their deeds in relation to this loop.

One philosophical translation of the ideas of samsara and karma can be found in the Western works of philosopher Arthur Schopenhauer. The idea of samsara, the seemingly endless cycle of reincarnation that surrounds every aspect of one’s life, strongly influenced Schopenhauer’s works. In Michael P. Ryan’s paper entitled “Samsa and Samsara: Suffering, Death, and Rebirth in ‘The Metamorphosis’”, he talks about Schopenhauer and his relation to the Eastern philosophy of samsara. Schopenhauer mentions the word “samsara” a good number of times in his *Samtliche Werke*, and it’s easy to see why he does. His philosophy was very similar to that of the Hindus. Like them, he believed that life and the world were comprised of pain and suffering; in his view, it was essentially a world that should not exist. He also put forth the idea that an individual’s responsibility is to deny the *ding-an-sich*, I.E., one’s own will. The reason for this is that the will

is the driving force behind the world and everything in it and is the reason that there is so much anguish, pain and suffering. People who are intelligent and have a good moral character can recognize this and seek to deny the will. Schopenhauer's use of the word "samsara" demonstrates how there are people of an ancient religion that shared the same philosophical viewpoints as he did when it came to life. In his 1851 book entitled "Parerga and Paralipomena", Schopenhauer addresses people who would believe that life's pleasures outweigh the suffering that is present in it. He suggests a test for these individuals who make this assertion: that they, in his own words, "compare the feelings of an animal that is devouring another with those of that other." In his paper, Ryan mentions that, for Schopenhauer, "...nothing is more ridiculous than to call pain negative; he sees it as something positive..." and then quotes Schopenhauer's words from the *Parerga and Paralipomena* to prove this:

"I know of no greater absurdity than that of most metaphysical systems which declare evil to be something negative; whereas it is precisely that which is positive and makes itself felt. On the other hand, that which is good, in other words, all happiness and satisfaction, is negative, that is, the mere elimination of a desire and the ending of."

To bring the discussion of cycles into art, I decided to create a short film entitled "Breaking the Cycle: A Self-Portrait." This film depicts a person (portrayed by me) as he is stalked by a demonic figure (also portrayed by me). I have obsessive-compulsive disorder (OCD) and the demonic figure is meant to represent that disorder and my experiences with it.

To create the demonic figure in the film, I bought a fake pair of antlers, a green robe modelled after the robes that monks wore in the Middle Ages, and a white ski mask. This figure and its design were partially modeled after the character of death in the 1957 film *The Seventh Seal*, directed by Ingmar Bergman.



Death from *The Seventh Seal*.



The demon from my film.

In the first scene, the character that I play wakes up and gets out of bed, only to then be hit by a series of compulsions. These compulsions include slamming the bedsheet covers, screwing on a bottle cap tightly, slamming a door several times, and trying to dry off a coaster after picking a water bottle up. The first image of an ouroboros appears after the sequence with the door slamming. The second image appears after I walk out the door.

After the screen cuts to black, a sentence appears. “Why do you obsess over the little things in life?”, it says. Another sentence appears that reads “Wouldn’t it just be easier to let it go?” These are both questions that I often ask myself internally when struggling with OCD. OCD often makes one leave behind most rational thought and unnecessarily obsess over things that most neurotypical people would consider petty.

In the next scene, my character is sitting at the dining table at my dorm, eating grapes. However, I am disturbed by the sound of a growl. I look in the hallway, and I am startled by there being a demon. A heartbeat and tinnitus-like ringing can be heard. We stare at each other for a little bit until the demon starts walking towards me. This causes me to jump out of my chair. I fall on the floor and start to crawl towards the window in hopes of escaping the demon. I cross my arms over my face for protection as the screen cuts to black. A third image of the ouroboros appears.

The screen then shows another sentence which reads, “He takes over your life...And there’s no going back...” This refers to the amount of control that the demon in the film has over my character. There have been times in my life where it seems like my OCD rules over me. It has kept me up at night for many nights. It has prevented me from getting out of bed in the morning unless I listen to a specific audio or song while brushing my teeth.

There is then a scene after the sequence with the demon. I wake up on the floor that I crawled on. I get up and I look at the hallway. The demon isn't there anymore. I sigh a sigh of relief and exhaustion. I walk out the door to go for a walk.

A sentence then appears on screen that says, "Ease your mind...Go for a walk..." Sometimes, people feel that going for a walk will solve mental problems. While it may ease these problems, it usually doesn't solve them completely.

In the next sequence, I go for a walk outside my dorm. I walk down the street for a first time, only to realize I'm at the beginning of the street again, instead of the end of the street, where I intended to go. I initially brush it off, but when it happens a second time, I grab my head in confusion. Eventually, during the third time, I make it to the end of the street. For each walk, there is a brief shot of the demon, which is meant to signify that the demon is in control of what is happening. I eventually walk back to my dorm and go inside. The camera then focuses on the side of the building, and the demon walks out into the camera view from the side of the building, signifying that it was in control of the situation.

The screen then cuts to a sentence that reads, "Even in your moments of calm...He's still there...Watching and waiting for you..." This reiterates the fact that the demon was watching my character and causing the events to occur.

The next sequence begins with me once again at my dining room table, this time eating grapes. I hear the growl of the demon again, and I am once again startled by it being in the hallway. The demon walks towards me once more, but I get up from my chair and confront it. We stare at each other for a little bit, and the heartbeat and tinnitus-like ringing can once again be heard. I clench both my teeth and hands. I throw a punch at the demon while letting out a yell. The fourth and final image of the ouroboros appears.

There is then text on the screen that reads, “Congratulations. You have broken the cycle. You have been reborn.” This is followed by the depiction of a single word: “Rejoice.” This is meant to symbolize that I have conquered the demon and broken the cycle of OCD.

The screen then cuts to the sky outside of my dorm, implying that it is a new day. I am then shown waking up in my bed. I get out of my bed and grab the robe that the demon was wearing from my chair. I put on the robe and walk out of my room. I then walk out of my dorm and stand on the balcony. The last shot of the film is a close-up of my face, with me smiling, signifying that I have defeated the demon.

I first came up with the idea of a movie like this back last summer before the semester was even in motion. I titled it “Epiphany” because the original main character that I thought of had an epiphany towards the end of the movie where they had a realization, an epiphany, in which they

realized that continuing the cycle of OCD and mental issues wasn't good for them or anyone else around them. The main plot of my original film was like the plot of my final film in a lot of ways. There were several differences, however. I was going to have a cast of people besides myself play the roles.

In my original script, a young woman named Lydia (originally named Samantha) was the protagonist of the film. She was sort of implied to have OCD, much like my character in the final version of the movie, although it was never explicitly stated in the original script that she did have the disorder. Other characters included the original version of the demon, her therapist (who was unnamed), and her roommate named Mark.

Originally in the first film, Lydia had a therapist whom she would pay two visits to. The first scene would be her talking about her trauma and the therapist would give her a magical liquid which would summon the demon and have her end the cycle.

I wrote the original script in the fall of 2022; however, I abandoned doing what I had originally thought of because I felt like it would cost a lot of money and time than I had the energy to do. To wedge my way around this sort of problem, I rewrote the script in December of 2022 to the point where it would be simple to film and that it would only take about a day.



I contacted Michael Gawronski, a friend of mine who attended Warwick Valley High School with me. He is also a senior at the Fashion Institute of Technology (FIT) in New York City, where he is majoring in film. Knowing that he was a filmmaker and had made several films of his own, I sent him both the script and the storyboard in December of 2022 and asked if he could work on this film with me. He said yes and so we planned a date.

With me simplifying the script so that it could only be filmed in a day, we planned a date to film. We eventually settled on the Saturday of January 21<sup>st</sup>, 2023. Mike eventually came up to the campus at Purchase College from New York City at 1:30 on that day and we spent about four hours filming the project. We used my dorm apartment at H03-4 in the Olde as the primary location for filming, and we used the roads around those dorms as the roads in the film.

For the demon, I chose a replica of a medieval monk's robe as the dress that it would wear. This was meant to represent the idea that in the film, the demon uses sorcery to keep the cycle going. I have had an interest in the occult and magic for some time, so that played into my decision-making process for the dress, as well as several other things that are seen in the film. I chose a white ski mask to give off a ghostly look to the demon, and I chose fake deer antlers to make the figure look intimidating.

There are several songs that I chose to use for the film. For the repeating street sequence in the middle of the film, I chose the instrumental song "Not Saved" by the Norwegian ambient/experimental electronica group Ulver. Ulver first released the song off their 2001 EP

entitled *Silencing the Singing* and then also included it on their 2002 compilation album *Teachings in Silence*. I first heard the song on the soundtrack of the 2008 documentary film *Until the Light Takes Us* about the Norwegian black metal scene in the 1990s. The song, even without words, has a very melancholy feel to it which I thought fit the sequence that I put it in.

Another song that I put in my film was “Sadeness (Part 1)” by German musical project Enigma, which was started in 1990 by Romanian-German musician Michael Cretu. It was first released off their 1990 album *MCMXC a.D.* (which means 1990 in Roman numerals), and was an international hit in many countries, even to the point where it reached #5 on the Billboard Hot 100. The song makes use of several notable samples. For example, part of the drumbeat is sampled from James Brown’s 1974 song “Funky President (People It’s Bad)”. French words spoken by German pop singer Sandra, who was Cretu’s then-wife, are also featured. Perhaps the most notable sample, however, are Gregorian vocals sampled from the 1976 album *Paschale Mysterium* by a German choir group called Capella Antiqua Munchen, particularly the chant entitled “Procedamus in pace!”. The last of those three samples was the reason I chose that song for the ending sequence of the film where my character puts on the monk robe worn by the demon and walks out of the dorm and smiles in the last shot. I thought that the Gregorian chants fit the idea of wearing a monk robe.

Mike eventually sent all the footage to me via Google Drive. I downloaded it onto my computer and edited all the footage together using Adobe Premiere Pro. I completed several versions of the

film, and I eventually created a fourth and final version which I showed at my New Media Senior Show on April 12-15.

When looking at all these situations and circumstances, one notices the pattern of a cycle. Many human beings are stuck in a cycle of some sort. Some of the beliefs in cycles go back thousands of years in the form of spiritual thoughts and lifestyles. Some of these cycles can be very detrimental to one's physical, mental, and emotional well-being. However, there are ways out of certain harmful cycles that can heal people and bring goodness to one's life.

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