

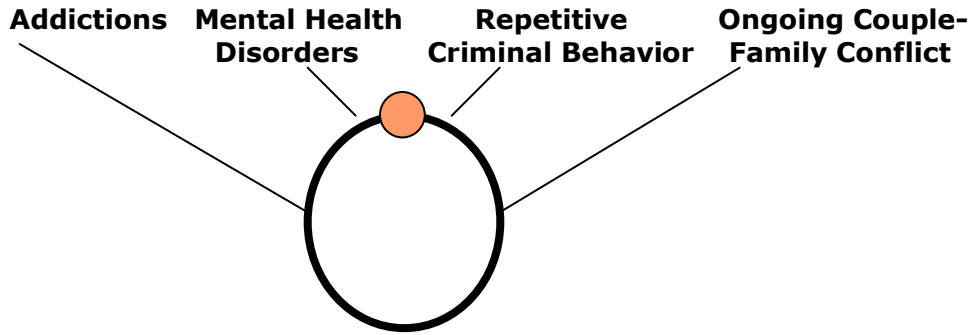
Origins of Orbits-Gravity Theory

As compared to other psychological theories that are based on **unverifiable 'psycho-realities'** (since they can not be clinically observed; ie: id, ego, super-ego; thinking errors; etc.), and therefore can not be scientifically confirmed, the advantage of the 'orbits-gravity model' is that it is thoroughly open to scientific investigation. Previous work in the hard sciences has shown the viability of the model in explaining phenomena in all scientific areas. The question is whether psychological phenomena can be shown to fall within the same theoretical realm that guides all other scientific endeavors.

To bring 'orbits-gravity' theory down-to-earth, we begin by identifying the existence of a verifiable truth. That truth, simply stated recognizes the existence **repetitive energy that occurs as part of the 'personality system'**. This repetitive energy takes the form of **attitudes, emotions, perceptions, behaviors, and thoughts**. As such, these repetitive attitudes, emotions, etc. can be viewed as **'orbits of energy'**. If the reader can accept that such a phenomenon does indeed exist, then it becomes possible to **hypothesize and illustrate** the origin and theoretical base for an orbits-gravity model relevant to theory and treatment.

To illustrate this we can start by tracking the interaction of more narrow 'dysfunctional' orbit patterns, and later expand our understanding to the process of 'healthier' flexible orbits.

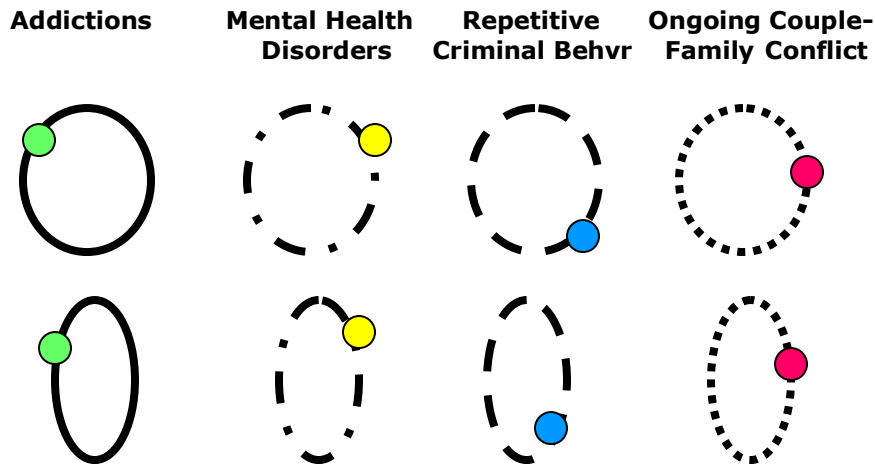
From a broad perspective, we can clearly see the existence of this paradigm when we review the commonality that exists between dysfunctional patterns of energy / behavior. For the most part, the **4 major dysfunctional patterns** that psychotherapy tries to treat are: 1) Addictive Behaviors; 2) Mental and emotional disorders; 3) Repetitive criminal behavior; and 4) Ongoing couple and family conflict. The following illustration shows that each of these disorders could be drawn in the same graphic manner:



While the psychology field has historically considered these conditions as separate and apart from each other, the diagram indicates that they share a **common visual theme**. The circular (orbit) diagram suggests that they each have a pattern that is rigid, recurring, and repetitive in nature.

In reviewing a given behavior, we can understand that a person who does a behavior once or twice, -and then stops, does not fit the diagram indicated by the circular graph. Psychological treatment only becomes necessary when a person continues a repetitive behavior despite the fact that it is clearly destructive.

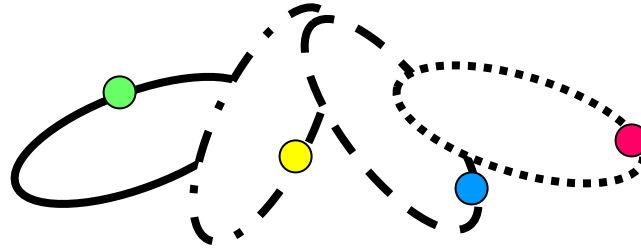
The next illustration continues this line of thinking. Here we show the previous 4 dysfunctional patterns as separate drawings. The top row of orbits indicates how these behaviors would appear graphically from a 'face-front' view.



The lower ovals indicate the same behaviors as they might appear from a 'side view'. Both the upper and lower illustrations represent the same pattern, but viewed from different angles.

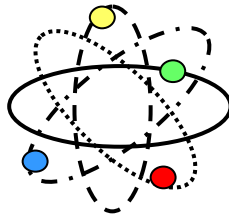
The next illustration helps us conceptualize **simultaneous dysfunctional patterns** occurring in the same individual. The diagram illustrates the **integration and**

interaction of various patterns that occur within the same person. This drawing takes into account the reality that people **never have one problem that stands alone**, while the rest of their life is going along smoothly. As professionals in the field, we constantly deal with **'dual and multi-diagnosis' clients**. It is common



knowledge that clients who have **addictions** are often attempting to self medicate **emotional and / or mental problems**. These issues are often associated with some type of **ongoing family conflict**. In many cases, the presence of addictive, mental health and family issues may compromise the person's judgment leading to **recurrent criminal type behaviors** and legal involvement.

The interaction of these four patterns leads us to the visualization of these overlapping aspects. This illustration is meant to represent an individual who has interrelated issues occurring simultaneously. The illustration shows how we might diagram the integration and interaction of these 'orbits' of behavior:



The image gives us a visual perspective as to how we can view the **intersecting and repetitive aspect** of addictions, mental health, family, and (potential for) criminal issues. In stretching our understanding, the model can also be recognized as expressive of repetitive energy that occurs in the form of **behavior, emotions, thoughts, and social interaction**.

If we step back and view this image objectively, we recognize this illustration to be remarkably similar **scientific design of the atom**. The missing aspect of our illustration is the core center of gravity. The question the model presents is whether it is logical to assume that a gravitational force exists?

There is an old saying: If it looks like a duck, walks like a duck, and quacks like a duck . . . It's a duck! In our case it can be said: If it looks like an atom, joins like an atom, and spins like an atom . . . It's an atom!

The question that needs to be addressed is not whether gravity exists, but what could be the **psychological equivalent of this force of 'gravity'** in relation to this model?!

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