



Low Self-Awareness and Compulsion: A New Medico-Psychological Hypothesis

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Abstract

Low self-awareness resulting from compulsion is real problems with medical, psychological and social domains. We introduced our hypothesis that stated, "Low Self-Awareness and Compulsion: A New Medico-Psychological Hypothesis". We think that persons who are exposed to compulsion in the early stage of their life in their homes, schools, streets, and other areas are likely to develop anti-social behaviors. Taken together, low self-awareness is associated with medical and social problems in addition to psychological problems that may include committing violent actions. This study opens the door for other studies to be conducted for better understanding of this phenomenon.

Keywords: Self-Awareness; Compulsion; Anti-Social Behaviors; Psychology; Sociology

Introduction

The Definition of Self-Awareness

A thorough survey of the literature reveals little discussion of the idea of self-awareness, making it difficult to define [1]. Furthermore, most of the studies on self-awareness are outdated. According to Brown KW, et al. [2], it is just "knowledge about oneself". Others argued that self-awareness is the awareness or understanding of one's own thoughts, emotions, and behaviors, and that it is a state; hence, it is situational Fenigstein A, et al. [3]. Other notions such as self-consciousness Fenigstein A, et al. [3]; Webb WM, et al. [4] and insight are seen to be comparable to or synonymous with it Roback HB, et al. [5]; Grant AM, et al. [6].

Obsessive-Compulsive Condition (Ocd)

Obsessive-compulsive Condition (OCD) is a common anxiety disorder characterized by intrusive thoughts that are difficult to ignore and that raise anxiety [7,8]. Although the genesis of OCD is unknown, contemporary hypotheses of the disorder's development and maintenance emphasize cognitive-behavioral processes and neuropsychological abnormalities. In cognitive-behavioral theories, specific dysfunctional beliefs are thought to drive the negative appraisal of intrusive thoughts [9], while circumscribed neurophysiological abnormalities are thought to negatively affect cognitive processes in neuropsychological models [10-12].

In a series of research on intrusive thoughts in clinical and nonclinical samples, Rachman S, et al. [13] improved cognitive theories of OCD. Negative intrusive thoughts were shown to be widespread, and the content of intrusive thoughts failed to differentiate between clinical and nonclinical individuals Rachman S, et al. [14]; Parkinson L, et al. [15]; Salkovskis PM, et al. [16]. Beck's cognitive theory has often been used by cognitive theorists to describe how commonly occurring intrusive thoughts evolve into an obsessional condition [18,19] proposed a comprehensive appraisal-beliefs model of OCD in which intrusive thoughts increase in frequency and intensity when they activate dysfunctional beliefs about the degree of responsibility individuals have over their own and others' safety (e.g., "Thinking about harming someone means I want to cause harm [20]. Although different cognitive theories of OCD place different emphasis on specific types of problematic beliefs [13,21], all cognitive models include a mechanism for negative appraisal of intrusive thought events. Specific forms of social learning events (e.g., unintended action or inaction resulting to negative results) are thought to trigger OCD-related beliefs like inflated responsibility in these theories [22].

Although there has been limited empirical evaluation of the processes responsible for some people's focus on thought experiences and related difficulties dismissing common negative intrusions, experiences easily dismissed by the majority of the population [23], cognitive theories have led to significant refinements in OCD treatment [23], there has been limited empirical evaluation of the processes responsible for some people's focus on thought experiences and related difficulties dismissing common negative intrusions, experiences easily dismissed by the Intrusive thoughts may become more prominent and difficult to ignore for some people, according to neuropsychological and metacognitive models of OCD.

Rauch SL, et al. [10] proposed a contemporary neuropsychological model of OCD in which patients with OCD have a breakdown of conscious processing gating, which is mediated by a frontal cortico-striatal circuit. This system is crucial for maintaining a balance between what is processed consciously and what is rejected without much cognitive awareness or attention resources. Because of a misallocation of attention, OCD is thought to be caused by defective non-conscious processing, in which harmless stimuli are processed consciously and inefficiently [10].

Implicit learning tests have been used to investigate the striatal dysfunction associated with OCD (i.e., tests of skill acquisition not accompanied by awareness [24,25]. Rauch and colleagues proposed that procedural learning, a subtype of implicit learning, is dependent on the striatum's function, and that an implicit sequence learning paradigm may be

used to investigate the non-conscious processing difference in OCD. This sort of learning is frequently assessed using a serial reaction time test, in which participants press a button corresponding to one of four stimulus locations on a computer screen as quickly as possible.

For some sets of trials in a serial reaction time test, the stimuli have a repetitive pattern, which people frequently do not recognize. When the stimulus pattern is repeated, the reaction time decreases over trials, indicating implicit learning as the individual learns the motor sequence [24].

It is well proven that implicit and explicit learning (e.g., memory for knowledge that takes a conscious, purposeful effort to recall) are distinct. The hippocampus and medial temporal areas are involved in explicit learning, whereas frontal cortico-striatal circuits are usually involved in implicit learning. People with Parkinson's and Huntington's disorders (i.e., diseases involving the striatum) have abnormalities on implicit learning tasks but not on explicit memory tests, according to studies [26] discovered that Huntington's illness is linked to a deficit in solely implicit learning, implying that the striatum is important in enabling this form of learning. Functional imaging investigations have also shown that striatal circuits are activated during implicit learning activities [25].

Rauch SL, et al. [27] investigated processing differences in people with OCD and a matched control group using functional neuroimaging and an implicit sequence learning paradigm, the serial reaction time test. Participants with OCD, according to Rauch et al., would have poorer striatal functioning and the learning of implicit sequences.

Timary PD, et al. [28] conducted a study to investigate how certain personality qualities influence the relationship between depression symptoms and alcohol craving. They measured craving (Obsessive and Compulsive Drinking Scale), depressive state (Beck Depression Inventory), and trait SC (Revised Self-Consciousness Scale) in alcohol-dependent inpatients (DSM-IV, N = 30) at the start (T1: day 1 or 2) and end (T2: day 14 to 18) of a protracted withdrawal period during rehabilitation. From T1 to T2, there was a considerable decrease in desire and depressed symptoms, whereas SC ratings remained consistent. Strong positive connections between desire and depression were detected at both periods. In addition, regression studies revealed that trait SC considerably reduced the impact of depression on alcohol cravings. Taken together, alcohol craving decreased in tandem with sad mood throughout prolonged withdrawal. Only patients with high trait SC scores had a link between depressive symptoms and alcohol craving.

Alcohol-dependent individuals typically experience negative

effects while under the influence of alcohol, including depressed states [29], which have been demonstrated to reduce because of alcohol withdrawal treatment [30]. Similarly, during withdrawal treatment, the “craving” or strong appetitive need to drink alcohol, which is another essential component of alcoholism [31]. Craving is a subjective experience shared by many addicts [31], and it is substantially linked to potential relapses during withdrawal treatment [32]. A recent cognitive-affective model presented by Baker and colleagues [33] posits interplay between drug desire and affective symptoms among the multiple mechanisms that may underpin craving. They claimed that desire is most typically triggered by a negative emotion processing system, in which drinking is employed as a coping mechanism. Negative feelings should be avoided. Although depression has never been empirically proven to be a causal agent in the impulse to drink, there have been a few studies that have found a link between depression and a desire for alcohol. Several investigators have reported positive relationships between depressive state and alcohol craving during abstinence treatment using self-reporting questionnaires to evaluate drinking motivation (or craving) [34]. In addition, more recent studies have discovered links between personality factors and desire [35]. Self-consciousness (SC), a personality trait that refers to the proclivity to focus one’s attention on oneself, has been linked to negative emotions and alcohol consumption [36]. As a result, Hull and his colleagues established a drinking theory that claims that consuming alcohol reduces or even inhibits the degree of SC in alcohol-dependent individuals.

They looked at the moderating influence of SC on the relationship between good and negative life events on the one hand, and the behavioral outcome of relapse following detoxification in alcohol-dependent patients on the other hand, in their original study. They discovered that people who scored high on SC and had personal failure events were more likely to relapse with alcohol. They claimed that this was due to their increased sensitivity to the negative self-relevant consequences of such situations. High SC scorers, on the other hand, were not motivated to diminish self-awareness when they did not encounter instances where they experienced personal failure, and hence did not exhibit high relapse rates [36]. These findings corroborate the theory that alcohol use interferes with the encoding of self-relevant information, most likely as a coping technique when this knowledge can lead to self-criticism and unpleasant affect. According to a recent study, alcohol-dependent people require interference with the encoding of self-referent information because they present with exaggerated high standards [37]. However, in order to adopt suitable behaviors in everyday situations, one must have a correct state of self-awareness, especially when people are expected to modify their views [38]. The changed state of self-awareness in alcohol-dependent subjects will

almost likely slow the onset of modifications in addictive behaviors. As a result, psychological therapies aimed at persuading patients to improve their drinking habits will mostly focus on increasing self-awareness [39]. Despite this research, trait SC has yet to be investigated during the withdrawal therapy of alcohol-dependent patients, to our knowledge. Alcohol withdrawal is a critical first step in the therapy of alcoholism because it allows researchers to track not only changes in desire and depression ratings, but also how SC influences these relationships. Furthermore, because desire is a strong predictor of relapse after treatment for alcoholism [32], the modulation of the relationship between depression and craving by SC may provide a better understanding of the intermediate processes that explain relapse after a long period of withdrawal. In other words, recurrence in high SC scorers could be explained by the elicitation of craving in depressive settings.

Our Hypothesis

We reached the following hypothesis: **“Low Self-Awareness and Compulsion: A New Medico-Psychological Hypothesis”**. Low self-awareness is a real problem that can result from compulsion, particularly if rooted from the past. Here, I would like to focus on the way by which persons may be subjected to compulsion, in homes, schools, and street. Peers grown in environment free from compulsion are more likely to develop good levels of self-awareness, which is reflected on their attitudes such as reading, playing, traveling. On the other hand, persons who have low self-awareness are more likely to be isolated and developing negative feelings that may lead to violence against community. In future, such persons will be good targets for violent agencies. More studies are required to enrich this arena of research.

Conclusion

This study has made focus on our hypothesis regarding low self-awareness resulting from compulsion. Low self-awareness is associated with medical and social problems in addition to psychological problems that may include committing violent actions. This study opens the door for other studies to be conducted for better understanding of this phenomenon.

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