Theory Paper

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Abstract

Obsessive-compulsive disorder is a lifelong mental health disorder associated with the presence of recurring obsessions and compulsions. OCD is incredibly complex in nature and its presentation varies greatly depending on a variety of factors that can be best understood when analyzed through a biopsychosocial-spiritual framework. Many treatments are available for individuals living with OCD but cognitive behavioral therapy, which derives from the cognitive theory and employs both behavioral and cognitive therapies to help clients to identify and adjust their obsessive and compulsive behaviors, is believed to be the best practice modality for the treatment of obsessive-compulsive disorder.

Theory Paper

Obsessive-compulsive disorder is a chronic psychiatric disorder which causes clinically significant impaired psychological functioning and is often associated with the presence of coinciding obsessions and compulsions (Pomeroy & Wambach, 2003). Obsessions typically present as frequent and recurring urges, thoughts or images which often result in a strong and sometimes uncontrollable need for an individual to conduct repetitive behaviors or mental acts called compulsions in an attempt to minimize or control these unwanted and intrusive obsessions (Pomeroy & Wambach, 2003). OCD is a lifelong mental health disorder that can greatly inhibit an individuals ability to function and thrive in their daily lives, but with lifestyle changes and evidence-based treatments such as cognitive-behavioral therapy the majority of people with this diagnosis are able to manage their symptoms and move forward to experience very full and fulfilling lives (Pomeroy & Wambach, 2003).

Obsessive-compulsive disorder is a very complex mental disorder that will manifest in a variety of different ways depending on the individual and a variety of other factors (Lack & Pelling, 2008). This variation in the severity and presentation of symptoms as well as the consistent exaggerated and inaccurate representation of OCD in the media both contribute to the vast amount of confusion, misinformation, and stigma that too often accompanies obsessive-compulsive disorder. In an attempt to more thoroughly understand the multiple dimensions of this disorder and the many ways in which this disorder might impair one's ability to function in their daily life, it is helpful to analyze OCD through a biopsychosocial-spiritual framework. While there is still a lot of research to be done concerning the biology of Obsessive-compulsive disorder, many existing studies have found evidence that shows significantly higher rates of OCD among individuals with a genetic predisposition to neuroticism or anxiety disorders with the presentation of symptoms

depending on an individuals exposure to other factors (Lack & Pelling, 2008). This means that while the biological predisposition to develop obsessive-compulsive disorder may be attributed to genetics, the ways in which this disorder manifests and presents itself in an individual is more affected by environmental factors (Lack & Pelling, 2008). Other biological symptoms such as dry skin or contact dermatitis from frequent hand and body washing may also occur depending on the presentation of the disorder (Lack & Pelling, 2008). In extreme cases of obsessive-compulsive disorder where an individual's obsessions and compulsions prevent them from leaving their home or in any way isolates them from the outside world, one might develop a weakened immune system thus making them more susceptible to illness and their OCD may even hinder their ability to access medical care in the event that they do become sick due to their inability to leave their home to seek treatment (Lack & Pelling, 2008). Many psychological influences have been linked to obsessive-compulsive disorder including elevated rates of comorbidity with other psychiatric disorders, memory defects and overall reduced confidence in one's memory (Lack & Pelling, 2008). These factors can all create significant barriers in emotional functioning and in turn may affect one's ability to cope with the daily challenges of life. Spirituality can also be a healthy way to cope with and find purpose in life with obsessive-compulsive disorder. Unfortunately, those with a diagnosis of OCD may struggle to find and maintain faith amongst all the daily challenges of their disorder. Spirituality might be especially complicated for individuals whose OCD presents as religious obsessions and compulsions that are aggressive in nature. This particular manifestation of obsessive-compulsive disorder would likely inhibit their potential to achieve a positive spiritual outlook on life and their diagnosis. Arguably most affected by the presence of obsessive-compulsive disorder is an individual's social functioning. Factors that impact one's social functioning include an individual's potential and ability to develop and maintain relationships,

education, employment and community involvement (Lack & Pelling, 2008). The presence of obsessive-compulsive disorder, along with its many atypical behaviors, rituals, and compulsions, can interfere with these common social processes and can make daily life very difficult to navigate for individuals living with this disorder and their loved ones (Lack & Pelling, 2008). This overall lack of understanding, as well as the stigma and shame that often coexists with obsessive-compulsive disorder, significantly affects an individuals capability to develop and maintain social relationships and in turn forces many to live in social isolation and settle for low quantity and quality of social relationships oftentimes in an effort to minimize shame and hide their disorder from those around them (Lack & Pelling, 2008). Despite this truth, social support and an individual's inclusion and participation within society are critical factors in the treatment and overall increased understanding and acceptance of those living with obsessive-compulsive disorder (Lack & Pelling, 2008).

A wide range of treatment options exist for individuals diagnosed with obsessive-compulsive disorder. Among the best and most empirically supported of these treatment methods is cognitive behavioral therapy (Abramowitz et al., 2017). Cognitive-behavioral therapy, often referred to as CBT, employs a combination of behavioral therapy and cognitive therapy which are evidence-based treatment techniques used to alter an individual's thoughts and behaviors (Abramowitz et al., 2017). These two therapies are the treatment of choice for many mental health professionals working with OCD as well as with many other anxiety and trauma-related disorders (Abramowitz et al., 2017). Behavioral therapy for the treatment of obsessive-compulsive disorder specifically draws on exposure (E) and response prevention (RP) techniques which involves the gradual and systematic presentation of obsession-inducing stimuli within a controlled environment (exposure) where clients are asked to refrain from taking part in their typical anxiety-reducing

behaviors and compulsions (response prevention) (Abramowitz et al., 2017). Though it might seem strange to expose clients to situations which intentionally increase anxiety and obsessions, this technique of confronting one's fears through the use of long-term exposure minimizes compulsions by showing the brain that nothing bad or catastrophic will occur when compulsions are not performed (Abramowitz et al., 2017). While incredibly effective in many cases, behavioral therapy can be very difficult and anxiety-inducing for many individuals and should be conducted at the client's pace (Abramowitz et al., 2017). In cases where behavioral therapy is too intensive, or as an additional means of treatment, cognitive therapy might also be employed in the treatment of OCD. The primary objective of cognitive therapy is to recognize, challenge, and adjust dysfunctional interpretations of negative intrusive thoughts and replace them with more rational and helpful interpretations (Abramowitz et al., 2017). When used as a method to treat obsessive-compulsive disorder, cognitive therapy helps the client to identify these irrational thoughts and obsessions as they come and teaches them to respond in new and improved ways which in turn increases the control they have over their obsessions and compulsions (Abramowitz et al., 2017). Cognitive-behavioral therapy, which includes both exposure and response prevention and cognitive therapy, has its roots in Arron Beck’s cognitive theory which was later modeled for the treatment of obsessive-compulsive disorder by Clinical Psychologist Paul Salkovskis (Salkovskis, 1999). Overall, the cognitive theory proposes that individuals' thoughts affect their behaviors which in turn means that dysfunctional behaviors are the result of dysfunctional thinking (Salkovskis, 1999). In the case of obsessive-compulsive disorder, the cognitive theory sees an individual's dysfunctional thinking (obsessions) and dysfunctional behaviors (compulsions) as being interconnected and therefore encourages them to be addressed together (Salkovskis, 1999). According to this theory, the reconstruction of faulty and irrational thinking will, in turn, bring

positive changes to an individual's behavioral responses and ultimately reduce the presentation of obsessions and compulsions in their daily life (Salkovskis, 1999).

Obsessive-compulsive disorder can be a very challenging and isolating illness to cope with for many diagnosed individuals and their loved ones, but it doesn't have to be. With the adoption of best practice treatment modalities such as cognitive and behavioral therapies the presentation of an individual's obsessions and compulsions has been shown to greatly reduce (Abramowitz et al., 2017). Additionally, an increased societal effort to more thoroughly understand obsessive-compulsive disorder and reduce the shame and stigma that often accompanies OCD and other mental illnesses is also needed to ensure the increased inclusion and participation of these individuals within society as a whole.