



Case study of obsessive-compulsive disorder

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ABSTRACT

This document pertains to the case study of obsessive-compulsive disorder (OCD). The subject of the disorder was Mrs. A (Initial instead of real name), age 26 years and the housewife. Before visiting to clinic, she was using some antidepressants and was also admitted to Combined Military Hospital. Her husband told that she is facing the problem of repeatedly washing hands. He also mentioned that some time she behave aggressively with him and her daughter. He also informed that she is too much conscious about cleanness at home. Her sleep was also disturbed. After meeting with the client and her husband, a meeting with her family members, especially with her mother, was also held. The assessment made after taking semi-structured interviews from Mrs. A and her family. In light of assessment and DSM-V, Mrs. A was diagnosed with OCD.

KEY WORDS: Assessment, fear-stimuli identification therapy, obsessive-compulsive disorder, treatment

INTRODUCTION

The major purpose of this particular case study was to reaffirm and prove the efficacy of fear stimuli identification therapy (FSIT) on empirical grounds. It was also intended to use FSIT to eliminate the symptoms of obsessive-compulsive disorder (OCD) Mrs. A was suffering from as the therapy was already successfully used to remove the symptoms of various disorders in different cases [1-7].

Symptoms:

- Aggressive behavior
- Sleeplessness
- Lack of food intake
- Problem in swelling
- Suspicious behavior
- Compulsion of washing hand.

Hypotheses

It is expected that the FSIT method would effectively cure the OCD from which the above referred person Mrs. A is suffering.

FSIT

FSIT is based on the perception that some of the incidents (mostly the sudden incidents) in the early age of a child become stimuli for fear instinct which cast negative effects over the personality of a child and become reason for one or the other types of disorder. FSIT investigates and digs out such events from a person's unconscious, which play as stimuli for fear

instinct. Whenever an affected person encounters the events in his/her life resembling to the stimulus/stimuli the specific incident which has stimulated the fear instinct previously is recalled.

METHODS

- Participants: Mrs. A (client)
- Materials: No any specific material used in this case study
- Procedure: In the first three sessions, semi-structured interviews were conducted with Mrs. A her husband and her family. An assessment was made in the light of these interviews and reasons/causes of the disorder were dig out. DSM-V was consulted to decide the nature or type of disorder.

In the subsequent of seventeen sessions, Mrs. A was asked to write on specific topics. Cross-questioning was carried out over the ideas mentioned in the writings.

RESULTS AND DISCUSSIONS

Results

After diagnosis of OCD, treatment was started in the light of FSIT method. Five sessions per week were taken, a total of 17 sessions were conducted. In the course of treatment, her husband reported about the positive behavioral change in different spheres of her Mr.'s life. Clinical observations during treatment also indicated a gradual positive change in her personality. The difference between pre-assessment and post-

assessment confirmed precision of hypotheses and efficacy of FSIT. Feedback was obtained on weekly basis for 3 months from Mr.'s family about any possible reappearance of symptoms of OCD, and this was confirmed that there was no reoccurrence of the disorder's symptoms anymore.

Discussions

Before visiting my clinic Mrs. A had have already consulted different psychiatrists and was mostly treated using antidepressants. This had no significant effects on the client's disorder. Anyhow, this medication helped Mrs. A to sleep well, as she was not able to sleep before.

Before write about intervention/treatment, a brief description of a patient's social and family environment is necessary to understand the main causes of Mrs. A's disorder.

Personal history

Mrs. A was 26 years old and housewife, mother of one daughter. However, due to lack of concentration, sleep and repeated hands washing, her routine was badly affected and it made her much depressed and disappointed.

Educational history

Mrs. A was not good in her studies since her childhood, but she is intelligent. However, with hard work and efforts and continuous support of her father, she did graduation (B.A).

Social history

Mrs. A was not much social person since her childhood. She always tried to avoid social gatherings and people. After starting the problem of OCD, her social life became more difficult. It made her more depressed.

Family history

No family history was founded neither OCD nor any other psychotic or neurotic disorder.

Medical/past psychiatric history

Mrs. A has no special medical problem in her childhood. However, after the death of her father she became seriously ill and admitted in hospital for a few days. However, after that, her mental and physical health started worsening and often remains ill, having fever, a viral disease. When she was 23 years, she started facing the problem of eating and she took a long time to take one bite of bread in lunch or dinner. Then, her mother took her to different doctors specially psychiatrist. She used antidepressants for many years, but there was a little effect of that treatment. When she came to the clinic, she was using some antidepressants and was also admitted in Combined Military Hospital.

Assessment

Following facts explored by interviewing with the patient, her mother, and her husband. The interviews were "Semi-structure" type.

At the age of 3 years, the patient like playing with one of her friends whom age was 6 years in nearby park come across a scene which drew their attention. Both of the children (the patient and her friend) saw that the dead body of a child was being bathed (It may be noted this is a practice in Muslim that before the burial of a dead body the demised is bathed in a particular religious method).

She was very much curious to know about this phenomenon as it was happening before her eyes. She inquired from her friend that why the child is being bathed in this manner. The friend told that this is a body of a child who has died. She further inquired that what death is. Friend replied that God has called back the little child. Moreover, when God calls back someone he/she dies. The patient as a child of only 3 years at that time could not grasp the grave reality of death phenomenon which ultimately stimulated the "Fear Instinct" in her.

Just after 3 months of this incident, another event contributed to the conscious of the patient. This time it was the death of her grandmother. She was taken to the scene by her mother to see the dead body of her grandmother. The dead body was laid on a bed and was wrapped in a white cloth sheet called "coffin." She removed the cloth from the face of her dead grandmother and raised the child (the patient) holding her in her arms to show the face of dead body. The little girl was terrified by viewing the face of grandmother. She ran out of her mother's arms. On the way, while running she saw the bathing place, wet soil and water, which reminded her of the scene which she had viewed 3 months before as referred above. She ran out of home and was lost for some time, somewhere near the home. She was terrified and shivering with fear when take her back. This incident obviously added to her fear about death. Later on, she was restored to normal state of mind with the help of her friends and parents. One important point may be noted that after this second event for quite some time, the little child (the patient) suffered from nightmares. Her sleep was broken up by such nightmares often. She used to wake up suddenly and found in a state of shivering and terrified by such nightmares (Often see the dream someone try to kill her by pushing her neck).

At the age of 4 years, while playing in her home, she came across another event which worsened the mental state of this ill fate child. This time an egg of spider fell on her hands. The egg broke down in her hands; she rubbed her palms and by viewing the liquid plasma of egg she started crying terribly. Her mother ran toward her and calmed down the terrified child. The child asked her mother if it is poison over her palms. Her mother explained and soothed her with some type of logic. However, after it, she always enforced to her family members specially her father to stay with her and especially during eating times. Consciously, this demand is basically a shelter against the fear instinct.

She was much attached to her father. After 10 months of her marriage, her father died and after this incident she started washing hands repeatedly. When the patient was brought to the clinic, she was at the age of 26 and above mentioned incidents was not consciously remembered and during the treatment these incidents are explored and became in the conscious level of mind. She was brought to the clinic with the complaint of washing her hands repeatedly, and she also used to force the family members to wash their hands continuously. She was reported for aggressive behavior with her husband. Lack of sleep was also reported. She faced the problem of swelling while eating and drinking. She hesitated to put food in her mouth as it was not clean or is hazardous. Hence, during eating, she enforced her father in law specially, her husband and other members of the family to sit with her. If there is no family member present at the time of breakfast, lunch, and dinner. Then, she did not eat anything. It was interesting that when her father in law went out of city for a few days she became much aggressive. This behavior shows that unconscious level of mind replaced her father with her father in law.

Treatment Plane

The client was diagnosed by OCD and FSIT therapy was chosen because according to previous experience it is the best therapy for deep rooted disorders. All of the oral drugs were stopped gradually and at the end of treatment they were totally removed.

Specific Free Writing (SFW)

Asked to write on specific topic, such as mother, fear, hate, allowed her to write alone whatever he/she want to write. Moreover, instructions were given to him to make sign of cross when on some point thoughts became stopped or struck.

Cross Questioning on SFW

Questions are raised on the topic that was written by the client and knots of the unconscious are also tried to open with argument and discussion that are symbolically appear in the form of struck memory.

Analysis of Resistance Avoidness on Crosses Questioning

The resistance of unconscious is analysis in the client restlessness condition, burden on the shoulders but not pain, vomiting, sign of sleep, temporary loss of voice, temporary loss of hearing power, and to avoid the topic.

Fulfillment of Missing References

In this session, missing references of the unconscious are 1st make on conscious level of mind then removed with showing the full picture or both side of incidents that was missed by unconscious.

- Re evacuation: In this section re-evaluate the problem
- Rewrite-on SFW: Ask again to write on the topic on which written before

- Re-cross questioning: Re-cross questioning on the topic after completing the references of unconscious. It makes them strengthen in unconscious
- Feedback from family - 3 months: It was required to feedback from family for at least 3 months for the stability of the client.

Treatment

After taking history, it was diagnosed; she was a patient of OCD. Her treatment was stated at this stage. During first seven sessions, in each session, she was given different topics to write down on paper about her life up to 10 years. It was observed that she could recall only a little portion of her memory as her memory was repressed. From this, it was concluded that there are some memories prevailing in her unconscious which are hindering her for expressing her memories. Moreover, these repressed memories are resulting in present psychological disorder (OCD). In the next seven sessions, she was suggested to write on the topic "My Fears" up to 1-10 years of life. It was explored on examining her writings, there was not a proper sequence of her ideas moreover the words and sentences were cut frequently. She was cross-questioned in the light of her writings for continuously 3 days.

During questioning, she expressed aggressive behavior, due to the resistance of unconscious and indifference to the questions she tried to avert my questions. This was a clear symptom of resistance by her unconscious. It was observed that during this questioning process at a time when the topic was changed she became relaxed and responsive. For the next 3 days, she was given with the specific topic of "Reasons to wash Hands." She very much clearly explained by her writing the reasons of washing hands. Her writing this time was making sense. One of the justifications to wash hands was a religious order on this issue another reason given by her was interesting she wrote that one reason to wash hand is to sterilize them from any sort of poison or germs. She also argued in her writing that mouse killer pills are placed in different corners of the house and poison from these pills can fly in the atmosphere and thus infect the hands. This was very explicitly derived that her fear instinct is conditional with germs, poison, and dust. Moreover, it was exaggerated that she took dust as poison and poison as dust and if by chance any of these two inhaled or gets entered into the body by any mean can cause death. In the next session, she was advised to write on following three topics, (i) Dust, (ii) germs, and (iii) poison. Moreover, when she was cross-questioned through her writing she again expressed aggressiveness, sleeping during questioning and indifference to questions. This finally proved that her fear instinct (fear of death) was conditional with (i) Dust, (ii) germs, and (iii) poison. In next 10 sessions, she was advised to write down the memories about the age of 1-10 years over the same topics, i.e., dust, poison, and germs. During these specific sessions, the three events of her childhood as mentioned in the beginning of this writing were recalled. However, three events first of his 3 years age, 2nd of 3½ years age, and the 3rd and last of 4 years age were recalled, but in an inverse order, i.e., 4 years event was recalled first the age of 3½ years and the second was

at the age of 3 years on 3rd and last number. She again suffered from stress, pain, and burden over the shoulders and backside of head and neck as before. She also expressed aggressiveness, indifference to my questions. In various proceeding sessions, the positive aspects of three of the elements were made clear to the patient. She explained that germs, dust, and poison not necessarily harm the body. We are all the time fearing these three elements in our daily life and in normal circumstances. They do not affect our lives up to fatal levels. Total 17 sessions were conducted with the patient. The patient was cured successfully and her obsessions were removed.

Complicating Factors

- i. Mrs. A was the patient of OCD
- ii. The causes of OCD were three incidents in her childhood and after death of her father (strong shelter) problem of washing hands repeatedly are started
- iii. Three incidents griped in her unconscious mind and became a reference for fear instinct
- iv. She wants to stay with family members consciously because they became a shelter against the fear instinct
- v. Five sessions per week for treatment were necessary.

Access and Barriers to Care

Only resistance of unconscious level of mind was a barrier, but when it was sought out by free writing and cross-questioning that barrier was also removed.

Recommendations

- It is recommended that a study should be done on fear instinct
- FSIT should be used for the treatment when the patient problem led to the fear instinct
- The therapist should focus on the reasons of the problem for the treatment.

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