



Cannot Live Without Performing Act: A Case Study

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ABSTRACT

Obsessive-Compulsive Disorder (OCD) is psychological disorder that leads to many other psychological problems such as tic disorder, anxiety disorder, depression disorder and so on. The symptoms of Obsessive-Compulsive Disorder can be managed by medication and various psychological strategies such as distraction techniques, thought stopping and response prevention.

Keywords: Psychological disorder, Distraction techniques, Thought stopping, Response prevention

Abbreviations: OCD: Obsessive-Compulsive Disorder

INTRODUCTION

Obsessive-Compulsive Disorder (OCD) is a common, chronic, and long-lasting disorder in which a person has uncontrollable, reoccurring thoughts (obsessions) and behaviors (compulsions) that he or she feels the urge to repeat over and over [1]. A person with this disorder starts to act or perform behaviors such as hand-washing and repeatedly checking things [2]. Here, we report a case of OCD which presented symptoms of “interpersonal problems, anger, loss of interest, irritation, distress thoughts, repeatedly washing hands and goes to washroom again and again”. Symptoms of the client were managed by medication and many psychological strategies such as thought stopping and Response Prevention [3].

CASE REPORT

The client, Mr. A.Y, single, 29 years old, came into the session with presented complaints of “interpersonal problems, anger, loss of interest, irritation, distress thoughts, repeatedly washing hands and goes to washroom again and again.” It was assessed by psychologist that his problem was started 15 years ago when he was 14 years old and studied in metric class. He experienced the pubertal changes such as pitch of voice change, hair growing and wet dreams. Nobody in his home guided him about the physiological changes. He always thought about his physiological changes that why these were happening with him.

One day, he talked about all his physiological changes with his friend. His friend told the client that these changes are very important to prepare men for marriage expectations. His friend guided him about sexual intercourse through a blueprint movie or porn clips as he could not handle this information and he became surprised about intercourse. He also attained different links of porn clips and blue print movie from his friends. He usually started to watch the little clips of porn movies and got sexual satisfaction. After few days the client developed guilt feelings about his excessive behavior of masturbation. Due to these kind of behavior, client’s performance was affecting his school work. He passed his metric with low grades. Soon after, then he started a job in a medical store when he was 22 years old.

At the medical store, the client reported that he worked with concentration for only 2 months. His concentration diminished when intrusive nude pictures came to his mind which disturbed his working. The client reported that “Dirty and porn pictures come into my mind and due to these pictures, I go to washroom for hand practice. After hand practice, I start to wash hands repeatedly because I think that now my hands become Dirty”. After 7 months, his behavior became more problematic day by day after excessively going the washroom. When any member of his family, forbade him from going to the washroom to wash his hands repeatedly, then he became aggressive and started to quarrel with them. Due to this behavior, his family showed concern about his problems and brings client

to hospital. Firstly, psychiatric prescribed him sertraline for controlling his anxiety and premature ejaculation after then he was referred to psychologist for individual sessions. In individual session, client’s assessment was carried out in order to assess his problems for the purpose of diagnosis and management. Different psychological tools such as behavior observation, clinical interview, mental status examination, subjective ratings of problems, trait anger and expression scale and obsessive-compulsive scale were used. After assessment, the client’s case was formulated. In case formulation, predisposing, precipitating, and maintaining factors were assessed (Figures 1 and 2).

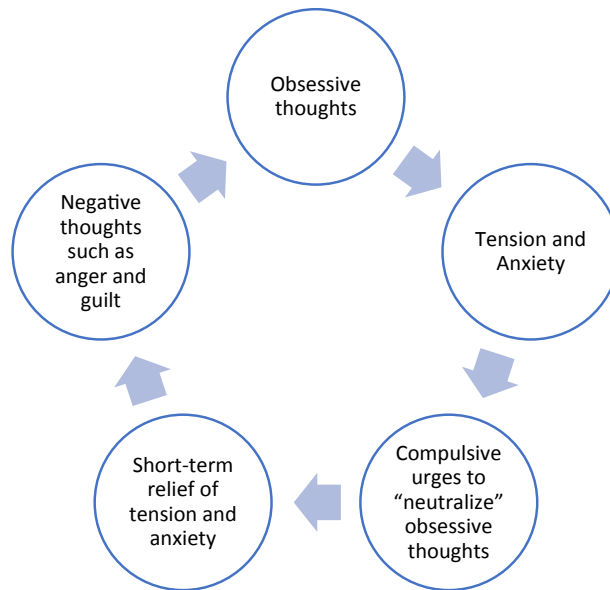


Figure 1 Disorder paradigm (cycle of obsessive compulsive disorder)

After this, psychologist understood how his problem started. His family also psychoeducated about his illness.

Suspected Problem

According to DSM 5 the client was diagnosed with 300.3 (F 42) Obsessive Compulsive Disorder [4].

Management

As the client was educated, the psychologist used the technique of psychoeducation to tell him the link about thoughts and behavior. In this process, he also psycho-educated about the cycle of Obsessive Compulsive Disorder (Figure 1). The trainee also guided him how his thoughts linked with his physical symptoms like irritation, restlessness, masturbation, and washing hands [5].

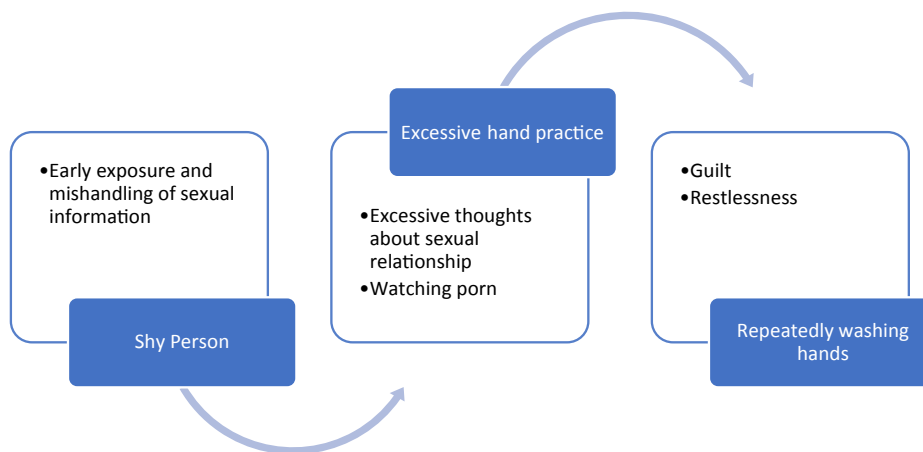


Figure 2 Schematic case presentation

In this case, every symptom of the client was managed separately. Firstly, client remained on medication for 3-4 days, next psychological treatment was started. In individual sessions, the client’s anxiety was managed by deep breathing, focused muscle relaxation technique, obsession was managed by distraction techniques, thought stopping, activity scheduling, and positive coping statements and compulsions were managed by cost-benefits analysis and response prevention (Figure 3). Lastly, the client’s anger was also controlled by anger cycle, ABC model of anger, distraction techniques cognitively and behaviorally and positive coping statements (Figure 4).

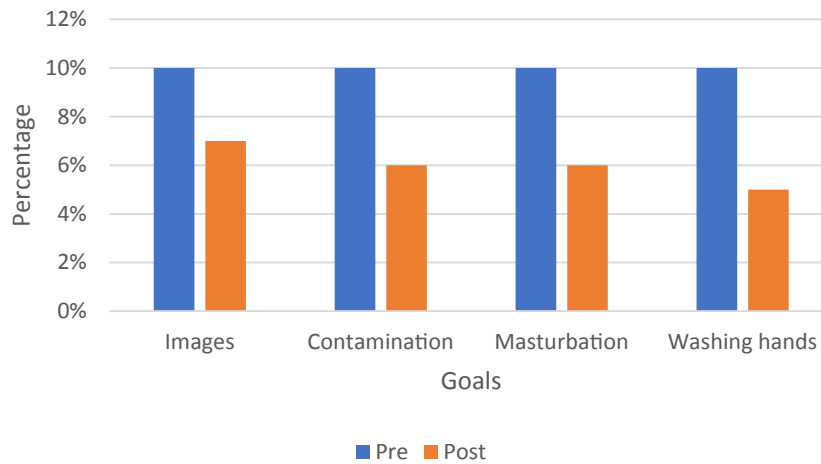


Figure 3 Observations during pre- and post-treatment

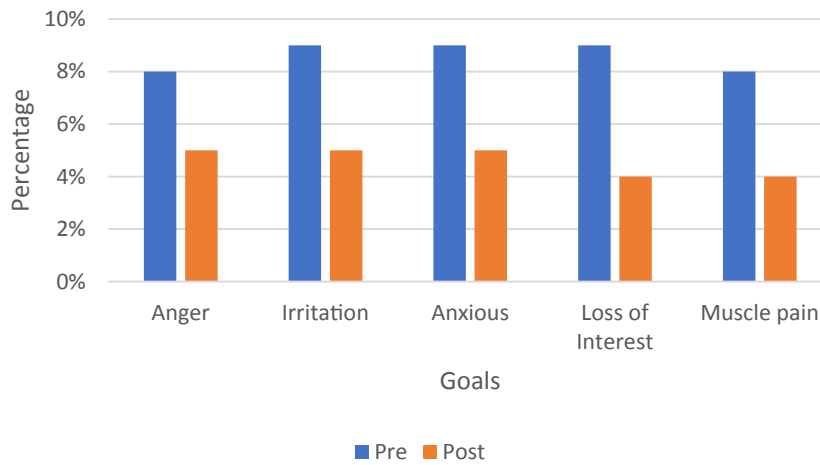


Figure 4 Observation of symptoms during pre- and post-treatment

DISCUSSION

OCD is one of the main psychological problems which affects happiness of life and the person is not able to live a happy and healthy life. Cramer research in 2001 identified introverted personality types individuals who have a high risk of psychological problems especially OCD.

In short, introverted personality leads to psychological problems [6]. According to Freud, defense mechanism is the best way to prevent ourselves from anxiety, but the excessive use of defense mechanism leads to unhealthy and pathological behaviors. In this case, the client used excessive defense mechanism of substitution in his life which is unhealthy for him. The client started the masturbation for the satisfaction of sexual arousal [7]. According to Watson’s research which he conducted in 2002 showed that when a person excessively uses defense mechanism in his life, then he could not spend his life without using defense mechanism and this problem leads to many psychological problems [8].

In the OCD family study (1996-2001), we evaluated over 800 individuals in 153 families. It was found the occurrence of OCD to be six times greater in relatives of OCD cases than in relatives of the control group [9]. According to

Werner research when no-friendly home environment or a person does not share his thoughts and emotions with others then this kind of isolation leads to many psychological problems like depression, anxiety, and obsessive-compulsive disorder. Similarly, in this case the client's family was not cooperative and they did not have good relationship. OCD or most psychological problems can be treated with coordination of family members [10].

CONCLUSION

With good rapport building and careful assessment, psychologist can easily solve problems of clients. In this case, a client came with interpersonal problems, but the core root of interpersonal problems was different which his family also did not know. In short, psychologically a person can lead a very happy and healthy life if family members are cooperative, interact, and are open with one another.

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