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A Case of Severe OCD: Obsessive Thoughts

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***Abstract*—Obsessive-Compulsive Disorder (OCD) is often more difficult to treat than anxiety, depression and other psychiatric disorders. However, with a combination of psychotherapy and medication treatment can be effective in most cases. Within a few months there is often a marked improvement in symptoms and quality of life. Selective serotonin reuptake inhibitors (SSRIs) at a higher dose, possibly in combination with a second-generation antipsychotic (SGA), and a psychotherapy that increases insight into the symptoms and improves internal and external communication can show good results in even more severe cases. Communication focused therapy (CFT), as developed by the author, further focuses on identifying needs, values and aspirations, which shows to be of significant help int the treatment of OCD.**

***Index Terms*—obsessive-compulsive disorder, OCD, psycho-therapy, medication, treatment, psychiatry**

I. Introduction

Obsessive compulsive disorder (OCD) may be one of the psychiatric conditions which are believed to be hardest to treat. However, clinicians who often work with OCD also routinely see good or even great results.

II. The Case Report

The patient is a middle-aged man, married with two children, who has been suffering from intrusive thoughts that he is having an affair with other women when he goes out on the weekend or at the workplace. However, he cannot remember ever having had an affair, loves his wife and is committed to the marriage. The intrusive thoughts have reached a level where he has difficulties going to work or socializing on the weekend.

A. Psychiatric History

The patient describes smaller episodes of depression in his childhood and adolescence. However, he was able to attend school and do well in his classes. Compulsive behaviors never were an issue. However, he had self-doubts since adolescence. He had never been treated for depression or OCD,

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B. Somatic History

The medical history is otherwise uneventful.

C. Treatment

He had never seen a psychotherapist or psychiatrist before. The combination initiated was a combination of psychotherapy and medication.

1) Psychotherapy

The first step in the psychotherapy was to be supportive and make it clear to the patient that he can talk about anything in the therapy session, that this is a space in which he can communicate about anything. The patient replied to this with a tense smile.

He talked about his intrusive thoughts which at first seemed to increase their intensity. They triggered worries, which caused their own communication spirals. After a question of the therapist if they appear like spirals, the patient answered in the affirmative and talked about them as spirals.

Over the next sessions he began to report on the patterns of how his thoughts and interactions develop when the obsessive thoughts and some compulsive behaviors are at their most intense. He talked about his inner communication, when the OCD was low and when it was high and began to speak about the OCD as if it was different from his own self. He could identify his internal thought patterns as a particular kind of information flows. “I just go into this place where it just keeps spinning.” He could identify more clearly what happens when things are ‘spinning’. Identifying how information moves seemed to help him gain an emotional distance from it, as he said he did not feel as lost in it anymore and he no longer felt “totally overwhelmed”.

In the next session he could already talk about the obsessive thoughts as something distinct and different from his own person which he could experience as a significant progress, even although the obsessive thoughts seemed to even have intensified temporarily. Distinguishing the thoughts also meant seeing the obsessive thoughts as a flow of information that was separate from the other information flows, which represent normal helpful and supportive cognitive processes. This distinction helped to distinguish between helpful and unhelpful communication patterns. Identifying where information originates was an important aspect of the

therapeutic process, both for internal and external communication.

To identify which internal and external communication patterns are helpful and which are not, work was done on helping the patient identify own needs, values and aspirations more concisely. This seemed to be also helpful for the patient to find additional motivation and willpower to change the OCD.

Already from the first session, and continued later, concrete events in the patient's life were used to explore his needs, values and aspirations. He visibly brightened up as the work on these basic parameters (Haverkampf, 2010a, 2010c) progressed. However, work on lists about what makes him happy, he is good at and what is important to him also increased the OCD with a delay of hours the next

Over the next couple of sessions, he began to internalize the communication patterns from the therapy increasingly into his internal communication patterns. He could say that, but it also showed in differences in shifts in the external communication patterns. As the internal spirals lessened, also the spirals in his communication with the world lessened. He reported there were even less of the few checking rituals he had, but also his interactions with other people induced less tension and became more fluid.

The distance from the thoughts also helped to look at any underlying emotions associated with previous events which may be causing a significant amount of the obsessive thoughts. A greater sense of agency and a greater understanding of and insight into the obsessive thoughts reduced the fears to look at underlying emotions he may be experiencing, particularly in more anxious and OCD dominated states.

It turned out that he had to spend two years away from his parents as a child and he had felt anxious around women, although, as he said with a smile, "he would never admit this to himself". Having said this, however, he could accept the reflection that this seemed the beginning of an interesting journey for him.

He could see that he was mentally testing the bond he could have with women in the obsessive thoughts. However, at the same time his life had become very narrow due to work and he could also see a repressed need for more color in life. This became obvious through his communication patterns as he was very held back with emotional information. The communication patterns he was using seemed to communicate what was missing.

Over time his communication of his emotions improved significantly. An important process was to find words first to express them. This search already moved the old structure as he became freer in his communication in general. He began talking about important events in his life. There was not only a need for color in his life, but also signs that he had found it.

The greater satisfaction, contentment and happiness in his life also lowered the OCD symptoms. He began taking acting classes which he had been interested in some time, as he had majored in literature in college. In the beginning, the obsessive thoughts increased in the acting class and when he established better boundaries at his workplace and was even thinking of a career change, but they decreased quickly as he connected better with himself emotionally and cognitively. He implemented more gradual changes in his life, which kept the anxiety also low.

2) Medication

A medication with sertraline 150 mg, later raised to 200 mg, and olanzapine 10 mg supported the psychotherapy. He stopped the olanzapine after six months. After a year he tapered down the sertraline over two months.

3) Two-Year Follow Up

The patient was largely symptom free. In stress situations, intrusive thoughts of different topics could come up episodically, but they did not interfere with his life as much anymore. He said that his efforts in understanding his OCD and focusing in his professional and personal lives more on his needs, values and longer-term aspirations helped.

III. Discussion

Obsessive-compulsive disorder often shows significant co-morbidity with other psychiatric conditions, such as anxiety disorders, depression and panic attacks. It was therefore important to conduct a proper exploration and assessment.

A. Co-morbid depression

At the time of the first appointment he clearly said that he knows ups and downs but does not feel really depressed. He felt he was good at his workplace and has things in life which he enjoys.

There were no indications for a clinical affective disorder, psychosis or a personality disorder.

B. Psychotherapy

The psychotherapeutic approach used is communication-focused therapy which has been developed by the author and already described elsewhere. (Haverkampf, 2010b)

Talking about the intrusive thoughts can be difficult for a patient who at the same time wants more freedom of thought, but also is afraid of the content that may come up. In this case, there was little awareness for an underlying anxiety or any emotions that may contribute to it.

Shifting from the content to the communication is helpful in

turning away from the obsession to find answers without questions, which is the usual dilemma for patients with OCD. However, talking through how the intrusive thoughts 'pop up' in his mind helped to identify them as intrusive thoughts, together with how he began to communicate to himself about them.

The patient's tense smile in the beginning when the therapist offered the space as a setting to communicate as freely as possible indicated that the anxiety underlying the OCD was activated. To an individual suffering from OCD, freedom is often equated with uncertainty which leads to even greater anxiety. By shifting away from content to the interaction between the therapist and patient and the internal communication in the patient, that is by shifting from content to communication, this fear was reduced.

Internal and external communication were used to improve the patient's quality of life. Through work with the external communication, the internal communication was changed, which had an impact in turn on the external communication. One may, for example, discuss everyday events in the patient's life and begin to focus more on how the patient talks about it and any questions that may arise from this. Questions are an important tool in the therapists' repertoire because they redirect communication patterns and often bring about a fast change in perspective and focus. Learning about their use is also important for the patient with OCD who is caught in a state where he or she tries to find answers to questions that either cannot be answered or are not relevant to the patient, and often are both.

The rigid structures the patient in this case had built in his life were no longer contributing to its quality. The conflict between inner wishes, values and aspiration and everyday life collided, which lead to the obsessive focus on the intrusive thoughts, which increased as a result. As the structure only allowed a partial hole, similar to a pressure valve, the intensity of the thoughts at this point were more intense and a distortion of his real needs and aspirations.

As the patient began to observe the internal and external patterns of information flow more clearly, he began to distance and separate them from his own sense of self. This seemed to help significantly in working on them. It also helped the patient to feel a more detailed sense of self which was facilitated by identifying his needs, values and aspirations.

As the process became clearer to him he could see more clearly the stable parts, his true values, needs and aspirations which first increased the anxiety, but then reduced it as the sense of agency and efficacy in the world increased.

C. Medication

The psychopharmacological treatment of choice usually consists of an agent from the group of selective serotonin reuptake inhibitors (SSRIs). Usually, the lower doses used in mild depressions and anxiety are not sufficient. Where licensed in that dose, a good rule of thumb is three times the minimum maintenance dose or higher in those SSRIs which have good empirical support for their effectiveness in OCD. One should increase the dose slowly and wait for at least two months or longer to judge a drug's effectiveness.

The medication seemed to offer an effective support that made work on anxiety inducing topics and a more distanced view of the obsessive thought possible. Over time, however, it appeared that it was increasingly the changes in thinking, perspective and the better connectedness with himself and others that led to a more enduring positive outcome.

IV. Conclusion

A combination of psychotherapy and medication should be standard in cases of obsessive-compulsive disorder. The medication can bring about a significant symptom relief, while the psychotherapy leads to the necessary long-term changes that help prevent relapses in the future.

Conflicts of Interest

The author reports having no conflicts of interest.

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