



# A COMPARATIVE STUDY TO THE IMPACT OF FREE ASSOCIATION, SOMATIC INKBLOT TEST, EXPOSURE AND RESPONSE PREVENTION THERAPY AMONG THE EXPERIMENTAL AND NON EXPERIMENTAL TREATMENT GROUP OF OBSESSIVE AND COMPULSIVE DISORDER

Anuradha. S\* Durga Yadav\*\*

**Abstract:**-Cognitive-behaviour therapy and Exposure and response prevention are the most effective psychological treatments for obsessive-compulsive disorder. However, these approaches often produce variable results with the majority of treated individuals remaining symptomatic. This study evaluated a form of cognitive therapy based on Free association and Exposure and response prevention therapy model with the following chief complaints of Repeated washing of hands, repeating task, repeatedly taking bath, checking of locks and phone, repeated thoughts, along with Anxiety, Sadness, Reduced sleep and appetite.

**Aim and Objectives:** - The aim and objectives of the present study is to compare and assess the impact of free association and exposure and response prevention therapy along with experimental and non experimental treatment group of obsessive compulsive disorder.

**Methodology:** Purposive and conveniences sampling techniques will be used in the study that will be conducted among obsessive compulsive disorder. The sample size will be 15 experimental and 15 non experimental treatment group and the scales such as Y-BOCS, Brief Psychiatric Rating Scale (BPRS).

**Procedure:** Daily activity scheduling, Free association, exposure and response prevention therapy, cognitive restructuring and mindfulness meditations.

**Results:** After diagnosis of obsessive compulsive Disorder patients 21 sessions conducted 3 sessions in a week. Clinical observation during treatment and also their family members and friends indicates positive changes in them.

**Keys Words:** Y-Bocs, Free Association, Exposure and Response Prevention Therapy.

## INTRODUCTION

Obsessive-compulsive disorder (OCD) is associated degree mental disturbance during which time individuals have continual, unwanted thoughts, ideas or sensations (obsessions) that create them feel driven to try and do one. The repetitive behaviors like hand laundry, checking on things or cleansing, will considerably interfere with a person's daily activities and social interactions. However these don't disrupt existence and should add structure or create tasks easier. For folks with OCD, thoughts are persistent and unwanted routines and behaviors are rigid and not doing them causes nice distress many folks with OCD understand or suspect their obsessions don't seem to be true; others might imagine they may be true (known as poor insight). Even though they understand their obsessions don't seem to be true, folks with OCD have a tough time keeping their focus off the obsessions or stopping the compulsive actions.

Obsessions are unwanted, intrusive thoughts, pictures or urges that trigger intensely distressing feelings. Compulsions are behaviors a person engages in to eliminate the obsessions and/or decrease his or her distress. Most people have psychoneurotic thoughts and compulsive behaviors at some purpose in their lives; however that doesn't mean that we have a tendency to develop "some obsessive compulsive disorder." Majority of people with obsessive compulsive disorder understands that these thoughts do not create any sense. Obsessions can usually be measured from intense and uncomfortable feelings like worry, disgust, doubt, or a sense that things have to be compelled to be drained how that's "just right." Within the frame of obsessive compulsive disorder, obsession squarely measures overwhelming time and obtain within the method of necessary activities the person values. This last half is very necessary to keep in mind because it, in part, determines whether or not somebody has this disorder a mental disturbance instead of a fervent temperament attribute.

Unfortunately, "obsessing" or "being obsessed" are unremarkably used terms casually. These additional uses of the word means somebody is preoccupied with a subject or a concept. Obsessed in everyday sense doesn't involve problems in regular routine and even features a pleasant element thereto. One can be obsessed with a replacement song they hear on the radio; however, one can still meet their friend for dinner, prepare for bed in a very timely approach, get to work on time within the morning etc. despite this obsession. In fact, people with the disorder have a tough time hearing this usage of obsession because it feels as if it diminishes their struggle with obsessive compulsive disorder's symptoms. For example, if one is frightened of contamination, one would possibly develop elaborate improvement rituals.

However, the relief never lasts. In fact, the neurotic thoughts sometimes come stronger. And the compulsive rituals and behaviors becomes typically anxiety inflicting. This is the vicious cycle of OCD. Common compulsions in obsessive compulsive disorder (NIMH, January, 2016).

Free association could be observed in psychotherapy medical aid. During this observe, an expert asks someone in medical aid to freely share thoughts, words, and the rest that involves mind. Sigmund Freud was

within the method of developing thought from 1892 to 1898. He planned on victimization it as a replacement methodology for exploring the unconscious. It might replace psychological state during this respect. Freud claimed free association gave individuals in medical care complete freedom to look at their thoughts. This freedom would return, in part, from an absence of prompting or intervention by an expert.

Exposure and response prevention targets the cessation of repetitive behaviors, such as compulsions. Exposure simply means facing or confronting one's fears repeatedly until the fear subsides, called habituation. Response prevention suggests that refraining from compulsions, avoidance, or escape behaviors. For example, suppose someone with neurotic disorder (OCD) has germ contamination phobic neurosis.

### **Exposure Therapy**

The effectiveness of exposure therapy depends upon a behavioral principle referred to as habituation. Habituation is the process by which a person's behavioral and sensory response diminishes over time, after repeated exposure to a particular stimulus. We all have experienced habituation. In the context of treatment; it means that permitting recurrent exposure to the scary object or state of affairs, so that habituation can occur. Habituation via exposure is achieved by intentional choice. Overtime, the intensity of exposure is gradually increased. For instance, people with OCD World Health Organization worry germ contamination could initial bit a door handle within the therapist's workplace. They allow themselves to expertise the worry till it subsides, as habituation takes over. Then, the intensity or issue of the exposure is bit by bit exaggerated.

Response prevention is based on a principle of learning theory (specifically, operant conditioning). According to this principle, when a behavior is no longer rewarded (reinforced) it becomes extinct. This means the behavior gradually fades away. For instance, washing hands after contact with a doorknob serves to "undo," or negate the anxiety that occurs after touching a doorknob. Response prevention eliminates the rewarding effect of hand washing. As such, compulsive hand washing will gradually become extinct.

Escape and avoidance behaviors serve the same rewarding function as compulsive rituals. You may recall that escape and avoidance are protective coping strategies that reduce anxiety in the short-term. Since anxiety is reduced by avoiding or escaping anxiety-provoking situations, these avoidance behaviors are rewarded. Since escape and avoidance behaviors are rewarded by the reduction of anxiety, the avoidance behaviors continue. It should be evident that exposure and response prevention therapies require the willingness to tolerate some discomfort until habituation develops. Therapy participants voluntarily choose to participate in this type of therapy. They are well-prepared in advance of the therapy. At no point is anyone forced or coerced to participate in the exercises. If it becomes too difficult to complete an exercise, the process is stopped. Then, the therapist and participant discuss what happened. Sometimes the therapy participant is ready to try again. At other times, the therapist may switch approaches and work toward increasing motivation for treatment. The therapy is most effective when conducted with the therapist guiding the patient during therapy sessions, coupled with follow-up homework as assignments.

Somatic inkblot test as many researches suggest helps in resolving the unresolved conflicts in the unconscious mind. This test also helped along with free association to go to the core of the disorder. As resolving the starting point of rather the root cause was also important in any anxiety spectrum disorders especially OCD. Only awareness of why this disorder had stemmed rather did a herculean task in mitigating the agony of the experimental group. Nearly 80% of the clients could not clearly remember the first episode this test helped them to develop the awareness.

## Methodology

The aim and objectives of the present study is to compare and assess the impact of free association and exposure and response prevention therapy among the experimental and non experimental treatment group of Obsessive compulsive disorder.

## Objective of Study

1. To compare and assess the impact of pre and post assessment of free association and Exposure and Response Prevention Therapy along with experimental treatment group of obsessive compulsive disorder patients.
2. To compare the impact of pre and post assessment of free association and Exposure and Response Prevention Therapy along with Non Experimental treatment group of obsessive compulsive disorder patients.

## Hypothesis

1. There will be no significant difference in the impact of pre and post assessment of free association and Exposure and Response Prevention Therapy along with experimental treatment group of obsessive compulsive disorder patients
2. There will be no significant difference in the impact of pre and post assessment of free association and Exposure and Response Prevention Therapy along with Non Experimental treatment group of obsessive compulsive disorder patients.

The study was conducted at the Nai Subah, Khanaw, Sir Sunderlal Hospital Department of Ayurveda (B.H.U.), Deen Dayal Mental Hospital, Pandeypur at Varanasi, Uttar Pradesh.

The research design for the study was pre and post design with the experimental and non experimental group. -The present study was hospital based study in which the pre and post data was analyzed by using the statistical

technique such as mean, standard deviation and Mann Whitney U- Test. To select the sample Purposive Sampling Technique was used in this study. The sample for the study consisted of 30 patients both male and female diagnosed with obsessive-compulsive disorder according ICD-10 and meeting inclusion and exclusion criteria was selected from Sir Sunderlal Hospital Department of Ayurveda (B.H.U.), Deen Dayal Mental Hospital Pandeypur and Nai Subah Khanaw at Varanasi (U.P.) . The age range was 20-60 years. Experimental Pre & Post group N =15 selected for free association and Exposure and Response Prevention Therapy and for non experimental treatment Pre & Post group N =15 selected for free association and Exposure and Response Prevention Therapy.

### **Inclusion criteria considered was**

- Individual diagnosed with obsessive compulsive disorder according to ICD-10.
- Age Range between 25-55 years.
- Both male and female patients.
- Minimum educational primary level.
- Duration of illness more than 6 months.
- Participant who were able to comprehend English/ Hindi.
- Those who gave the informed consent.

### ● **Exclusion Criteria**

- Patient with history of significant physical illness and neurological disorder.
- Individual having co-morbid mental retardation and epilepsy.
- Individual with co-morbid substance dependence.

**Tool used were** Consent Form, Semi –structured socio-demographic and clinical data sheet, Yale-Brown Obsessive Compulsive Scale, Somatic Inkblot test.

## RESULT AND DISCUSSION

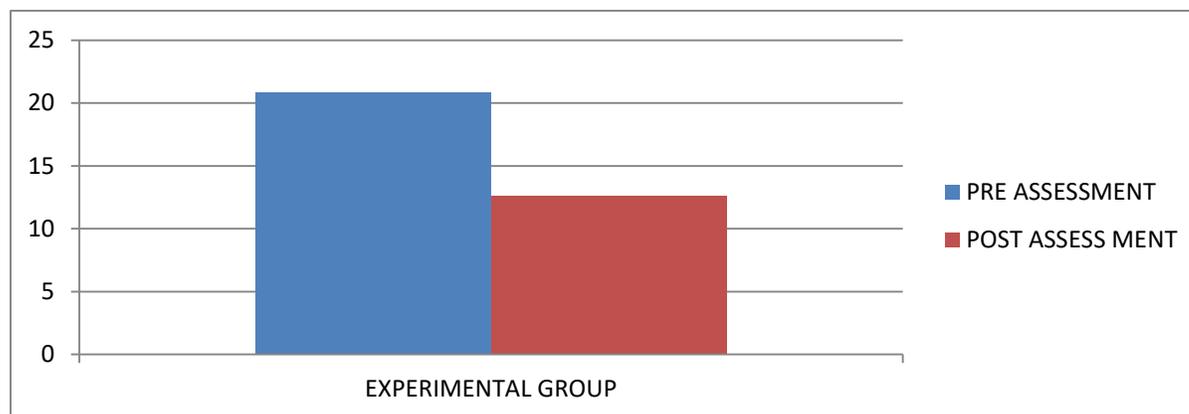
**Table-1:-** There will be no significant difference in the impact of pre and post assessment of free association and Exposure and Response Prevention Therapy along with experimental treatment group of obsessive compulsive disorder patients

### Mean and Standard Deviation Pre and Post Condition of Experimental treatment group of OCD

Dimension	Experimental Condition	N	Mean	S.D.	U-Test
Y-BOCS SCORING	Exp Pre	15	20.86	3.02	Significant
	Exp Post	15	12.66	2.35	

The **Table-1** reveals that the Pre assessment of OCD patients had a difference  $M=20.86$  in comparison of post assessment  $M=12.66$  with regards to ritualistic thinking. Through the both differ significantly  $u\text{-test} = 1.50$ . Pre assessment on OCD patients feels more anxiety, a patients developed learned negative thoughts and behavior patterns, towards previously neutral situations which can result from life experiences and ritualistic behaviors were a form of learned avoidance. But after giving free association and exposure response prevention therapy starts 3 sessions in a week. In the course of treatment there family reported about positive behavioral changes in the different sphere of patients Life. Clinical observation during treatment also indicates a gradual positive change in his personality. The difference between pre and post assessment confirmed precision of hypothesis and effectiveness of free association and exposure and response prevention .Feedback was obtained on weekly basis for 1 month patients family member there was confirmed decrease of Obsessive and Compulsive Disorder symptoms.

### Graphical Representation of Pre and Post Assessment of Experimental treatment group of OCD



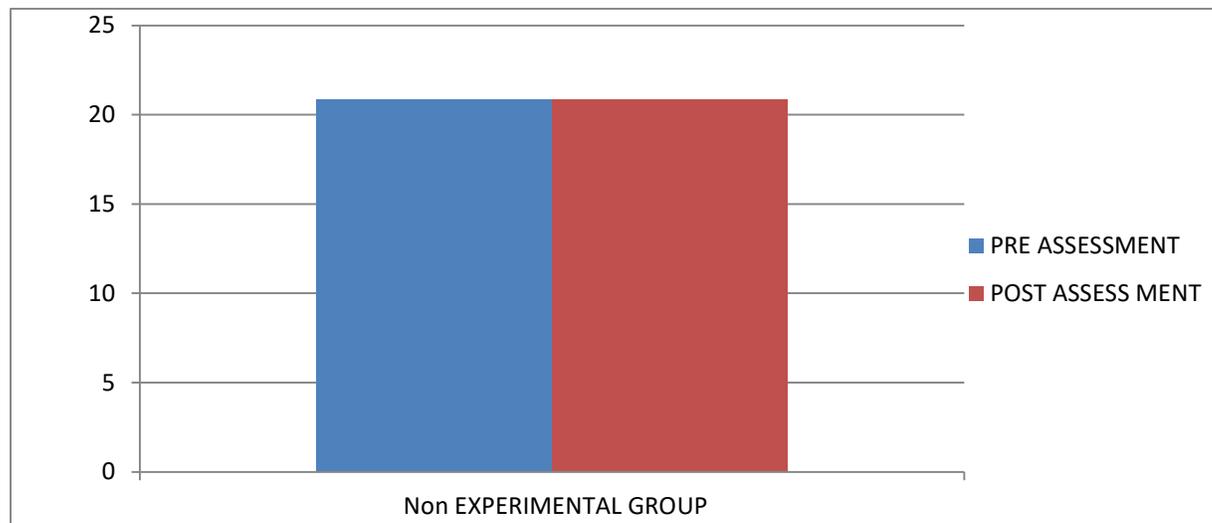
**Table 2-**There will be no significant difference in the impact of pre and post assessment of free association and Exposure and Response Prevention Therapy along with Non Experimental treatment group of obsessive compulsive disorder patients.

#### Mean and Standard Deviation of Pre and Post Condition of OCD

Dimension	Non Experimental Condition	N	Mean	S.D.	U-Test
Y-BOCS SCORING	Non Exp Pre	15	20.86	3.02	Non Significant
	Non Exp Post	15	20.86	3.02	

The **Table-2** reveals that the Pre assessment of non experimental group of OCD patients had a difference Mean is 20.86 in comparison of post assessment  $M=20.86$  with regards to ritualistic thinking. Pre assessment on OCD patients feels more anxiety, a patients developed learned negative thoughts and behavior patterns, towards previously neutral situations which can result from life experiences and ritualistic behaviors were a form of learned avoidance. Without any treatment after pre assessment patients had also felt negative thoughts and behavior patterns, towards previously neutral situations. Here there is no difference between pre and post assessment of non experimental treatment group.

## Graphical Representation of Pre and Post Assessment of Non experimental treatment group of OCD



### Conclusion

It may be concluded that there was significant difference between Pre and Post Assessment of experimental treatment group among the obsessive and compulsive patients. Here the different result table indicates there is no difference between Pre and Post Assessment of non experimental treatment group among the obsessive and compulsive patients. Hence our first null hypothesis was rejected and second is accepted. It can be opined that unearthing the cognitions with the help of free association along with somatic inkblot test very much helped in correcting the faulty cognitions which improved the behavior of the individuals in the experimental group.

### Limitation:-

- In these study only on small group of OCD patients was taken in the sample. So findings had limited implication.
- The sample of the present study is general area of Varanasi City.
- In the present sample severity of the disorder was not taken into consideration.

**REFERENCES:-**

Abramowitz, J. S., Taylor, S., & McKay, D. (2009, August 8). Obsessive-compulsive disorder. *The Lancet*, 374(9688), 491-499.

American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, fourth edition, text revision (DSM-IV-TR), American Psychiatric Association, 2000.

Angelakis, I; Gooding, P; Tarrier, N; Panagioti, M (25 March 2015). "Suicidality in obsessive compulsive disorder (OCD): A systematic review and meta-analysis". *Clinical Psychology Review*. 39:

Arnold, P. D., Sicard, T., Burroughs, E. B., Richter, M. A., & Kennedy, J.L. (2006, July). Glutamate transporter gene SLC1A1 associated with obsessive-compulsive disorder. *Archives of General Psychiatry*, 63(7), 769-776.

Association, American Psychiatric, 2013, & DSM-5 (5th ed.). Washington, D.C: American Psychiatric Association p.125.

Foa EB, Huppert JD, Leiberg S et al.: The Obsessive–Compulsive Inventory: development and validation of a short version. *Psychology. Assess.* 14, 485–496 (2002).

