

The Effectiveness of Mindfulness Meditation on with Obsessive and Compulsive Disorder: A Single Case Study

Anuradha. S¹, Durga Yadav²

¹Associate Professor, M.Phil (M&SP), Ph.D, Nai Subah Khanaw, Varanasi (U.P.)

²Clinical Psychologist Kanpur

Abstract - Cognitive-behaviour therapy and exposure and response prevention are the most effective psychological treatments for obsessive-compulsive disorder (OCD). 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 thought stopping and mindfulness meditation model of OCD. The index patient Mr. Xyz, 25 years old male, Hindu, Hindi speaking, married, belonging to middle socio-economic status and hailing from Mau district of Uttar Pradesh, came to Nai Subah, Varanasi with the following chief complaints of Repeated washing of hands, repeating task again and again, repeatedly taking bath, Checking of locks and phone, Repeated thoughts from last 3 years, with Anxiety, Sadness, Reduced sleep and appetite. He did not approach for any psychological treatment. **Aim:** The aim of the present study is to assess the effectiveness of and mindfulness meditation to decrease the symptoms of obsessive-compulsive disorder. **Methodology:** - This Purposive and conveniences sampling techniques was be used in the study conducted on obsessive compulsive disorder patient both male and female and urban and rural area of Varanasi (U.P.). The sample size was 1 and the scales such as Yale-Brown Obsessive Compulsive Scale constructed by Wayne K. Goodman used for quantifying of symptoms. Somatic inkblot test was used to understand the inner thoughts of the individual. **Results** After diagnosis of obsessive-compulsive Disorder 20 sessions conducted 3 sessions in a week. Clinical observation during treatment and also their family members and friends indicates positive changes in his personality.

Index –Terms: Y-Bocs, meditation

INTRODUCTION

Major purpose of this particular case study was to reaffirm and prove the effectiveness of mindfulness

meditation in the treatment of obsessive-compulsive disorder. It was intended to eliminate the symptoms of obsessive and compulsive disorder. Mr. Xyz suffering from obsessive-compulsive disorder (washing cleaning, checking ritual thinking,). The exposure and response prevention therapy were already used to remove the symptoms.

HYPOTHESIS

To study the effectiveness of mindfulness meditation on the obsessive and compulsive client.

Obsessive compulsive disorder being an anxiety spectrum disorder has profound influence on emotion s, cognitions, and behavior of the affected person. As emotions are reactions to the thoughts which are in turn shaped by ones perception and experiences. So first thought needed to be tackled for which somatic inkblot test was also taken to assess the root cause of the thought process. In the meanwhile thought stopping was also taught till he got the grip of mindfulness meditation. . This technique to help to manage the intrusive negative thoughts and worry that often accompany panic disorder, anxiety and agoraphobia is called “thought stopping.” The basis of this technique is that you consciously issue the command, “Stop!” when you experience repeated negative, unnecessary, or distorted thoughts. Patients had to replace the negative thought with something more positive and realistic. . The underlying process which is assumed to be involved in thought-stopping is an abrupt cognitive distraction. As a result, the client’s attention is shifted from distressing maladaptive behavior (e.g rumination) to a distracting stimulus (e.g. Stop!). This causes a temporary termination of the behaviour and the relief is

reinforcing for the client, as it provides an opportunity for escape from the distressing ruminative thought process. Thus, a negative reinforcement hypothesis explains its behavioral effect.

Mindfulness breathing: Deep breathing is one of the best ways to lower stress in the body. This is because when you breathe deeply, it sends a message to your brain to calm down and relax. The brain then sends this message to human body. Those things that happen when one is stressed, such as increased heart rate, fast breathing, and high blood pressure, all decrease as you breathe deeply to relax. The way you breathe affects the whole body. Breathing exercises are a good way to relax, reduce tension, and relieve stress. Breathing exercises are easy to learn. It can be done whenever one want and we do not need any special tools or equipment to do them. The rationale behind it is law of reciprocal inhibition. It works on non-judgmental awareness of things. This meditation also helps in activation of parasympathetic nervous system.

METHODS

Participants: Mr.xyz

Materials: Yale–Brown Obsessive Compulsive Scale constructed by Wayne K. Goodman used for assessment. Somatic inkblot test

Procedure: In first 3 sessions Motivational interviewing, Therapeutic alliances and Psycho education assessment of Assessment – Yale–Brown Obsessive Compulsive Scale (Y-Bocs) checklist constructed by Wayne K. Goodman. Was made in the light of these interview and reason and causes of disorder was also elicited through somatic inkblot test. According to ICD-10 for diagnosis and nature of disorder.

RESULT AND DISCUSSION

Result:

Mean and Standard Deviation Pre and Post Condition of OCD

Dimension	Experimental Condition	N	Score	S. D	U-Test
Y-BOCS SCORING	Exp Pre	1		3.02	Significant
	Exp Post	1	12.66	2.35	

Table reveals that the Pre assessment of OCD patients had a difference M=20.86 in in comparison of post assessment M=12.66 with regards to ritualistic thinking. There was difference in mean significantly u-test = 1.50. Pre assessment on OCD patients feels

more anxiety, a patient 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 exposure response prevention therapy with thought stopping and mindfulness meditation (Deep Breathing) starts 3 sessions in a week. In the course of treatment his mother and sister reported about positive behavioral changes in the different sphere of xyz Life. Clinical observation during treatment also indicated a gradual positive change in his personality. The difference between pre- and post-assessment confirmed precision of hypothesis and effectiveness of cognitive behavior therapy and mindfulness meditation. Feedback was obtained on weekly basis for 1 month from Mr xyz and his family this was confirmed decrease of OCD symptoms.

DISCUSSION

Case History: the patient’s personal history, Family history, social history and medical history was prepared through detailed interview and questioning sensitive issues of his life.

Family History: He is last in the series of 7 brother and sister. His father is a Shopkeeper and he work in a carpet shop he is from lower economic status, his mother is schoolteacher. Social History: He lived in joint family system. All brother and sister were married and all of them with their children.

Medical History: There is no medical treatment history.

ASSESSMENT

After first 3 sessions Motivational interviewing, Therapeutic alliances and Psycho education assessment of Assessment – Yale–Brown Obsessive Compulsive Scale (Y-Bocs) checklist. Rapport was established with him His precipitating factor was failure in love life. In the following week somatic inkblot test was also taken. It was aided by modeling this behavior by openly sharing some of his own intrusive thoughts. He was also told that having mental illness does not mean that the patient is mentally weak or that mental illness will remain lifelong as part of his personality. He was informed that many factors like stressful events, one’s biological makeup, personality patterns, nurturance styles and dysfunctional assumptions lead to the depressive cognition. This

culminates in many changes in behavior, emotion and overall personality, but this is temporary in nature. An explanation was given about the development and progress of illness in terms of predisposing, precipitating and perpetuating factors. The protective factors were also given special emphasis. After reaching at a mutual agreement with the patient on the problem areas, the treatment plan was discussed. At this point, the patient was informed about the total number of sessions, duration, treatment process, homework assignments, role of patient's cooperation and regular follow up.

Exposure and response prevention (ERP) were introduced with the aim of making the patient realize that the anxiety aroused from obsessions will dissipate even if he did not engage in compulsions. The ERP exercises were chosen by mutual agreement with the patient, to be done in the intervals between the sessions. At first the patient was provided with the rationale of ERP. The rationale included elements of both the behavioral (habituation) and cognitive explanations for how exposure reduces fear. The rationale enumerated logical links between the patient's OCD symptoms, the treatment procedures, and the anticipated outcomes. It was also individualized according to the patient's idiosyncratic symptoms. It helped the patient learn that the risks associated with obsessions are acceptably low. Therefore safety-seeking behaviors such as avoidance, rituals, reassurance seeking, and neutralizing are redundant and unnecessary. For this, a fear hierarchy was made which consisted of specific situations which the patient was supposed to confront. At first, a ritual or an avoidance behavior that the patient has graded as mild intensity (anxiety level of 1 and 2) was chosen from the list of symptoms. Then Prolonged exposure to each hierarchy item, one at a time, were conducted repeatedly until distress levels were reduced to the point that the patient could manage adaptively with the situation. With Exposure and response prevention therapy he was told about thought stopping" Start ignoring bothersome and unnecessary thoughts. Write down the thoughts that are causing you the most trouble and pick one that you would like to work on. Start with a thought that's easy to visualize and realistic to work on; you can tackle more complicated or abstract stressful thoughts as your skill with the technique progresses. When this intrusive negative thought and worry that often accompany your anxiety

you consciously issue the command, "Stop!" when you experience repeated negative, unnecessary, or distorted thoughts. You then replace the negative thought with something more positive and realistic." The faulty cognitions were also addressed with the help of somatic inkblot test it was inferred that he had parental deprivation during his growing years which made him crave for affection from others. This was the predisposing factor in his History.

The index patient was having poor problem-solving capacity. This contributed to his feelings of inadequacy. The aim of improving his problem-solving ability was to improve general and behavioural functioning, prevent relapse and improve overall quality of life. For this, he was taught to focus on one problem first. Then precise and realistic targets were decided. Then the steps to achieve this target were decided. The patient was then told to choose the best option from many alternatives by analysing the pros and cons of each. At the end, he evaluated the solution by judging its consequences.

The patient was informed about how stress affects our physical and mental health. Due to stress our coping ability and ability to deal with day-to-day struggles deteriorates. For this relaxation exercises were introduced for overall improvement in his wellbeing and ability to cope with stressors. Mindfulness based meditation techniques were introduced. This meditation also helped in non-judgmental awareness towards these thoughts and with the law of reciprocal inhibition the stress cycle was replaced with relaxation.

OUTCOMES

- Reduced obsessions
- Reduced compulsions
- Reduced anxiety
- Improved problem-solving skills.
- Improved social interaction.

CONCLUSION

- The patient was suffering from obsessive-compulsive disorder (washing cleaning, checking ritual thinking,).
- Different feeling of dirtiness, sense of guilt and failure in love life particular events by

unconscious level of mind and that feeling caused thought disorder in the patient.

REFERENCE

- [1] World Health Organization, The ICD-10 Classification of Mental and Behavioral Disorders: Clinical descriptions and diagnostic guidelines (CDDG), 1992.
- [2] Yale–Brown Obsessive Compulsive Scale constructed by Wayne K. Goodman used for assessment: