SPECIAL ARTICLE:

APPLICATION OF COGNITIVE BEAHVIORAL THERAPY FOR TREATMENT OF SEXUAL OCD.

Madiha Rana
Clinical Psychologist, Pakistan Association for Mental Health, Karachi.
Psycho-Social Centre, Hilal-e-Ahmer, Karachi.

Our population growth problem is manifesting itself in physical and mental health issues which are growing at a steady pace. Viruses have various mutations, so is the case with mental health issues. As a clinical psychologist and practitioner, I observe a wide range of such variations. Mostly, individuals with obsessive compulsive disorder (OCD) can be characterized within the domain of fear due to contamination from dirt, fear of death, religious beliefs etc. There is a considerable group of people within those who also deal with unwanted sexual thoughts, impulses and illusions. The cultures that are conservative in nature have people who hold certain kind of beliefs or intrusive thoughts which is considered a taboo [1]. People don't want to talk about it due to conditioning. As opposed to, if someone shares such thinking, the society at large, and the close associates such as friends and family stigmatize them, they are made to feel guilty and often labeled as a "wrongdoer." This is as a result of lack of awareness [2].

According to my clinical observations, the younger population are more prone to sexual OCD. It is as a result of traditions, values and lack of constructive debate on this matter in society. Individuals going through these psychological issues are not comfortable disclosing their problems with their family members, friends and close associations. This dearth of discussion becomes a major reason for the expansion of emotional and mental health issues among them as they are denied expression of their feelings and problems [3].

In such a case, it becomes the utmost need to accentuate such issues by mental health practitioners. This can be done through various means such as writing articles, vlogs or talks so that our public starts becoming aware, and the people start discussing their issues [4]. Expression must substitute suppression. Inhibition of these thoughts patterns may result in disruptions of behavior and impairment in the ability to communicate effectively in people encountering such problems [5].
With reference to my clinical observations, sexual OCD can be broadly categorized as under:

- Intrusive sexual thoughts resulting into masturbation which is most common in men.
- Pedophilia, and
- Anxiety due to visualization of private parts while communicating.
- Shame and Guilt [6]

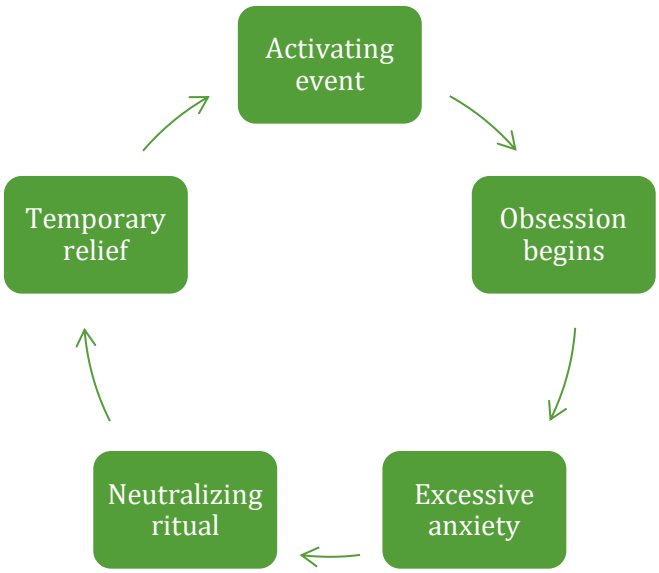
As there is an advancement and progression in our medical field and psychotherapeutic techniques these conditions can be managed effectively.

In order to effectively execute the treatment plan, the first thing to do should be a comprehensive evaluation of the subjects and analysis of their detailed history. For this agenda, we can apply various psychological tests such as Y-BOCS to have vivid idea about the intensity and frequency of their obsessive

thoughts and compulsive acts. Assessment includes prompting, continuing, triggering and protective factors leading to the current problem [7]. Questions including both close-ended and open-ended for the assessment should be based on above written resources. History-taking should be done in a careful and prudent way. Negative cognitions and emotions need to be evaluated. From open-ended questions mental health professional could move more closed-ended questions to help narrow down the choices and reach the core-beliefs. Mostly they are related to shame, guilt and self-doubt [8].

Most probably as we proceed with therapy as their therapist, we are able to figure out the root cause of the obsessive and compulsive acts of mind [9]. My clinical exposure has identified the schemas of client as conservative upbringing, dysfunctional family dynamics, insufficient sex education, traumatic sexual experience. These images or distort information stored in sub-conscious mind and become part of conscious awareness with time leading to consistent and recurring thoughts [10]

Once assessment is done, the treatment can be divided into sessions, and the subject can be educated by introducing him or her to OCD cycles. The below figure helps illustrate this process.



[11]

Intervention management starts at the stage of neutralizing ritual so that there is decrease in the strengthening of compulsive acts, due to this the anxiety breaks, leading to effective management of obsessive thoughts. Goals in accordance with the treatment should be planned [12].
As a therapist we should also manage client's Shame and Guilt. It's mostly the blocked processing the therapy needs to carefully process. It's one of the major root-causes of the intensity and frequency of symptoms. Shame could be the factor of number of consequences- making one less inclined to seek help, disclose important obsessions, increase the isolation, increase one's attempts to suppress obsessions. It makes it difficult for the client to be receptive and accept responsibility for overcoming the OCD. It's due to this shame they are not able to express their thoughts resulting in avoidance behaviors [13]

During the phase of psycho-education client's shame, self-acceptance and guilt is to be probed and effectively managed and counseled upon. It involves self-awareness and acceptance of the emotional problem and face up to its consequences. Having poor self-image based upon label of being 'weak', 'inferior, and 'inadequate'; and stopping oneself comparing with others and instead accepting oneself as unique, fallible and being for whom OCD is one aspect can be done while reframing the thoughts during course of therapy. For ability of treatment as a Clinical Psychologist we need to develop a hierarchy of triggers. In the sessions hierarchy could be designed in an ascending order by placing the component of least distressing thought above and the most stressful at last and treating it accordingly. Let's take an example, an individual having anxiety due to imagining private parts of the other person can be treated using the below methodology. The procedure could begin with showing pictures to client and then step by step increasing the therapeutic goals and eventually exposing them more and more to social gatherings or public, by teaching them guided imagery, in vivo and in-vitro imagination, mirror techniques etc[14].

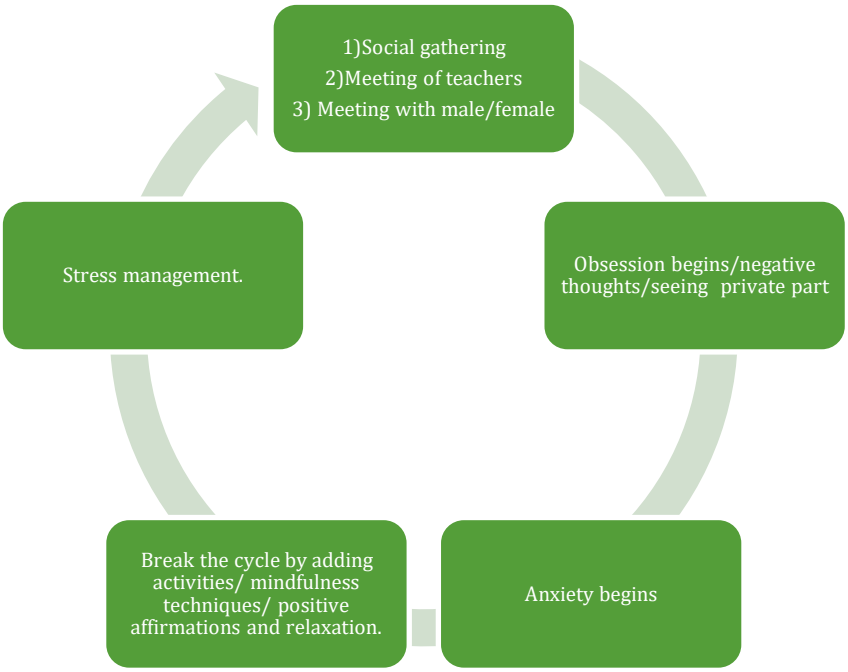
Serial no: -	Distress level	obsession	Alternative response or behavioral experiment	Positive affirmation and Cognitive Restructuring	Relaxation training
Pictures of social get to gather	45 Percent	Thought of private part	Just see picture 5 times	I can cope up	Deep breathing
Pictures of men with full clothes	50 percent	Thought of private part	Just touch it 5 times	Hey thought!! I'll meet you in a while	Deep breathing
Pictures of women with full clothes	50 percent	Thought of private part	Just see it 5 times	Worrying does nothing except cause distress.	Muscle relaxation of hands.
Viewing pictures of women shorts	55 percent	Thought of private part	Just imagine being Infront of her	Discomfort may be uncomfortable, but it won't kill me. Just breathe and ride out.	Breath in and out for some time and distance
Viewing pictures of men wearing shorts	65 percent	Thought of pp	Just touch the picture	It's just a thought. I can manage the anxiety due to exposure	Just Breath in and make a tight fist with your right hand, focus on what that tension feels like to you. And release breath as you release your hand, release all tension. Let your hand become nice and loose.
Imagine being in a social gathering	75 percent	Thought of private part	Visualization	It's an irrational thought inducing shame in me. It's making me withdraw from others. I can cope with this thought and feeling.	Square Breathing
Imagine being in an interview alone in presence of male or female	85 percent	Thought of private part	Visualization	Under that there is no specific reason why one must not have any kind of intrusive thoughts, image, doubt or urge: all these are normal. Accept yourself as a normal human, including this experience.	Diaphragm Breathing

Being physically present all alone with male or female and maintain eye contact. Remain* there for some time.	96*%	Thought of private part	Just let the image/visualization happen. It's just a thought. Avoidance behaviors is making me ill.	Face the fear- Just do it.	Grounding Exercises
Being present at a social gathering. Maintain eye contact and stay there for prolonged period	100%	Thought of private part	It's just a irrational thought. Letting myself expose to crowd will provide solution to problem. Thought will go away eventually.	Use Acronym F- Face E- Everything A- And R- Recover	Deep Breathing.

[15]

Through the above table we can record and ask client about the distress level for every aspect and slowly and steadily in every session increase the tasks and induce+ relaxation techniques, mindfulness, grounding exercise, wrist band techniques, and imaginary exposure to the subject. If defined in a table, we can present it to clients to give them better awareness [16].

Through a combination of these techniques, slowly and gradually we can reduce the compulsions and eventually treat anxiety level accordingly.



We can also teach clients about assertive communication, strategies to Stop mental chatter, mindfulness during communication, healthy lifestyle and recognizing the thoughts and further rationalizing them can lead to better prognosis for therapy. Clients could be made aware of ways to identify the root cause of their sexual thoughts and educated to stop feeling guilty and release detached themselves from that feeling. This way clients can cope with their stress in a healthy way. Obsessive Compulsive Disorder (OCD) is a solvable problem and solution the solution begins with awareness and engaging with a mental health professional [17].

As the different models of treatment have advanced and proved itself with reference to efficacy for obsessive compulsive disorder the cure is possible. The first and foremost notion is about the aim to free oneself from the problem. Different strategies and techniques to be used in courses of therapy. It includes reclaiming one's life and taking up hopes and goals rather than being overwhelmed by own fears [18].

REFERENCES

1. http://www.mentalhealth.org.uk/publications/living -with- anxiety
2. http://www.nature.com/neuro/journal/v7/n8/full/nn1276.html
3. http://hrccatalog.hrrh.on.ca/InmagicGenie/DocumentFolder/copinganxietyphobias.pdf
4. http://www.sciencedirect.com/science/article/pii/So272358000671
5. Kabat-Zinn, J.et al 'Effectiveness of a meditation-based stress reduction program in the treatment of anxiety disorders', American Journal of Psychiatry,149(1992),pp.936-43.
6. http://www.psychologytoday.com/blog/sapient-nature/201310/how-negative-is-your-mental-chatter

7. https://www.intermed.com/content/uploads/Yale-Brown-Obsessive-Compulsive-Scale-Y-BOCS_July-2022.pdf
8. Allen, A.P.et al. 'Towards psych biotics for stress and cognition: Bifidobacterium longum blocks stress-induced behavioral and physiological changes and modulates brain activity and neurocognitive performance in healthy human subjects',https://www.isge.ie/abstracts/view/124
9. Dohetry, M.A. 'Sexual bias in personality theory', The Counseling Psychologist,4(1)(1973), pp.67-75
10. http://www.anxietyuk.org.uk/get-involved/

11.DeBoer, L.B., Powers, M.B.,Utschig,A.C.,Otto, M. W. and Smits, J.A 'Exploring as an avenue for the treatment of anxiety disorders,' Expert Review of Neurotheraputics, 12(8) (2012).

12.http://cel.webofknowledge.com

13. Pittman, C.M. and Karle, E.M. Rewire Your Anxious Brain: How to Use the Neuroscience of Fear to End Anxiety, Panic, and Worry, New Publications, 2015.

14. Powers, M.B., Asmundson, G.J and Smiths, J.A. 'Exercise for mood and anxiety disorders', Expert Review of Neurotheraputics, 12(8) (2012),pp 1011-22

15. Vervliet, B. and Boddez, Y. 'Memories of 100 years of human fear conditioning research and expectations for its future', Behavior Research and Therapy, 135(2020),pp. 1-9.

15. Abramowitz, J.S., Deacon, B.J and Whiteside, S.P.,Exposure Therapy for Anxiety:Principles and Practice,Guilford Publications,2019.

16.https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/obsessive-compulsive-disorder

17. Sexual Conflict - Evolutionary Biology - Oxford Bibliographies

18. https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/obsessive-compulsive-disorder