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## Paper Review

The journal on whether or not Freud was partly right on Obsessive-Compulsive Disorder (OCD) presents a number of critical issues that must be accorded in-depth analysis. Both positive and negative augments on the relevance of obsessive compulsive disorder do exist. OCD’s definition is upheld in a number of accessions as a disorder in which an individual is very worried about other people’s wellbeing and it emanates from a socio-cognitive development process. A person’s makeup highly contributes to this disorder. Malfunctioning of an individual’s cognitive ability is a key challenge attributed to OCD hence the prevalence of biased judgment. OCD is not the only mental challenge associated with mental incapacity. It is evident that persons with OCD also suffer from hypermorality disorder hence unwarranted aggressiveness and hostility.   
Although contradictory views on the cause, effect, and diagnosis of OCD do exist, it is evident that defense mechanisms such as reaction formation and impulsive sexual urge and related behaviors highly hinder proper management of Obsessive-Compulsive Disorder. Some scholars, such as Hand and Stein and Hollander, have contradictory views on the effect and cause of OCD. They believe that compulsive and aggressive behaviors are a necessary survival strategy for OCD victims and are to a greater extent not associated with OCD.   
Availability of Spielberger state-Trait annoyance Expression Inventory among OCD victims are high levels proves that aggressive and depression among patients is a proof of the existence of OCD among patients. OCD could be attributed to both direct and indirect aggression approaches. Whether or not a person has OCD highly influence the level of responsiveness that the person may achieve in life. This also influences a person’s chance of failing or succeeding in whatever he or she does in life. Although perceived to be an outrageous, uncultured, and irresponsible behavior, the critical analysis reveals that OCD has some level of responsiveness as it enables people to love and care about others. If effectively applied, OCD could play a crucial role in ensuring that people become responsible not only about their own needs but also about the needs and demands of others.

## Introduction

Obsessive Compulsory Disorder is a common psychological disorder among many people in the world, especially in the United States. Many scholars from a number of fields such as sociological, medicine, psychology, and many others have spent a good part of their time in studies trying to understand the concept of OCD. In an effort to seek more information regarding to this condition, these scholars have gone back in history to review some of the famous developmental and social-cognitive theories so as to establish any link to the OCD. One such theorist whose work has attracted such attention is the famous Sigmund Freud of the 19th century. Scholars have reviewed his work and based it to a number of criticism and appraisal regarding what he says about OCD. The purpose of this paper shall be to offer critique to the journal article (Was Freud partly right on obsessive–compulsive disorder (OCD)? Investigation of Latent aggression in OCD by authors Steffen Moritz, Stefan Kempke, Patrick Luyten, Sarah Randjbar, Lena Jelinek). In doing this, the paper shall highlight on the positive criticism of the various scholars have offered on the article as well as the negative crititsism that they have presented on the article and their content as well as.

## Critique

The American Psychiatric Association (2000) is the first body to uphold the article by enforcing the definition of OCD as presented by the article. The association defines OCD as the Psychiatric or Psychological Disorder by which the patient is excess fully worried about the well being of others. The association believes that this disorder emanates through a socio-cognitive developmental process and is reinforced by the individual psychological makeup of a person. The Obsessive Compulsive Cognitions Working Group through a number of its papers since 1997 have also reinforced the article’s take on OCD highlighting the many distortions that arise among persons with the disorder. These distortions affect the ability of the individual to act without bias with regard to cognitive functions such as memory processing and appraisal. According o the working group, these are as a result of an extension of OCD’s effects that result in another condition called inflated responsibilities. The article proposes the condition of inflated responsibility as an increased and overwhelming concern for the well being of others to be as one form of manifestation of OCD in an individual. The working group supports a majority of the findings and explanations in the article regarding to inflated responsibility as an outcome and influencing factor of OCD.   
Early into his research on developmental stages, Freud identified the concept of hypermorality as a resultant factor among persons with OCD. His findings are in support with the article’s stance on the same issue of hypermorality as one of the effects of OCD in persons. Freud offers an insightful approach and explanation on how hypermorality manifests itself in people with OCD including exhibiting aggression and hostility toward others in a covert manner that may not be openly exhibited but rather disguised. Another scholar, Fenichel supports this idea by compounding the idea of hypermorality with that of reaction formation both as outcomes of OCD. According to Fenichel, reaction formation is a form of defense mechanism among people with OCD as they react against aggression.   
Both scholars, that is Freud (2006) and Fenichel offer a rich source of information to the subject of OCD by complementing the article’s propositions on the resultant effects of OCD manifested in hypermorality and reaction formation. These provide a deeper insight into these manifestations, thus upholding the concept of OCD as presented in the article. Fenichel goes ahead to compliment Freud’s stance on reaction formation as a copying strategy for opposite behavior such as hypermorality and the feeling of overwhelming responsibilities. The same approach is supported by scholars Kempke and Luyten in their article. According to these two persons exhibiting hypermorality as manifestations of OCD develop defense mechanisms in a rather hyperactive manner, which exposes them to the dangers of becoming aggressive. Excessive aggression among these individuals can lead to impulsive sexual behavior and other forms of sexual behavior that may be undesirable and that can result to ego malfunctions. The three sets of scholars, therefore, provide an extensive analysis of the effects of OCD in an individual as manifested in the various active and reactive characteristics, most of which are un desirable and would require medical interpretation in form of psychological therapies.   
Scholars Hand and Stein and Hollander, however, offer a rather contradicting claim on the effects of OCD in the manner that they are manifested in persons with the condition. According to these scholars, patients with OCD exhibit forms of latent and overt aggressions toward others, largely as a form of reaction and self protection from impulses, some of which maybe false or falsely presented. This is because their analyses on the activities and behavior of persons with OCD contradict the widely acclaimed and proven analyses, which propose that to a large extent, persons with OCD are not aggressive, or at least not in the overt manner that is suggested by the scholars above. Instead, OCD manifests itself in its aggressive form through transferred aggression whereby the patient transfers his anger and any feelings of aggression to another party or activity that may not be related to the cause of the aggression. It is possible that these scholars were confusing between OCD and the other many forms of disorders that are as a result of lack of impulse control towards aggression. These conditions can be highly similar to one another with as minimal differences as possible existing between, thus making it easy to be confused with OCD.   
Other scholars that offer contradictory analysis in predicament for OCD are Whiteside and Abramowitz who propose availability of Spielberger state-Trait anger Expression Inventory in persons with OCD in an elevated amount. What this means is that, just like the prior scholars including Hand, Stein, and Hollander, persons with OCD have the ability to exhibit elevated forms of aggression. In a further effort to attribute aggression to OCD, this scholars go ahead to attribute the ability for OCD patients to express their aggression in a latent manner not to OCD, but to depression. On top of this argument the scholars attributed differences in anger control to confound depression, which served to reinforce their argument in support of OCD and weak anger and aggression management. This serves to discredit their argument and proposition with regard to aggression among OCD patients as confounded on the various forms such as latent aggression as is widely acclaimed by other scholars (Abramowitz & Deacon, 2006).   
In support of the common held perspective on OCD and aggression Bejerot and his group of scholars are on point in attributing OCD to indirect aggression as opposed to the direct aggression approach. According to Bejerot et al. (1998), persons with OCD transfer their anger and aggression to unrelated behaviors such as sulking on another person or event that may be totally unrelated to the event or person causing the anger rather than confronting the event or person directly. Moscovitch and there rest of his team support the idea by Bejerot by stressing the factor that while patients with OCD can express anger in various ways, this anger is subject to controls, which are relatively applied. Besides, the patients expressing this anger do not have to let the anger escalate to the point whereby it is overtly expressed. This is in line with the concept that these patients are able to transfer their anger elsewhere besides the related event or person.   
Shoval and the other scholars give an articulate account on the effects of OCD on the social abilities of the patients. According to these scholars, persons with OCD related poorly with others in their social spheres largely because of their biases and lack of proper appropriation in articulating social issues. Besides, the overt expression of anger among these persons meant that they had a misguided form of collaboration towards their pears and others in their social cycle including the family members. At the same time, such people exhibit higher than normal levels of aggression that may seem misguided by others because they are often expressed on an unrelated event or person. These elevated forms of aggression, however, can be attributed to the symptoms of hoarding, thus reducing the chances that OCD is responsible for the increased levels of aggression among patients.   
Moritz and Freud emphasize more on the role of OCD to the development of an overly responsible individual who is more concerned with caring more about others in his social life and paying more attention to events and factors affecting them rather than more about harming others as proposed by the scholars who propose an aggression nature for OCD patients. This approach is more articulate and on point as it supports the view popularly held in supported of the effects of OCD among its patients. The theory put forward by Freud that proposes that inflated responsibilities is a natural part of persons with OCD and that their concern for others is a genuine result is highly credible even though it is possible that the increased concern could be as a result of the natural need to compensate for the impulsive aggressive tendencies that these persons may exhibit toward others who may not be the cause of their anger. Inflated responsibility, therefore, is a form of makeup for these persons for any harm they might have caused in their aggressive impulses (Moritz et al, 2004).   
Advancement of the studies is on OCD is very crucial. More research need to be undertaken wit regards to the in-depth factors that affect an individual’s cognitive functions. This should be undertaken with emphasis on whether of not excessively about other people’s welfare could cause OCD. Distortions that arise from excessive thinking should also be accorded due emphasis. OCD plays a critical role in determining the effectiveness and reliability of the development of people.   
Challenges such as hypermorality and other antisocial or abnormal mental challenges need to be investigated with the view to developing in-depth understanding on the mental challenges that affects people’s lives. This should be undertaken with the view of ensuring that mechanisms of ensuring that people who are either affected or suffering from Obsessive-Compulsive Disorder relates well with other society members that cause minimal or no controversies at all. It is also crucial for researchers to undertake an in-depth analysis of the other health challenges that emanate from people’s anger and how such anger affects people’s lifespan.   
It is crucial to research and effectively establish mechanisms though which anger associated with OCD could be controlled. rather than to ignore the menace and conform to its challenges, scholars need to investigate means through which OCD related anger and aggression could be controlled thus ensuring that the patients coexist with other society members in a coherent, social, and mature manner. Possible reliable and effective anger control strategies that are not biased in nature should be formulated and strategically applied in the best way possible.   
Furthermore, it crucial for scholars to investigate the best means through which recurrent unwanted thoughts among persons suffering from Obsessive-Compulsive Disorder could be addressed. The research should not only be limited to OCD but also integrate research in the best consultative and social interactive mechanisms through which the problem could be addressed. Scholars should delve in understanding long-term treatment of Obsessive-Compulsive Disorder. The research should also be focused on understanding the degree to which a person’s age, social and cultural background, economic status, and education contribute to the acquisition or prevalence of Obsessive-Compulsive Disorder. Both secondary and primary symptoms and effects of OCD should critically be assessed and both short and long-term solutions to this health problem established.

## Conclusion

Most scholars that have contributed to the article above are on point in their articulation and perception of the problem and condition of OCD. These give their opinion on the topic based on valid studies that produce credible results that reinforce the prior findings and the manifestations of OCD. OCD as a psychological condition is not an aggressive condition as some scholars may have tried to paint it even though it is normal for the patients to exhibit anger and aggression in various forms. These forms a largely overt and hardly visible hence cannot be entirely attributed to OCD patient as aggressiveness.

## References

Abramowitz, J. S. & Deacon, B. J. (2006). Psychometric Properties and Construct Validity of The Obsessive–Compulsive Inventory - Revised: replication and extension with a Clinical sample. Journal of Anxiety Disorders 20, 1016–1035.   
American Psychiatric Association. (2000). Diagnostic and Statistical Manual of Mental Disorders: DSM-IV-TR. American Psychiatric Association, Washington, D. C.   
Bejerot, S., Ekselius, L., von Knorring, L. (1998). Comorbidity between Obsessive-Compulsive Disorder (OCD) and Personality Disorders. Acta Psychiatrica Scandinavica 97, 398-402.   
Freud, S. (2006). Writings on the Nosology of Psychoanalysis. Fischer, Frankfurt am Main.   
Moritz, S., Meier, B., Hand, I., Schick, M., Jahn, H. (2004). Dimensional structure of the Hamilton Depression Rating Scale in Patients with Obsessive–Compulsive Disorder. Psychiatry Research 125, 171–180.