

Example of obsessive- compulsive disorder research paper

[Law](#), [Criminal Justice](#)



Often times, we encounter people with a very peculiar habit of wanting to overdo something and in a repeated manner. Such people are said to be suffering from Obsessive-Compulsive Disorder. Previously perceived as an uncommon psychiatric illness, the prevalence of Obsessive compulsive disorder (OCD) incidences has risen sharply; the disorder is currently affecting more than two percent of the American population. Obsessive-Compulsive Disorder is a treatable disease that can affect anyone and is symptomatically expressed form of obsession and compulsions.

OCD is an anxiety disorder that is widely marked by obsessions and compulsions that are time consuming and distressing and often interfere with a person's daily routine, functioning and relationship with others (Hyman and Pedrick 14). Hyman and Pedrick define obsession as an intrusive thought, image or idea that is often recurrent and causes anxiety and distress (14). In most cases, the obsessions are accompanied by unpleasant feelings like fear and disgust though research has shown that they are never caused by an outside agency. The thoughts, ideas and images that characterize obsessions are veritably inappropriate and senseless, but the victim inevitable has to experience them (Hyman and Pedrick 14).

Compulsions, on the other hand, are counteractive repetitive behaviors or mental acts that someone develops in a desperate urge to meliorate the distresses that result from obsessions (Hyman and Pedrick 15). This behavior is always depicted in the form of counting, cleaning, praying, and repeating words silently. In some instances, the victims might exhibit repetitive behavior such as cleaning, checking and hand washing, ordering and

repeating and lastly experiences of troubling thoughts (Hyman and Pedrick 15).

Causes of OCD

The causation of OCD has, however, been very evasive regardless of the numerous attempts by psychologists to unravel its cause. This means that the cause of the disorder can either be hereditary or environmental. Even as the cause of OCD remain equivocal, research has shown that specific parts of the brains of OCD patients overwork compared to others. As Hyman and Pedrick asseverate, the thalami of OCD victims always depict some abnormalities (25). The basal ganglia, as well as the orbital cortex, have also been confirmed to be unnatural in people suffering from OCD. The parts of the brains highlighted above apparently are the parts of the brain served with the responsibility of processing messages from the outside, sort the information and alert an individual in case of danger. Besides, it has recently been found out that an under-activation of part of the brain that controls habitual behavior predisposes people to the risk of developing OCD. Paige on her part purports that the disorder comes as a result of a biochemical imbalance of the brain which makes the brains to incessantly send a false message of danger (13).

Furthermore, research has shown that OCD has significantly higher prevalence in people who have relatives with a history of OCD. Though these findings are insufficient to warrant that the disorder is hereditary, the findings give insight that genetics potentially play a role on the causation of OCD. A potential interplay of environmental stress factors and genetics

tremendously heightens the chances of one developing OCD. The environmental stress factors may encompass personal physical trauma, childhood neglect, abuse, illness or divorce. Even more, certain brain chemicals such as serotonin have also been found to be role playing in the causation of OCD.

Symptoms of OCD

As mentioned earlier, patients suffering from OCD oft experience obsessions and compulsions. Ostensibly, it turns out that obsessions and compulsions are the major symptoms of OCD. Notwithstanding, these two major symptoms are only identifiable if their characterizations are taken into account. OCD victims will always be seen cleaning their hands repeatedly and for abnormally longer periods, count things repeatedly, have doubt about things they have done, always feel cheated and hoard their belonging including things that are no longer utilitarian. These individuals always strive to recall everything, check and recheck things- for instance an OCD victim will check if he or she has locked the door severally before being convinced that the door is properly locked. Besides, the patients incessantly seek reassurance for people while also having disturbing images, for instance, of people being hurt. In some instances, the patients gradually become bald with a lot of lesions on their skin that come as a result of hair picking and skin picking respectively. It has been observed that these symptoms often intensify with increasing age. This assertion underscores the fact that OCD is a lifelong illness that begins at childhood. On the same note, the symptoms in most cases start showing when one attains adulthood.

Diagnosis of OCD

Treatment of OCD

The symptoms of OCD are containable through the use of medication and therapy, specifically cognitive-behavioral therapy (CBT) (Paige 13). Even though medication and CBT can be use differently, on several occasions the two treatment options are used complimentarily. CBT, a therapeutic model that focuses on psychoeducation of the patient about the disorder, entails the identification, assessment and listing of the symptoms exhibited by a patient (Cordioli 68; Paige 13). During the therapy sessions, the patient is subjected to cognitive therapy followed by behavior therapy. The session are generally short but are aimed at helping the patient regain control of their mental and behavioral processes. The major approach used in the exposure and response prevention approach that serve to place the patient at a better position of coping with the obsessions and compulsions (Cordioli 70). With regards to medications, patients are oft given antidepressants to meliorate depression. The most common type of antidepressants for treatment of OCD include; peroxetine, sertraline, escitalopram, fluvoxamine and citalopram (Hyman and Pedrick 45). Even so, Cordioli argues that CBT is more effective in the treatment of OCD than medication (69), an argument that is aptly echoed by Hyman and Pedrick when they affirm that “ only rarely does medication lone result in the complete elimination of OCD symptoms” (47).

Prognosis and Effects of OCD on the patients’ relationship with others

Notably, there is no cure for OCD- the available treatment options only help in the elimination or reduction of the intensity of the symptoms shown by the

victims. It should be noted that even when someone is on treatment, there are occasions when the person will be severely affected by the disorder while there are times when the victim will show improvement. Again, the disorder might have gross effects on one's relationship with others, particularly group relationship; to many people, the behaviors exhibited by OCD victims are unpleasant.

Conclusion

Concisely, OCD is an anxiety disorder that is widely showcased in the form of repeated obsessions and compulsions. With no known causation, the disorder is showcased Obsessions and compulsions and is mostly treated using medication and cognitive-behavior therapy. From a personal point of view, I am opinionative that parents should be very keen in the identification of the OCD-related cues as means of finding early treatment for the disorder. This statement underscores the incurableness of OCD.

Works Cited

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