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﻿Leighton Prescott (Morrison, 1995)
Diagnosis
Abnormally repetitive acts or behaviors are associated with Obsessive Compulsive Disorder (OCD), a mental disorder that produces anxiety in individuals affected by it. Leighton Prescott is actually suffering from OCD and needs the attention of a psychiatrist. Repetitive acts like hand washing and cleaning, compulsive behaviors like unwarranted aggressive postures, excessive veneration of religious or cult objects or/and sexual thoughts to the point of becoming paranoid are all symptoms that are invariably associated with OCD.
Indeed other mental and behavioral disorders such as paranoia, an extreme condition, and neurosis characterized by compliance, aggression and detachment behaviors are ruled out because Prescott does not exhibit the symptoms associated with these disorders. Psychotic disorders like neurosis are tendentious behaviors that do not enable the sufferer to identify and acknowledge the existence of the disorder. In other words the slow but steady lapse into the neurotic condition occurs without the knowledge of the patient. Further Obsessive Compulsive Personality Disorder (OBPD) is very closely associated with OCD but is characterized by perfectionist tendencies such as sticking to rigid rules (Carmin, 2009).
Prescott’s condition can be divided into obsession and compulsion. The former is associated with thought. He thinks that he might impregnate a girl/woman if he did not wash his hands immediately after the act of masturbation. Compulsion occurs with his subsequent behavior, i. e. masturbation. Masturbation in itself cannot be interpreted as an act of compulsion under normal circumstances. Assuming that Prescott behaves in a compulsive manner while committing the act, he is more likely to suffer a nervous breakdown that would complicate matters still further. OCD is also characterized by mental agony of being subsequently aware of the unbecoming behavior.
Treatment
Psychiatrists agree that causative factors of OCD are both biological and psychological in nature. Serotonin, a neurotransmitter, has been connected with OCD related abnormalities such as anxieties, obsessions and compulsions. Serotonin is prescribed by psychiatrists to regulate anxiety in OCD patients. This is due to the fact that sufficient stimulation of serotonin receptors in OCD patients is lacking and therefore serotonin is required to stimulate their serotonin receptors which in turn would facilitate the passage of chemical messages from neuron to neuron. However it must be noted here that though research suggests that antidepressants like Selective Serotonin Reuptake Inhibitors (SSRIs) help OCD patients to recover from mental lows, continuous use of them might lead to negative side effects. However medication alone doesn’t help. In fact cognitive therapy should be combined with medication to treat Prescott.
Treatment regimes and models based on purely resetting the cognitive behavioral clock don’t work because they are just intended to provide temporary relief form anxiety. In other words rendering a certain compulsive behavioral pattern dysfunctional by initiating cognitive behavioral models doesn’t help to remove the very thought that causes such abnormal behavior permanently. OCD patients like Prescott need to be treated with cognitive behavioral therapy (CBT) or exposure and response prevention (ERP) strategies.
CT or CBT requires the OCD patient to subject himself to exposure. For example he might wash his hands once but not repeat the act in a ritualistic manner, i. e. response prevention. Psychotherapy based on CBT suggests ERP to be the most effective treatment method among a host of methods for OCD patients (LedleyDeborah Roth Ledley (Author)
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, Marx & Heimberg, 2005). Exposure response/ritual prevention techniques have been adopted with greater success even in extremely difficult cases of OCD in the world. However psychotherapy is more meaningful when combined with medication as mentioned above.
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