
Introduction Obsessive-compulsive Disorder

Introduction Obsessive-compulsive disorder (OCD) is a chronic and often severe psychiatric disease. It is characterized by recurrent, intrusive and distressing thoughts, images, or impulses (obsessions) and/or repetitive mental or overt acts (compulsions or neutralizing behaviors) performed to reduce or remove distress and anxiety caused by these obsessive thoughts and to prevent any perceived harmful consequences (American Psychiatric Association, 2000). This disorder has a lifetime prevalence of approximately 2–3 per cent worldwide (Weissman et al., 1994) and often begins in adolescence or early adulthood, usually with a gradual onset (American Psychiatric Association, 2000). In the last 20 years, 'mindfulness' has become the focus of considerable attention by a large community of clinicians, and to a less extent, empirical psychology. Mindfulness has been described as a process of bringing a certain quality of attention to moment-by-moment experience (Kabat Zinn, 1990). The capacity to evoke mindfulness is ostensibly developed using various meditation techniques that originate from Buddhist spiritual practices (Hahn, 1976).

Mindfulness in Buddhist traditions occupies a central pole in a system that was developed as a path leading to the cessation of personal suffering (Thera, 1962; Silananda, 1990). Mindfulness in contemporary psychology has been adapted as an approach to increasing awareness and skilful responding to mental processes that contributes to emotional distress and maladaptive behaviour.

Review of literature: A 2013 study (Wahl) examined the effectiveness of mindfulness and meditation compared to the use of distraction in 30 patients with OCD who were doing brief exposure to their unwanted thoughts. The results showed that those who used mindfulness skills (i.e. letting thoughts come and go without judgment) felt less of an urge to neutralize thoughts with compulsions, while those who used only distraction strategies (i.e. trying to think of something else) saw no change in their urge to use compulsions. A 2012 German study (Hertenstein et al.) researched the impact of an 8-week mindfulness-based group therapy program on adults with OCD. All study participants had already completed a course of ERP within a two-year period before the study began. Of the 12 participants, 8 reported having fewer OCD symptoms as a result of the group therapy program. Additional benefits reported by study participants included an increased willingness and ability to allow unpleasant emotions to surface, feeling able to handle these emotions more flexibly, a sense of living more consciously in the present, a calmer attitude towards their OCD, and generally improved mood and sleep. A small 2010 study (with only 3 participants) on intrusive thoughts in OCD (Wilkinson-Tough) looked at whether mindfulness-based therapy could help those who were using thought suppression (that is, trying to stop thinking certain things) and experiencing thought-action

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fusion (in other words, believing that thinking something in your head means it actually happens in real life). Three participants received a six-session mindfulness-based intervention with an emphasis on using mindfulness skills every day.

Following treatment, all participants received improved scores on the Yale-Brown Obsessive Compulsive Scale (Y-BOCS), an assessment tool used to figure out which OCD symptoms are present and how severe they are. A 2010 study on group treatment for OCD (Fairfax) explored several different clinical interventions that could strengthen evidence-based practices and found that the participants responded well to mindfulness-based interventions in particular. The authors suggested that the use of mindful awareness and strategies focused on attention may support efforts to participate in ERP. A 2008 Dutch study (Hanstede et al.) examined the impact of mindfulness meditation on a group of 17 university students. Subjects were taught the mindfulness techniques of “meditative breathing, body-scan, and mindful daily living,” as applied to OCD, over the course of eight one-hour sessions. Researchers found that mindfulness meditation had “a significant and large effect” on OCD symptoms, specifically on thought-action fusion (again, the belief that having a thought is the same as acting on the thought), and the ability to “let go” of unwanted thoughts.

A 2006 study (Twohig et al.) explored the effect of Acceptance and Commitment Therapy (ACT), a treatment modality that in part includes a focus on developing mindfulness skills and participants’ willingness to accept and tolerate unwanted obsessive thoughts. Study participants reported decreased avoidance of uncomfortable or unwanted internal experiences (negative thoughts and feelings), decreased believability of obsessions, and decreased anxiety and depressive symptoms, as well as fewer compulsions by the end of treatment for all participants. This controlled pilot study tested the effects of a mindfulness intervention on obsessive compulsive disorder (OCD) symptoms and tested the psychological processes possibly mediating such effects. Participants with OCD symptoms (12 women, 5 men) received either mindfulness training (N=8) or formed a waiting-list control group (N = 9). Meditation included 8 group meetings teaching meditative breathing, body-scan, and mindful daily living, applied to OCD. The intervention had a significant and large effect on mindfulness, OCD symptoms, letting go, and thought-action fusion.

Controlling for changes in “letting go,” group effects on change in OCD symptoms disappeared, pointing at a mediating role for letting go. This may be the first controlled study demonstrating that a mindfulness intervention reduces OCD symptoms, possibly explained by increasing letting go capacity. If replicated in larger and clinical samples, mindfulness training may be an alternative therapy for OCD. Of those who suffer from obsessive-compulsive disorder (OCD), a substantial number do not respond well to the standard treatment of two trials of serotonin reuptake inhibitors and cognitive-behavioral therapy. In addition to being refractory to current treatments, these individuals often have comorbid disorders that contribute to a

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compromised quality of life. The authors present the case of such an individual who was assisted to improve her quality of life by accepting her OCD as strength and enhancing her mindfulness so that she was able to incorporate her OCD in her daily life. Results showed that she successfully overcame her debilitating OCD and was taken off all medication within 6 months of intervention. Three years of post-intervention follow-up showed that she was well adjusted, had a full and healthy lifestyle and that although some obsessive thoughts remained, they did not control her behaviour.

The aim of this study was to determine the effectiveness of mindfulness-based cognitive therapy (MBCT) on positive reappraisal in patients suffering from obsessive compulsive disorder (OCD). The research design was quasi-experimental of pre-test and post-test type with control group. The statistical population of present study involved all patients referring to psychiatry clinics of Tabriz University of Medical Sciences who received obsessive-compulsive disorders diagnosis. Thirty available patients were selected that filled cognitive emotion regulation questionnaire (CERQ) after being randomly assigned to experimental and control groups.

The experimental group attended 8 sessions of MBCT. The cognitive emotional regulation questioner was administered after completion of the sessions and data of both states (before and after sessions) were collected and analysed using covariance analysis test. The MBCT was effective in increasing positive strategies (positive reappraisal, positive refocusing, planning, putting into perspective) and decreasing negative strategies (self-blame, blaming others, catastrophizing, rumination, and acceptance) in patients with obsessive-compulsive disorder (P

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