

Obsessive-compulsive disorder (OCD)

Obsessions are where thoughts and images appear and cannot be controlled in a person. Shafran 1999 believes it is a way of reducing or preventing the anxiety from other sources, maybe future events. They are mainly thoughts or images that include sexual, blasphemous or aggressive elements.

Some examples of OCD put forward by Sanavio 1988, may be an impaired control over mental process, which can take the form of repetitive thoughts over some ones death. Concerns of losing control over motor behaviours of killing someone, fear of contamination by germs, as well as checking behaviours, like locked doors are also popular characteristics.

Compulsions occur where an action is repeated over and over again in relation to the obsession.

Compulsions may be a way of easing the obsessive thoughts that is put forward by the behaviourists, e.g. Shafran 1999 explained how people that have a fear of germ contamination may wash their hands thousands of times every day, even though more damage may be done in the long term. The anxiety is only reduced when the ritualistic behaviour is performed.

The behaviourists tackle the compulsive part of the disorder by explaining that it is a way of reducing the anxiety. The 'anxiety-reduction hypothesis' is where a specific action is done in order to ease the problem. The more the action helps, the more it is used. The development of the action is explained through the 'superstition hypothesis'. This is where a subject maybe associated with another, by coincidence, for maybe more than once. Due to this coincidence, the two subjects may be believed to have actual relevance with each other and so they are paired.

Skinner 1948 experimented with pigeons in which they were given food regularly, despite their behaviour. It was found that after a while; they displayed 'idiosyncratic' movements, presumably because this was how they were acting when given food. In this case, the behaviour was associated with the food. This is much like the classical and operant learning theories and the food is the rein forcer.

As the behaviourists can explain the reason why obsessive-compulsive disorders persist, the reason why the obsessive thoughts developed in the first place is not covered.

The Psychoanalytical view is where they suggest that obsessions serve the purpose of being a defence mechanism. They work by occupying the mind and displacing more threatening thoughts. Laughlin 1967 thinks of obsessions to be 'serving as a more tolerable substitute for subjectively less welcome thought or impulse'.

However, factual evidence is hard to collect to support this view. The people suffering from the disorder would not be able to tell us whether or not the theory is correct if they themselves do not know what they are being protected from. It is also argued that intrusive thoughts of killing someone is the worst obsession, so if this was a substitute for a more stressful subject, what could the subject be? One other problem with the Psychoanalytical assumptions is that the compulsive part of the disorder is not clearly explained as with the Behavioural view.

The cognitive approach suggests that compulsive disorders are used in order to neutralise their repulsive thoughts. In order to do this, behaviours that may seem to 'correct' their thoughts lead on to doing them repeatedly. Comer 1998 explains how those that use the neutralising strategy to deal with their thoughts, go on to turning that in to the problem or the obsession.

Those suffering the disorder would realise that their thoughts are capable of harm, of unacceptable manner, and in need of control. Clayton et al 1999 feels that what defines those that do not suffer OCD from those that do, is that they are able to ignore their unwanted thoughts.

With little evidence to how obsessive thoughts originated, the cognitive approach isn't as reliable. It is closely linked to the behavioural model where it is suggested from both sides that they learn to repeat actions to a degree of compulsion. As the sufferers supposedly realise their condition, it would not be as hard to get evidence by talking to them. It would become quite reliable data provided the participants answer honestly.

The behavioural model also lacks the details to the origin of obsessive thoughts, even though substantial evidence for why compulsive behaviour occurs was given. E.g. Shafran (fear of contamination) and Skinner (Superstitious theory with Pigeons). Working with animals however can cause argument against the fact that they are different to humans, therefore lacking in validity. The Psychoanalytical view had support from Luaghlin with the idea of obsessions to be substitutes for other ideas. What they missed was individual differences. The thought of killing someone may be thought of as the worst obsession but people may have different opinions to what they think is 'the worst' obsession. So maybe killing can be a substitute for something else after all. It is also quite hard to prove the theory by asking the sufferers.