

Role of Insightful Psychotherapy in Reducing Obsessive Compulsive Disorder Symptoms - A Single Case Study

Mary Shaiby C. G. ^{1*} & Mithun S. ²

¹ Doctoral Research Scholar, Institute of Allied Health Sciences, Srinivas University, Mangaluru, India.

ORCID: 0000-0001-5050-1944; E-mail ID: shaibycg@gmail.com

² Research Professor, Institute of Allied Health Sciences, Srinivas University, Mangaluru, India.

ORCID: 0000-0002-7232-9134; E-mail ID: msmitsmj@gmail.com

Area/Section: Health Management.

Type of the Paper: Research Case Study..

Type of Review: Peer Reviewed as per [C|O|P|E](#) guidance.

Indexed in: OpenAIRE.

DOI: <https://doi.org/10.5281/zenodo.11371477>

Google Scholar Citation: [IJHSP](#)

How to Cite this Paper:

Mary Shaiby, C. G. & Mithun, S. (2024). Role of Insightful Psychotherapy in Reducing Obsessive Compulsive Disorder Symptoms - A Single Case Study. *International Journal of Health Sciences and Pharmacy (IJHSP)*, 8(1), 32-45. DOI: <https://doi.org/10.5281/zenodo.11371477>

International Journal of Health Sciences and Pharmacy (IJHSP)

A Refereed International Journal of Srinivas University, India.

Crossref DOI: <https://doi.org/10.47992/IJHSP.2581.6411.0119>

Received on: 22/03/2023

Published on: 29/05/2024

© With Author.



This work is licensed under a [Creative Commons Attribution-Non-Commercial 4.0 International License](#) subject to proper citation to the publication source of the work.

Disclaimer: The scholarly papers as reviewed and published by Srinivas Publications (S.P.), India are the views and opinions of their respective authors and are not the views or opinions of the SP. The SP disclaims of any harm or loss caused due to the published content to any party.

Role of Insightful Psychotherapy in Reducing Obsessive Compulsive Disorder Symptoms - A Single Case Study

Mary Shaiby C. G. ^{1*} & Mithun S. ²

¹ Doctoral Research Scholar, Institute of Allied Health Sciences, Srinivas University, Mangaluru, India.

ORCID: 0000-0001-5050-1944; E-mail ID: shaibycg@gmail.com

² Research Professor, Institute of Allied Health Sciences, Srinivas University, Mangaluru, India.

ORCID: 0000-0002-7232-9134; E-mail ID: m-smitsmj@gmail.com

ABSTRACT

Purpose: *The humanistic therapeutical approach with insightful Psychotherapy is an innovative treatment plan for people with obsessive-compulsive disorder (OCD). This paper addresses the question of whether insightful Psychotherapy and counseling can reduce OCD symptoms.*

Design/Methodology/Approach: *To assess the OCD symptoms, the pretest and post-test scores together with the intervention were conducted through the Yale-Brown Obsession Compulsive Scale (PY-BOCS-II). The methodology employed here is the Intrinsic Case study with a Deductive Approach.*

Finding/Result: *A 26-year-old, unmarried Hindu girl with obsessive-compulsive disorder (OCD) was referred for counseling. Besides this, she had a history of psychiatric treatment for the last 13 years for the same problem. At the time of her admission, she obtained an extreme rating on the Y-BOCS score. Eight months of regular sessions of insightful psychotherapy together with pharmacotherapy reduced symptoms and enhanced her subjective well-being, thus it is found that there is a close relationship between Insightful Psychotherapy and its intervention for reducing the Symptoms in OCD patients.*

Originality/Value: *Insightful Psychotherapy in counseling coupled with Pharmacotherapy provides effective support for people with OCD.*

Paper Type: *Case Study.*

Keywords: Single Case Study, Obsessive-Compulsive Disorder Symptoms, Insightful Psychotherapy, Counselling.

1. INTRODUCTION :

In obsessive-compulsive disorder, there are preoccupations and impulses whereas, in obsessive-compulsive personality disorder predominantly a perfectionistic or compulsive lifestyle is seen. The fourth most prevalent mental ailment, obsessive-compulsive disorder (OCD), is associated with significant morbidity (Stewart, S. E. et al. (2006). [1]) obsessive-compulsive disorder (OCD) is regarded as a typical anxiety disorder, People experiencing this disorder face numerous challenges in their lives (e.g., occupational, Social, interpersonal etc.). Stress is said to aggravate OCD, and its exacerbation and remission stages suggest that a syndrome model like the one proposed for schizophrenia may be advantageous. Identification of inherited and environmental factors that contribute to the neurotic pentomino type is also dependent on a better appreciation of the link between state and trait in neurotic illness. Diagnostic subgroups must be identified to assess the treatment response to new and old drugs adequately. To avoid compulsive behaviour, it is beneficial to adopt the "thought stopping" strategy to interrupt obsessive thoughts regularly, as well as to implement a reward system and shift one's perspective (Arthur, E. Jongsma. et al. (2006). [2]).

This intrinsic case study is used in this research to understand the subject (OCD patients) better. It is observed that people with OCD symptoms who appeared for counselling showed greater changes – reduction in OCD symptoms - than when treated only with medication. Hence, employing insightful psychotherapy in counseling for effective and sustainable results in OCD patients opens new doors in this area of research. This requires learning their detailed history and how they interact with the external

world. The data is collected from approximately 400 patients who came for treatment in Holy Cross Hospital in a year. From that, a single case was chosen for the in-depth study due to its complicated nature. The features of this case study are due to its lengthy treatment pattern, which lasted more than 13 years. When it was discovered that the client did not improve while receiving medication and treatment, the researcher attempted to alleviate the client's problems by combining insightful psychotherapy and counseling with CBT, BT, and Pharmacotherapy. Eight months of continuous sessions were found to be beneficial in this regard.

Clinical, epidemiological, genetic, and therapeutic investigations have repeatedly proven the disorder's heterogeneity (OCD) (Torresan, R.C. et al. (2013). [3]). These include categorizing OCD patients, based on the age at which symptoms first appeared, concomitant circumstances, and gender (Miguel, E.C. et al. (2005). [4]). Gender is a significant factor that should be considered while evaluating OCD patients and most research studies demonstrate that male patients are more likely than female patients to be single and have symptoms earlier in the disease course, have a chronic illness, social impairment, sexual-religious symptoms, violent symptoms, and co-occurring substance use and tic disorders. Whereas female patients are more prone to encounter contamination/washing sensations as well as eating and impulse-control problems. Research on genetics and families suggests that gender may affect how an illness presents itself (Mathis, M. A. D. et al. (2011). [5]). Compared to the women with GAD, the women with OCD were more anorexic, avoidant, and consensual in their sexual behaviour. It implies that OCD may increase the probability of female sexual dysfunction (Aksaray, et al. (2001). [6]). Additionally, studies have shown that some pregnant women may be more susceptible to the symptoms of OCD exacerbating (Uguz, F. et al. (2007). [7]). The many treatments OCD sufferers have employed to minimize their symptoms are the main subject of this case study. The best therapeutic plan for treating a patient with persistent OCD is this insightful psychotherapy, which incorporates pharmacotherapy to ensure the patient's complete recovery from his symptoms.

2. LITERATURE REVIEW :

2.1 Obsessive-Compulsive Symptoms:

Obsessive-compulsive disorder (OCD) is characterized by unwanted intrusive thoughts that cause anxiety or distress (i.e., obsessions), as well as ceremonial behaviour patterns (i.e., compulsions) and risky avoidance behaviour performed to alleviate distress. Obsessions and compulsions are frequently theme-based and functionally related (e.g., contamination, harm). Common factors in OCD are i) An obsession with contamination caused by excessive washing, ii) Obsessive doubts require time-consuming and ritualized counting, repeating, and checking; iii) Obsession without religious fixations or sexual or violent acts that are horrifying to a person; iv) A strong need and precision that causes a person to perform routine tasks slowly (eating, dressing, etc.). Common compulsions include hoarding, repeating, arranging, seeking reassurance, and touching in a ritualistic way (John, D. Antony. (2018). [8]). Most people who receive treatment can sustain their improvements at follow-up visits after one to five years (Minichiello, WE. et al. (1988). [9]). Even though traditions and prevention approaches alleviate obsessional persistent fear in the short term, they prolong the problem by preventing the confirmation of feared consequences. OCD, if left untreated, can become a chronic condition with significant morbidity (Kvale, G. (2020). [10]). The preferred pharmacological treatment for OCD is Serotonin Reuptake Inhibitors (SSRIs) (Rasmussen, S. A., &Eisen, J. L. (1997). [11]). Following successful treatment, most researchers recommend at least one year of continued treatment; therefore, longer-term pharmacotherapy may be required (Castro-Rodrigues, P. et al. (2018). [12]). Goodman and his team introduced the Y-BOCS scale to measure obsessive-compulsive symptoms in a content-free format (Goodman, W. K. (1992). [13]). This scale is divided into two parts of five questions each, the Obsessions subscale (1-5), and the Compulsions subscale (6-10). Zero indicates no symptoms and four indicates extreme symptoms. Unlike some other OCD measures the Y-BOCS assign lower scores to greater resistance as a measure of health. The Y-BOCS total scores are obtained by summing up the subscale. A trial was conducted among 54 outpatients with OCD symptoms to test the validity and reliability of the Y-BOCS scale (March, J. S. et al. (1997). [14]). Among the biological approaches to treating OCD, the use of powerful SRIs (e.g., clomipramine) has consistently yielded the most beneficial results in treating OCD with pharmacotherapy (Woody, S. R. et al. (1995). [15]).

2.2 Insightful Psychotherapy:

When it comes to the behavioural treatment outcome of OCD the therapeutical relationship is very important (Semple, D., & Smyth, R. (2019). [16]). Helping individuals improve their quality of life is the aim of insightful therapy (Arlin Cunucic, M. A. (2024). [17]). Unless a patient gains self-awareness and becomes conscious of the source of the problem the client's problem cannot be solved according to various schools of psychotherapy. Psychodynamic and psychoanalysis' insightful psychotherapy stands in contrast to treatments intended to treat symptoms or change behaviour (April, Justice. (2024). [18]). Relationship building between the patient and the therapist is crucial to the effectiveness of insight therapy. The patient will have to be honest and talk about certain delicate subjects to receive this treatment. The patient will need to be guided at this point, and the therapist's duty of progressively encouraging them to start opening will be crucial. Returning to the patient's childhood, which might affect their emotions, thoughts, and beliefs as adults, is another essential component of insight therapy. Early experiences can greatly impact an adult's quality of life. Although the underlying thoughts, beliefs, and emotions are the focus of insight therapy, the causes of these things are also examined (Antony, D. John. (2012). [19]). A running theme of insight therapy is the power of a person's mindset. When the mindset is positive, the person is likely to make beneficial choices and surround themselves with peers with similar outlooks on life. On the contrary, a negative mindset will attract people with the same mentality which will lead to poor life choices. Those who struggle with interpersonal relationships will certainly have underlying issues. So, changing your mindset from negative to positive will attract blessings (April, Justice. (2024). [20]).

2.3 Counselling:

Counselling is an edifying and enlightening relational mechanism that has existed down the ages. It is highly essential for a satisfying and resourceful living through expanding self-knowledge, accepting emotional implications for growth, and escalating optimal use of personal resources. Counselling is an interpersonal process where one initiates possible positive change in another by altering certain mental makeup and using certain appropriate skills (Antony, D. John. (2012). [21]). Ultimately, it could be construed as a growth-oriented trusting interaction between two individuals. Along with these meanings and definitions, several theoretical approaches to counselling have also been emerging in the history of counselling. Initially, the psychodynamic approach, believed in inner forces, mainly on the unconscious mind in channelling human behaviour and the emotional wounds that emerged during childhood permeate every sphere of human life. Psychodynamic therapy tries to make people recall, interpret, and work through their childhood experiences and increases conscious control over their lives through a proper interpretation of their dreams (Courtney Ackerman, MA. (2017). [22]); the lifespan approach declares that analysing the unfinished growth potential of the stages of life and applying appropriate techniques to the clients can aid in enhancing their growth progressions (Karcher, M. J. & Benne, K. (2008). [23]); the Adlerian approach advocates the feelings of inadequacy and inferiority as the cause for every problem. Hence, by encouraging self-awareness through appropriate teaching, guiding them to face their unhealthy perceptions and assisting them in entering social activities to minimize their problems (Ellenberger, H. F. (1970). [24]), the Jungian approach concentrates on increasing the consciousness of the clients sequentially realigning the conscious and unconscious aspects of the individual and leading them to create new values and purposes in life (May, R., & Yalom, I. (1989). [25]); the object relations approach focuses on the mother-child relationship in developing proper behaviour and if the relationship has not properly existed it induces basic anxiety. Here the counsellor tries to diminish the differences between the client's true self and their real self through enlightening interactions (Ezriel, H. (1952). [26]). The cognitive approach emphasizes dysfunctional thinking as the root cause for any emotional and behavioural problems and altering their altered thinking, feeling, and beliefs the clients to achieve balance (Patterson, K. (1986). [27]); the behaviouristic movement-based learning principles give importance to emitting either positive or negative behaviour. By evolving suitable homework, behavioural experiments, role-playing, assertiveness, and self-management training the client reverted to normal accepted behaviour patterns (Jackson, H. J. (1985). [28]); the humanistic theoreticians highlighted free will and personal experiences to reach the fullest possibilities of life. They are of the view that by getting connected to faulty early experiences, individuals get disconnected from their true selves. Therefore, by raising the self-awareness and self-understanding of the clients through imparting the steps for empathy, unconditional positive regard and exposing congruence, the clients are tracked back to the normal path to travel to reach the highest growth peaks

in their lives (Howard, Kirschenbaum. et al. (1989). [29]); the transpersonal approach concentrates on searching for higher meanings in life and advocates that immaturity is the major cause for all types of problems in human life. Hence, the counsellor adopts a technique of empowering the client to move beyond his or her ego and assists him or her to access wisdom, creativity, unconditional love, and compassion thereby allowing them to experience the natural unfolding of lives. This natural recounting enforces healing and exercises growth in the clients (Maslow, A.H. (1969). [30]); Next, the transactional analysis suggests that the life scripts of the persons contribute to their behaviour patterns. Mainly, the experiences of their early ego states contribute to their current strained relationships with others. Thus, by offering permission, protection, and potency the counsellor aids the counselee.

Table 1: Literature review summary

S. No.	Findings	Authors
1	A thorough explanation of the theory, diagnosis, treatments, research implementation, and management of Schema Therapy is provided in the Wiley-Black Well guidebook on the subject.	Evelyn Stewart, S. et al. (2006). [31]
2	According to this book, people with OCD should seek professional help for their cure to achieve control over their obsessions and stop indulging in compulsions. It acknowledges the importance of combining medications with psychological treatment and regards it as the best type of care.	John Antony, D. (2018). [32]
3	This article demonstrates how home-based CBT can effectively treat people with chronic, refractory OCD.	Baer Minichiello, (1997). [33]
4	The comprehensive overview of personality differences in this encyclopedia includes key subtopics like assessment and research design, taxonomy, biological factors, evolutionary evidence, motivation, cognition, and emotion, as well as gender differences, cultural considerations, and personality disorders.	Abramowitz, J. S., &Reuman, L (2020). [34]
5	According to this article on Clinical research, despite our improved understanding of its origins and successful treatments, obsessive-compulsive disorder (OCD) remains a chronic and under-diagnosed ailment. Both SSRI medication and the behavioral treatment method of exposure with response avoidance are beneficial. These treatments may elicit just a slight patient response, while other OCD patients do not respond at all. According to preliminary research, OCD can last a lifetime.	Rasmussen & Eisen, (1997). [35]
6	This article assesses the validity of the Y-BOCS and examines the validity of a semi-structured assessment of OCD symptoms in children.	Goodman, W.K. (1989). [36]
7	A sample of 54 outpatients with obsessive-compulsive disorder underwent a multi-trait, multi-method investigation to determine the validity and reliability of the Yale-Brown Obsessive-Compulsive Scale (OCD).	Sheila, R. et al. (1994). [37]
8	Studies on the effectiveness and acceptability of SRIs in OCD will be conducted to offer precise recommendations for their use. Until considerable research has been done in which the anti-OCD efficacy of multiple powerful SRIs can be directly compared, a patient with OCD may first choose a medication based only on its adverse effects profile and accessibility.	Goodman, W.K. (1992).[38]
9	This article includes the non-specific treatment variables of patients' motivation and therapy relationship quality, which influence the outcomes of behavioural treatment in OCD, as well as the complaint-related variables of initial severity, initial depression, and issue length.	Keijsers, G. P. et al. (1994). [39]

10	This website talks about how the relationship between the patient and the therapist is crucial to the success of insight therapy. After all, this treatment will need the patient to be vulnerable and discuss some concerns that may be challenging. It primarily concentrates on a person's early experiences, which can greatly influence them as adults.	Razor Babb, D. (2022). [40]
11	On events, the book offers helpful guidance on every topic related to general adult psychiatry and other subspecialties of psychiatry containing the most recent updates to laws and psychiatric training, as well as fresh data on Adult ADHD and new illicit drugs.	Semple, D., & Smyth, R. (2019).[41]
12	In the subject of psychotherapy in counselling, the book "Counselling Made Easy" explores a variety of counselling issues and stages.	Antony John, D. (2012). [42]
13	Accordingly, this article contains a description of the primary thematic elements of the theory. Erikson's theory is considered psychosocial, emphasizing the importance of social and cultural factors across the lifespan.	Erikson, E. H. (1968). [43]
14	This brief book, written in a straightforward, practical manner for psychotherapists and counsellors from all professional backgrounds—clinical psychologists, psychiatrists, family therapists, and clinical social workers—addresses a subject of paramount significance.	Ellenberger, H. F. (1970). [44]
15	Existential therapy was written by Irvin Yalom, like cognitive behaviourism or psychoanalysis, it is not a specific "school" of therapy but rather a form of therapy that can be blended with many approaches. Instead of being a technical method that offers a new set of guidelines for psychotherapy, it offers a way of thinking about the human experience that may be—or even should be—a component of all therapies.	May, R & Yalom, I (1989). [45]
16	This paper gives some suggestions for experimental research which have emerged from our experience in developing what we consider to be a strictly psychoanalytic approach to group therapy.	Ezriel, H. (1952). [46]
17	In the study, a case study of an aphasic patient who resumed speaking about three to four months after suffering a cerebrovascular accident is presented. Together with Eirian Jones, head of the speech therapy division at Addenbrooke's Hospital in Cambridge, this GE study was carried out. Her understanding of the numerous, intricate details of GE's linguistic issues has been quite valuable.	Patterson, K. (1986). [47]
18	This article can only be a first step to restoring behaviour therapy. Forty years ago, it was shown that neuroses are persistent non-adaptive anxiety response habits that can be systematically overcome by de-conditioning procedures collectively known as behaviour therapy. Indispensable to behaviour therapy is behaviour analysis—detailed and accurate specification of the antecedents of the individual's neurotic patterns. In recent years, the behaviour therapy movement has been infiltrated by two alien orientations—“exposure therapy” and cognitivism.	Wolpe, J. (1989). [48]
19	Maslow made the case in his two main books, Motivation and Personality (1954) and Toward a Psychology of Being (1962) that each person has a hierarchy of needs that must be met. These needs range from the most basic physiological necessities to love, esteem, and self-actualization. The next level up in the emotional hierarchy takes control of conscious functioning as each requirement is met. Maslow thought that truly healthy people were self-actualized because they fully integrated the components of their personality or self and satisfied their highest psychological demands. His materials were released in 1971 as The Farther Reaches of Human Nature, a posthumous publication.	Maslow, A. H. (1969). [49]

20	This page outlines desired PPCP case study topics, addresses methodological considerations, and provides case study reporting recommendations. In addition, ethical questions about case study report methodology are explored. This article is meant to encourage case study submissions and acceptance to Pediatric Psychology Clinical Practice.	Ernst, M. M. et al. (2013). [50]
21	The present study has aimed to evaluate the psychometric properties of the Italian version of the Y-BOCS-II Severity Scale (SS) in a large clinical sample. The Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) is the most extensively used index of the severity of OCD symptoms. To improve its measurement qualities, the scale was recently redesigned and released as the Y-BOCS-II.	Melli, G. et al. (2015). [51]
22	The term obsessive-compulsive disorder (OCD), which has been used to describe the condition since the eighteenth century, may be adequately defined in this book by literary works from previous centuries.	Steketee, G., & Lam, J. (1993). [52]
23	This was a metanalysis paper which evaluates the worldwide prevalence of obsessive-compulsive disorder (OCD). It also investigates other potential moderators of OCD prevalence to help explain variation in community-based epidemiologic research and whether females are more at risk than males. They also concluded that female candidates are more prone than male candidates to experience OCD throughout their lifetime.	Fawcett, E. J. et al. (2020). [53]
24	In this study, the sexual behaviour and professed sexual preferences of OCD patients were assessed. Despite having comparable rates of sexual activity and valuing it equally in their relationships, people with OCD reported higher degrees of sexual disgust and dysfunction than healthy controls. Medication didn't seem to be a particularly complex subject.	Vulink, N. C. et al. (2006). [54]
25	The findings given in this paper demonstrate that there are disparities between female and male candidates of OCD.	Castle, D. J. et al. (1995). [55]

3. NEED FOR THE STUDY :

The previous studies related to the treatment of reducing OCD symptoms hardly used insightful psychotherapy for treating OCD patients. Those studies focused more on Pharmacotherapy and other related therapies. However, this case study focuses on the effectiveness of insightful psychotherapy and counselling in reducing the symptoms of OCD patients.

4. OBJECTIVES :

The precise goals in this case study are:

- (1) To determine the severity of an individual's OCD symptoms before the intervention program of insightful psychotherapy in counselling.
- (2) To measure the intensity of OCD symptoms in the same individual after the intervention Program of Insightful Psychotherapy in Counselling.
- (3) To determine the effectiveness of insightful psychotherapy in Counselling intervention on OCD symptoms among patients.

5. METHODOLOGY :

The unit of study under any case study could be a person, a family, a project or even a health care system within a phenomenon (Ernst, M. M. et al. (2013). [56]). In this research article, the researcher uses an intrinsic case study method and the philosophical paradigm used here is positivism.

A single case study of an obsessive-compulsive woman (Anu) is chosen for the in-depth study. She is a 26-year-old, unmarried girl who was born in a well-developed city background and belongs to a Hindu family. She had only a brother who was three years younger than her. While working in Dubai, her father committed suicide because of depression. She displayed a wide spectrum of obsessive, borderline, and dependent behaviour. For instance, she adopted certain strange behaviours like using her knee to open doors, switching on fans and lights, etc. at home. Due to the obsessive anxiety that she would become ill, she washed her hands and mouth constantly. Besides this, she too had a mobile addiction. She also enjoyed having close relationships with people of the other sex. Whenever her

mother tried to restrict her obsessions, she refused to accept those corrections because she considered them a threat to her autonomy. As a result, the family was disturbed by her behaviour. Moreover, her obsessive hand washing and taking showers caused persistent problems in the family. In addition, she was averse to performing any everyday household duties such as purchasing, cooking, etc. She spent her time watching TV and some romantic programs on YouTube channels. She developed a fearful thought that people were constantly watching her movements through hidden cameras on her phone and often felt distressed and hesitant to talk. At the same time, she was also aware of it and so lamented about her bizarre thoughts. She also developed a disordered sleep pattern as she was watching various programs on her mobile phone throughout the night. To compensate for this, she used to sleep during the day at different intervals. She also had a lame excuse for disordered sleep. She was sleeping during the day due to the intake of medicine prescribed by the doctor. She used to wake up after 1 pm purposefully to avoid many household activities. Despite this, she also stopped going to college fearing that she was not able to study due to her lack of concentration. She also avoided the occasions of shopping and travelling fearing that she would not be able to count the money required for the transactions. She even stopped leaving home, fearing that germs would enter her body and that she may fall sick. Hence, she washed her clothes with Dettol as she came back home from outside. Sometimes she even tried to burn her clothes if she had just passed through any dirty places as she went out. Gradually she also avoided her friends and relatives, thinking that they were spreading rumors about her. As a result, eventually, Anu became a prisoner of her weird thoughts, unable to act rationally. In short, her conditions rendered her profoundly incapacitated.

Table 2: Module for Intrinsic Case Study

Phases	Description	Duration	Tool used
Phases 1 Assessment Lasted for a week.	At the time of the interview, the patient was asked to complete the questionnaire. -Rapport building -Attentive listening -Genogram Lasted for the 1-week regular session because the patient was IP (In-Patient). The total score was 36. (Extreme case)	1 hr. each	Y-BOCS questionnaire
Phase 2 Assessment Lasted for 2 months.	Sessions conducted on alternative days. Theme: Obsession regulation - Daily Recording of the routine. -Graphology -CBT& REBT -PMR Techniques -Gratitude Diary writing This session lasted for 2 months. -Towards the end of each monthly session, the questionnaire was repeated and found that the symptoms gradually reduced scores of 26,18,16 (From Severe to Moderate level).	1 hr. each	Beck Anxiety Scale & Y-BOCS
Phase 3 Assessment Lasted for 3 months	Sessions are conducted weekly. Theme: Behaviour Regulation	1 hr. each	Y-BOCS Scale

	<ul style="list-style-type: none"> -Daily Recording of the routine -Gratitude daily diary writing -Exposure and response preventive techniques. -Knowing cues (External and Internal Cues) -Focusing -BT <p>Scoring recorded to 12,8,8 respectively.</p>		
Phase 4 Assessment 3 months	<p>Sessions are conducted 2 times a month.</p> <ul style="list-style-type: none"> - Theme: total assessment -The study was found extremely useful for reducing the symptoms in OCD patients. -Total score is 8(mild) <p>Medication was reduced 2 times</p>	I hr. each	y-BOCS Scale

The data collection time horizon is set to be longitudinal. Its goal is to address the study of individual change and variation directly. In this single case study, various follow-ups and Y-BOCS readings are recorded regularly to determine the difference in OCD symptoms. The population in this study were OCD patients who sought treatment and counselling in the Department of Psychiatry at Holy Cross Super Speciality Hospital in Kollam, Kerala, between January 2021 and June 2022 (N = 183). Only one sample size is chosen for this case study. This patient had a long history of illness (13 years), and she recovered quickly after 8 months of therapeutic sessions and pharmacotherapy. When compared to other OCD patients, her long medication history brought impairment in social, occupational, and interpersonal skills. From this, it was very clear that the medication alone was not assisting her in experiencing wellness and fulfilment in life. The uniqueness of this single case study and its outcome after applying insightful psychotherapy prompted the researcher to introduce Insightful Psychotherapy together with pharmacotherapy to provide hope for many who suffer in a similar situation. Using a semi-structured interview to evaluate OCD patients is the goal of the Y-BOCS rating system. The pre-score and post-scores were used to understand whether symptoms were lowered with the help of therapeutic intervention. (Notes: Model 1 consists of Obsession (1–5) and Compulsion (6–10); Model 2 consists of Interference/Severity (1-3, 6-8) and Resistance/Control (4, 5, 9, and 10). The subscale scores are added together to provide the Y-BOCS Overall score.

6. FINDINGS, RESULTS, AND ANALYSIS :

In this article, a real-world case study is discussed. Out of nearly 183 OCD patients who sought treatment at Holy Cross Hospital over a year, from January 2021 to June 2022, a single case is the subject of an extensive examination due to its complexity. The characteristics of this case study result from its extensive treatment plan, which lasted for more than 13 years. Despite obtaining medication and treatment, the client's condition did not improve, thus the researcher tried to solve the client's difficulties by combining insightful psychotherapy in counselling with CBT, BT, and pharmacotherapy. Later it was found that the client did not get better while getting medication and treatment only. The continuous treatment of eight months of follow-up sessions proved to be helpful in this regard. The y-BOCS questionnaire was distributed before the interview. The patient had an extreme score of obsession and compulsion on the initial examination (SUM=36). Within three months of receiving insightful psychotherapy and medication, her OCD symptoms gradually subsided and were rated as severe (SUM=26). It achieved a mild score of 8 after receiving treatments for 8 months.

The uniqueness of this single case study and its outcome prompts the researcher to introduce the effect of Insightful Psychotherapy and provide hope to many who suffer in this regard.

7. CONCLUSION :

This case study demonstrated how medicine combined with insightful psychotherapy can lessen OCD symptoms in people with chronic conditions. In insightful psychotherapy, the therapist may attempt to get to the bottom of your problems by discussing your past or childhood to determine what may have caused these feelings (April, Justice. (2024). [57]). Based on the Y-BOCS-11, BABS, and OVIS, patients who were employed or qualified to work exhibited superior insight (Guillén-Font, M. A. et al. (2021). [58]). Medication and insightful psychotherapy treatment packages such as Free Association, dreams, past exploration, confrontation, CBT, REBT, BT, and so on are carefully tailored to be delivered innovatively to treat severe OCD conditions (April, Justice. (2024). [59]). The results and findings can provide hope to many of the remaining patients whose past efforts at treatment failed. Conformity is possible through other controlled trials as needed for better assessment of OCD patients. Insightful Psychotherapy tailored with Pharmacotherapy and an empathetic way of counselling provides sufficient support for people with OCD (Fulford, K. W. M. et al. (2013). [60]). Until 1966, most people considered OCD to be an incurable condition (Steketee, G., &Neziroglu, F. (2003). [61]). The use of insightful psychotherapy may be advantageous for people who interact with others at work or home. If disagreement and miscommunication are regular occurrences in relationships, there may be an underlying problem in behaviour. Utilizing meta-cognitive techniques can help someone alter their thought patterns and the behaviours that get along with them (April, Justice. (2024). [62]). Patients with OCD require follow-up and medications. Some patients have been on regular pharmacology for 10 and 13 years, but the researcher discovered that after 3 months of regular follow-up sessions of psychotherapy in counselling and medication, they have a drastic change in their behaviour and thought patterns. Positive Psychology paved the way for them to alter their focused behaviour and sustained thought patterns. Schema therapy (ST) is regarded as a powerful tool for treating severe OCD symptoms (Caprioli, R. M. et al. (1998). [63]) because it emphasizes the development of therapeutic relationships between client and therapist. CBT relationships, on the other hand, are not commonly labelled. Clinical trials can produce truly insightful psychotherapy, and extending this into longer-term therapeutic practice should be the main goal of future research.

8. SUGGESTIONS :

- (1) Many sophisticated abilities are necessary for clinicians and students to successfully treat complex cases of OCD. It is uncomplicated to distinguish how different therapies can be implemented to overcome the symptomatic patterns.
- (2) The most prominent treatment technique for the cognitive distortion common to OCD is the adaptation of CT (Fama, J., &Wilhelm, S. (2005). [64]). It is more helpful need for professionals to be educated on these methods and undergo training so they may use them to treat complicated OCD symptoms.
- (3) To treat severe and extreme OCD cases, for anyone managing such circumstances, motivational interviewing techniques are quite beneficial and highly advised. (John, Antony.D. (2018). [65]). Advanced therapeutic training, combined with CBT and BT, adequately prepares patients for the actions they must take to succeed during therapy.

9. LIMITATIONS OF THE RESEARCH :

- (1) Clients with similar issues can be clubbed together rather than treated individually so that time and energy can be saved.
- (2) It is observed that clients are often treated only with medication rather than applying this effective therapy.
- (3) It is a costly and long-term process and time-consuming.
- (4) It is found that only financially sound people can afford these long-term treatment sessions.
- (5) The breach of confidentiality can occur at times when supportive therapeutical measures are adopted for the betterment of the client.
- (6) Although there were 183 OCD patients in the population under research, I only chose one case study as my sample. I could have improved my research's outcome if I had picked more samples.

10. SCOPE FOR FURTHER RESEARCH :

- (1) The results and findings show that insightful psychotherapy is more successful at treating people with OCD symptoms than excessive drugs.
- (2) The consistency of this case study can be used further as a model for the upcoming experiments in cohort studies, controlled trials, observational studies, etc. as needed for the better assessment of OCD patients and their recovery.

REFERENCES :

- [1] Stewart, S. E., Yen, C. H., Stack, D. E., & Jenike, M. A. (2006). Outcome predictors for severe obsessive-compulsive patients in intensive residential treatment. *Journal of Psychiatric Research*, 40(6), 511-519. [Google Scholar](#)
- [2] <https://download.e-bookshelf.de/download/0000/5683/11/L-G-0000568311-0002319180.pdf>
Accessed on 28/11/2022.
- [3] Torresan, R. C., Ramos-Cerqueira, A. T. A., Shavitt, R. G., do Rosário, M. C., de Mathis, M. A., Miguel, E. C., & Torres, A. R. (2013). Symptom dimensions, clinical course and comorbidity in men and women with obsessive-compulsive disorder. *Psychiatry Research*, 209(2), 186-195. [Google Scholar](#)
- [4] Miguel, E. C., Leckman, J. F., Rauch, R., Rosa´rio-Campos, M. C., Hounie, A. G., Mercadante, M. T., Chacon, P., Pauls, D. L., 2005. Obsessive-compulsive disorder phenotypes: implications for genetic studies. *Molecular Psychiatry* 10, 258–275. [Google Scholar](#)
- [5] Mathis, M. A. D., Alvarenga, P. D., Funaro, G., Torresan, R. C., Moraes, I., Torres, A. R., ... & Hounie, A. G. (2011). Gender differences in obsessive-compulsive disorder: a literature review. *Brazilian Journal of Psychiatry*, 33, 3 90-399. [Google Scholar](#)
- [6] Aksaray, Berkant Yelken, CemKaptanoğlu, SüleymanOflu, Murat Özaltın, G. (2001). Sexuality in women with obsessive-compulsive disorder. *Journal of Sex & Marital Therapy*, 27(3), 273-277. [Google Scholar](#)
- [7] Uguz, F., Gezginc, K., Zeytinci, I. E., Karatayli, S., Askin, R., Guler, O., ... & Gecici, O. (2007). Obsessive-compulsive disorder in pregnant women during the third trimester of pregnancy. *Comprehensive Psychiatry*, 48(5), 441-445. [Google Scholar](#)
- [8] John D. Antony (2018). *Counsellors' Approach to Mental Disorder* based on Diagnostic and Statistical Manual Disorder-5 (DSM-5) "Obsessive-Compulsive and Related Disorder" edited by St. Joseph Institute of Printing et al. published by Guru Publication, Tamil Nadu, India, 187-208.
- [9] Minichiello WE, Baer L, Jenike M. A. (1998). Behaviour therapy for the treatment of obsessive-compulsive disorder: theory and practice. *Compr Psychiatry*. 29(2),123-37. DOI: 10.1016/0010-440x (88)90005-3. PMID: 3286108. [Google Scholar](#)
- [10] Kvale, G., Hansen, B., Hagen, K., Abramowitz, J. S., Børtveit, T., Craske, M. G., ... & Öst, L. G. (2020). Effect of D-Cycloserine on the effect of concentrated exposure and response prevention in difficult-to-treat obsessive-compulsive disorder: a randomized clinical trial. *JAMA network open*, 3(8), e2013249-e2013249. [Google Scholar](#)
- [11] Rasmussen, S. A., & Eisen, J. L. (1997). Treatment strategies for chronic and refractory obsessive-compulsive disorder. *Journal of clinical psychiatry*, 58(13), 9-13. [Google Scholar](#)
- [12] Castro-Rodrigues, P., Camacho, M., Almeida, S., Marinho, M., Barahona-Corrêa, J. B., & Oliveira-Maia, A. J. (2018). Criterion validity of the Yale-Brown Obsessive-Compulsive Scale second edition for diagnosis of obsessive-compulsive disorder in adults. *Frontiers in psychiatry*, 9(1), 408434. [Google Scholar](#)
- [13] Goodman, W. K. (1992). Pharmacotherapy of obsessive-compulsive disorder. *Zwangsstörungen/ Obsessive-Compulsive Disorders*, 141-151. [Google Scholar](#)
- [14] March, J. S., Frances, A., Carpenter, D., & Kahn, D. A. (1997). Treatment of obsessive-compulsive disorder. *JOURNAL OF CLINICAL PSYCHIATRY*, 58. [Google Scholar](#)

- [15] Woody, S. R., Steketee, G., & Chambless, D. L. (1995). Reliability and validity of the Yale-Brown obsessive-compulsive scale. *Behaviour research and therapy*, 33(5), 597-605. [Google Scholar](#)
- [16] Semple, D., & Smyth, R. (2019). *Oxford handbook of psychiatry*. Oxford university press. [Google Scholar](#)
- [17] <https://www.verywellmind.com/what-is-insight-oriented-therapy-5211137#:~:text=Insight%20oriented%20therapy%20can%20be%20a%20beneficial%20form%20of%20treatment,of%20coping%20with%20difficult%20emotions>. Accessed on 05/04/2024.
- [18] <https://www.betterhelp.com/advice/therapy/what-is-insight-therapy-definition-purpose-and-applications/> Accessed on 28/08/2022. updated version in 2024.
- [19] Antony. D. John (2012). *Dynamics of Counselling edited by St. Joseph Institute of Printing et al. published by Anugraha Publication, Tamil Nadu, India,*
- [20] <https://www.betterhelp.com/advice/therapy/what-is-insight-therapy-definition-purpose-and-applications/> Accessed on 01/12/2022. updated version in 2024.
- [21] Antony. D. John (2012). *Dynamics of Counselling edited by St. Joseph Institute of Printing et al. published by Anugraha Publication, Tamil Nadu, India,*
- [22] <https://positivepsychology.com/psychodynamic-therapy/> Accessed on 20/12/2022.
- [23] Karcher, M. J. & Benne, K. (2008). Erik and Joan Eriksons' approach to human development in counselling. In counselling.), Lifespan development in action: A case study approach for counselling pro counselling (pp. 199- 238). [Google Scholar](#)
- [24] Ellenberger, H. F. (1970). *The Discovery of the Unconscious*. New York: Basic Books.
- [25] May, R., & Yalom, I. (1989). Existential psychotherapy. *Current psychotherapies*, 363-402. [Google Scholar](#)
- [26] Ezriel, H. (1952). Notes on Psychoanalytic Group Therapy: II: Interpretation and Research. *Psychiatry*, 15 (2), 119-126. [Google Scholar](#)
- [27] Patterson, K. (1986). Lexical but no semantic spelling? *Cognitive Neuropsychology*, 3(3), 341-367. [Google Scholar](#)
- [28] <https://sci-hub.se/https://doi.org/10.1017/S0813483900009013> Accessed on 20/12/2022.
- [29] https://books.google.co.in/books?id=CRnR87UQbMwC&printsec=frontcover&dq=inauthor:%22Carl+Ransom+Rogers%22&hl=en&newbks=1&newbks_redir=0&sa=X&redir_esc=y#v=onepage&q&f=false Accessed on 20/12/2022.
- [30] Maslow, A. H. (1969). The farther reaches of human nature. *Journal of Transpersonal Psychology*, 1(1). [Google Scholar](#)
- [32] Gross, E., Stelzer, N., & Jacob, G. (2012). Treating OCD with the schema mode model. *The Wiley-Blackwell Handbook of Schema Therapy: Theory, research, and Practice*, 174-184. [Google Scholar](#)
- [33] John D. Antony (2018). *Counsellors' Approach to Mental Disorder based on Diagnostic and Statistical Manual Disorder-5 (DSM-5) "Obsessive-Compulsive and Related Disorder" edited by St. Joseph Institute of printing et al. published by Guru Publication, Tamil Nadu, India, 187-208.*
- [34] Abramowitz, J. S., & Reuman, L. (2020). Obsessive-compulsive disorder. *Encyclopedia of personality and individual differences*, 3304-3306. [Google Scholar](#)
- [35] Rasmussen, S. A., & Eisen, J. L. (1997). Treatment strategies for chronic and refractory obsessive-compulsive disorder. *Journal of Clinical Psychiatry*, 58(13), 9-13. [Google Scholar](#)
- [36] Goodman, W. K., Price, L. H., Rasmussen, S. A., Mazure, C., Fleischmann, R. L., Hill, C. L., ... & Charney, D. S. (1989). The Yale-Brown obsessive compulsive scale: I. Development, use, and reliability. *Archives of general psychiatry*, 46(11), 1006-1011. [Google Scholar](#)

- [37] Woody, S. R., Steketee, G., & Chambless, D. L. (1995). Reliability and validity of the Yale-Brown obsessive-compulsive scale. *Behaviour research and therapy*, 33(5), 597-605. [Google Scholar](#)
- [38] Goodman, W. K. (1992). Pharmacotherapy of obsessive-compulsive disorder. *Zwangsstörungen/ Obsessive-Compulsive Disorders*, 141-151. [Google Scholar](#)
- [39] Sahin, Z., Vinnars, B., Gorman, B. S., Wilczek, A., Åsberg, M., & Barber, J. P. (2018). Clinical severity as a moderator of outcome in psychodynamic and dialectical behavior therapies for borderline personality disorder. *Personality disorders: theory, research, and treatment*, 9(5), 437. [Google Scholar](#)
- [40] <https://www.davisvanguard.org/2022/02/insight-therapy-provides-healing-from-early-trauma/> Accessed on 13/12/2022.
- [41] Semple, D., & Smyth, R. (2019). *Oxford handbook of psychiatry*. Oxford University Press. [Google Scholar](#)
- [42] Antony, D. John (2012)]. *Dynamics of Counselling edited by St. Joseph Institute of Printing et al. published by Anugraha Publication, Tamil Nadu, India,*
- [43] Erikson, E. H. (1968). On the nature of psycho-historical evidence: In search of Gandhi. *Daedalus*, 695-730. [Google Scholar](#)
- [44] Ellenberger, H. F. (1970). *The discovery of the unconscious: The history and evolution of dynamic psychiatry* (Vol. 1, pp. 280-281). New York: Basic books. [Google Scholar](#)
- [45] May, R., & Yalom, I. (1989). Existential Psychotherapy. *Current psychotherapies*, 363-402. [Google Scholar](#)
- [46] Ezriel, H. (1952). Notes on Psychoanalytic Group Therapy: II: Interpretation and Research. *Psychiatry*, 15 (2), 119-126. [Google Scholar](#)
- [47] Patterson, K. (1986). Lexical but no semantic spelling? *Cognitive Neuropsychology*, 3(3), 341-367. [Google Scholar](#)
- [48] <https://sci-hub.se/https://doi.org/10.1017/S0813483900009013> Accessed on 20/12/2022.
- [49] Maslow, A.H. (1969). The farther reaches of human nature. *Journal of Transpersonal Psychology*, 1(1). [Google Scholar](#)
- [50] Ernst, M. M., Barhight, L. R., Bierenbaum, M. L., Piazza-Waggoner, C., & Carter, B. D. (2013). Case studies in Clinical Practice in Pediatric Psychology: The “why” and “how to”. *Clinical Practice in Pediatric Psychology*, 1(2), 108. [Google Scholar](#)
- [51] Melli, G., Avallone, E., Moulding, R., Pinto, A., Micheli, E., & Carraresi, C. (2015). Validation of the Italian veYale–Brownhe Yale–Brown Obsessive Compulsive Scale–Second Edition (Y-BOCS-II) in a clinical sample. *Comprehensive psychiatry*, 60(1), 86-92. [Google Scholar](#)
- [52] Steketee, G., & Lam, J. (1993). Obsessive-compulsive disorder. In *Handbook of effective psychotherapy* (pp. 253-278). Springer, Boston, MA. [Google Scholar](#)
- [53] Fawcett, E. J., Power, H., & Fawcett, J. M. (2020). Women are at greater risk of OCD than men: a meta-analytic review of OCD prevalence worldwide. *The Journal of clinical psychiatry*, 81(4), 13075. [Google Scholar](#)
- [54] Vulink, N. C., Denys, D., Bus, L., & Westenberg, H. G. (2006). Sexual pleasure in women with obsessive-compulsive disorder. *Journal of affective disorders*, 91(1), 19-25. [Google Scholar](#)
- [55] Castle, D. J., Deale, A., & Marks, I. M. (1995). Gender differences in obsessive compulsive disorder. *Australian & New Zealand Journal of Psychiatry*, 29(1), 114-117. [Google Scholar](#)
- [56] Ernst, M. M., Barhight, L. R., Bierenbaum, M. L., Piazza-Waggoner, C., & Carter, B. D. (2013). Case studies in Clinical Practice in Pediatric Psychology: The “why” and “how to”. *Clinical Practice in Pediatric Psychology*, 1(2), 108. [Google Scholar](#)

- [57] <https://www.betterhelp.com/advice/therapy/what-is-insight-therapy-definition-purpose-and-applications/> Accessed on 10/12/2022. updated 2024.
- [58] Guillén-Font, M. A., Cervera, M., Puigoriol, E., Foguet-Boreu, Q., Arrufat, F. X., & Serra-Millàs, M. (2021). Insight in obsessive-compulsive disorder: relationship with sociodemographic and clinical characteristics. *Journal of Psychiatric Practice*, 27(6), 427. [Google Scholar](#)
- [59] <https://www.betterhelp.com/advice/therapy/what-is-insight-therapy-definition-purpose-and-applications/> Accessed on 10/12/2022. updated 2024.
- [60] Fulford, K. W. M., Davies, M., Gipps, R., Graham, G., Sadler, J., Stanghellini, G., & Thornton, T. (Eds.). (2013). *The Oxford handbook of philosophy and psychiatry*. OUP Oxford. [Google Scholar](#)
- [61] Steketee, G., & Neziroglu, F. (2003). Assessment of Obsessive-Compulsive Disorder and Spectrum Disorders. *Brief Treatment & Crisis Intervention*, 3(2). [Google Scholar](#)
- [62] <https://www.betterhelp.com/advice/therapy/what-is-insight-therapy-definition-purpose-and-applications/> Accessed on 14/12/2022.
- [63] CAPRIOLI, R. M., STORY, M. S., YOST, R. A., & WYSOCKI, V. H. (1998). JON AMSTER. [Google Scholar](#)
- [64] Fama, J., & Wilhelm, S. (2005). Formal cognitive therapy: a new treatment for OCD. In Concepts and controversies in obsessive-compulsive disorder (pp. 263-281). Boston, MA: Springer US. [Google Scholar](#)
- [65] John D. Antony (2018)]. *Counsellors' Approach to Mental Disorder* based on Diagnostic and Statistical Manual Disorder-5 (DSM-5) "Obsessive-Compulsive and Related Disorder" edited by St. Joseph Institute of Printing et al. published by Guru Publication, Tamil Nadu, India, 187-208.
