Describe the psychological explanations (cognitive, behavioural and psychodynamic) of obsessive-compulsive disorder (OCD). [6]

Ans. The cognitive explanation suggests that obsessive-compulsive disorder (OCD) is a result of thinking error. This refers to the belief that every thought a person has is important and that is why it is recurring. This belief is reflected in various specific thinking errors, one of which is thought-action fusion (TAF). Here, a patient of OCD believes that their thoughts will definitely result in them committing certain actions. For example, because he repeatedly thinks of stabbing his partner, a patient would believe that he would actually do so in reality. Another error is thought-event fusion (TEF). Here, a patient believes that their thoughts will culminate into actual events. For example, a patient would believe that just because they obsess about their child facing a road accident, their child would really be the victim of a road accident one day.

The behavioural explanation suggests that OCD is a result of operant conditioning. Compulsions are explained as negatively reinforcing since they provide relief from obsessions to the OCD patient, who is distressed by repeatedly thinking worrisome thoughts. For example, if a patient keeps obsessing about the possibility of having been contaminated by germs from touching a door knob; washing his hands for a long time gives him relief from the recurring thought that he has contracted germs, which proves to reward and encourage the behaviour. This causes him to form the compulsive habit of washing his hands whenever the thought occurs.

The psychodynamic explanation explains OCD with the help of the anal stage of development. Toilet training of a child is done at this stage and if this training is too early, when the child is not prepared for it; or if it is done too harshly, the child might become fixated at this stage which will affect their adult personality. For example, the child would become obsessed about orderliness and cleanliness as that was insisted severely during his toilet training. Or, they would develop what is called an 'anally retentive personality' that is characterised by perfectionism which again, was insisted upon when they had to learn to use the toilet.

Table A: AO1 Knowledge and understanding
The table should be used to mark the 6 mark part (a) 'Describe' questions (4, 8, 12 and 16).

Level	Description	Marks
3	• Clearly addresses the requirements of the question. • Description is accurate and detailed. • The use of psychological terminology is accurate and appropriate. • Demonstrates excellent understanding of the material.	5–6
2	• Partially addresses the requirements of the question. May cover one theory/concept only. • Description is sometimes accurate but lacks detail. • The use of psychological terminology is adequate. • Demonstrates good understanding.	3–4
1	• Attempts to address the question. • Description is largely inaccurate and/or lacks detail. • The use of psychological terminology is limited. • Demonstrates limited understanding of the material.	1–2
0	No creditable response.	0

Evaluate the psychological explanations (cognitive, behavioural and psychodynamic) of obsessive-compulsive disorder (OCD), including a discussion of individual and situational explanations. [10]

Ans.

One strength of the psychological explanations is that they largely support an individual explanation of obsessive compulsive disorder (OCD). For example, the cognitive explanation suggests that thinking errors in the way in which an individual processes his own thoughts cause OCD; while the psychodynamic explanation suggests that fixation at the anal stage of development results in the disorder by developing personality traits within the individual like orderliness or perfection. This is a strength because it helps understand why only some individuals would develop OCD in the face of situational stressors while others would not. For example, if forced to live in unhygienic conditions, one individual who has thinking errors would develop contamination-related obsessions by giving importance to the thought, "I might fall ill because of the germs here," and assume that just because they are thinking this, they will actually fall ill soon. Another individual in the same situation might have the same thought but not give it much importance and therefore, they would not develop obsessions. However, one weakness of focusing only on internal factors contributing to OCD is that situational factors that trigger the condition are not given due importance in these explanations. In the previous example, it is not in the absence of the unhygienic condition that a person develops OCD. Thus, an interplay between individual and situational factors should be acknowledged and an exploration should be done of the features of the situation such as overpowering smells or emotionally disturbing sights that could be aggravating the individual's obsessions of contamination.

Another strength of these explanations is that they support a nurture perspective of the development of OCD. For example, the behavioural explanation sheds light on how negative reinforcement by engaging in compulsions initially conditions a person towards developing OCD; while the psychodynamic explanation suggests that early life learnings of orderliness from harsh toilet training experiences result in the disorder. This is a strength because understanding this perspective aids in the development of treatments for the disorder. For example, a treatment called ERP (exposure and response prevention) helps OCD patients break the cycle of engaging in compulsions and gaining negative reinforcement. This is done by exposing patients gradually to triggers of their obsessions and making them tolerate the obsessions that arise, by not allowing them to engage in compulsions. Thus, compulsive behaviour is unlearnt with the help of this therapy. This said, a weakness of this explanation is that it proves to be reductionist by ignoring the contribution of nature to OCD. Studies have shown that genes like DRD4 or COMT related to activity of the neurotransmitter dopamine; and SLITRK5 involved in the development of BDNF, a protein that keeps neural networks generally healthy, can predispose individuals towards developing the disorder.

One weakness of these explanations is that they are all nomothetic in their approach. For example, the cognitive explanation proposes that all patients of OCD will show similar thinking errors such as thought-action fusion or thought-event fusion and the psychodynamic explanation assumes that all patients of OCD have undergone similarly harsh toilet training experiences in childhood that have made them vulnerable towards developing OCD. However, symptoms and explanations for the disorder can be very specific to an individual. For example, Freud presented the case study of 'Rat-man,' a patient of OCD who had developed an obsession that he and his girlfriend would be harmed by rats. This was due to repressed memories of his sexual desire for his girlfriend hatred towards his father who tried to stop him from romancing his girlfriend. Thus, in this case it was not fixation at the anal stage or problems with toilet training but rather, a complex dynamic with his father that caused the patient to develop OCD, showcasing that an idiographic approach can be superior in understanding the condition for a given case. Yet it is true that a nomothetic approach does serve as a starting point for understanding the condition for therapists who could for example, explore the early childhood of their patients and from there further investigate what possible issues with their unconsious could have resulted in the disorder.

Level	Description	Marks
5	• Detailed evaluation of the psychological theories, research, approaches, explanations and treatments/therapies. • Analysis is evident throughout. • A good range of issues including the named issue. • Selection of evidence is very thorough and effective.	9–10
4	• Detailed evaluation of the psychological theories, research, approaches, explanations and treatments/therapies. • Analysis is often evident. • A range of issues including the named issue. • Selection of evidence is thorough and effective.	7–8
3	• Some detailed evaluation of the psychological theories, research, approaches, explanations and treatments/therapies. • Analysis is limited. • A limited range of issues including the named issue. • Selection of evidence is mostly effective.	5–6
2	• Superficial evaluation of the psychological theories, research, approaches, explanations and treatments/therapies. • Little analysis. • Limited number of issues which may not include the named issue. • Selection of evidence is sometimes effective.	3–4
1	• Little evaluation of the psychological theories, research, approaches, explanations and treatments/therapies. • Little or no analysis of issues. • Selection of evidence is limited.	1–2
0	No creditable response.	0

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