OBSESSIVE COMPULSIVE BEHAVIOURS—A THERAPEUTIC STUDY WITH THOUGHT STOPPING PROCEDURE.

N. NAMMALVAR, MA., D.M. & S.P.,
A. VENKOBAN RAO, M.D., Ph.D., D.Sc., D.P.M., FRC Psych., FAMS, FAPA., MRANZCP.

SUMMARY

In a Cross over design, the therapeutic value of thought-stopping technique in Obsessive Compulsive behaviour was examined by comparing its effect to that of progressive muscular relaxation. A group of 17 individuals with obsessive compulsive behaviours patterns served as study group. The measure of therapeutic change include frequency of obsession, Taylor's Manifest Anxiety scale, Beck's inventory for Depression, Distress rating, and Fear survey schedule. The results showed marked improvement in 11 individuals and minimal improvement in 3 and no change in the remaining 3 individuals. Both relaxation and thought stopping effected changes in the indices of therapeutic change. However, thought-stopping was found to be significantly more effective. The study also discusses some follow-up data as well as the theoretical issues of obsessional behaviour.

The role of thought-stopping in the treatment of Obsessive Compulsive Neurosis is still a matter of some controversy. There have been several case studies reporting favourable outcome (Wolpe, 1973; Cautella, 1969; Yamagami, 1971; Kumar and Wilkinson, 1971). However Stern et al., (1973) in their controlled study contradicted the effectiveness of thought-stopping in the removal of obsessive behavioural patterns. They found that tape-recorded thought-stopping had a weak therapeutic effect and that the improvement shown was comparable to that of stopping natural ideas in the place of obsessions. But further studies have shown that the procedure is as good as exposure-in-vivo and prolonged cognitive exposure (Herckenrath & McClean 1975, and Emmelkamp & Kwee 1977). In two of the earlier observations from this Institute, the role of pharmacological agents as well as psychiatric surgical procedures were reported (Venkoba Rao 1964; Venkoba Rao and Chinnian, 1972). The present study is aimed at considering the application of thought-stopping procedure in a group of obsessive by comparing its effect with that of relaxation procedure.

SAMPLE

The Study group comprised of 17 individuals, selected purposefully from the out-patients service of the Institute of Psychiatry, Madurai Medical College, Madurai. All these individuals were diagnosed as suffering from Obsessive Compulsive Neurosis by two independent Examiners. Patients with clear hallucinations and prominent thought disorders were excluded. There were 12 males and 5 females, all within the age group of 17 to 35 years (average 23.77 years). Eleven of them had only recurrent fears and doubts such as contaminations of diseases, acts of omissions. Four of these eleven had accompanying motor components such as washing rituals, repeated counting and checking. In five images of dirt, faecal matter and genitalia were reported. Two of them had images of buttocks and genitals of young men and women. One patient had a fear that she may harm her children and husband. Seven in the series had compulsive phenomen
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such as checking and washing rituals. The duration in the entire group ranged from 1½ years to 3½ years with an average of 2.37 years.

PROCEDURE

A cross over design was used. On referral for therapy the individuals were informed about the details of the treatment and the need for regular attendance was emphasized.

Later at the end of a week's observation, they were taught progressive muscular relaxation of Jacobson (1938). They were asked to practice the same twice daily at home. During this period, they were seen twice a week in the ward to mark any change in the obsessional behaviours effected by relaxation. This was continued for two weeks. At the end of second week all the behavioural measures were repeated. This was done to study the effect of relaxation on the individuals.

Thought-stopping was introduced at the beginning of third week. The standard procedure described by Canella (1969) was followed. The details of the obsessional as well as the compulsive behaviours were enlisted. Later the programme began by directing the person to close his eyes and recollect the obsessional thought sequence one by one. When the thoughts were vivid a loud aversive noise was made along with therapist shouting 'stop'. Each time attention of the individual was drawn to the fact that the thoughts do stop at the 'stop' call by the therapist. Each session continued till the person could not recollect the thought sequences for a latency period of 3 minutes. Towards the end of this phase (10 days) the individuals were asked to interrupt the obsessional thoughts by uttering 'stop' subvocally; This phase was also continued for two weeks. The measures of therapeutic changes included were Taylor's manifest anxiety scale, Beck's inventory for depression, distress rating by the individual, fear survey schedule and the frequency of obsessions and compulsions. The same measures were repeated before and after the relaxation and thought-stopping sessions and the comparisons were made by applying Student's 't' test of significance.

RESULTS

Eleven out of 17 individuals (65%) registered marked improvement (See appendix) in the frequency of obsessions as well as the distressing nature of them. In the remaining, only 3 individuals showed minimal improvement in their clinical picture. Though these people continued to have their obsessional thoughts they showed reduction in the abhorrent nature of them. In 3 subjects inspite of their regular attendance no beneficial changes were noted. Viewing the results as a whole these changes were significant only after the thought-stopping sessions. Table II and III illustrate that the difference between the behavioural ratings were significant (p < 0.05).

| Quality of change | N  | %   |
|-------------------|----|-----|
| Marked improvement| 11 | 65  |
| Minimal improvement| 3  | 17.5|
| No improvement    | 3  | 17.5|

FOLLOW UP

A follow up of these 17 individuals was done (the ranged period of follow up from one year to 4 years with a mean of 2 yrs. and 3 month). Nine of them were contacted in person, three by post and the remaining 5 through friends and relatives. It was noted that 10 out of 11 individuals who showed marked improve-
**TABLE II.** Showing the changes in the behavioural measures before and after relaxation procedure

| Measure of change | Mean | S.D. | Mean | S.D. | 't' |
|-------------------|------|------|------|------|-----|
| Manifest anxiety  | 30.78| 11.93| 22.56| 13.49| 4.66*|
| Beck's self rating| 32.41| 12.95| 30.09| 8.76 | 2.07*|
| Distress rating   | 6.14 | 1.91 | 5.23 | 2.34 | 0.45 |
| Frequency of obsession | 16.81 | 6.89 | 15.37 | 8.59 | 2.08 |
| Fear Survey       | 81.81| 12.72| 74.21| 15.94| 4.66*|

*p<0.05

**TABLE III.** Showing the changes in the behavioural measures before and after the thought-stopping sessions (Two weeks duration)

| Behavioural measures | Before | After | 't' |
|----------------------|--------|-------|-----|
| Manifest anxiety     | 22.59  | 13.42 | 9.73| 9.91*|
| Beck's self rating   | 30.09  | 8.76 | 22.79| 9.73 | 6.11*|
| Distress rating      | 5.23   | 2.34 | 2.29 | 0.93 | 2.58*|
| Frequency of obsession| 15.27 | 8.59 | 9.65 | 5.11 | 11.23*|
| Fear survey schedule.| 74.21  | 15.94| 50.97| 14.72| 15.30*|

*p<0.05

**DISCUSSION**

The results suggest that thought-stopping is an effective procedure in the control of obsessive compulsive behaviour. Consistent changes were obtained in manifest anxiety, self rating of depression, frequency of obsessions, fears, and the distress rating. These results correspond with the findings of Yamagami (1971), Campbell (1973) and Emmelkamp and Kwee (1977). However, comparing the present study with that of Stern (1979) it can be noted that differences in the symptom patterns as well as the duration of therapy might have contributed for the contradictory findings. These leave one to focus his attention on to study the classification of obsessional disorders in relation to therapeutic techniques, rather than a single procedure to deal with a variety of symptoms. Patients who showed marked improvement had significantly a shorter duration and low degree of depression in self rating scale. In both these instances, the differences are significant (' = 3.09 and p<0.05). Perhaps with longer duration patients develop depression and moral devaluation. Such cases need treatment for depression too.

In this study the thought-stopping session invariably followed the relaxation sessions. So it is difficult to attribute the outcome only to thought stopping technique alone. But the results prove beyond doubt that thought-stopping, when used in combination with relaxation, proves to be an effective procedure in
controlling obsessional thoughts. Further the study concentrated only on obsessions whatever their compulsions be.

The three individuals who showed no therapeutic changes offered certain interesting observations. One of them had fear of contacting leprosy. His father being a leper, he was convinced that he had contacted leprosy from him. He had reasoned out that his washing rituals actually prevented him from the disastrous consequence of the disease. It has been documented that individuals with such over valued ideations do not respond favourably to treatment (Foa, 1979). The other two had images of male as well as female genitals followed by a pleasurable effect. They sought help because they felt guilty. Finally it is interesting to consider the modus operandi of this procedure. Wolpe (1973) explains that it is the establishment of inhibitory control by the therapist’s word ‘stop’ along with the aversive noise that helps in the control of obsessions. As the therapy progresses the establishment of such inhibitory controls gets transferred on to the subvocal stimuli by the individual himself. In this connection, the mechanism of this procedure is similar to ‘satiation’ that consists of long uninterrupted cognitive exposures to obsessions which aims at habituation. Studies on these lines might be worth undertaking.

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# APPENDIX I

**Summary of the Treatment**

| Nature of Problem | Presence of compulsions | Accompanying emotion | Quality of outcome |
|-------------------|-------------------------|----------------------|-------------------|
| 1. Contracting leprosy | Washing                | Fear                 | No improvement    |
| 2. Having touched faecal matters |                | Fear                 | Marked            |
| 3. Given wrong medicine | Checking          | Fear                 | Marked            |
| 4. Thought of death |                | Fear                 | Marked            |
| 5. Women's genitals |                | Pleasure             | No improvement    |
| 6. Killing babies/husband |                | Fear                 | Minimal           |
| 7. Smearing faecal matters on goddess | Checking | Guilt                | Minimal           |
| 8. Losing certificates, not written correctly | Checking | Fears                | Marked            |
| 9. Young men's genitals | Checking          | Pleasure             | Minimal           |
| 10. Images of sexual acts |                | Pleasure             | No improvement    |
| 11. Doubts of God's existence |                | Doubts               | Marked            |
| 12. Not taken correct measurement | Checking | Doubts               | Marked            |
| 13. Not washed properly after bowel movement | Washing | Doubts               | Marked            |
| 14. Having cancer breast |                | Fear                 | Marked            |
| 15. Harm would befall on children |                | Fear                 | Marked            |
| 16. Seeing goddess naked |                | Guilt                | Minimal           |
| 17. Contracted leukemia | Washing          | Fear                 | Minimal           |

## APPENDIX II

(i) **Marked Improvement**: Symptoms totally absent or present in a very mild way without interference to the normal social and occupational functioning of the individual.

(ii) **Minimal Improvement**: Appreciable reduction of symptoms but interferes with social and occupational efficiency.

(iii) **No improvement**: No change either in the symptoms or in the social functioning.