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OCD (Obsessive Compulsive Disorder): ANXIETY, RITUALS, CO-MORBIDITY OR ALTERED EGO-STATE? TREATMENT OUTCOMES WITH EMDR. © 2004

It is our opinion that OCD based on a traumatic incident and created as a result thereof is not actually a disorder, rather it is an expression of a dissociative ego- state. We are not talking about the co-morbidity of two separate disorders, OCD and DID (dissociative identity disorder), but about a dissociative state in which a part of the personality dissociates from the person who has experienced the trauma and this part is now controlling the functioning. The Obsessive Compulsive Behavior Pattern (OCBP) of the ego state is the cause for the dramatic re-enactment of parts of the original trauma and this is what retraumatizes the person afresh each time. In our opinion this labelling of OCD causes even further traumatization

Trauma based and generated OCD

1. Anxiety based dissociative states
2. OCBP (Obsessive Compulsive Behavior Pattern) pattern of OC behavior which repeats the traumatic felt anxiety at the time of the original trauma
3. This altered ego- states retraumatizes the core personality through the repetition of rituals similar to the original trauma
4. Trauma based OCD is an altered ego- state not co-morbid with DID (Dissociative Identity Disorder) diagnosis

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[U1] הערות עם: comorbidity is the simultaneous appearance of two or more psychiatric or physical illnesses,

In this article we will bring examples of how trauma generated OCD repeats the trauma through its own ritual behavior patterns.

CASE DESCRIPTION

N is 40 years old, married and has two children. He scrubs body and hair for up to three hours at a time if and after he has touched any of his designated forbidden parts (penis and behind). From the age of less than a year he was told he was disgusting and dirty for drawing with his feces – particularly disgusting and dirty for touching his penis.

Primary Trauma

Every night, in the bath tub, his mother used a wire dog brush to clean his body. During his first wire brushing experience, part of him started screaming while another part floated over watching the experience. N's primary trauma was this nightly bath which went on till the age 7.

Compulsive rituals as a formation reaction to trauma

Every time he crossed the threshold of the shower room – he could hear his own screams. He would spend hours scrubbing his body – till the screams receded behind the curtains of his mind. He has exhausted himself and feels spent.

Secondary trauma- new symptom of OCD

N's secondary trauma that locked in another OCD behavior pattern in the form of rumination, was the following; at age 10 his neighbor, a 15 year old boy abused him daily for a year, to masturbate, and taught him how to

masturbate himself. The clothed rocking movements were soothing and safe for him.

Obsessive ruminations

Women are bad. Women are not comforting. Men are comforting therefore I must be a homosexual. Women need men to make babies with. Having sex makes him dirty. Sex is bad and dirty. He must scrub.

EMDR AND OC BEHAVIOR PATTERNS

This altered OC ego- state re-traumatizes the core personality through the repetition of rituals similar to the original trauma.

Several sessions of EMDR were given using the standard EMDR protocol, where anxiety was the primary feeling and raised traumatic childhood memories of bath time and the sexual encounters with the neighbor. The therapist used cognitive interweaves designed to change the repetitive behavior pattern and when the memories were recalled, this enabled N to stop the scrubbing, and take normal showers.

DISSOCIATION AND TRIGGERS

During a trauma that is overwhelming and perceived as life threatening, the anxiety triggers a basic survival need for protection. In this state of overwhelm, just as in Peter Levine's impala story, the core personality turns itself off. During this phase, the human brain, in all its brilliance, produces some means of removing the sensation from the recognition level of the mind. Following the traumatic event – there is a recovery period. During this recovery period while the story gets retold internally or externally as a

reaction to external triggers. Every trigger, internal or external which reminds the unprocessed trauma can resurrect itself in the form of anxiety.

THE MIND IN MOMENTS OF PEAK STRESS

M's car accident is an example of how the mind works in moments of peak stress. M was in a car accident when she was 14. She was asleep in the back seat of the car and awoke as the car was overturned. She has lost the memory of the moment the car flipped over and went into the ditch. Her next memory is post operation in the hospital where she is told her spleen had been removed. Since then, every time she passed this section of the road her body would shake, and the area of the spleen operation would begin to ache. This example emphasizes the need to process experiences which are not in the consciousness but are physically present.

SOMETIMES THE MIND IS STUBBORN - PERSISTENCE IS THE KEY

An EMDR session on the accident had to be repeated several times to reach resolution. Each protocol covered different aspects of the accident, a key component was guilt. M. did successfully process and she can now be at the point of impact, drive her car and remain symptom-less.

The brain and the body try to replay the escape segment at the time of the overwhelming incident. The anxiety comes up, the fear once again is overwhelming and too painful to get through to resolution and once again the brain produces a creative means of titrating the anxiety into manageable parts.

The person has developed a means of reducing the tension and the anxiety.

In the case of predisposed OCD individuals, what develops is a ritual in the
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format of that unresolved segment from the original trauma. When we are able to decipher the format it is possible to resolve the unfinished and stuck behavior patterns.

The importance of knowing the details of each OC action resulting from trauma are “essential” for dealing with any kind of repetitive OCBP (Obsessive Compulsive Behavior Pattern). Once the looping sets in, the ego-state that is responsible for the rituals, takes over and disables the core personality from resolution of the original trauma. This may account for why so many people talk about traumatic events without ‘true’ recall of the actual moment of impact. Once the trauma is over that witnessing ego- state goes backstage and the anxiety reappears followed by symptoms of PTSD.

The PTSD symptoms produce more anxiety and this leads to more ritual behavior patterns in search of relief. The behavior becomes obsessive compulsive because the anxiety feeds on the ritual rather than gets resolved by it. Once this pattern is set in motion and the format of the anxiety reducer OCBP state evolves into usefulness, then it gets locked in as an ego- state which comes and goes with each triggering element reminiscent of the primary trauma. When there is relief, the core personality takes over. In other words, this is an expression of a disturbance on the dissociative scale, not OCD.

ANOTHER DEFINING VIEW OF OBSESSIVE- COMPULSIVE BEHAVIOR

We suggest another way to look at OC behavior as trauma based OCD as an ‘altered ego-state’ rather than another diagnostic category that is co-morbid with the diagnosis for dissociative disorders.

We have found by reframing or seeing the patterns as governed by an ego-state rather than as a co-morbid diagnosis makes recovery more accessible. Labeling people who suffer from trauma as OCD causes further trauma.

MASK MAKING A WORK IN PROCESS

As early as 1903, Janet, thought that an emotional shock could be the underlying cause of OCD. He divided the OC disorder into two types; constitutional and acquired. Constitutional OCD mostly evolves without dissociation and without post-traumatic stress disorder (Representative Symptoms: symmetry, order, neatness etc).

Acquired OCD is often triggered, following PTSD and dissociation. Underlying this OCD is the perception that the world has not done right by the individual (Representative OCBP Symptoms: repentance rituals, ruminations, self mutilation, etc.).

THE DEVELOPMENT OF TRAUMA BASED, ANXIETY MOTIVATED, DISSOCIATIVE STATES

This is the mask of OCBP: Trauma → anxiety → trigger → helper ego state → anxiety reducing ritual performer ego state emerges → the mask of OCD

THE PROCESS ENABLING THE TRIGGERING OF ACQUIRED TRAUMA BASED OCBP

Traumatic event → anxiety + overwhelm → detachment → anxiety → emergence of dissociative states → anxiety → PTSD → need to reduce anxiety → predisposition to OCD → self soothing ritual → relief →

underlying trigger → anxiety → repetition ritual → anxiety → OCBP →
 looping control of OCBP → Pre-dispositional OCD

Mask making – a work in progress:

Experiencing trauma creates emotional overwhelming that can develop into PTSD. This triggers a self-protective reaction that can lead to dissociating the core personality into parts. The emotional overwhelming in predisposed OCD individuals can bring about a controlling OCB anxiety-motivated ego-state. When this “ego-state” recedes the anxiety returns and catalyzes the OCBP

During the original trauma the core persona had no control. With the onset of the OC behavior, the person believes that he has found some control. This is illusional. Stopping the OC behavior leads the person back into the body sensations and emotions experienced during the original trauma. The traumatic memories which are stored as anxiety are one of the elements of in the genesis of acquired OCBP which later becomes the OCD mask.

THE ROLE OF THE “OCB PERSONA”

This “OCB persona” serves the dissociative adult and the family and the society by preventing the resurfacing of traumatic memories. The OCB influences the reactions to these trauma, life choices and other behavior patterns. The OCB does not allow for the expression of or discussion of these past issues. In the case of an OC cleaner it is the mask of the functioner role of the OCB persona

Many of us remember the movies that focused on lower Manhattan – where the women were out daily sweeping the stoops. Most of these were immigrant women from the eastern European block. They grew up in homes with dirt floors. And the morning ritual was to sweep out the top soil to cope with the real dirt that would settle in during the night. This ritual continues in the stored collective brain of these women's children.

CONCLUSIONS

We are suggesting and discerning a new and more useful classification and more respectful means of conceptualizing obsessive compulsive behavior patterns (OCBP). In our experience, this reframing enables a more efficient and optimistic treatment plan. By doing this, the OCD sufferer can see that there are other states and levels to his overall being that are accessible and that there is a means of limiting or in some cases entirely ridding oneself of trauma – acquired OCBP.

Constitutional OCD develops at a very early age and is expressed by the entire personality, not just a part of it. OC behaviour serves to reduce internal anxiety not connected with a specific trauma. In contrast, OCD resulting from trauma expresses only a certain specific “ego- state” of the personality triggered by an anxiety provoking trigger of the trauma.

The OCB behaviour traits are designed to help the individual:

1. to avoid underlying problems,
2. to narrow one's attention, and
3. to focus away from pain

When there are a number of traumas, the first leaves embedded anxiety and the need for self soothing behaviours, which become rituals for the

predispositional OCD. The second trauma locks in the primary embedded anxiety and buries it deeper under the new anxiety. When the soothing rituals no longer work the more elaborate ritual now gets locked into a pattern. This “OC persona” is a means of the system to protect itself. These new rituals reduce anxiety but take over the personality. They:

- 1) reinforce the OC behavior
- 2) re-traumatize repeatedly
- 3) maintain the level of anxiety that can be consciously tolerated
- 4) prevent access to the original anxiety and trauma leaving the person handicapped and in pain.

The unconscious memories of the trauma will continue to motivate the individual to find means to alleviate the anxiety. Treatment that relies only on symptom reduction does not touch the hidden elements of the trauma which have to be processed in order to restore balance to the person’s life.

TREATMENT STRATEGY WITH EMDR

EMDR protocol and methodology can focus on the anxiety of the OCB and thereby enable underlying ego- states to emerge. By processing the overt OCB of the presenting ego- state and the covert anxiety we access the original trauma. The anxiety then dissipates along with the urge or need to perform that particular OC behavior. The altered ego- state is enabled to co-share and or integrate with these other states and has more ability to let go of the rituals.

A note of caution... where addictions are involved, once the behavior pattern becomes embedded it is more difficult to access the core healthy state. What that basically means is that the process for recovery takes longer.

What we are seeing is that the “anxious OC behavior pattern” has evolved into an independent ego state designed to prevent the core person from re-experiencing the traumatic memories and THIS is what becomes the OCD mask, a mask which dooms the wearer to "a life in the shadow of anxiety.”

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