



Beyond Belief in OCD

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ELSEVIER

Review

The classification of Obsessive–Compulsive and Related Disorders in the ICD-11

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<https://icd.who.int/browse11/>

Obsessive Compulsive and Related Disorders

- Obsessive Compulsive Disorder
- Hoarding Disorder (new in ICD11 & DSM5)
- Body Dysmorphic Disorder (new in ICD11)
- Skin-picking Disorder (new in ICD11 & DSM5)
- Trichotillomania
- Hypochondriasis (different section in DSM5)
- Olfactory Reference Disorder (new ICD11 only)

ICD-11
International Classification of Diseases for Mortality and Morbidity Statistics
Eleventh Revision

Reference Guide
DRAFT
NOT FOR CIRCULATION

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Beyond Beliefs

Assessment - not just automatic thoughts or intrusive thoughts

- **Fears** "I am afraid that.. "
- **Doubts** "I could/ can be...."
- **Beliefs** "If I think....then ..."
- **Convictions** "I am totally convinced that I / the situation is...."

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Beyond Beliefs

- **Feared Consequences**
- **Evaluation** (awfulness 0-100%)
 - "I don't believe I would act on my thoughts, but just having the thoughts makes me immoral.."
 - "I don't believe I will get ill from touching a toilet seat...but it's just disgusting"
 - Usually focus on the process!

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Which changes first - C, B or E

- My first World Congress Behaviour Therapy, Edinburgh, 1988 – A.Beck, David Clark, Isaac Marks, Jo Wolpe, Skinner by video – the clash of the Titans
- 40 years on C is now integrated CBT – in OCRD – “CBT that includes E & RP” – debate about how much extra does C add
- Not going to be won by RCTs- personalised

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Two sides of the same coin – E & RP & BE in OCD



Exposure and Response Prevention are deliberate and planned activities that involve facing your fears without any compulsions or safety seeking behaviours with aim of learning *to tolerate* your anxiety/ disgust/ uncertainty

Behavioural Experiment is to test your predictions (for example in OCD whether your experience best fits with one of two competing theories Theory A / Theory B)

“Exposure” shorthand and include BE in inhibitory learning literature – not in exposure session

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Exposure in real life v in imagination



- Unacceptable future orientated sexual or violent thoughts and images
- Everyone accepts exposure to physical cues nad trying to resist mental compulsions
- But do you do exposure in imagination (proximal or distal?)
- Do you make an image worse or like a cartoon so you can laugh at it – but care not neutralize
- Do you imagery rescript – imagine actual self – again care not to neutralize

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Single Case Experimental Design

- Which changes first in OCRD?
- Daily measures of strength of beliefs, behaviours, emotions during therapy
- Very messy data – never published
- Usually no order, sometimes B first , sometimes C first, sometimes anxiety first
- Models are not actually true! Often tested in analogue studies (students)

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Beyond Belief – AI and LLMs

- Problem using AI for seeking reassurance
- Type in "I have intrusive sexual thoughts about children"
- Then type in "..but I have OCD"
- Or "Am I ugly "... but I have BDD"
- Very confused and mixed messages
- Early days
- Biggest single use of AI to combat loneliness

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Beliefs & Values

- A belief is something thought to be true because of observation or evidence.
 - Empiricism or logic to derive facts (objective and fairly universally agreed)
- A value is something thought to be good or important to an individual. Subjective.
 - Pragmatism
- Beliefs and values are like two sides of a coin

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Over-valued ideas: a conceptual analysis

D. Veale *

- **Beyond Belief - Over-valued ideas are not just very strong beliefs**
- **They are derived from values which have become dominant and idealised**
- **Idealised value**
 - **is excessively identified with the self**
 - **held rigidly and fail to adapt to circumstances**

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Body Dysmorphic Disorder



- **Typical beliefs: "My nose is crooked and too red"**
- **Value: Appearance, (social acceptance)**
- **Processing of self as an aesthetic object**

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OVI in Obsessive Compulsive Disorder

- Beliefs about being a high risk from asbestos in situations that are low risk leading to marked avoidance and checking behaviours and interference in family life
- Idealised value: Keeping family safe
- Processing of self as the protector of family
- Pragmatism - inconsistency of being a good father and effect on family



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Anorexia Nervosa

- Typical beliefs: "I feel I'm fat"
- Value: Self-control, perfectionism, ascetism
- Processing of self as an anorexic (Garner et al, 1997), or as a restricting object



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Development of idealised value

- Has the idealised value developed before or after (or at the same as) the abnormal beliefs?
- Before (aspect of personality) more difficult
- After or alongside disorder (e.g. "Appearance only becomes important after I realised I was so ugly") less of a focus in therapy

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Change idealised values?

- No "cognitive restructuring" of values
- Engagement & motivational interviewing
- Defuse from emotional association
- More realistic view of self (field perspective)
- Cost benefit analysis (pragmatism) of idealised value
 - Costs - the handicap and costs of existing behaviours, the incompatibility with other goals,
 - Benefits of acting on an alternative value

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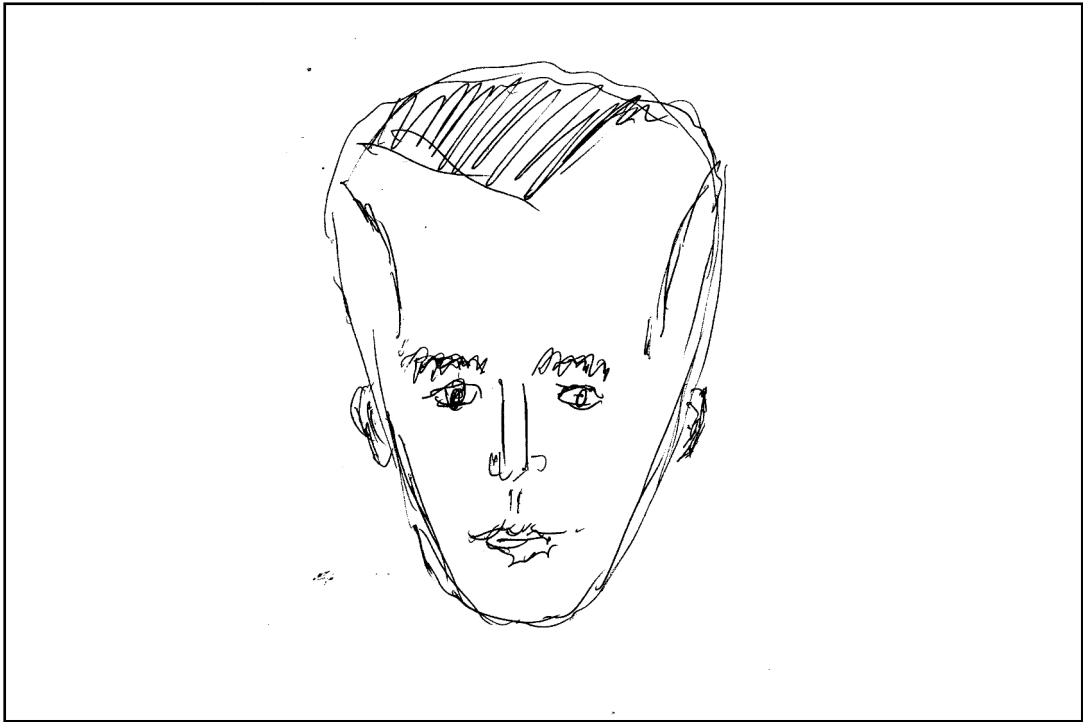
Beyond Beliefs -
the role of imagery

More difficult to
communicate - in
BDD can use a self-
portrait

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BDD Analysis

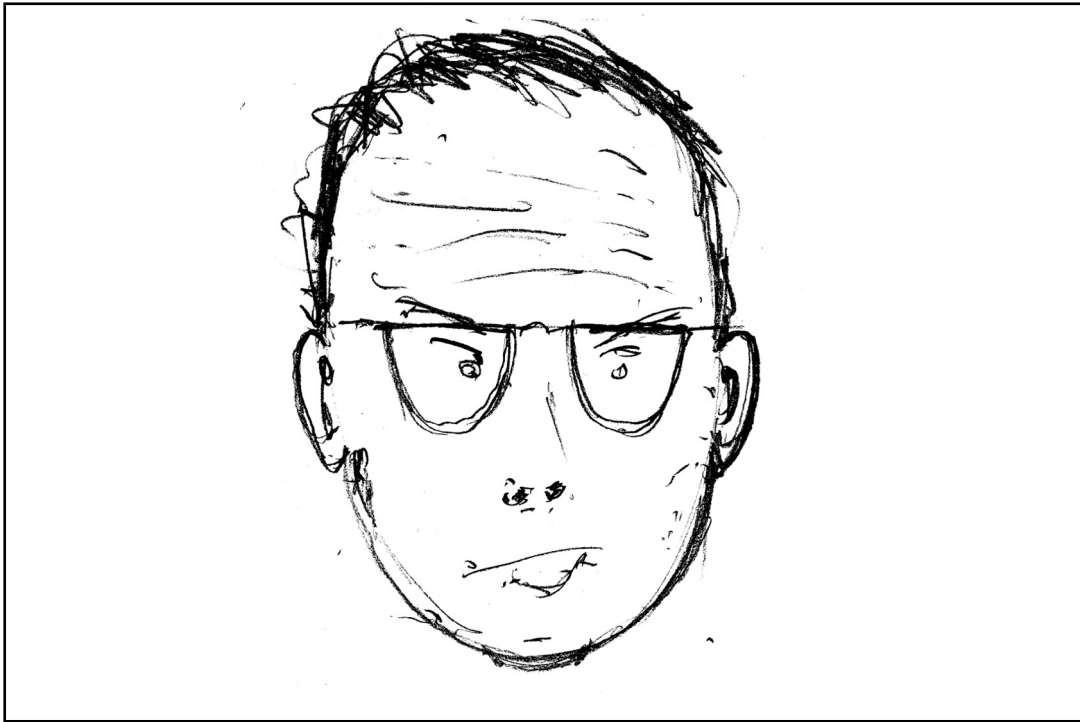
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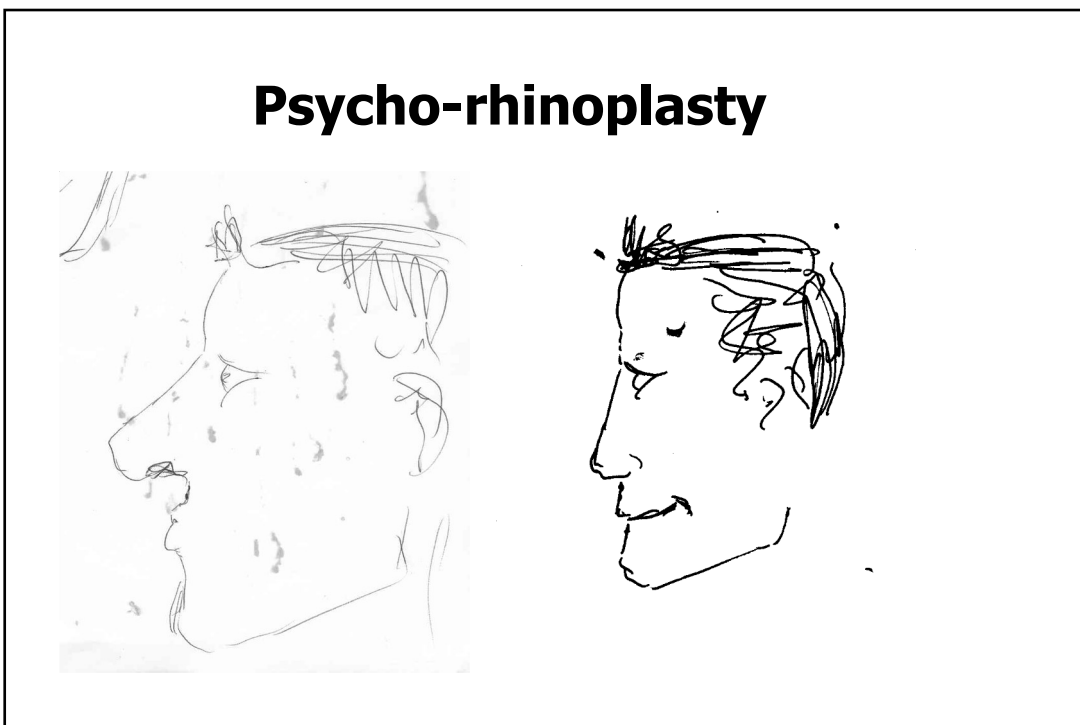
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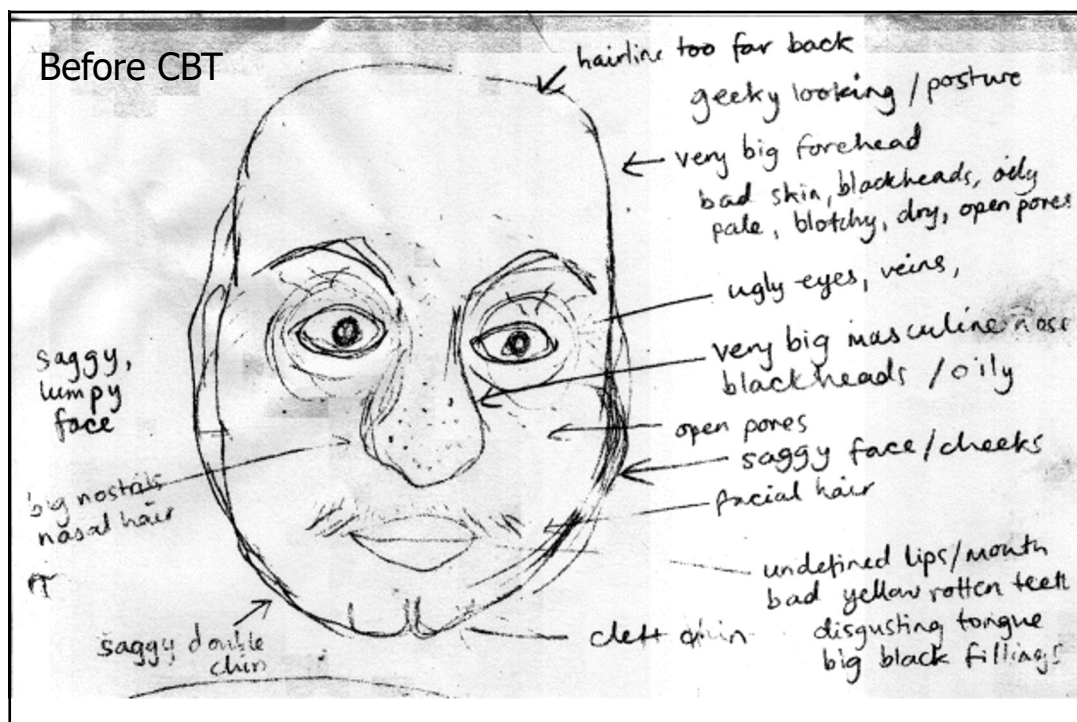
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After CBT



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Self as an aesthetic object (Veale, D, Caplin, S (2012) The Psychologist



Behav. Res. Ther. Vol. 34, No. 9, pp. 717-729, 1996
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S0005-7967(96)00025-3 0005-7967/96 \$15.00 + 0.00

BODY DYSMORPHIC DISORDER: A COGNITIVE BEHAVIOURAL MODEL AND PILOT RANDOMISED CONTROLLED TRIAL

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Body Image 54 (2005) 101-106



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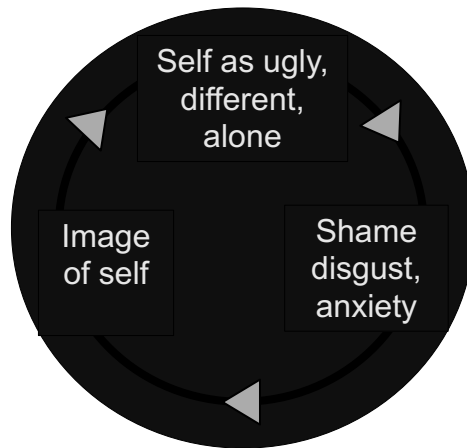


The processing of the self as an aesthetic object: Development of a new
measure for understanding body dysmorphic disorder

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Lara-Christine Jegelka^{b,d}, Emma Boldock^a

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Self as aesthetic object



Learning theory – emotional conditioning

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Self as an aesthetic object

Processes not content

- 1) Imagery – instability
- 2) Fusion
- 3) Self-focused attention
- 4) Self-objectification - feature(s) define the “self” or identity
- 5) Evaluate self as ugly, defective
Expect to be rejected or humiliated
- 6) Emotion (shame, self-disgust and anxiety)

Some of the concepts overlap

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1) Imagery

Many people with BDD experience an intrusive image or "*felt impression*" of a feature(s)

Often *unstable* and uncertain (in mind's eye or what they see in mirror)

Imagery not just visual, but can be physical sensation or smell

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MEMORY, 2004, 12 (4), 428-436

Spontaneously occurring images and early memories in people with body dysmorphic disorder

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University of Oxford, and Institute of Psychiatry, London, UK

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BDD patients (n=18) and controls (n=18)

Both BDD and controls experience imagery

BDD patients more vivid, recurrent, distorted

Viewed from an observer perspective

Associated with early memories (e.g. teasing, changes in adolescence, sexual abuse) which can be used in therapy *

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Psycho-rhinoplasty



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Video, photo and facemask feedback

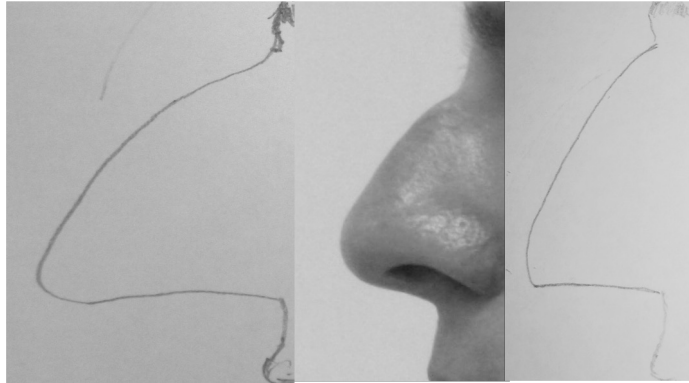
- Video feedback for body image best described in social phobia (Clark & Wells) & anorexia nervosa
- Best results if prior specific hypothesis to test out that can be externally validated (e.g. degree of redness on skin or shakiness, whether face is caved in)
- In BDD, often evaluation ("ugly") and in depth examination of specific feature
- Therefore *preparation* to ensure externally focussed on whole of self and no evaluation

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DRAWING & PHOTO OF NOSE IN PROFILE

PRIOR TO
VIEWING PHOTO

AFTER
VIEWING
PHOTO



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Process of fusion

"My 'felt sense' is an accurate representation of what others see"

"Just experiencing my "felt sense" of how I look means it must be true"

- Normally imagery lacks a sense of reality (Dorsch, 2010)
- May have a sense of "nowness" and fused with past aversive experiences
- Aim in therapy is to "defuse" or distance oneself from the thought / image
- "See it but not be it"

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Attentional bias



- "I need to keep very focused on my "felt sense" to tell me how I look"
- **Attentional bias towards threat**
- **Extreme self-focussed attention on distorted imagery ("portable internal mirror")**
- **Extreme self-consciousness and emotional bias**

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Goal for attentional bias



- Habitual – increase awareness of when SFA
- Largely externally focussed
- View whole of self in reflection
- Slight self-serving positive bias

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Instability of one's body image

- "My 'felt sense' makes me more uncertain of how I look"
- **Image changes or reflection changes**
- **Field perspective and be external focused**

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Features define self or identity

- My "felt sense" of how I look defines who I am
- **Self – objectification –walking nose**
- **Idealized value about the importance of appearance in defining the self (Veale, 1996)**
- **Aim in therapy to view self as more complex than than one's appearance**

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Evaluations / Expectations

"My 'felt sense' of how I look disgusts me, whatever others say or believe"

"Because of my "felt sense" of how I look, I expect to be rejected or humiliated"

- **Rate self as ugly, fat or defective (evaluation/ awfulness)**
- **Beliefs - expectations are to be rejected or humiliated**
- **Aim in therapy is to develop non –judgmental self and test out expectations**

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"Ghosts from the past"



Available online at www.sciencedirect.com

ScienceDirect

Behavior Therapy 47 (2014) 248–261

**Behavior
Therapy**

www.elsevier.com/locate/bs

**Imagery Rescripting for Body Dysmorphic Disorder:
A Multiple-Baseline Single-Case Experimental Design**

**Rob Willson
David Veale**

The Institute of Psychiatry, Psychology and Neuroscience, King's College London

Mark Freeston

Newcastle University, and Newcastle Cognitive and Behavioural Therapies Centre

- **Past experiences of bullying/ teasing/ abuse**
- **Associated with body image**
- **Sense of "nowness" which has not been "emotionally processed"**
- **Selected cases with BDD and OCD**

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View of Self in OCD

Received: 12 January 2017 | Revised: 2 July 2017 | Accepted: 5 July 2017
 DOI: 10.1002/abm.21251

RESEARCH ARTICLE

WILEY

The role of feared possible selves in obsessive-compulsive and related disorders: A comparative analysis of a core cognitive self-construct in clinical samples

Frederick Aardema^{1,2} | Richard Moulding³ | Gabriele Melli^{4,5} | Adam S. Radomsky⁶ | Guy Doron⁷ | Jean-Sebastien Audet^{1,2} | Magali Purcell-Lalonde^{1,2}

- OCD – Feared Self – especially with unacceptable thoughts/ images (“psychopathic paedophile”)
 - Compulsions and avoidance prevent feared self from coming true.
 - Cognitive Therapy (Salkovskis) - Theory A
 - Inference Based CBT (Aardema & O'Connor)
- Building an alternative understanding
 Imagery Rescripting in selected cases



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Should we externalize the feared self?

The OCD Bully
 at the Anxiety Disorders
 Residential Unit,
 Bethlem Royal
 BMJ (2010)
 341: c2596

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OCD Processes (Veale & Freeston)

- **Acting on thoughts.** Having an intrusion about losing control can lead to oneself losing control and acting upon it
- **Thoughts cause harm.** Having an intrusion about harm means that one has the power to cause it just by having the thought.
- **Moral equivalence.** Having an intrusion about an event is morally the same as making it happen.

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- **Intentionality.** Having an intrusion about an event means that the person must secretly want it/have wanted it to occur
- **Agency.** Having an intrusion makes one responsible by just having the thought.
- **Foretelling.** Having an intrusion about an event means it will happen in the future or that it is an omen.
- **Ex consequentia reasoning.** Having an intrusion about an event means it must have happened in the past.

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- **Transfer.** Having an intrusion can transfer properties onto another object or person by just having the thought.
- (Normal eg Church of the Holy Sepulchre)

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Clinical implications

- Usually focus on processes not the content
- Label the process (but not when triggered as at risk of becoming a mental compulsion)
- Sometimes a survey can help
- Exposure and Experiments to test out the process and expectations
- Therapist assisted exposure in the session

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