

case study:

**OBSESSIVE-COMPULSIVE DISORDEDR**

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## I. PRESENTATION OF THE PATIENT

A 50 plus year old male presents for therapy, accompanied by his wife, who complains of his intolerable frequent angry outbursts. The patient's father was aloof and his mother was overly protective. A stunning example of these overly protective and overly controlling behaviors was, as a little child, the patient was placed in a small fenced in area in the family's yard. He recalls walking in endless circles within this confined space during his childhood, which apparently left him feeling trapped, defenseless and incompetent later in life.

The patient recalls he had no control over relations with many other children as a youth in that he was bullied often by other children. The patient's wife and now adult children complain of his compulsions and lecturing. Some of his compulsions seemed reasonable, yet others were clearly beyond reason. Once such compulsion involved having the lights turned off in the home at night while the patient searched for crumbs of dirt on the kitchen floor with a flashlight.

The family further complained that the patient would often mutter over insignificant matters and, when questioned about his concerns, would lecture at length. His communication with his family was described as often irrelevant. The patient's wife also entered therapy, where she learned to diffuse her husband's anger by being more sensitive to his underlying fears.

## II. ASSESSMENT OF THE PATIENT

The wife relays an incident in which the patient became angry that, viewed from a distance, may well seem to have been reasonable behavior. However, closer scrutiny raises the issue of the patient being indeed inappropriately angry with his family and yet seemingly not aware that he was doing so. The patient's adult daughter experienced an incident in which her car died on a major highway. The daughter believed the car simply needed a jump start and escort to retrieve the vehicle. Arriving at her parents' home, the patient offered to rescue his child's vehicle.

The daughter theorized that the car would stall out again unless a higher speed was maintained. The patient got the car going and trailed his daughter blinking his lights, blowing his horn and driving at a slow rate of speed. The car then again stalled out, thus clearly validating the daughter's theory. The disabled car coasted into a safe area and the daughter emerged quite angry as a result. The family then left the disabled car with the patient driving, apparently yelling at his family and driving off at high speeds. The patient refused to admit that his daughter's warning may have been correct after all; lectured his adult child at length about road safety; all the while apparently not even aware that he was angry with his family for questioning his wisdom. This apparently was not an isolated instance.

This patient is seemingly not consciously aware of his aberrant behaviors. The patient displays unrecognized anger over minor family life events to escape his learned feelings of being trapped, incompetent and defenseless. The patient is often aloof in therapy, a seeming throwback to his own childhood when his father was aloof to him. This also allows the patient to deny his problems in relating to his family members. This defensiveness is apparent in that the patient resists admitting to displaying problem behaviors. Yet paradoxically the patient is at times submissive to therapy, another throwback to his own childhood when he found it necessary to submit to fellow children who were bullies.

It was noted that the patient's resistance in therapy decreased when the therapist showed increased compassion. It was at this juncture that the patient admitted that he had a poor father role model as a child and that he was a poor father now to his now adult children. The patient appears to be duplicating his own fathers' aloofness and his own mothers' overprotection simultaneously in his now adult roles of husband and father with his wife and adult children.

### III. THERAPY FOR THE PATIENT

This patient's uninformed self is suppressing subconscious anger. Remaining uninformed enables him to suppress his own trauma from childhood from a distant father

and controlling mother. The patient seems to be acting out the very same things to his own family that his parents acted out on him; his lack of close family relationships in the present is thus covered up by his own aloof and controlling behaviors with his loved ones. The patient needs to be brought into awareness of his uninformed self regarding how others see his behavior, but which he is unable to see. The therapist should reflect back to the patient the objective information that is revealed through therapy. Suppressed anger should be identified. Initial personality testing may offer a way for the patient to gain insight into his questionable behaviors and suppressed anger when reviewed with the therapist at the beginning of treatment.

Changing the patient's behaviors in this case occurs when the patient ceases to be aloof, defensive and unaware of his own behavior in therapy. Positive reinforcement offered by the therapist comes in the form of showing greater compassion for the patient himself. The therapist gives further positive reinforcement - encouragement - to the patient when he reached the point where he begins admitting that he has behavior problems with his family; that his father was a poor role model and aloof to him in his childhood; that he is presently a poor father to his own now adult children in the same vein. Role playing so that the patient sees his aberrant behavior in others pretending to be him may be helpful; placing the patient in the receiving roles of his spouse and children may help him to better understand how they feel when he himself is aloof, angry, inappropriate and angry.

#### IV. PLAN OF CARE

Bible based therapy for learned defensiveness in this case is most appropriate. Identifying past patterns of from the patient's childhood shows the patient still suffering in adulthood from shallow childhood bonds from an aloof father, an overly protective mother and inadequately free interaction with other children. Recognizing alternative behaviors by the patient in the present should work for honest admission and taking responsibility for his alternating aloofness and overly controlling behaviors towards his wife and now adult children. Structuring new patterns of thinking by the patient should acknowledge that only through our Lord JESUS CHRIST will he be able to improve his

spousal and fatherly behaviors. This calls for an examination of Biblical standards of interaction for the nuclear family. Encouraging any good works on the part of the patient should focus on the sufficiency of GOD's divine grace, rather than on working for the approval of GOD and man. This calls for an examination as well of the works of the Holy Spirit in the individual heart.

#### V. BIBLICAL FOUNDATIONS FOR INTERVENTION

The Holy Scriptures offer guidance for the patient's spiritual struggle to live in love and peace with his family: "A soft answer turneth away wrath: but grievous words stir up anger." [PROVERBS 15:1]. When we speak harshly one to another, our relationships with others are clouded by anger. "But now ye also put off all these; anger, wrath, malice, blasphemy, filthy communication out of your mouth. Lie not one to another, seeing that ye have put off the old man with his deeds; And have put on the new man, which is renewed in knowledge after the image of Him that created Him." [COLOSSIANS 3:8-10].

When we discard our old sinful ways, we are remade in the image of our Lord JESUS CHRIST. Thus, hurtful anger directed against others and ourselves passes away. "If iniquity be in thine hand, put it far away, and let not wickedness dwell in thy tabernacles. For then shalt thou lift up thy face without spot; yea, thou shalt be steadfast, and shall not fear." [JOB 11:14-15].

The Holy Scriptures offer guidance for this family's spiritual struggle to live in GOD-fearing relationships one towards another: "Fathers, provoke not your children to anger, lest they be discouraged." [COLOSSIANS 3:21]. Fathers need to guard against unrelenting anger directed towards their children, lest the joy of a god fearing life is lost by their sons and daughters. "Husbands, love your wives, and be not bitter against them." [COLOSSIANS 3:19]. Husbands are called by GOD to show love to their wives and not the soul poison of anger. "Wives, submit yourselves unto your own husbands, as it is fit in The Lord." [COLOSSIANS 3:18].

If a husband shows the love of GOD consistently to his wife, this enables her to respond with god fearing affection to her husband. “Children, obey your parents in all things: for this is well pleasing unto The Lord.” [COLOSSIANS 3:20]. If a father lives the love of GOD towards his family, and the wife is then enabled to follow suit, a man’s children will respond with god fearing love to their parents. “Let The Word of CHRIST dwell in you richly in all wisdom; teaching and admonishing one another in psalms, and hymns and spiritual songs, singing with grace in your hearts to The Lord. And whatsoever ye do in word or deed, do all in The Name of The Lord JESUS, giving thanks to GOD and The Father by Him.” [COLOSSIANS 3:16-17].

## VI. FINAL OBSERVATIONS

When we search our hearts before GOD, and are convicted to put away evil, then we may walk in life without fear. “Owe no man any thing, but to love one another: for he that loveth another hath fulfilled The Law. Love worketh no ill to his neighbor: therefore love is the fulfilling of The Law. Let us walk honestly as the day. But put ye on The Lord JESUS CHRIST. [ROMANS 13:8,10,13a,14a]. When we live honestly towards one another through The Saviour, we manifest the very Nature of GOD Himself, which is love. For when a family lives in word and deed according to the love of GOD, there is mutual insight, teaching and encouraging among them all to the glory of our Lord JESUS CHRIST. Thus may anger, defensiveness and controlling in the flesh put away from this family.

Such may be the end results of healing for this patient’s obsessive compulsive disorder and other traumas, as well as that of her family members, at The Cross of CHRIST. It would be hoped that the patient and her loved ones would fully avail themselves of the healing hand of The Great Physician Above, that their lives on earth would find peace, strength and renewal of mutual love.