

Abstract

The background to this study is the author's experience of Obsessive Compulsive Disorder (OCD) over many years. The author's aim is to discover how far his own experience of OCD has been typical of that of others, how far depictions of OCD as a bully are accurate in terms of participants' perceptions and to examine how far Cognitive Behaviour Therapy (CBT) on the one hand and longer term humanistic, relational developmental psychotherapy on the other have been helpful, and in what way, to clients with this condition. More specifically, the author's intent is to test and challenge the CBT view that therapies that look at and address themselves to the origins of the condition are ineffective - in terms of cost if not clinical outcome. In pursuit of this objective the has pursued a qualitative study of participants' experience and has adopted a heuristic method which allows him also to refer to his own experiences as narrator.

The author finds a general desire, and willingness, to see 'the bully' as more than just adversary and for some participants as a child part of self to be responded to sensitively as such. In this connection the author draws attention to the intellectual and imaginative capacities of this child which seem to outstrip anything which might be expected from one of such a tender age. This character retains the age he had when the symptoms first appeared in the patients' consciousness and yet is the possessor of an intelligence which can readily transcend the limits of reason and, in the imagination, the constraints of time and space. And yet in this imagination, he is also somewhat confined.

Therapeutically, what also emerges is a role for both CBT and humanistic therapies in relation to this condition with little or no justification for the one claiming sole

effectiveness, clinical ascendancy or even right to exist as against the other. Each deal with different aspects and for many client's both aspects may be useful or needed. What matters above all, however, is the quality of the therapeutic relationship. This needs to be recognised at an individual and organisational level when provision is being considered, with the two approaches rightly being seen as complementary rather than competing.

Seeing another as a rival always says something about our own vulnerability. It would be better to acknowledge this than to launch campaigns aimed at securing clinical exceptionalism or funding victories.

In the meantime we may have to expand the frontiers of our knowledge, of our not knowing, in order to further serve the needs of clients in relation to this condition. There remain aspects which just do not seem to be catered for.

CBT, Transactional Analysis (Berne 1961) and Object Relations approaches all agree that something there and then is responsible for what is being experienced in the here and now. The question is how that is worked with in a way that serves integration rather than ongoing or further fragmentation.

Introduction

It has become fashionable in recent years to personify the experience of obsessive compulsive disorder with reference to 'the bully' (Veale 2010). This has been especially so within the CBT community but it is also relevant to integrative approaches in that, as a personification, it has to do also with relationship.

The purpose of this study is to look at how far such depictions of the condition serve the needs of all parties in terms of understanding it better and providing effective