BİLİŞSEL DAVRANIŞÇI PSİKOTERAPİ ve ARAŞTIRMALAR DERGİSİ
Journal of Cognitive-Behavioral Psychotherapy and Research
P-ISSN: 2146-9490 | E-ISSN: 2636-8765

https://doi.org/10.5455/JCBPR.9988
J Cogn Behav Psychother Res 2020;9(3), 281-283

Can We Talk About a COVID-19 Related "New Normal" for Obsessive Compulsive Disorder?

Obsesif Kompulsif Bozukluk için COVİD-19 ile İlişkili bir "Yeni Normal"den Bahsedebilir miyiz?

Nuran GÖZPINAR, Vahdet GÖRMEZ

Istanbul Medeniyet University Göztepe Education and Research Hospital, Department of Child and Adolescent Psychiatry, Istanbul, Turkey

The lack of effective treatment methods for COVID-19 has made the protective measures as the main defence in combating the pandemic. Every day, our minds get bombarded with information provided in the social media and by the authorities about the importance of following the protective measures including hygiene rules, use of masks and social distancing and that a disaster would be inevitable if the compliance regulations were not followed upon. So, what would be the overall impact of this collective attitude of the new super-hygienic, germ-free, no-touching attitude on individuals with contamination-related Obsessive Compulsive Disorder (OCD)? How are they interpreting this threat that they have been, by definition, over-reacting to and exaggerating anyway? How about the attitude of the therapists? How would that change during the treatment process? Do we need to start talking about a new treatment approach, as we may have unconsciously crippled the exposure-based psychotherapies? Is this the start of a "new normal" for OCD, if such a thing exists?

In DSM-5, OCD has been defined by the presence of obsessions, compulsions or both, causing significant distress or loss of time. Obsessions are undesirable, repetitive thoughts, impulses or images that cause significant distress in individuals. Compulsions are repetitive behaviours or mental acts that occur as a response to obsession. Although compulsions are done to get rid of the anxiety or distress experienced or to prevent some dreaded event or situation, *these behaviors or mental acts either are not connected in a realistic way with what they are designed to neutralize or prevent or are clearly excessive.*(American Psychological Association (APA), 2013). Frequent hand washing ranks the first among the precautions that can be taken against *COVID*-19. World Health Organization (WHO) (1992) recommended that hand washing should last at least 40-60 sec and described the hand-washing steps that are almost as ritualistic as the way that individuals with contamination OCD carries them out.

Considering the OCD phenomenology in the context of the COVID-19 pandemic, should the person with OCD appraise the obsessive thoughts, images, impulses or doubts as repetitive and unwanted mental experiences that cause marked distress or should they be seen as early signs of an imminent threat against which the person should take

Correspondence / *Yazışma:*
Nuran GÖZPINAR, Istanbul Medeniyet University Göztepe Education and Research Hospital, Department of Child and Adolescent Psychiatry, Istanbul, Turkey
Tel: +90 543 611 15 01
E-mail: nurangozpinar@gmail.com

Received / *Geliş:* October 09, 2020
Accepted / *Kabul:* October 09, 2020
Online published / *Çevrimiçi yayın:* October 09, 2020

Cite this article as: Gözpınar, N., Görmez, V. (2020). Can we Talk About a COVID-19 Related "New Normal" for Obsessive Compulsive Disorder?. J Cogn Behav Psychother Res, 9(3), 281-283. https://doi.org/10.5455/JCBPR.9988

precautions? Should the compulsive act of handwashing of a child, for instance, still be regarded excessive, hence pathological or should it receive positive attention and acceptance from the parents as a preventative measure, hence accepted as normal. If the thoughts of contamination causes distress and then lead the person to take preventative measures, would the hand-washing still be called a neutralizing behaviour, hence compulsion? Can we say that, based on this argument, the current definition of obsession or compulsions may need a fine tuning?

When the current change in the pandemic-related social perceptions are ignored, fears related to transmission of COVID-19 may be easily confused with obsession and then the subsequent hand washing response may fit the definition of compulsion. Hence, there may be an increase in false positive OCD diagnoses, especially through the questionnaires in which the descriptive psychopathology of the clinician has no role to rectify what at first glance appears to be a problem. Although pandemics are more likely to trigger contamination-related anxiety rather than OCD per se, in this commentary we will focus on OCD, in particular.

OCD is characterized by obsessions and compulsions causing loss of time and functionality. When it comes to human behaviour in the times of a pandemic, a line between what constitutes a mere "precautionary" act on one hand and a "compulsive" act on the other hand becomes indistinct. Would washing hands for more than twenty seconds (the recommendation set by public health officials) be considered "excessive"? Closure of schools, reduced interpersonal interactions and social distancing practices particularly make it difficult to evaluate the deterioration in one's functioning. That being the case, considering that proper hygiene inherently serves to protect from virus infection, it is unclear whether it can also be said to cause loss of time and functional impairment. This presents another problem: if compulsive cleaning does not cause reduced functioning in this "new normal" lifestyle amidst the pandemic, this may make it more difficult to notice and identify compulsive behaviour. Children and adolescents are especially susceptible to this, given that they are not as aware of their obsessions and compulsions by contrast to adults and their symptoms are less likely to be noticed as 'a problem' by their family members, who are unaware of the inner anxiety felt by their child with OCD. Compulsive behaviour is more likely to be noticed as abnormal during pre-pandemic period, but it may become functional during pandemic and hence not be noticed at all. Thus, decrease in transmission-related obsessions can hinder recognition of grooming behaviour associated with contamination fears thereby causing decreases in confirmed OCD diagnoses.

Certain difficulties may also arise in the treatment approaches of OCD associated with contamination. Cognitive Behavioural Therapy (CBT) is a non-pharmacological treatment method that has proven to be effective in OCD. The most effective method in treating OCD with CBT is exposure and response prevention (Bream et al., 2017). Difficulties start with psychoeducation, as the 'false alarm metaphor' to explain the anxiety related to fight or flight mode may not appear as appropriate. How certain can the clinician and client be about the impulse to wash hands as unnecessary, excessive or irrational. The therapist's difficulties become more prominent when it comes to exposure and response prevention. Would the therapist instruct the client to touch the door handles in his/her clinic and then not to wash hands before eating with bare hands? How would the reaction of the child and his/parents be? How comfortable would the therapist feel whilst planning such a behavioural experiment or modelling such an exposure. High transmission rate of COVID-19 and the ability of the virus to survive in inanimate environments for a long time have made contact preventative measures very important. Under these circumstances, intermediate beliefs of 'if I touch the door handle, then catch the virus, then become ill and may even die' may not be so dysfunctional. That being the case, is it an acceptable practice amidst the pandemic conditions for the therapist to touch the door handle without taking any protective measures (such as touching the door handle with a napkin)? Will the therapist be able to cope with his/her own anxiety and the fear of causing transmission of the corona virus to his/her patient as part of this practice? Even so, the client or their family member may not consent to participation in such an exposure session. Difficulties in application of in vivo exposure in the clinic room have led to the use of imagination and new technologies (such as videoconferencing and virtual reality) (Ferreri et al., 2019). This way of conducting therapies could be a way forward, however we need strogner evidence in terms of its effectiveness as compared to exposure in-vivo or in the real-world conditions. It could prove to be particularly difficult to conduct exposure to children via videoconferencing due to their developmental differences including, shorter attention span, lower motivation and difficulties associated with abstract concepts.

Since family accommodation, which is when the family members allow and/or help the child to complete his/her compulsive rituals (Lebowitz et al., 2016), may be an important obstacle to therapy, family participation is one of the most important steps in the CBT based treatment of childhood OCD (Thompson-Hollands et al., 2014). This attitude contradicts with the theoretical basis of exposure and response prevention therapy where compulsions are prevented. However, during the pandemic, many families encouraged their children's cleaning rituals and contact measures, equipping them with the necessary hygiene kits and tools. How possible will it be to involve families in treatment under these conditions?

Obstacles to the treatment of OCD with CBT amidst the pandemic may result in the preference of different treatments as the first line approach. For example, International OCD committee recommends pharmacotherapy as the first option in OCD associated with contamination during the pandemic (Fineberg et al., 2020).

In conclusion, the pandemic has brought uncertainties to the approaches as well as diagnosis and treatment procedures of certain mental disorders, including health related anxiety as part of the Generalized Anxiety Disorder and OCD, a fine tuning, at least, may be required in clinical approach to such conditions.

REFERENCES

American Psychological Association (APA). (2013). Diagnostic and Statistical Manual of Mental Disorders: Depressive Disorders. In Diagnostic and Statistical Manual of Mental Disorders,. American Psychiatric Publishing, Inc. https://doi.org/10.1176/appi.books.9780890425596.dsm04

Bream, V., Challacombe, F., Palmer, A., & Salkovskis, P. (2017). Cognitive behaviour therapy for obsessive-compulsive disorder. Oxford University Press.

Ferreri, F., Bourla, A., Peretti, C.-S., Segawa, T., Jaafari, N., & Mouchabac, S. (2019). How new technologies can improve prediction, assessment, and intervention in obsessive-compulsive disorder (e-OCD). JMIR Mental Health, 6(12), e11643. https://doi.org/10.2196/11643.

Fineberg, N. A., Van Ameringen, M., Drummond, L., Hollander, E., Stein, D. J., Geller, D., Walitza, S., Pallanti, S., Pellegrini, L., & Zohar, J. (2020). How to manage obsessive-compulsive disorder (OCD) under COVID-19: A clinician's guide from the International College of Obsessive Compulsive Spectrum Disorders (ICOCS) and the Obsessive-Compulsive Research Network (OCRN) of the European College of Neurops. Comprehensive Psychiatry. https://doi.org/10.1016/j.comppsych.2020.152174

Lebowitz, E. R., Panza, K. E., & Bloch, M. H. (2016). Family accommodation in obsessive-compulsive and anxiety disorders: a five-year update. Expert Review of Neurotherapeutics, 16(1), 45–53. https://doi.org/10.1586/14737175.2016.1126181

Rasmussen, S. A., & Eisen, J. L. (1992). The epidemiology and clinical features of obsessive compulsive disorder. Psychiatric Clinics, 15(4), 743–758.

Thompson-Hollands, J., Edson, A., Tompson, M. C., & Comer, J. S. (2014). Family involvement in the psychological treatment of obsessive–compulsive disorder: A meta-analysis. Journal of Family Psychology, 28(3), 287-98. https://doi.org/10.1037/ccp0000386.