

# Experiences of obsessive-compulsive disorder (OCD)

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## Experiences of Obsessive-Compulsive Disorder (OCD): Activity, State and Object Episodes

Olivia Knapton

### Abstract

Obsessive-compulsive disorder (OCD) is a mental health problem characterized by persistent obsessions and compulsions. This article provides insights into experiences of OCD through a qualitative, thematic analysis performed upon a set of interviews with people with OCD. Four themes were found as central in the participants' descriptions of OCD episodes: 1) space, 2) the body, 3) objects and 4) interactions. The findings also show that episodes of OCD can be grouped into three broad categories: 1) activity episodes, that revolve around everyday tasks, 2) state episodes, that are concerned with the self and identity, and 3) object episodes, that are concerned with the effects of objects upon the self. The relationship of this three-way classification of OCD episodes to existing cognitive models of OCD is discussed. The study also demonstrates the value of categorising episodes, rather than people, into subtypes of OCD so that intra-participant variation can be highlighted.

### Keywords

Obsessive-compulsive disorder, OCD, OCD subtypes, OCD episodes, autogenous-reactive model, qualitative analysis, thematic analysis

## **Background**

### **Obsessive-Compulsive Disorder**

Obsessive-compulsive disorder (OCD) is a debilitating mental health problem that has severe negative impacts on the lives of those who have it. A diagnosis of OCD is made when the person experiences persistent obsessions and/or compulsions that interfere with work, relationships and everyday life. Obsessions are unwanted, recurrent thoughts, impulses or images that are felt to be intrusive and cause significant distress. Compulsions are repetitive behaviours that the person is unable to resist performing and that are enacted to reduce the distress or avert the perceived threat brought on by an obsession.

In the 5<sup>th</sup> edition of the *Diagnostic and Statistical Manual of Mental Disorders* published in 2013 (American Psychiatric Association, 2013), OCD was re-categorized from an anxiety disorder into an obsessive-compulsive spectrum disorder along with several other mental health problems. This was not to suggest that people with OCD do not experience high anxiety, but rather to reflect the commonalities of repetitive obsessions and compulsions across these disorders (Phillips et al., 2010). At a time when the clinical definition of OCD has recently shifted, it is thus valuable to gain further insights into the disorder through new methods and approaches.

### **Subtypes of Obsessive-Compulsive Disorder**

The nature of obsessions and compulsions varies widely; therefore, many studies have attempted to categorize OCD into subtypes based on groupings of symptoms (e.g. Calamari et al., 2004; Summerfeldt, Richter, Antony, & Swinson, 1999). Subtypes reported in the clinical literature include:

1. *Contact contamination*, in which fears of contaminants and/or catching diseases are sparked after coming into contact with a perceived contaminant. These are often responded to with washing compulsions (e.g. Jones & Krochmalik, 2003).
2. *Mental contamination*, in which feelings of contamination and disgust are brought on by thoughts, images and other people perceived as immoral. These are also often responded to by washing the body (e.g. Coughtrey, Shafran, & Lee, 2012).
3. *Checking*, in which thoughts about catastrophic events (e.g. fire) cause the person to repeatedly check that preventative measures (e.g. turning the cooker off) have been completed (e.g. Rachman, 2003).
4. *Order/symmetry*, in which the person feels a need to establish certain patterns, perhaps driven by a desire for perfection or a belief in superstitions (e.g. Rasmussen & Eisen, 1992).
5. *Harming*, in which the person has violent thoughts about harming the self or others, sometimes in a sexual way (e.g. Abramowitz, Schwartz, Moore, & Luenzmann, 2003). These are often responded to by avoiding the predicted victim.
6. *Mental rituals*, in which the compulsions are performed internally, such as repeating specific words or phrases, or replacing 'bad' thought with 'good' thoughts (e.g. Abramowitz, Franklin, Schwartz, & Furr, 2003).

The overwhelming majority of the studies on OCD subtypes take quantitative approaches that use self-report scales (e.g. Sanavio, 1988) to measure different thoughts, actions and beliefs. In these self-report inventories, participants are asked to rate the applicability of different statements to their experiences of OCD. The results are turned into statistics that, ultimately, investigate ratings of and correlations between generic propositions. Thus,

evidence for subtypes of OCD has largely come from participants' judgements of pre-defined and inflexible statements rather than from extended and unrestricted descriptions. Additionally, the statistical analyses in these studies tend to categorize each participant into one subtype without allowing for intra-participant variation. In contrast, there are very few qualitative studies that aim to portray individual, personal perspectives of people with OCD. In particular, there appears to be little, if any, research comparing the similarities and differences between OCD subtypes through qualitative methods. In the current study, thematic analysis is used to hone in on the variety of experiences of people with OCD. The themes are then used to group OCD episodes into a categorisation system that adds insights into the OCD subtypes found in clinical studies.

### **Aims**

In this article, I aim to show that experiences of OCD can be categorized into three broad groups based on their qualitative content. I also aim to demonstrate that people with OCD often recount episodes of OCD that fall within more than one of these three groups. I therefore argue that studies of OCD subtypes need to categorize episodes of OCD, rather than people with OCD, into subtypes in order to capture this individual variation and the heterogeneous nature of the disorder.

In this study, OCD episodes recounted in interviews with people with OCD are analyzed thematically. These recounted OCD episodes are analyzed as coherent units that operate as whole experiences. This approach is in contrast to quantitative studies that tend to lift individual elements (such as different triggers of obsessions, or different types of compulsions) out of the episodes of which they were a part.

## **Cognitive Models of Obsessive-Compulsive Disorder**

The aetiology of OCD has been described by several cognitive models, two of which are important for this study: the cognitive-behavioural model (Salkovskis, 1985) and the autogenous-reactive model (Lee & Kwon, 2003).

### **The Cognitive-Behavioural Model of Obsessive-Compulsive Disorder**

The leading cognitive model of OCD used in clinical settings is the cognitive-behavioural model (Salkovskis, 1985, 1989). This model argues that a typical OCD episode consists of the following components, each of which causes the occurrence of the next: 1) a trigger; 2) an intrusive thought; 3) an appraisal of character; 4) distress and/or anxiety; 5) responses to reduce the distress; 6) a reduction in distress and 7) positive reinforcement of both the appraisal and the distress-reducing behaviours (Salkovskis, 1985). The model argues that OCD is caused by the appraisal of distressing thoughts as an indication of personal responsibility or reflection of character, rather than by the thoughts per se (Rachman, 1978, 1997; Salkovskis, 1985).

One criticism of the cognitive-behavioural model is that it breaks OCD down into isolated components such as thoughts, appraisals and compulsions, yet these neat distinctions between the components do not always hold (Davis, 2008). For example, while obsessions are defined as distressing thoughts or impulses, compulsions can also be thought-based so long as they are repetitive (Davis, 2008). Moreover, these components are often researched discretely, with interactions between them only being examined through statistical measures, such as correlations. There is little consideration of how the independent components function as a whole unit. Following more recent cognitive models of OCD (e.g. Lee & Kwon, 2003; O'Connor, Aardema, & Pélissier, 2005), the current study argues that OCD episodes need to be looked at holistically; that is, an OCD episode

consisting of obsessions, compulsions and so on must be explored as one coherent unit and not as a collection of isolated thoughts and behaviours. Additionally, by focussing on episodes, the variation in individuals' experiences of OCD can come to the fore. By avoiding the classification of people into subtypes and instead classifying episodes, individuals are not assigned to one subtype that may not best represent the variety of OCD episodes they experience. Thus, a focus on OCD episodes permits the nuances of OCD to be highlighted rather than flattened out.

### **The Autogenous-Reactive Model of Obsessive-Compulsive Disorder**

In another model of OCD, known as the autogenous-reactive model (Lee & Kwon, 2003), obsession content is categorized into two major groups: *autogenous* and *reactive*. This model was partly developed in response to a further criticism of the cognitive-behavioural model that it gives too much weight to the appraisal of the obsession and largely ignores the obsession content (Lee & Kwon, 2003; Lee, Kwon, Kwon, & Telch, 2005). Backgrounding the obsession content is problematic because different thought content will give rise to different appraisals and ensuing compulsions.

In the autogenous-reactive model of OCD, autogenous obsessions are not triggered by identifiable, external stimuli; rather, they are often experienced as triggered by internal aspects of the self (e.g. memories) and they include highly ego-dystonic themes that lead to guilt, shame and the need to repel the thoughts. These obsessions typically include sexual, aggressive or immoral content, which lead to covert compulsions such as mental rituals. Reactive obsessions, in contrast, have identifiable stimuli that are external to the self, are not ego-dystonic and are perceived as logical, which lead the person to perform actions to remove the associated threats. These obsessions typically include contamination, accidents



or symmetry, which lead to overt compulsions such as checking and washing (Lee & Kwon, 2003; Lee et al., 2005).

Various quantitative studies have found evidence for these two major types of obsessions (e.g. Fergus, 2013). However, a recent quantitative study found that reactive obsessions could be split into two groups (Atli, Boysan, Cetinkaya, Bulut, & Bez, 2014), which suggests that a binary distinction might not be sensitive enough to capture the range of experiences of OCD. The current study uses qualitative data to add to these debates around the neat distinctions between reactive and autogenous obsessions. More specifically, I put forward a categorisation system for OCD that groups OCD episodes by their subjective content. The overall claim is that OCD episodes fall into three broad groups, each of which has different (yet sometimes overlapping) features and concerns. These three groups suggest revisions to the binary distinction proposed by the autogenous-reactive model of OCD (Lee & Kwon, 2003). The relationship of the three groups to the autogenous-reactive model and the OCD subtypes in the existing literature are discussed.

### **Thematic Analysis**

While sometimes used as a process within other methods (e.g. grounded theory), thematic analysis is regarded in this study as a method in its own right that is suitably able to generate rich insights into the data. It is primarily used to identify recurring similarities and differences within a data set through the coding and organisation of that data (Braun & Clarke, 2006). Unlike phenomenological approaches that aim to construct coherent narratives of a small number of participants' lived experiences (e.g. Smith & Osborn, 2003), thematic analysis allows for data from various participants to be considered simultaneously and is thus well-suited to the aims of this study.

A further advantage of thematic analysis is that it is not tied to any particular epistemology (Braun & Clarke, 2006). This flexibility is a valuable asset in this study as the approach taken is one that aims to provide subjective details about people's lives with OCD on the one hand, whilst also considering clinical concepts, such as subtypes of OCD, on the other.

Ryan and Bernard (2003, p. 88) outline that themes can be generated inductively, that is, purely from the data or they can be informed by the researcher's "prior theoretical understanding of the phenomenon". These theoretically-informed themes are often used before data analysis to help choose which topics to investigate and how to shape data collection materials effectively. In this study, a combination of inductive and theoretical thematic analysis was used. In the interview schedule, questions about components of OCD episodes (e.g. triggers, distressing thoughts, responses) were used as probes if the participant did not provide a lot of detail about these components in their responses to initial, broader questions. Thus, the data collected were, in part, informed by previous research on OCD. As this study does not aim to look for evidence of the existence of OCD episodes, it was appropriate to shape some of the interview schedule around participants' OCD episodes. The findings do not present the individual components (i.e. the triggers, distressing thoughts and responses) as themes in their own right. Rather, an inductive thematic analysis of each individual component was conducted. Following this, each OCD episode was looked at as a whole to investigate which themes in the trigger component commonly occurred with which themes in the distressing thought component and so on. The findings therefore present the inductively generated themes that were found within the episodes. For example, a question about the participants' triggers (a theoretically

generated question) yielded responses that were analyzed without reference to the previous literature (inductively generated themes).

## **Methods**

### **Ethical Approval**

This study was granted ethical approval by the King's College London Social Sciences, Humanities and Law research ethics sub-committee (Ref: SSHL/10/11-4). All data were anonymized and pseudonyms were used at all stages, from transcription to publication. All recruitment and data collection was completed by the author of the article.

### **Recruitment and Participants**

To recruit people with OCD, two leading OCD charities in the UK were contacted: OCD Action and OCD-UK. Both charities placed a recruitment advert on their websites, and then potential participants contacted the researcher directly.

Participants had to be age 18 or over and speak English as a native language (this was due to additional aims of the researcher to investigate language use by people with OCD). The recruitment process did not target particular genders, age ranges or subtypes of OCD. The participants were not required to have a clinical diagnosis of OCD; however, ultimately, every participant did have a clinical diagnosis. Restricting the sample to only those with a formal diagnosis would have cut out potential participants who, for various reasons, did not want to be diagnosed. Thus, self-identification of OCD was considered as valid as clinical identification, and screening inventories were not used. Similarly, participants were not excluded if they had diagnoses of additional mental health problems (e.g. depression) because comorbid mental health problems are common with OCD.

Potential participants who volunteered were asked to provide a brief description of their symptoms of OCD. In the initial stages of recruitment, the researcher recruited all those participants who met the eligibility criteria, regardless of their reported symptoms of OCD. However, as more data were collected, it became clear to the researcher that the sample was becoming biased towards those with symptoms of checking or contact contamination subtypes of OCD. In order to maximize the variation of OCD symptoms in the sample, the researcher then recruited those volunteers whose descriptions of their symptoms fell into subtypes other than checking and contamination (e.g. fears of harming others).

In total, 15 participants with OCD (10 female; 5 male, age range 23-56) were recruited between July 2011 and December 2011.

## **Data Collection**

Participants completed an audio-recorded, semi-structured interview with the researcher. The interview schedule contained open-ended questions covering the following topics: 1) description and experiences of OCD, 2) the onset of OCD, 3) whether/how OCD affects relationships with others, 4) public perceptions of OCD and mental health in general. Participants were informed about these topics before being asked to give written consent to be interviewed.

Data collection was concluded after 15 participants had been interviewed because, at this point, the researcher felt that the participants had provided details about a wide range of OCD subtypes, and that the various subtypes also had approximately equal weighting in the sample. Moreover, the researcher felt that many of the participants who were interviewed later were repeating issues that had been discussed by earlier

participants. Thus, it was felt that data saturation had been reached and that further recruitment would not necessarily gather further insights.

## **Data Selection**

The transcribed interviews were broken down into smaller units of discourse signaled by intonation and content changes (see Chafe (1980) and Gee (1986)). Units that contained details of any component of an OCD episode (e.g. trigger, distressing thought, responses to reduce the distress) were labeled. Once the individual components of a recounted OCD episode had been labeled, the start and end points of the whole OCD episode description were identified. Only those parts of the interviews that recounted OCD episodes were analyzed.

In the data, the recounted OCD episodes cover both momentous OCD episodes in the past and repetitive, routine OCD episodes that occur every day. Table 1 shows how many OCD episodes per participant were identified in the interviews (ordered by descending total number). Every OCD episode was then analyzed as one unit.

Table 1: No. episodes per participant

<b>Participant</b>	<b>No. episodes</b>
Nicola	26
Jessica	21
Vicky	21
Clive	21
Deana	20
Kelly	18
Michelle	17
Angela	17
Gary	17
Susan	16
Lucy	14
Michael	13
Ben	13
Matt	11
Sarah	8
<b>Total</b>	<b>253</b>

## **Data Analysis**

The OCD episodes were analyzed using an inductive, thematic analysis that was developed from recommendations made by Braun and Clarke (2006). The analysis was performed manually rather than with computer software. The initial coding and development of the themes was performed by the author of the article who, while not a clinician, is familiar with the clinical research and literature on OCD. To avoid the data being forced to fit the themes, a list of the final themes was given to a naïve coder who was tasked with assigning them to the data set. In the case of any disagreements over themes, the two coders discussed their views and came to a mutually agreed decision.

To begin with, all the OCD episodes were given an identification tag. Next, the episodes were re-read thoroughly and initial codes for the content features of the episodes were assigned (Figure 1).

Figure 1: Example of coding

<b>ID</b>	<b>Episode</b>	<b>Component</b>	<b>Feature codes</b>
Jessica-1	I go to the toilet so I get into bed	trigger	going to bed
	and then-I don't need to go the toilet but I'll have to go to the toilet then spend ages checking the tap- that I've turned the tap off- that the toilet's not still flushing	response	going to the toilet, security checks for safety
	it's not gonna flood	distressing thought	flood

Next, the coded data extracts were collated firstly by episode component and then subsequently by feature codes. Still taking each episode component individually, the feature codes were then collated according to potential, broader themes. At this point, certain feature codes were discarded. Codes were discarded if they occurred less than three times and they did not fit within any of the proposed themes. The corresponding

extracts of discarded codes were maintained, however, as some extracts had more than one code. Codes that occurred less than three times but could be recruited to a theme were maintained. The length of the coded extracts and the number of participants who articulated that code made no difference to the decision to discard or retain a code.

As the themes had been derived from each episode component independently, their interactions with themes in the other episode components needed to be explored. Thus, the initial coding (i.e. Figure 1) was revisited and the original feature codes were substituted for their theme names. For codes that had not been recruited to a wider theme, they were marked as 'other code'. Following this, all the themes per episode and per component were transferred into one table to allow chains of themes across the episodes to become visible (Figure 2).

Figure 2: Examples of chains of themes

ID tag	Trigger	Distressing thought	Emotion	Response
Jessica-1	Everyday activity	Danger through negligence	-	Bodily responses  Checking surroundings for safety
Michelle-6	Everyday activity	Danger through negligence	Fear	Superstitious actions

Next, episodes that showed similar chains of themes across components were grouped together. For example, the two episodes in Figure 2 were grouped together on the basis of their similarities despite their different response codes. This grouping process gave three overarching categories of OCD episodes, with some internal variations. Within these three categories, the themes were then worked into superordinate themes that could run across episode components, thus collapsing the distinctions between the individual components.

The themes found per individual component were thus moved down the hierarchy into sub-themes.

## **Results**

As noted, three superordinate categories of OCD episodes emerged from the data. These were named: 1) activity episodes, 2) state episodes and 3) object episodes.

In the data set, activity episodes occur during everyday activities and tasks that the person is performing, such as leaving the house, work tasks and hobbies. The distressing thoughts are about the possible negative outcomes of that activity if it is not correctly completed. State episodes focus on issues that relate to people's states of existence and their identity. These states are perceived as permanent or semi-permanent aspects of one's self, such as illnesses, relationships, emotions, knowledge and thoughts. Object episodes concern the effects upon the self of tangible objects - including other people - that the person comes into the vicinity of (but does not necessarily make physical contact with). The distressing thoughts are about an unwanted change in the self, usually into a perceived state of contamination, caused by the object. Table 2 shows how many episodes of each group were recounted per participant. What is clear is that some participants (such as Deana and Clive) describe episodes that predominantly fall into one group whereas other participants (such as Jessica and Lucy) describe episodes that fall into several groups, thus showing a wider variety of obsessions and compulsions. This finding demonstrates the importance for research into OCD of classifying episodes, rather than people, into categories or subtypes of OCD. As individual participants' descriptions show that their episodes are wide ranging, participants cannot neatly 'belong to' one subtype or another as is suggested by quantitative questionnaire studies.



Table 2: No. activity, state and object episodes per participant

<b>Participant</b>	<b>Activity</b>	<b>State</b>	<b>Object</b>	<b>Total</b>
Nicola	8	3	15	26
Jessica	10	8	3	21
Vicky	2	19	-	21
Clive	20	1	-	21
Deana	20	-	-	20
Kelly	6	2	10	18
Michelle	16	1	-	17
Angela	2	-	15	17
Gary	7	10	-	17
Susan	4	5	7	16
Lucy	4	2	8	14
Michael	3	8	2	13
Ben	7	6	-	13
Matt	5	6	-	11
Sarah	6	2	-	8
<b>Total</b>	<b>120</b>	<b>73</b>	<b>60</b>	<b>253</b>

Across all three groups of OCD episodes, there are four major themes that can be compared: 1) space, 2) the body, 3) objects and 4) interaction. In the results, I present the four themes in turn and, under each theme, I will discuss how that theme plays a role within each of the activity, state and object groups.

### **Theme One: Space**

The three groups of activity, state and object can be distinguished by participants' descriptions of space within the episodes. While activity episodes are described as occurring in specific locations, state episodes do not seem to be confined to physical spaces. As will be shown throughout these results, recounted object episodes seem to be a hybrid between activity episodes and state episodes. Thus, object episodes are presented by participants as shifting from specific locations to spaces that can cross physical boundaries.

**Activity: grounded within space.** In the data, activity episodes tend to take place within specific locations and as such are grounded in space. In Sarah's episode below, the

kitchen is a key location where her distressing thoughts are triggered after cooking. The fact that Sarah takes photos of her cooker on her phone can be interpreted as an attempt to overcome the physical boundaries that confine her checking behaviours to the immediate vicinity of the cooker.

*Episode 1: Sarah*

- (1) ... things such as I might cause a fire
- (2) so the thought'd come in
- (3) so I'd have to check the cooker
- (4) but then I'll think "have I checked it properly?
- (5) was it slightly to the side?"
- (6) and I'll go back and do that again
- ...
- (7) and I have to make sure that the angle of the knob thing would be exactly on zero
- (8) I would then actually be looking at it several times from different angles to make sure it sort of lines up to that angle
- (9) and I've even been known to take pictures on my mobile phone before I go out so that I can check it back after

**State: occur freely across spaces.** Unlike activity episodes, state episodes are generally not described by the participants as confined to specific locations. In the majority of recounted state episodes, there are no particular locations in which the episode is more likely to occur. As the thoughts in state episodes are reported as revolving around the self and one's general state of existence, distressing thoughts transcend physical boundaries; participants' worries can be sparked regardless of their external surroundings. Matt's episode about a woman for whom he had feeling exemplifies this:

*Episode 2: Matt*

- (1) and with this woman
- (2) there was a period of about two or three weeks when I was having to cope a lot with all these horrible intrusive thoughts
- (3) trying to get rid of them
- (4) and it was the same mechanism
- (5) it was that thing of if I don't get rid of them
- (6) if I don't logically disprove why that thought is silly

- (7) then if I leave it
- (8) I will come to believe it
- (9) and then I'll come to have a bad view of her
- (10) and a negative view

**Object: shift from grounded to free.** In object episodes, participants describe certain objects that are encountered in the external world as contaminated, and those contaminants have the ability to alter the internal world of the self, both in terms of physical states (e.g. through illness) or the identity and/or values of the affected person (e.g. through a change of character). Whilst the initial encounter with the contaminant is reported as localized and grounded in space, the feeling of contamination that it induces is carried by the person across location boundaries. Angela's episode describes this shift from a specific point of contamination to a generalized feeling that crosses locations:

*Episode 3: Angela*

- (1) I hate air fresheners and sprays of any description-
- (2) if somebody's spraying in the street
- (3) because quite often they have these weed killer people go round
- (4) and a couple of times you know
- (5) I've walked past
- (6) and seen people spraying
- (7) and then that's like ruined my day
- (8) because like when I get home
- (9) I have to take all my clothes off
- (10) and they have to be washed
- (11) well I usually put them in plastic bags
- (12) separate them
- (13) you know shower you know
- (14) because if I don't
- (15) when I go to bed
- (16) then my bed clothes are just contaminated you know

**Theme Two: The Body**

The three groups also show considerable differences with regards to how the body is involved within the episodes. Participants describe the body in activity episodes as highly involved within the physical surroundings whereas, in the recounted state episodes, the

mind or body is reported as contained and quite separate from the surroundings. Within object episodes, the mind or body is also described as contained and bounded, but it has a greater degree of interaction with the surrounding environment than state episodes.

**Activity: body-in-surroundings.** In the data, activity episodes involve copious amounts of interaction between the person and their immediate surroundings. As such, the body is presented as inescapably embedded within the physical surroundings; the body experiencing the episode cannot be separated from the physical space in which the episode is happening. In the example below, Michelle is continually interacting with her computer and her work environment.

*Episode 4: Michelle*

- (1) and anytime I send an email
- (2) I can't send it until I've read it I don't know how many times
- (3) and I have to make sure there's no spelling mistakes
- (4) because spelling mistakes are embarrassing [*said sarcastically*]
- (5) even sometimes I'm worried that –
- (6) I don't know why I think-
- (7) sometimes I'm worried I'll put the wrong name at the end of my emails
- (8) I think I get worried about the idea of people laughing at me
- (9) even though to my knowledge I've never done that
- (10) I don't know quite why I'd do that
- (11) and it's sort of time consuming

**State: contained body and mind.** Recounted state episodes always focus on aspects of bodily and/or mental experience, which ranges from worrying about physical health problems to worrying about the power and agency of one's thoughts. Many participants who recount state episodes talk about their minds and bodies in terms of contained spaces that need to be regulated. In the following example, Michael visualizes his mind as a space that he can attempt to control and manage:

*Episode 5: Michael*

- (1) but it's almost like I can physically feel my thoughts as sort of areas of idea and feeling
- (2) and I'm sort of pushing things around inside the space that I can visualize of my mind really
- (3) and trying to keep away from certain things
- (4) and then imagine more positive thoughts to squeeze other things out- that sort of thing
- (5) so a lot of my attention is focussed on this effort which feels like a physical effort

**Object: contained body/mind within the surroundings.** Once again in this data set, object episodes have overlaps with both activity and state episodes. In object episodes, the physical body or the mind is described as a contained space that is not contaminated before the episode begins. However, the external contaminants are reported to threaten that 'clean', internal space and infiltrate the boundaries either of the body (in the case of contact contamination) or of the mind or personality (in the case of mental contamination). Thus, the person's experience of their body appears to be one of a contained space that needs protecting from the external, physical surroundings. In Michael's episode below, he experiences a form of 'mental contamination' (Rachman, 1994) in which his feeling of internal dirtiness is caused by an external, tangible source, in this case, "rowdy" children on the bus. His distress stems from the thought that the children's undesirable characteristics will be able to affect his own personality or sense of self. His response is to wash his body to remove the feeling of contamination.

*Episode 6: Michael*

- (1) ...anything that I felt was bad and wrong
- (2) I thought there was some sort of spiritual contamination on me almost
- (3) and that extended as far as like the rowdy kids on the bus really
- ...
- (4) and so if anybody like that touched me
- (5) then I'd feel that there was somehow some sort of unholy contamination there
- (6) and I'd get home

- (7) and like sort of scrape it off like that [*acts out scraping it off with hand*]
- (8) and then wash my hand
- (9) and then that would just sort of get bigger
- (10) and I can remember sometimes getting home
- (11) and going to the downstairs loo
- (12) and every last little thing
- (13) and “there’s some on my arms”
- (14) and “I actually touched the sink a little bit there
- (15) so I’ve got to do the sink as well”
- (16) and everything like that

### **Theme Three: Objects**

In the data, objects play a role within all three groups of OCD episodes; they are not only a concern within the object group. However, objects are positioned by participants as having high levels of agency in object episodes whereas, in activity episodes, objects are positioned as things upon which compulsions are performed. In state episodes, participants position their thoughts and minds as agentic objects/entities in their own right.

**Activity: objects without agency.** In activity episodes, the participants talk about how they perform their compulsions upon tangible objects; meaning that objects are on the receiving end of the person’s actions rather than having their own agency. Clive’s episode below demonstrates how household items can be central in the completion of an activity:

#### *Episode 7: Clive*

- (1) I’ve gone through the patches where I’ve had to-
- (2) it’s taken me 20 minutes to turn the telly off at night because I’ve had to kind of watch the TV until there’s not a person on it
- ...
- (3) and I’ll wait
- (4) and if you ever watch the TV
- (5) and wait for there to be no person on the telly
- (6) it’s really difficult
- (7) there’s always a face, a face
- (8) it just goes from one face to another
- (9) and you’re just waiting for a landscape shot
- (10) or something you know
- (11) and then you can turn it off

**State: mental activities as objects.** Within recounted state episodes, participants do not tend to describe physical objects that are external to the self. However, within state episodes, thoughts and other mental activities are often described as entities that are autonomous from the self and that have vast amounts of agency. Mental activities are therefore often externalized from the self and presented as outside of the person's control. In the episode below, Vicky describes a separate "part of [her]" that she fears will take over and force her to perform harmful actions upon others.

*Episode 8: Vicky*

- (1) I was watching TV
- (2) and there was some kind of detective story where there was a man who-
- (3) in his sleep
- (4) got up and stabbed his wife in another-
- (5) and actually that was the start of it
- (6) I had nothing until that moment
- (7) and then I was in a relationship which I didn't want to be in
- (8) so I should've- kind of-
- (9) I was working on getting out of it
- (10) and I thought "oh my god
- (11) what if my sub-
- (12) there's some kind of part of me that takes over
- (13) and does this because I know that I don't want to be in this relationship
- (14) and I am in it at this moment
- (15) so what if something takes over
- (16) in my sleep
- (17) and does that

**Object: objects with agency.** As explored throughout these results, objects that are external to the self appear to be key in object episodes. Objects that are perceived as contaminated are also reported as possessing a great deal of agency because they have to ability to affect change in the self, other people and other items. Although participants' fears about contamination often involve a feeling of the self being contaminated, they can also involve worries about the outward spread of that contamination from objects to

others, which is experienced as having the potential for harmful consequences. Nicola's thoughts about her children's shoes exemplify these worries:

*Episode 9: Nicola*

- (1) their shoes
- (2) I always check their shoes
- (3) I mean they often get muddy at this time of the year
- (4) but I'm smelling them
- (5) "is it poo?"
- (6) is it mud?"
- (7) I don't want them taking it in to school because they sit on the floor a lot at school
- (8) I think if they didn't sit on the floor all the time at school
- (9) I wouldn't be so worried about it
- (10) but because they're always yeah on the floor
- (11) and they've got carpet
- (12) there's always "is the carpet gonna be cleaned?"

#### **Theme Four: Interaction**

The final theme concerns the types of interactions within the episodes. In activity episodes, participants report an increased level of interaction with their surroundings. In contrast, in state episodes, participants report an increased level of interaction with their own mental activities. Object episodes again appear to contain elements of both, with interactions being both to regulate internal and external experiences. Some examples in this section refer back to episodes included in previous themes.

**Activity: externally-directed interaction.** In activity episodes, participants report responding to distressing thoughts by an increased interaction with the physical surroundings. The participants describe attempts to dispel their distress by regulating the external world, such as Sarah repeatedly checking the cooker (episode 1). This regulation is often, but not always, carried out through the sense of sight. For example, Michelle (episode 4) reads her emails several times and Clive (episode 7) monitors the television. These actions result in an increased involvement within the activity that triggered the OCD



episode in the first place. For example, Michelle's checking of her emails creates increasing involvement within the triggering activity rather than an escape from it.

**State: internally-directed interaction.** In general, the recounted state episodes involve interactions with the mind and/or the body rather than with the external environment. For example, many of the participants, such as Matt (episode 2) and Michael (episode 5) describe attempts to remove distressing thoughts with positive counter-thoughts, images or reasoning processes. Thus, not only are distressing thoughts triggered by bodily and mental states, the participants' responses to these thoughts increase their interactions with their thoughts, minds and bodies. This is a parallel to the activity episodes because the participants' attempts at regulation result in a heightened interaction with the initial triggers.

Like object episodes, state episodes can also include reports of experiences of mental contamination. However, unlike object episodes, the feeling of internal dirtiness seems to be generated by an internal source (such as one's own thoughts) rather than an external source (such as another person). In Susan's episode below, the feeling of dirtiness is in fact triggered by the presence of body fluids. However, Susan's thoughts are about how she interacts with those body fluids and what her actions reveal about her character. It is Susan's feared status as a "sexual pervert" that she is trying to control through washing as oppose to physical contamination or illness from germs.

*Episode 10: Susan*

- (1) when I've been to the toilet
- (2) and I wash my hands
- (3) I'm worried that if I touch the tap underneath
- (4) my children might put their mouth on it when they're doing their teeth
- (5) so I have to wash the tap as well
- ...
- (6) yes it's about touching the tap and getting germs on it

- (7) but it's also about
- (8) if I did that deliberately
- (9) I would be doing it in a sexually perverted way
- (10) so I have to prevent that happening because I don't want to be a sexual  
pervert

**Object: shift from internally- to externally-driven interaction.** Within the recounted object episodes, participants' compulsions appear to be an attempt to regulate both internal and external worlds. For example, in this data set, participants describe washing compulsions as a way of managing internal feelings (i.e. to remove the "feeling" of contamination, like Angela in episode 3) and external events (i.e. to prevent the spread of contamination any further, like Nicola in episode 9). Unlike activity and state episodes, where the responses to thoughts heighten the person's interaction with the triggering activities or states, the responses to thoughts in object episodes decrease the person's interaction with the triggering object. In object episodes, participants describe how it is the affected item or person who has been contaminated that is washed or isolated; it is not the triggering object itself on which the decontamination response is performed.

### **Summary of the Three Groups**

In general, activity episodes revolve around experiences of *doing*, state episodes concern experiences of *being* and object episodes focus on experiences of *becoming*. Table 3 summarizes the themes for each group.

Table 3: Summary of OCD episodes

	<b>Activity episodes</b>	<b>State episodes</b>	<b>Object episodes</b>
<b>Overview</b>	The thoughts are about the outcome of an activity that the person is performing (e.g. leaving the house).	The thoughts are about the effects of a mental activity or bodily state (e.g. thoughts, health problems, emotions) on the self or others.	The thoughts are about the effect of a tangible object (including other people) on the self but can also be about the effect of one's bodily state on others.
<b>Space</b>	Grounded within space	Occur freely across spaces	Shift from grounded to free
<b>The body</b>	Body-in-surroundings	Contained body/mind	Contained body/mind within the surroundings
<b>Objects (inc. other people)</b>	Objects without agency	Mental activities as objects	Objects with agency
<b>Interaction</b>	Externally-directed interaction	Internally-directed interaction	Shift from internally- to externally-directed interaction

The three groups of activity, state and object episodes draw together the subtypes of OCD in the clinical literature in various ways, which are outlined here.

**Activity episodes.** Activity episodes in this data set tend to relate to OCD subtypes in the literature that have overt compulsions, such as checking to prevent danger and mistakes (e.g. Belayachi & Van der Linden, 2010), symmetry (e.g. Rasmussen & Eisen, 1992) and feelings of 'having to' perform an action until it 'feels right' without perceiving any benefit in performing that particular action (Coles, Frost, Heimberg, & Rheaume, 2003). The distressing thoughts reported by participants are often that they will cause harm to others accidentally or indirectly, for example through fire, burglary or flooding. These events come about due to the person's perceived negligence; for example, they believe that they have not turned off electrical appliances. Distressing thoughts can also be concerned with

perfection, which leads to checking for mistakes and can cause worries about damage to one's self-image through being embarrassed or ashamed of one's work.

**State episodes.** Subtypes in the state group are those that often involve meta-thoughts, that is, the distressing thoughts are about the very nature and effect of one's thoughts upon others, the surroundings and/or the self (e.g. Wells, 1997). Metacognitive beliefs include thought-event-fusion (TEF) beliefs, such as thinking about a negative event will make it happen, and thought-action-fusion (TAF) beliefs, such as thinking about yourself performing a repulsive act will make you perform that act (Wells, 2000, p. 184). TEF and TAF beliefs have been found to coincide with negative appraisals of one's character, such as believing that the self is dangerous or evil (Rachman, 1997, 1998). In this study, both TEF and TAF beliefs are reported more prominently in state episodes than in activity and object episodes. Additionally, the majority of the distressing thoughts recounted within state episodes clash with that person's value system. This dissonance is accompanied by participants' interpretations of the self as being morally unacceptable, which reinforces studies that have highlighted the importance of negative perceptions of the self with OCD (Aardema et al., 2013; Doron & Kyrios, 2005). In this study, the OCD subtype of mental contamination (e.g. Rachman, 1994) occurs in different forms in both the state group and the object group. In the state group, mental contamination seems to be caused by an internal source such as one's own thoughts that are perceived as immoral or repugnant.

**Object episodes.** The object group unites the OCD subtypes of contact contamination triggered by coming into physical contact with perceived contaminants such as bodily fluids, dirt and chemicals (e.g. Jones & Krochmalik, 2003), and mental contamination sparked by other people whose characters are perceived as immoral or

undesirable (e.g. Coughtrey et al., 2012). However, object episodes are not referred to as 'contamination' episodes in this study because, as was shown in the state episodes, there are some OCD episodes that involve a sense of contamination yet are not necessarily triggered by a specific entity that is external to the self. Thus, feelings of contamination have a wider range of triggers than physical objects.

## **Discussion**

Through a thematic analysis of recounted OCD episodes, I have demonstrated that OCD episodes can be categorized according to a three-way classification of activity, state and object episodes. This three-way classification adds to the discussions around the binary distinction of obsessions proposed by the autogenous-reactive model of OCD (Lee & Kwon, 2003).

I have also aimed to show that OCD is a highly heterogeneous disorder that displays both inter- and intra-individual variation. Many participants recount episodes that fall into more than one group of OCD episodes and thus, by focussing on the categorisation of episodes rather than people, the variation in participants' experiences of OCD has been foregrounded.

### **Relationship to the Autogenous-Reactive Model of OCD**

The autogenous-reactive model of OCD (Lee & Kwon, 2003) describes OCD via a binary distinction between autogenous obsessions and reactive obsessions. Autogenous obsessions are triggered by internal aspects of the self and include highly ego-dystonic themes (e.g. causing harm) that lead to guilt, shame and the need to repel the thoughts. Reactive obsessions have external stimuli and tend to be ego-syntonic (e.g. stemming from

a need to be responsible), which lead the person to perform actions to remove the associated threats.

Taking the autogenous-reactive model of OCD, the activity group and the object group would both be classified as having reactive obsessions, and the state group would be classified as having autogenous obsessions. In the three-way classification proposed in the current study, however, the differences between the activity group and the object group are argued as substantial enough to warrant separating them into distinct groups. Whereas the activity group and the state group do seem to concern, respectively, issues that are broadly external and internal to the self, the object group shows concerns with both external and internal issues. In particular, the object group reflects an anxiety over the transformation of the self into a state of 'contamination' due to the perceived agency of an external source (e.g. an object or a person). Therefore, while the initial threat is external to the self (like activity episodes), the state of contamination that is induced is very much located within and on the self (like state episodes). Object episodes thus appear to be hybrids of activity episodes and state episodes, which suggests that object episodes may contain elements of both reactive and autogenous obsessions. The current study therefore adds to research on the internal versus external nature of obsessions by suggesting that a binary distinction is not sensitive enough. Rather, a three way classification is required to allow for those episodes (i.e. those in the object group) that do not fit cleanly into the perceived division between issues that are external and internal to the self. In summary, the three-way classification demonstrates that the category of reactive obsessions in the autogenous-reactive model of OCD may be better represented as two distinct groups of activity episodes and object episodes.

Importantly, a recent study of the autogenous-reactive model (Atli et al., 2014) used statistical measures to show that, while autogenous obsessions are a homogenous group, reactive obsessions can be split into two subgroups. The first of these subgroups contains contamination, hoarding and symmetry obsessions along with cleaning/washing, checking, counting and hoarding compulsions. The second of these groups contains checking, repeating, counting and arranging compulsions. The two reactive subgroups found in Atli and colleagues' (2014) study suggest that contamination obsessions and cleaning/washing compulsions are experiences of OCD that do not always show similarities to checking and arranging experiences. Atli and colleagues' (2014) study thus supports the current study's three-way classification that argues that OCD subtypes involving contamination fears from an external source (i.e. object episodes) are distinct from OCD subtypes involving negative consequences due to an incorrectly completed task (i.e. activity episodes).

Theoretical work on contamination has suggested that the perceived threat of contaminants is derived from their ability to cross spatial boundaries and infiltrate new places (e.g. Douglas, 1966). This breakdown of spatial organisation has been argued as fundamental in fears of bodily contaminants as the person is "profoundly concerned with the circulation of things" in space (Segrott & Doel, 2004, p. 604). One important, contained space that people with contamination fears attempt to protect is that of the self. The self is perceived as highly bounded and as under threat from external entities, with bodily boundaries providing a barrier between the internal self and the feared, external contaminants (Segrott & Doel, 2004). The resultant feeling of contamination is thus an invasion of the bounded self. In the current study, initial evidence is provided for these theoretical claims that the movement of objects through space is an absolutely central concern for people with fears of contaminants, and that this concern is significant enough to

distinguish object episodes from activity episodes, despite both being triggered by external stimuli.

## **OCD Episodes**

As noted, the majority of research into OCD takes quantitative approaches that ask participants to rate statements related to OCD, and then analyzes the results using statistical measures. This is problematic because the statements may not accurately apply to individual's experiences, and so the participants are left forcing their experiences to fit the descriptions on the inventory. This approach flattens out people's experiences of OCD by not allowing individual descriptions to be provided. To gather more subjective details on OCD, a qualitative analysis of participants' descriptions of their OCD episodes has been performed in this study. I have defined an OCD episode as an instance of OCD that follows the cycle posited by the cognitive-behavioural model (Salkovskis, 1985). By allowing participants to describe their episodes in their own words, experiences of OCD can be explored in more depth and with more consideration to individual concerns.

Quantitative measures are also commonly used to define clinical subtypes of OCD (e.g. Calamari et al., 2004). However, subtyping studies tend to categorize participants into one subtype or another without allowing for the fact that many people experience more than one subtype. The individual variation that can be experienced within OCD is therefore backgrounded, and the complex nuances of living with OCD are not given their due weight. In contrast, focussing on episodes of OCD allows the classification of episodes, rather than people, into subtypes of OCD. The results of this study show that participants do not fit cleanly into OCD subtypes as most participants recounted episodes from more than one of the activity, state and object groups. This focus on OCD episodes is crucial for research into



OCD as it permits a greater sensitivity to individual variation and provides a route through which to explore the intricacies of OCD subtypes.

The generic statements that participants are asked to rate in quantitative studies follow the cognitive-behavioural model by breaking down OCD into separate triggers, obsessions, compulsions and emotions (Davis, 2008). By looking at these elements through pre-defined statements, they are abstracted from the real-life OCD episodes in which they may have occurred. Throughout this study, I have explored OCD episodes as holistic units that only have meaning when considered as a complete whole. By analysing OCD episodes as coherent units rather than detached components, I have thus avoided the fragmentation of episodes that is often apparent in quantitative studies.

## **Practical Implications**

As previously mentioned, the 5<sup>th</sup> edition of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2013) re-categorized OCD from an anxiety disorder into an obsessive-compulsive spectrum disorder. Accurate classification and descriptions of the disorder and its subtypes allows clinicians to diagnose OCD with greater ease. Thus, the heterogeneous nature of obsessive-compulsive disorder and appropriate ways in which to classify it are of high importance to clinicians and other health professionals working with people with OCD. The concept of OCD episodes could be useful for the diagnosis and treatment of OCD. By not restricting people to being 'in' one subtype or another, greater fluidity is permitted in the clinical assessment of symptoms and subtypes.

The current study also adds to the information on OCD subtypes by highlighting that a dichotomy between concerns over external and internal worlds is too rigid, and that more consideration needs to be given to how these worlds interact and crossover. Given that

success rates of cognitive-behavioural therapy for OCD are often quite low (Abramowitz, Taylor, & McKay, 2005), therapists and their clients could address the themes of space, the body and interactions with objects as potential issues that might generate new insights and lead to greater success in therapy sessions.

## **Limitations**

In the OCD episodes analyzed in this study, it is generally the triggers, thoughts and responses that are recounted by the participants. Components of the OCD episodes that were often not recounted were those such as emotions, interpretations of thoughts and the resolution of the episode. That is not to say that these components are not important parts of the OCD episodes. It may be the case that participants did not recount these components due to the research interview context, where they may have felt that the interviewer is more interested in the most 'entertaining' or unusual parts of the OCD episode. It would be useful to analyze OCD episodes that have been recounted within a variety of naturally occurring contexts, such as therapy sessions and conversations with friends and family, in order to compare which components of the episodes are focussed on in which contexts, and to evaluate the impact of interaction with different interlocutors. Previous studies have used naturally occurring data to explore the discursive construction of experiences of mental health problems (e.g. Capps & Ochs, 1995; Ribiero, 1994), and this approach would be a valuable route for future studies of OCD to follow.

Although there are only 15 participants in this study, the process of selecting recounted OCD episodes from the interviews gave a total of 253 episodes to analyze (Table 1). This large number of episodes allowed a thorough, qualitative exploration of a wide range of experiences. However, the small sample size does mean that the generalisability of

the findings to the wider population of people with OCD must be approached with caution. A larger scale study would be useful to help confirm or refute the findings presented in this article.

## **Conclusion**

Through an inductive, thematic analysis, it has been shown that OCD episodes can be categorized into three groups: 1) activity episodes, 2) state episodes and 3) object episodes. Activity episodes are concerned with the possible negative outcomes of tasks and activities; as such, they are structured by experiences of *doing*. State episodes are concerned with the internal state of existence of the self and of one's character; as a result, they are structured by experiences of *being*. Object episodes are concerned with internal transformations of the self caused by external objects; as such they are structured by experiences of *becoming*.

This three-way classification suggests revisions to the autogenous-reactive model of OCD (Lee & Kwon, 2003). The autogenous-reactive model divides obsessions into those that are generated by triggers internal to the self (e.g. thoughts) and external to the self (e.g. leaving the house). Through the findings of the current study, it has been demonstrated that this binary distinction is not sensitive enough to cover the range of experiences of OCD. In relation to the three-way classification, state episodes would be classed as having autogenous obsessions and both activity episodes and object episodes would be classed as having reactive obsessions. While activity episodes do correspond closely to reactive obsessions and state episodes do correspond closely to autogenous obsessions, object episodes show features of both autogenous and reactive obsessions. It is therefore advisable that reactive obsessions are separated into two groups representing activity episodes and object episodes.

Through this qualitative analysis, I have also shown that it is essential for research on OCD to move away from the dominance of quantitative measures. Many of the participants' descriptions of their experiences would not have easily translated into a quantitative score on a rigid inventory, and thus the subjective details would have been lost. It has also been argued in this article that research into OCD should focus on OCD episodes as complete units rather than as a collection of isolated components in order to avoid the decontextualisation that can occur in quantitative studies. Moreover, a focus on episodes allows greater sensitivity towards the heterogeneous nature of OCD. In this study, individual participants did report episodes of more than one subtype; thus, it is essential that future research avoids categorising participants into subtypes and begins to categorize episodes so as to capture this intra-participant variation.

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