

## Self-monitoring in Obsessive - Compulsive Neuroses

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### Abstract

This is an attempt to present a precise review about the application of self monitoring (SM) in modification of obsessive-compulsive behaviour. The theoretical basis and behavioural formulations of conditions where such procedures are effective have been indicated.

Case studies have been presented to highlight the effectiveness of self-monitoring. The outcome of such trials with different cases (N=5) have been discussed in the light of various learning theory paradigms.

Key words -

### Self-monitoring (SM)

Self-observation and SM are two important processes of self-regulation and control. SM is observing one's own behaviour in an organized and systematic fashion. It provides the individual with an ongoing record of the behaviour to be controlled. Keeping systematic data or record facilitates SM. SM brings in changes in behaviour in a predictable direction. According to Tharp and Wetzel [1] SM is an 'intervention strategy' in therapy. But such procedures have been adopted by other schools of thought in psychology who entitled it as 'introspection', 'ego strength' and 'will power'. Behaviour modification and strategies of functional analysis view self-control as a complex acquired skill rather than an inborn personality strength [2]. The details of the research findings in this area have been reviewed by Kanfer [3], Bandura [4], Thoresen and Mahoney [5], Goldfried and Merbaum [6], and Mishra [7].

The therapeutic uses of SM have been applied to various behaviours for modification viz., overweight [8], study behaviours [9], marital relationships [10], auditory hallucinations in schizophrenics [11] multiple tics [12], cigarette smoking [13], and stuttering [7].

Review of literature on SM do not reveal large number of studies dealing with the application of SM in obsessive-compulsive disorders. Different SM devices have been used for the measurement of the frequency of the maladaptive responses namely:

- (1) Behavioural diary,
- (2) Miniature counter,
- (3) Portable timer, and
- (4) Behavioural graph or chart.

The present study has dealt with a number of obsessive-compulsive disorders by adopting SM with relaxation procedures.

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## Methodology

### Sample:

Table I gives the details about the conditions treated. In the present study there are five cases - three males and two females, in the age range of 17-42 years. Duration of disorder ranges from 2.6-20 years. The frequency of the obsessive-compulsive acts were 40 times per day to continuously throughout the day (as reported by the patients). Four patients had drug treatments, and one patient had drug, ECT and other indigenous treatment.

*Table I - Details of the cases studied*

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## Behavioural procedure

The following steps were adopted in the therapeutic procedure of the present study:

**Step-1:** A base-line of the initial frequencies with which the obsessions and compulsions were occurring was established.

**Step-2:** All the patients were given training in deep relaxation.

**Step-3:** A clinical chart for recording of the occurrence of obsessive-compulsive acts was introduced. Each of the patients was demonstrated in the clinical situation about the manner of record-keeping and maintenance of this chart by themselves.

The base-line of the frequency was established immediately before the commencement of relaxation. After 7 days of relaxation a second assessment of the frequencies of maladaptive behaviour pattern was also established. During this period SM was not introduced.

Subsequently the daily recordings of the frequencies were watched for comparing it with the established base lines.

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## Results and Discussion

Table II shows that out of the 5 cases, 100 per cent improvement could be achieved in 3 of the cases. 50-70 per cent improvement could be achieved in the other 2 cases. An average of 41.2 sessions of relaxation and SM were given. Followup of 8 years 2 months to 9 years 2 months indicated the maintenance of the modified pattern of behaviour. Out of 5 cases one case who had underlying psychotic process could achieve only 50 per cent of improvement. But this improvement did not continue for long. Within 3 months of leaving the treatment the washing and checking compulsions came back to its original frequency.

*Table II - Results*

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N=5 '+' Indicates maintenance of the modified pattern

M=3 '-' Indicates spontaneous recovery or relapse

F=2 RX - Relaxation : SM - Self-monitoring

The baseline of the frequency established 7 days after progressive relaxation did not differ much from the initial frequency of the disorders. But the intensity of the obsessive-compulsive acts showed a decrease of about 25 per cent after 7 days of the introduction of SM with relaxation. This change may be attributed to the effect of SM. Jacobson's progressive muscle relaxation (as modified by Mishra [7] was adopted to reduce the associated anxiety and to facilitate the reduction of obsessive-compulsive rituals along with SM.

The findings of the present study are quite similar to that of case study made by Mahoney [14]. This is quite encouraging because of the improvement achieved in cases of 2.6-20 years duration.

According to Mahoney [15] the current views speculate that cognitive and self-evaluative processes may account for improvement, resulting from systematic self observation. Counting a behaviour may not be as important as the private responses, which often follow namely self praise and self criticism. The self statement appear to play a critical role in successful self-regulation.

Although the process of such a self-monitoring procedure is still not properly verified, it is clear that 'the reinforcing property of the information feedback to the individual under duress of the disorder' strengthens the modified behaviour pattern [7]. According to Kanfer [3] 'standards of self-evaluation and self-reinforcement are developed vicariously and subsequently control behaviour'. This may be also due to the process of 'coverant control' as has been pointed out by Homme [16]. Such a feedback model may hold good in explaining self-control, although many other issues remain to be resolved [17], [18], [19], [20].

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