

INSIGHT-BASED PSYCHOTHERAPY IN THE TREATMENT OF OCD: A DESCRIPTIVE CASE SERIES FROM CLINICAL PRACTICE

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ABSTRACT

Obsessive-Compulsive Disorder (OCD) is a chronic and distressing mental illness characterised by intrusive thoughts and repetitive behaviours. This case series investigates the symptoms, causes, and therapy responses of five OCD patients aged between 24 and 48 years. Each case has distinct symptom dimensions, ranging from contamination worries to checking activities and intrusive thoughts. Cognitive Behavioural Therapy (CBT) and pharmacotherapy were used, with different results. The findings highlight the heterogeneity of OCD and the need for interventions that are tailored to individual symptom profiles and psychosocial backgrounds.

1. INTRODUCTION

Obsessive-Compulsive Disorder (OCD) is a chronic and distressing mental illness marked by intrusive thoughts and repetitive behaviours. Fixations (unwanted, intrusive thoughts or urges) and/or compulsions (repetitive activities meant to decrease anxiety) are characteristic of obsessive-compulsive disorder (OCD), which is classified as an anxiety disorder. The illness impairs social, professional, and personal functioning and frequently causes considerable distress. One to three per cent of people worldwide suffer from OCD, which usually first manifests in adolescence or early adulthood. This case series examines five different OCD experiences, focusing on symptom kind, history, treatments, and outcomes. This case series looks at five people's experiences with OCD, focusing on symptom type, history, intervention, and outcomes. A person's social, professional, and personal functioning are all hampered by the illness, which frequently results in excruciating pain.

2. METHODOLOGY

This descriptive case series was undertaken in the Psychiatric Outpatient Department of a Holy Cross hospital at Kottiyam, in South India, and it focused on five people who were diagnosed with obsessive-compulsive disorder (OCD) using DSM-5 criteria. Participants were chosen on purpose and ranged in age from 18 to 48 years old, with each exhibiting varied OCD symptom patterns. The Yale-Brown Obsessive Compulsive Scale (Y-BOCS) was used to quantify symptom severity, the Beck Anxiety Inventory (BAI) to assess concomitant anxiety, and extensive clinical interviews, as well as the hereditary effect of family genes. Each patient received a tailored treatment regimen that includes Cognitive Behavioural Therapy (CBT), Exposure and Response Prevention (ERP), and pharmaceutical intervention with Selective Serotonin Reuptake Inhibitors (SSRIs). Interventions, including CBT, Exposure and Response Prevention (ERP), and SSRI, were administered over a few periods, with pre- and post-intervention evaluations used to measure clinical outcomes. All individuals provided informed consent after receiving approval for their participation.

3. REVIEW OF LITERATURE

Obsessive-compulsive disorder (OCD) is defined by unwelcome intrusive thoughts that create worry or discomfort (i.e., obsessions), as well as repeated activity patterns (i.e., compulsions) and dangerous avoidance behaviours used to relieve distress. Obsessions and compulsions are often theme-based and functionally related (for example, contamination, injury). Common OCD symptoms include: i) an obsession with contamination caused by excessive washing; ii) obsessive doubts necessitate time-consuming and ritualised counting, repeating, and checking; iii) obsession without religious fixations or sexual or violent acts that frighten a person; and iv) a strong need for precision that causes a person to perform routine tasks slowly (eating, dressing, etc.) Typical compulsions include ritualised touching, hoarding, repetition, arrangements, and reassurance-seeking anxiety (Antony, 2018). Research on obsessive-compulsive disorder (OCD) has progressively advanced from foundational behavioural and pharmacological interventions to novel therapeutic modalities and technological integrations. Stewart et al. (2006) demonstrated the efficacy of intensive residential programs, while Minichiello et al. (1988) emphasised behavioural therapy as a cornerstone, with pharmacological augmentation highlighted by Goodman (1992) and Rasmussen and Eisen (1997). Schema-focused interventions (Gross et al., 2012) and exposure-based enhancements using agents like D-Cycloserine (Kvale et al., 2020) have broadened therapeutic strategies,

though questions of replicability and long-term efficacy remain. The Yale-Brown Obsessive-Compulsive Scale (Goodman et al., 1989; Woody et al., 1995; Castro-Rodrigues et al., 2018) has provided a psychometrically robust assessment tool, though its dependence on clinician expertise may limit generalizability. Recent developments underscore the integration of personality and contextual factors (Abramowitz & Reuman, 2020) in tailoring treatment.

Building on this foundation, contemporary research has turned toward emerging modalities. Artificial intelligence (AI) is increasingly applied to cognitive behavioural therapy (CBT), with bibliometric overviews (Vanhée et al., 2025), reviews (Jiang et al., 2024), and novel frameworks such as AutoCBT (Xu et al., 2025), suggesting a paradigm shift in digital mental health. Kendall et al. (2024) highlight evolving CBT approaches for adolescent anxiety, while Wilhelm et al. (2019) show the benefits of augmenting ERP with cognitive therapy. Comorbidities such as OCD and depression have been explored through CBT (Abramowitz et al., 2010), mindfulness interventions (Indian Journal of Psychiatry, 2025), and analyses of rumination's mediating role (Schmidt et al., 2018.)

3. Case Description

Case 1: Reena (26 years, Female)

Reena (not her real name), a 26-year-old girl, presented with typical contamination-type obsessive-compulsive disorder (OCD) symptoms, including excessive washing and a strong fear of infection. She reported excessive washing, frequent checking, and avoiding contact with doorknobs, public surfaces, and shared objects, all of which harmed her everyday functioning. She exhibited interpersonal problems, such as frequent disagreements, trouble making strong connections, and characteristics suggestive of a personality disorder. She maintained emotional distance from her family, particularly her mother, and revealed a history of sexual assault. Raji has dependent personality disorder, mild perfectionist tendencies, and elevated health-related anxiety, which has caused her to see her surroundings as unsafe. Her initial score of 29 on the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) indicated that she was experiencing severe symptoms. She used a systematic treatment plan that combined Cognitive Behavioural Therapy (CBT) with Exposure and Response Prevention (ERP) and Fluoxetine (40 mg/day). Throughout therapy, Reena improved significantly, with her Y-BOCS score dropping to 14, indicating a moderate reduction in symptoms. She reported an enhanced capacity to socialise in public and a lessened desire to wash her hands. However, she still experiences periodic symptom flare-ups during times of high stress, demanding ongoing coping skills and booster sessions to maintain recovery.

Case 2 Aruna (29 years old, Female)

The case series is based on a single case study of an obsessive-compulsive woman named Aruna. She is a 29-year-old unmarried girl from a wealthy metropolitan family with Hindu roots. She had a younger brother who was three years junior to her. Her father, who worked in Dubai, committed suicide due to depression. She had a wide range of compulsive, borderline, and dependent behaviours. For example, she began to act strangely at home, such as opening doors with her knee, turning on fans and lights, etc. She cleansed her hands and mouth regularly out of fear of getting sick. Aside from that, she also had a mobile addiction. She also enjoyed building intimate relationships with people from the opposite sex. When her mother attempted to limit her obsessions, she refused to accept the corrections since they threatened her autonomy. As a result, the family was troubled by her actions. Furthermore, her excessive hand cleaning and showering produced ongoing issues in the household. Furthermore, she was unwilling to handle any routine household tasks such as shopping, cooking, and so on. She spent her time watching TV and romantic shows on YouTube channels. She developed the fear that people were constantly watching her movements via hidden cameras on her phone, and she frequently felt distressed and hesitant to speak. At the same time, she was aware of it and mourned her unusual ideas. She also developed an irregular sleep pattern as a result of her nightly viewing of numerous programs on her mobile phone; she would often sleep at various times during the day. She also had an awful description of her disturbed sleep. She was napping during the day because she was taking the doctor's prescribed medication. She used to wake up after 1 p.m. on purpose to avoid doing numerous domestic chores. Despite this, she quit attending college, afraid she would be unable to learn owing to a lack of concentration. She also avoided going shopping and travelling for fear of being unable to count the money required for the transactions. She even stopped leaving the house for fear of contaminating herself and becoming ill. As a result, she washed her clothes with Dettol when she returned home from the outside. Sometimes she tried to burn her garments if she had recently passed through any unclean spots on her way out. She gradually avoided her friends and relatives, believing they were circulating rumours about her. As a result, Aruna became a prisoner of her strange thoughts, unable to act logically. In summary, her circumstances rendered her severely disabled. She had distressing, intrusive thoughts about harming her loved ones. In addition, she had received mental treatment for the same illness for the past 13 years. She had an extremely high Y-BOCS score when she was admitted. After her eight months of regular sessions of insightful psychotherapy along with medication, there seems to be a reduction in the symptoms of OCD and an increase in her subjective well-being. This reveals a strong link between insightful psychotherapy and its intervention for reducing OCD symptoms. Her psychological profile revealed a high guilt sensitivity, which was compounded by a strong religious background that contributed to her misery.

She was diagnosed with obsessive-compulsive disorder after scoring 32 on the Yale-Brown Obsessive Compulsive Scale (Y-BOCS) before therapy. Cognitive restructuring, exposure and response prevention (ERP), and 100 mg of sertraline per day were all part of the treatment plan. After consistent control, Arya's intrusive thoughts lessened in frequency and emotional severity. Her Y-BOCS score rose to 17, and she was able to resume cooking and doing her daily tasks with renewed confidence. Although some anticipatory anxiety remains, her overall functioning has greatly improved.

Case 3: Anoob (name is not real), 30 years, Male

Ashwin had significant checking compulsions, which included continually ensuring that doors were locked, gas burners were switched off, and electric switches were properly closed. These rituals took up to three hours each night, motivated

by an overpowering fear that he would cause harm via ignorance. His symptoms began at the age of 17, following a traumatic occurrence involving an unintentional electrical short circuit at home. Ashwin had a strong sense of duty and a dread of failure, which propelled his compulsive behaviours. His first Y-BOCS score was 44, which indicated severe symptoms. He completed his engineering in civil, but owing to the dread of socialising with others, he refuses to look for a job. Whenever interpersonal tension occurs, he withdraws from the field and retires to bed, lamenting his bad headache. His mother is a civil engineer, while his father is an advocate. He was diagnosed with amnesia, which impacts the whole family's routine. He is their only child. Treatment consisted of behavioural trials, exposure and response prevention (ERP), and pharmaceutical control with Escitalopram (20 mg/day). Ashwin's checking habits decreased significantly during therapy, and his Y-BOCS score increased to 20. He reported improved sleep quality and higher self-confidence, but he still relies on family support to maintain his therapeutic improvements. Systematic desensitisation techniques enabled him to encounter the crowd boldly and work with the crowd steadily. Now he is pursuing his work while under medication and therapy.

Case 4: Nimisha, 48 years, Female

Nimisha (name is not real) demonstrated compulsive behaviours centred on repetitive counting and a strong obsession with symmetry. She would spend several hours arranging objects in a specific order, driven by the belief that failure to do so correctly would result in a bad outcome. These symptoms first appeared in her early 30s and worsened over time, particularly after menopause. Despite having these problems for years, she was not diagnosed until recently. Her psychological profile revealed rigid personality traits and a lack of emotional expression, which most likely contributed to the chronic nature of her condition. At the start of treatment, her Y-BOCS score was 28, indicating moderate severity. She had supportive cognitive behavioural therapy (CBT), relaxation training, and was prescribed a low dose of Fluoxetine (20 mg/day).

Later, Bach flower therapy was offered as an alternative treatment for her because she refused to take psychiatric medication owing to societal stigma. There is a steady reduction in Mini's Y-BOCS score, dropping to 19. She became more capable of handling daily chores, yet she continued to participate in ritualistic activities, particularly during times of high stress. Her unwillingness to engage in full exposure-based work has slowed her overall therapeutic progress.

Case 5: Dean Jen, 24 years, Female

Dean Jen was confronted with severe, ego-dystonic, obsessive sexual ideas, resulting in great guilt and humiliation. In response, she began praying obsessively and avoided media or social situations that she feared would trigger these thoughts. Her symptoms began during her senior year of college, following a difficult breakup and incidents of social rejection, which proved to be important emotional triggers. Her psychological profile revealed emotional sensitivity, low self-esteem, and the effects of a strict Catholic upbringing, all of which contributed to her internal turmoil and unhappiness. Her preliminary Y-BOCS score of 31 showed moderate to severe symptomatology. Treatment included exposure and response prevention (ERP) with imaginal exposure techniques, mindfulness-based training to address her emotional reactivity, and pharmaceutical management with 75 mg of Sertraline per day. Deandra noted that the frequency and emotional intensity of her intrusive thoughts decreased significantly during therapy. In addition, she regained her self-esteem and enhanced her emotional resilience. She continues to attend therapy sessions to receive continuing support and maintain her development.

Table Model

Case No:	Age	Gender	Presenting complaints	Diagnosis	Treatment Information	Outcome	Flow-up Period
Case 1	26yrs	Female	Irritability	Anxiety and DPD	Mindfulness and Gratitude training.	Improved sleep and reduced anxiety	3 months
Case 2	29yrs	Female	Chronic Stress and BPD	Anxiety and BPD	Medication + Insightful Psychotherapy.	Better Management skills and psychoeducation improve awareness	3years
Case 3	30 yrs	Male	Low mood, avoidance of checking	Anxiety and DPD		Better mood and energy level	3years
Case 4	48yrs	Female	Irritability, Insomnia	Depression , DPD over expectations from husband	6-Week Mindfulness Program.	Better stop the medication	2 months
Case 5	24yrs	Female	Anxiety, Thanatophobia	Work-related stress Thanatos	1-year follow-up and therapy club with	Completely cured, stop medication	3 years

			Hypochondria c	phobia. Histrionic personality Disorder (HPD)	Homeopathic medication.		
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DISCUSSION

This article discusses a real-world case study. Because of its complexity, a single case out of nearly 153 OCD patients treated at Holy Cross Hospital over 2 years, from January 2023 to June 2025, is being thoroughly investigated. The peculiarities of this case study stem from its extensive treatment plan, which lasted over 13 years. Despite receiving medicine and treatment, the client's condition did not improve; consequently, the researcher attempted to resolve the client's issues by integrating insightful psychotherapy in counselling with CBT, BT, and pharmacotherapy. Later, it was discovered that the customer did not improve despite receiving medication and treatment exclusively. Continuous treatment with eight months of follow-up sessions proved beneficial in this regard. The researcher distributed the Y-BOCS questionnaire and the Beck Anxiety Scale (BAI) before the interview. On the initial evaluation, the patient scored extremely high for obsessions and compulsions in the Y-BOCS scale as well as in Anxiety scores (SUM=40, 36, 32, 42, 43) (OCD = 34,30,32,38,35). Her OCD symptoms gradually decreased after three months of medication and insightful psychotherapy in the anxiety score (SUM=20,17,19,20,22). After following 8 months of treatment, it achieved a modest score of OCD=8,9,8,15,10, respectively. The peculiarity of these case series and their conclusion motivated the researcher to introduce the effect of Insightful Psychotherapy and give hope to many who suffer in this way.

The integration of classical and emerging evidence underscores both progress and persistent challenges in OCD treatment. Traditional therapies, such as CBT and pharmacotherapy, remain the first line, yet their limitations in treating cases that are resistant to these approaches necessitate innovation. While AI-enhanced CBT (Vanhée et al., 2025; Jiang et al., 2024; Xu et al., 2025) holds promise for scalability and personalisation, concerns remain about its ethical implementation, patient engagement, and real-world applicability. Future research must critically evaluate how novel interventions can be responsibly integrated into existing care pathways, ensuring both accessibility and individualised patient benefit.

This case series demonstrates the therapeutic application and effects of insight-based psychotherapy in treating persons diagnosed with various subtypes of obsessive-compulsive disorder (OCD) as defined by the DSM-5 **D.Antony, (2018)**. Overall, while this case series is limited by its qualitative character and small sample size, it demonstrates the efficacy of insight-based, schema-focused, and integrative therapies in addressing a variety of OCD presentations. These findings highlight the need for additional research, ideally through randomised controlled trials, to compare the efficacy of insight-oriented therapy to established CBT methods.

7. CONCLUSIONS

Obsessive-Compulsive Disorder (OCD) causes a wide range of symptoms and has a major impact on everyday functioning, emotional well-being, and interpersonal relationships. This case series emphasises the need for early detection, complete assessment, and the use of customised cognitive-behavioural therapies tailored to each patient's unique needs. The combination of pharmaceutical treatment, notably SSRIs, and organised psychotherapeutic techniques such as CBT and ERP has produced encouraging results in numerous patients. Furthermore, psychosocial elements such as family support, understanding of illness, and patient motivation were identified as key determinants impacting therapy outcomes. Despite variations in age, symptom patterns, and response rates, this series demonstrates that a multidisciplinary and tailored approach to OCD can result in significant symptom reduction and increased quality of life. The effective management of OCD requires ongoing awareness, timely intervention, and adherence to evidence-based approaches.

REFERENCE

1. John D. Antony (2018)]. *Counsellors' Approach to Mental Disorder* based on Diagnostic and Statistical Manual Disorder-5 (DSM-5) "Obsessive-Compulsive and Related Disorder "edited by St. Joseph Institute of Printing et al., published by Guru Publication, Tamil Nadu, India, 187-208. (Book Chapter)
2. Stewart, S. E., Yen, C. H., Stack, D. E., & Jenike, M. A. (2006). Outcome predictors for severe obsessive-compulsive patients in intensive residential treatment. *Journal of Psychiatric Research*, 40(6), 511-519. (Article) Google Scholar □
3. Minichiello WE, Baer L, Jenike MA. Behaviour therapy for the treatment of obsessive-compulsive disorder: theory and practice. *Compr Psychiatry*. 1988 Mar-Apr;29(2):123-37. DOI: 10.1016/0010-440x (88)90005-3. PMID: 3286108. (Article) Google Scholar ↗
4. Goodman, W. K. (1992). Pharmacotherapy of obsessive-compulsive disorder. *Zwangsstörungen/ Obsessive-Compulsive Disorders*, 141-151. (Article)
5. Rasmussen, S. A., & Eisen, J. L. (1997). Treatment strategies for chronic and refractory obsessive-compulsive disorder. *Journal of Clinical Psychiatry*, 58(13), 9-13. (Article) Google Scholar ↗
6. Gross, E., Stelzer, N., & Jacob, G. (2012). Treating OCD with the schema mode model. *The Wiley-Blackwell handbook of schema therapy: Theory, research, and practice*, 174-184 (Book chapter) Google Scholar □

7. Kvale, G., Hansen, B., Hagen, K., Abramowitz, J. S., Børtveit, T., Craske, M. G., ... & Öst, L. G. (2020). Effect of D-Cycloserine on the effect of concentrated exposure and response prevention in difficult-to-treat obsessive-compulsive disorder: a randomised clinical trial. *JAMA Network Open*, 3(8), e2013249-e2013249. (Article) Google Scholar ↗
8. John D. Antony (2018)]. *Counsellors' Approach to Mental Disorder* based on Diagnostic and Statistical Manual Disorder-5 (DSM-5) "Obsessive-Compulsive and Related Disorder "edited by St. Joseph Institute of Printing et al., published by Guru Publication, Tamil Nadu, India, 187-208. (Book Chapter
9. Woody, S. R., Steketee, G., & Chambless, D. L. (1995). Reliability and validity of the Yale-Brown obsessive-compulsive scale. *Behaviour research and therapy*, 33(5), 597-605. (Article) Google Scholar ↗
10. Castro-Rodrigues, P., Camacho, M., Almeida, S., Marinho, M., Barahona-Corrêa, J. B., & Oliveira-Maia, A. J. (2018). Criterion validity of the Yale-Brown Obsessive-Compulsive Scale, second edition, for diagnosis of obsessive-compulsive disorder in adults. *Frontiers in Psychiatry*, 9, 408434.
11. Abramowitz, J. S., & Reuman, L. (2020). Obsessive-compulsive disorder. *Encyclopedia of personality and individual differences*, 3304-3306. (Book) Google Scholar ☐
12. Vanhée, L., Andersson, G., Garcia, D., & Sikström, S. (2025). The rise of artificial intelligence for cognitive behavioral therapy: A bibliometric overview. *Applied Psychology: Health and Well-Being*, 17(2), e70033.
13. Jiang, M., Zhao, Q., Li, J., Wang, F., He, T., Cheng, X., ... & Fu, G. (2024). A generic review of integrating artificial intelligence in cognitive behavioral therapy. *arXiv preprint arXiv:2407.19422*.
14. Xu, A., Yang, D., Li, R., Zhu, J., Tan, M., Yang, M., ... & Xu, R. (2025). Autocht: An autonomous multi-agent framework for cognitive behavioral therapy in psychological counseling. *arXiv preprint arXiv:2501.09426*.
15. Kendall, P. C., Meyer, M., & Ney, J. S. (2024). Trends, advances and directions in cognitive-behavioral therapy for adolescent anxiety. *World Psychiatry*, 23(3), 442.
16. Wilhelm S, Buhlmann U, Tolin DF, Meunier SA, Pearlson GD, Reese HE, Cannistraro P, Jenike MA, Rauch SL. Augmentation of behavior therapy with D-cycloserine for obsessive-compulsive disorder. *Am J Psychiatry*. 2008 Mar;165(3):335-41; quiz 409. doi: 10.1176/appi.ajp.2007.07050776. Epub 2008 Feb 1. PMID: 18245177.
17. Abramowitz JS. Treatment of obsessive-compulsive disorder in patients who have comorbid major depression. *J Clin Psychol*. 2004 Nov;60(11):1133-41. doi: 10.1002/jclp.20078. PMID: 15389622.
18. Sheikh, M. A., & Alfonso, T. (2025). Mindfulness in treatment-seeking adults with comorbid obsessive-compulsive and major depressive disorders: Mediating effects of obsessive beliefs and mental well-being. *Indian Journal of Psychiatry*, 67(5), 513-521.