More Than A Feeling: How to Think About and Treat Sensory/Sensorimotor OCD

Anna R. Edwards, PhD & Allison David, LCSW
New York Anxiety Treatment

Tape Exercise

A little background...

A number of years ago a patient came to see us. In his view, he didn't have obsessions, only compulsions. His compulsions were cracking his back and knuckles. He denied intrusive thoughts as the origin and when we tried to identify his feared consequence it was basically discomfort. Instead of Pure O, we think there are obsessions and mental rituals. And we did not think there was pure C either. The sensation, the discomfort was this sufferer's intrusion, becoming his hyperfocus, becoming his vigilance. We needed to expose this patient to discomfort without him exercising the neutralizing behavior of cracking. This became something between interoceptive exposure and mindfulness and it was helpful for this patient.

A little background...

Later, I met a colleague who was studying psychological intervention for chronic pain. The way I was treating sensory OCD seemed to overlap with the way he and his colleagues were thinking about chronic pain. We started collaborating and for a couple of years he joined our clinic. Some of this talk is informed by our interest in and experience with Pain Reprocessing Therapy and our work with Yoni Ashar and Vanessa Blackstone.

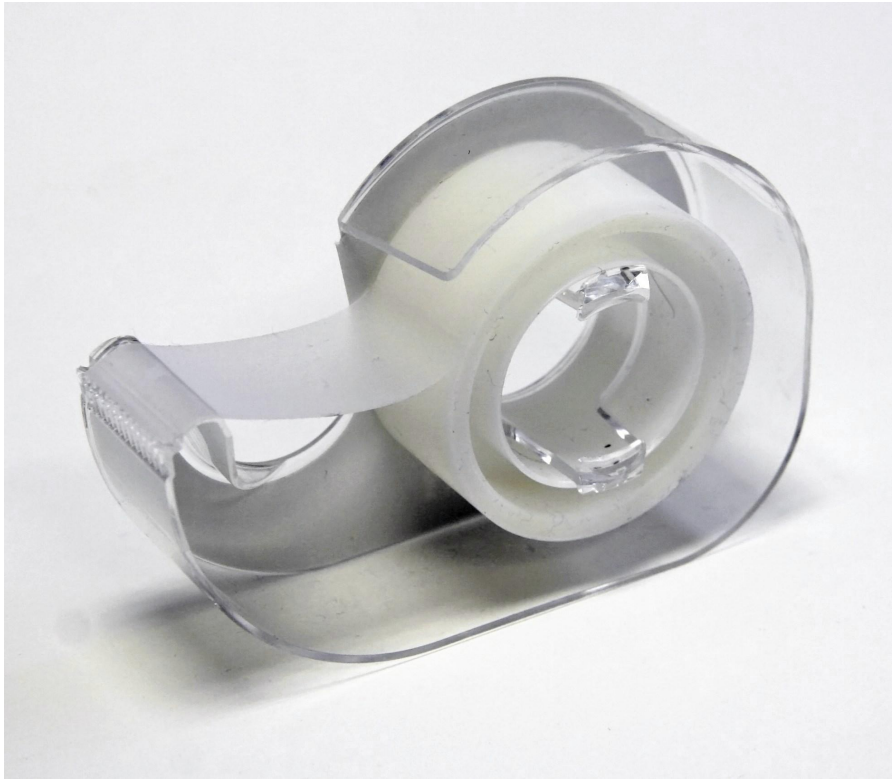
Key Takeaways

- Intrusive physical sensations can be conceptualized and treated the same way as we treat intrusive thoughts
- Sufferers usually have a preoccupation with sensations problem NOT a sensations problem!
- Our work is to get patients to be with the sensation alone, not with the story about the sensation
- Sensory exposure is a crucial to this work

Agenda

- What is Sensory OCD?
- Common Presentations of Sensory OCD
- Case Conceptualization
- How to Treat Sensory OCD
- Sensory Exposure Exercise
- Case Study
- Other Considerations

Back to the Tape



What is Sensory OCD?

What is Sensory OCD?

- Have you heard of sensory OCD?
- Have you experienced sensory OCD?
- Have you treated sensory OCD?

What is Sensory OCD?

Sensations sufferers try to rid of through physical or mental behaviors or avoidance, whereby the sensations may be neutral or uncomfortable, and whereas the initial sensations or the neutralizing events to rid of these sensations cause significant distress and interference.

What is Sensory OCD?

- Individuals with OCD appear to have a more difficult time filtering out extraneous external and internal input (Ahmari, Risbrough, Geyer, & Simpson, 2012; Collins, Grimaldi, & Stern, 2021)
- This process is referred to as sensorimotor gating or sensory processing
- This may mean that sensory and motor sensations are may feel more salient to OCD sufferers

What is Sensory OCD?

- DSM-5 and ICD-10 do not include sensory obsessions or intrusions, rather persistent thoughts, impulses, images
- A recent review of sensory processing and OCD suggests that traditional ERP is less effective for patients with prominent sensory symptoms and discusses the need to develop new therapeutic techniques to target sensory symptoms (Collins, Grimaldi, & Stern, 2021)

What is Sensory OCD?

The Sensory Phenomena Scale (2009) assesses for the following:

- Physical sensations: uncomfortable sensations in the skin, muscles-joints or body sensations
- “Just Right” experiences triggered by visual, auditory, or tactile sensations
  - *Look* just-right
  - *Sound* just-right
  - *Feel* just right
- Inner feeling of incompleteness
- Energy that builds up and needs to be released

*Adapted from Rosario, M.C., Prado, H.S., Borcato, S., Diniz, J.B., Shavitt, R.G., Hounie, A.G., Mathis, M.E., Mastrorosa, R.S., Velloso, P., Perin, E.A., Fossaluza, V., Pereira, C.A., Geller, D., Leckman, J., Miguel, E., 2009. Validation of the University of São Paulo Sensory Phenomena Scale: initial psychometric properties. CNS Spectrums 14 (6), 315–323.

What is Sensory OCD?

- 65% of a 1001 sufferers with OCD endorsed at least one subtype of sensory phenomena (Ferrão et al. 2012)
- “Just right” perceptions triggered by tactile, visual or auditory input– ie voice sounding right– were observed by 51.8% of the sample
- Physical sensations, specifically tactile and musculoskeletal, were observed by 37.1%
- Sense of incompleteness 17.6%
- Energy release by 14.4%

(Ferrão et al. 2012)

How we think about Sensory OCD

- Our talk comes from our clinical experience working with this population
- We think that sensory OCD operates in much the same way as OCD: attempts to control neutral or uncomfortable sensations result in learning that it is dangerous to have these sensations, heightening the threat response and making for more sticky sensations
- Just as with intrusive thoughts, sensations may be uncomfortable or they may be neutral, but for an assigned reason difficult to tolerate

Common Presentations of Sensory OCD

Common Presentations of Sensory OCD

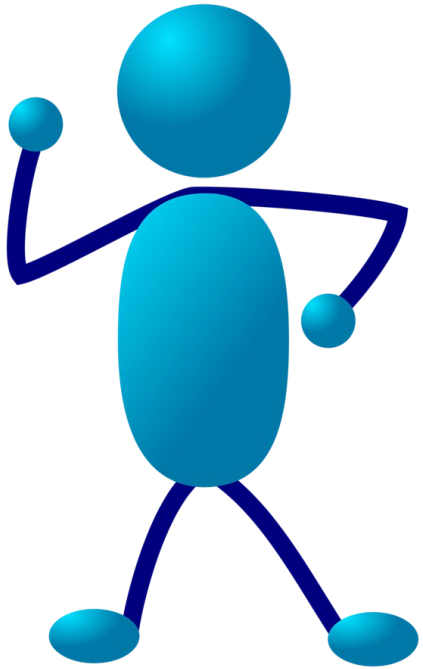
Tingling
Heart Rate
Breathing
Eye contact
Stomach sensations
Swallowing

Breathing
Speaking
Hunger pain
Sense of energy
Discomfort in muscles, feeling need to crack

Case Conceptualization

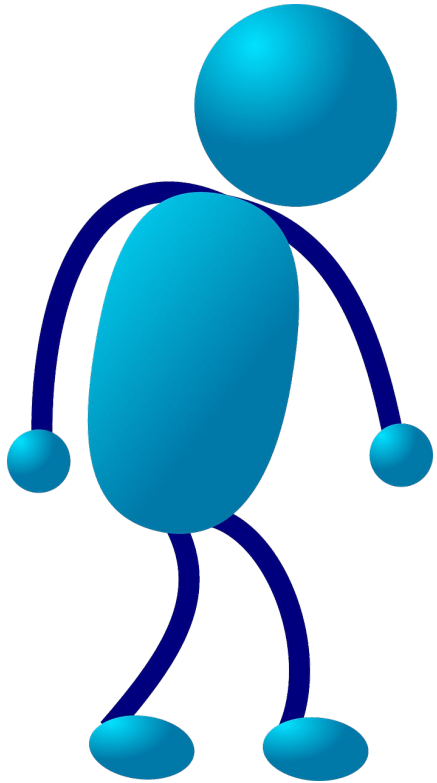
Case Conceptualization

- Being human means having the full range of thoughts and the full range of sensations – from breathing, to feeling one's heart rate, to feeling dizzy, to having stomach discomfort
- People with OCD tend to have a big imagination
- They also tend to be more sensitive to external and internal sensory stimuli (Collins, Grimaldi, & Stern, 2021)



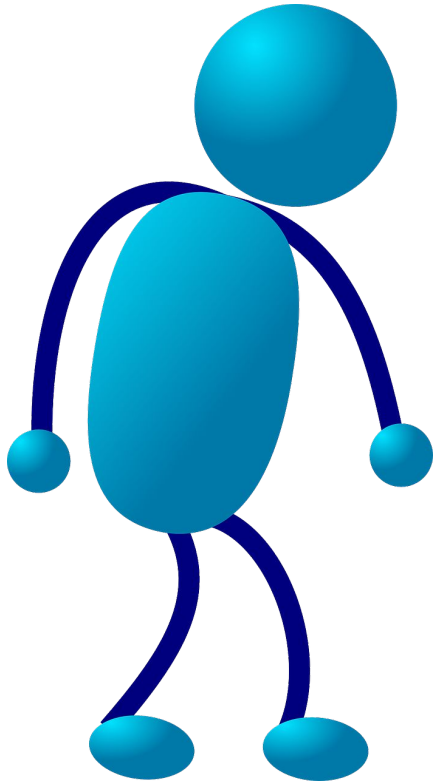
Case Conceptualization

- Once sufferers have an uncomfortable or unexpected sensation they may really feel it deeply



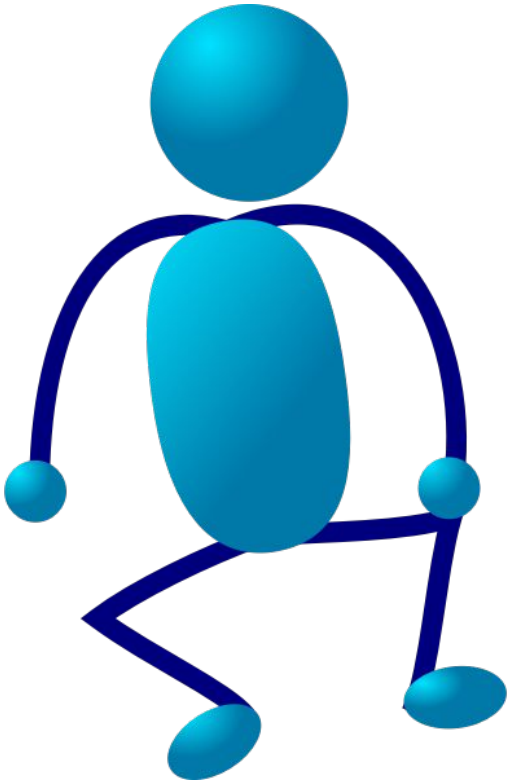
Case Conceptualization

- … and then OCD sufferers may fixate on the sensation in an attempt to get rid of it or figure their way out of it



Case Conceptualization

- … or they may stretch, tap, crack

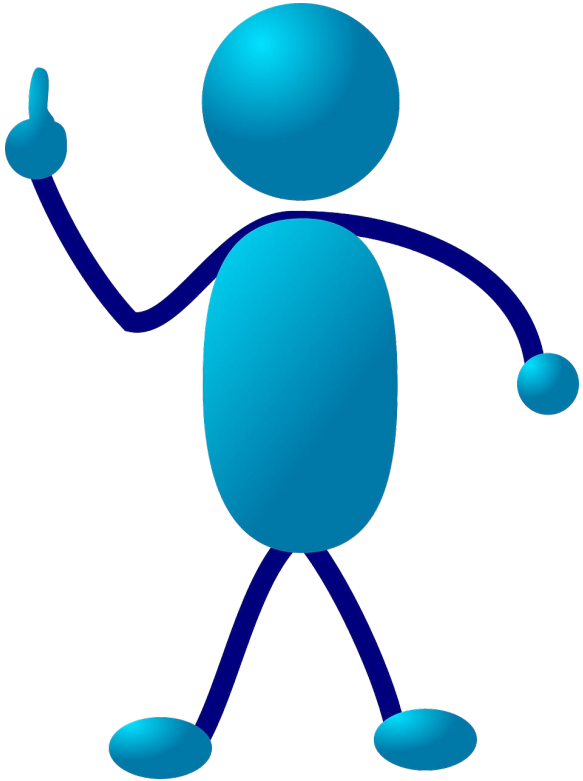


Case Conceptualization

- … or avoid any potential triggers – including activities, foods, conversations, quiet places

Case Conceptualization

- … and certainly sufferers will be vigilant, on the lookout for the sensation



Case Conceptualization

- It is these attempts to get rid of sensations that maintain the symptoms
- These attempts have many names: rituals, compulsions, avoidance, mental rituals, figuring things out, safety behaviors, reassurance seeking
- We call all these attempts neutralizing behaviors
- What we need to do is to identify with each sufferer what are the neutralizing behaviors that are maintaining the sensations for her

Case Conceptualization:

Common Triggers & Neutralizing Behaviors

Tingling skin→ *wipe or wash hands*
Heart Rate, Breathing→ *use of pulse oximeter*
Eye contact→ *avoidance, re-doing*
Stomach sensations→ *avoid certain foods, certain activities, travelling*
Swallowing→ *avoid certain foods, re-chew, eating at home, eating with others*
Sense of energy or tension→ *mental or physical repetitive behaviors*
Speaking→ *avoiding speaking, effortful attention to pitch, volume, tone*
Hunger pain→ *eating*
Discomfort in muscles→ *cracking back*
Not just right→ *redoing*

Case Conceptualization:

Story about Sensations

The physical sensation is often accompanied by a narrative about the sensation’s intensity and duration and catastrophic thoughts about the implications of living with the sensation

Case Conceptualization:

Story about Sensations

Past Preoccupation - I used to be so much better, I used to feel better, I used to be able to do more things (*My hand never used to tingle*)
Future preoccupation - this will never go away, when will this end (*My hand will tingle forever*)
Structural preoccupation - maybe there is some wrong, maybe I need a medical evaluation (*No one's hand should ever feel this way; It is probably related to my heart*)
Problem solving preoccupation - I need to fix this. How do I fix this? (*I am going to the cardiologist*)

*Slide adapted from Vanessa Blackstone, MSW, ASW, Pain Psychology Center

Treatment Components

- **Seeing it with “New Eyes”**
- Accepting Uncertainty
- Exposure

Looking at the Sensation with New Eyes

Where is it in the body?
How unpleasant ?
How much distress?
Shape?
Texture?
How big?
Hard/soft?

Rough/smooth?
Warm cool?
Liquid/Solid?
Pulsing/constant?
Sharp/dull?
Is it uniform?
Heavy/light?
Moving/still?

Looking at the Sensation with New Eyes

- What if this were the first time you were experiencing these sensations?
- When else might you feel these types of sensations?
  - Butterflies in stomach - wedding aisle, roller coaster
  - Rapid heart - post run, baby on your chest, laying on loved ones chest
  - Dizzy - carousel
- Can you drop beneath the chatter to the sensation?

Treatment Components

- Seeing it with “New Eyes”
- **Accepting Uncertainty**
- Exposure

Accepting Uncertainty

- Goal is not to eliminate sensations but to lead a full, meaningful life despite the sensations
- If sufferers are doing exposures to reduce the intensity of their sensation then they are actually using exposure as a neutralizing behavior
- It is not the intrusive sensations that maintain the disorder, but the physical and mental behaviors attempting to get rid of the sensations
- New experiences with the sensations and without these neutralizing behaviors are necessary to create new learning

Accepting Uncertainty:
Disenchantment with Neutralizing Behaviors

- A part of the treatment is becoming disenchanted with rituals
- Figuring things out, monitoring will not save us from discomfort
- We want to give up trying to find an answer
- We don’t have to be constantly fixing this
- We don’t have to be problem solving

Accepting Uncertainty:
Disenchantment with Neutralizing Behaviors

- Patients may not have complete control of their sensations, but they have control of how they live their lives
  - Do you want conversations with your family to center around how your voice sounds or do you want to be having deeper conversations?
  - Do you want to use the time to check if your breathing is normal or read a book?
  - What type of behavior do you want to model to your children who already have a genetic predisposition for OCD?
  - If these sensations were to never go away, how would you choose to live?

Treatment Components

- Seeing it with “New Eyes”
- Accepting Uncertainty
- **Exposure**

Exposure

- In vivo exposure
  - Opportunities to bring on the sensations: splashing water on face and sitting with it, tigerbalm, half blowing one's nose
  - Re-engaging in life
- Imaginal scripts
- Interoceptive exposures
- Somatic sensory exposure

Exposure: Imaginal Script

I am willing to live with the uncertainty that I am going to live with this sensation for the rest of my life. It is possible that my fingers will never stop tingling and I will feel this way forever. I may be eternally preoccupied, unable to focus on my work, my family or my friends. The quality of life may severely diminish and nothing may ever the same. It may be eternal tingling purgatory. Nothing may ever be enjoyable again.

Despite this risk, I am willing to live with the uncertainty and make space for the sensations because the truth is there is no way to know whether these sensations will ever go away and I want to live my life. I want a full life where I am not always vigilant. I want to be carefree. I don't want to constantly be checking in with my body. I want to be the person who is paying attention to what my loved ones are saying instead of scanning my body, the person who is able to concentrate on my work. I want to be the person I spend on so much energy pretending to be.

Somatic Exposure

Case Study

Case Study: Presentation

Mid 40s Female presented to our clinic with intrusive physical sensations including feelings of tingling, racing heart, difficulty breathing, nausea, lightheadedness. She reported intrusive thoughts regarding these symptoms, what they mean, and whether they will ever subside. PT denied sx of Panic Disorder and had never experienced a panic attack.

Due to her fears of physical sensations, PT began avoiding physical activity, various foods (causing weight loss), social activities, and work. PT's fears started to make it more difficult for her to care for her family, household and two young children.

Case Study: Conceptualization

Main themes: Am I going crazy? Will my physical sensations ever go away ?
Feared consequences: I will feel this way forever, I will have intrusive physical sensations forever, I will go crazy from these sensations, I will never return to “normal”
Neutralizing behaviors: hyper aware of bodily sensations, seeks reassurance on internet re: various health concerns; makes doctors appointments to attempt avoiding uncertainty with possible symptoms, rumination
Exposure strategy:
Values, behavioral activation, scripts (this might never end)

Case Study: Exposures

Interoceptive

Spinning
Wearing wrong prescription glasses and getting dizzy
Tiger balm
Straw breathing

Virtual Reality

Oculus roller coaster

In Vivo

Receive schizophrenia diagnosis
Documentary about going crazy
One Flew Over Cuckoo's Nest Movie
Hearing voices audio NPR
Girl Interrupted Movie
Pictures of scary mental hospital
Local Hospital "Preparing for your Stay Video"
Write out "I'm going crazy"
Change zoom background

Other Considerations

Sensory OCD or Panic Disorder?

- Some may say that if individuals are fixating on symptoms we associate with panic disorder, sensory OCD may be better explained by panic disorder
- However, not all symptoms of sensory ocd are subsumed in panic disorder
- Intrusive thoughts like having a heart attack and going crazy may be present in OCD or panic disorder and we would seek further information to distinguish the two, namely whether the fear is panicking or another feared consequence
- Similarly, we think that a hyperfocus on nausea may exist independent of panic disorder

References

Collins, K.A., Grimaldi, S.J. & Stern, E.R. (2021) “Sensory Processing and Intolerance in Obsessive Compulsive Disorder “ in E.A. Storch, J.S. Abramowitz, & D. McKay’s (Eds.), *Complexities in Obsessive Compulsive and Related Disorders: Advances in Conceptualization and Treatment* (pp. 125-141). Oxford University Press.

Ferrão, Y.A., Shavitt, R.G., Prado, H., Fontenelle, L.F., Malavazzi, D.M., de Mathis, M.A., Hounie, A.G., Miguel, E.C., do Rosário, M.C. (2012). Sensory phenomena associated with repetitive behaviors in obsessive-compulsive disorder: An exploratory study of 1001 patients. *Psychiatry Research, 197, 253-258.*

Rosario, M.C., Prado, H.S., Borcato, S., Diniz, J.B., Shavitt, R.G., Hounie, A.G., Mathis, M.E., Mastrorosa, R.S., Velloso, P., Perin, E.A., Fossaluza, V., Pereira, C.A., Geller, D., Leckman, J., Miguel, E., 2009. Validation of the University of São Paulo Sensory Phenomena Scale: initial psychometric properties. CNS Spectrums 14 (6), 315–323.

Questions?