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The unconscious life of the child with obsessive-compulsive disorder

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ABSTRACT

This qualitative study explores the unconscious life of four children diagnosed with Obsessive-Compulsive Disorder (OCD) specifically related to self-concept, personality, and psychopathology using a case study approach. A review of literature on childhood OCD is presented and the study is located within a psychodynamic theoretical framework. Findings indicate that the children are emotionally maladjusted, with high levels of anxiety and psychopathology. They have low self-esteem and poor body images, mostly tending towards immaturity. Two of the children have personality disturbances (neurotic, hysterical personalities). All the children have disturbed superegos (harsh or neurotic).

Although their symptoms are currently mild, and some have ceased, analysis suggests they have been repressed and continue to affect them. They are sexually preoccupied and conflicted due to the unsuccessful resolution of the Oedipus complex. They have poor impulse control and considerable anger and aggression (mostly overt). They experience their environment as unstable and frightening and have anxieties about physical injury and being watched. The boys have regressed sex drives and homosexual tendencies, and have not identified with their fathers. The girls have identified with their mothers but experience masturbation guilt and blocked sexual drives, causing anxiety and moodiness. The children are all highly defended and escape from feelings of helplessness, inadequacy, and isolation, and discharge anxiety and aggressive instincts by using the defenses of undoing, reaction formation, acting-out, fantasy (sometimes violent), projection, displacement, and intellectualisation. Their strong dependency needs suggest fixation in the oral stage of psychosexual development. They tend towards self-directed aggression and depression. Most have family histories of mood disorders (particularly depression), and obsessions linked to fears of economic hardship due to parental illness or death. Most have histories of anxiety disorders or anxiety-related problems, and family histories of anxiety disorders and/paternal OCD. They all experienced a personally traumatic event precipitating the onset of OCD.