

**OCD Case Study**  
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OCD: Psychological Symptom as Metaphor (Dx = 300.3)

Alexis, 24, entered Seemorg therapy because her compulsive hand washing threatened to ruin her life. She had just been accepted to law school, but was afraid that she would not be able to sit through classes or study well because her compulsion to wash her hands arose whenever she thought she might have touched something dirty. Every day there seemed to be more things that were too dirty to touch, but objects connected to toilets seemed the filthiest. She rationalized that because they were full of microbes they were the most unclean.

Alexis remembered no cause for her compulsion. As we often do in Seemorg Matrix Work, I regarded her symptoms as metaphors that her center was using to try to communicate with her conscious mind; looked at metaphorically, her behavior appeared to say that she was hand washing to cleanse herself of something that had defiled her in some way. I hypothesized that being made dirty and requiring purification was at the heart of the Originating Trauma that was the unknown earliest cause of Alexis' OCD. I used kinesiological muscle testing to verify this. I also assumed, as Seemorg therapists do when we treat OCD, that her hand washing functioned as a false solution for her central issue: something certainly had to be cleansed, but it probably wasn't her hands.

The first treatment issue, then, was to discover the trauma (or traumata) that had caused her OCD. Since Alexis had no memory of it, we used the Forgotten Trauma Protocol and discovered that her grandfather had abused her sexually when she was six by penetrating her and making Alexis kiss his dirty anus. Muscle testing verified that what Alexis really needed to cleanse was her contact with her grandfather's anus and penis. The microbes, muscle testing again verified, were metaphors for this forgotten defilement; the hand washing was a metaphor for the purification her being required.

Once she gained confidence in muscle testing because we used it a lot and because its results struck her as continually accurate, we began Alexis' OCD treatment with the Safety Protocol. In this protocol, the therapist muscle tests the client's center to ascertain whether each object, behavior, or thought which the client deems unsafe is safe or not. We began each session by muscle testing everything that Alexis suspected was dirty. Responding to the muscle testing, her center quickly showed her that most of the things she was afraid to touch were not dangerous to her. It became easier and easier for her to touch formerly frightening objects, and she began to hand wash less frequently. The Safety Protocol, however, is only a stopgap that allows clients to reduce outward symptoms before the deeper treatment has had a chance to succeed.

Following the Clinton-LeShan model, we began trauma treatment using the Trauma Protocol. First we treated every aspect of the trauma involving Alexis' grandfather until remembering it brought up no dissociation, emotions or physical sensations. Then, turning to Initiating Traumata, we treated each present symptom, particularly

hand washing and Alexis' fears of toilets and microbes, as a trauma. Next, we treated the various connections between the Originating Trauma and the Initiating Traumata, e.g., "Because Grandpa made me kiss his anus, I feel that anything connected with a toilet is too dirty to touch" and, "Because Grandpa dirtied my body and my soul, I try to wash my hands of what he did." We treated these connections with the Connection Protocol, and they were destroyed.

Then, using the Traumatic Pattern Protocol, we treated a few associated repetitive behavioral patterns that originated in her grandfather trauma, including:

All the times and ways I get involved with abusive people.  
All the times and ways I need to wash my hands when anything triggers me.  
All the times and ways I have become afraid of becoming unclean.

In six sessions, the necessary trauma treatment was complete. Alexis was washing her hands ten times a day instead of fifty. It was time to get rid of the rest of her symptoms.

Seemorg Matrix Work therapists often find that there are two components that drive the patterned repetition of symptoms: trauma and conditioned response. My work with Alexis now focused on extinguishing her conditioned hand washing response by teaching her to use the Conditioned Response Extinguisher Protocol at home. This protocol consists of treating the conditioned response— in Alexis' case the desire to hand wash— frequently as a trauma, and whether or not the compulsion is present in the moment. The result is the extinction of the compulsion. At first the client performs this protocol ten or more

times daily whether he feels triggered to perform his compulsive symptom or not. He uses Quick Seemorg, the at-home version of the Trauma Protocol, to extinguish that compulsion entirely each time. After a few weeks the compulsion usually disappears, as it did in Alexis' case. At that point she performed the protocol four times daily for a week, twice daily for a second week, once daily for a third week to assure extinction.

While she was doing this at home, we used the Core Belief Protocol to treat the negative beliefs that had grown out of her OCD. We found them in the OCD Matrix (Clinton 2005a), a group of sixty interrelated negative cognitions that OCD sufferers frequently believe. Three that we treated are listed below, the negative cognition preceding the positive, realistic one:

1. I can't handle being contaminated/If it does happen again, I can handle being contaminated.
2. I'll die if I'm contaminated/I can get help or help myself and live if I'm contaminated.
3. My fear of contamination is really about the dirt I come in contact with in the present/My fear of contamination is really about what happened to me when (Grandpa abused me).

Finally, I asked Alexis which positive quality she might like to develop that had been squashed by her OCD. "Faith," she said and, using the Positive Qualities Protocol, we reawakened this quality in session, and I taught her how to work on its development daily at home. She explained to me some weeks later that faith is the antidote to terror. Alexis entered law school and passed the bar soon after graduation.

She now works at a first tier New York law firm and continues to be asymptomatic.

Although Alexis' case was relatively easy to treat, there are other OCD sufferers who require additional archetypal treatment because there is, within them, a harsh, punitive, perfectionistic, obsessive judge archetype. He prompts symptomatic behavior by terrorizing the client inwardly with his impossible demands for perfection. Seemorg clinicians treat the archetype by using either traditional Jungian Active Imagination or dream analysis (Jung 1997; von Franz 1979) or the Forgotten Trauma Protocol to discover it, and Seemorg archetypal protocols to transform it. Once treated for his traumata, the Judge's harshness softens; he becomes more compassionate and his obsession with perfection declines.

The work with the Judge is particularly important because, in many OCD sufferers, he has taken over the individual's ego functions. Because Seemorg trauma treatment directly strengthens the ego, it is able to slowly take over its own functions while the judge is healing and transforming. In the end, the *Turning the Archetype Toward the Light Protocol* is utilized to help the Judge discover and begin to implement his true and highest purpose. By this time, OCD symptoms have generally ceased, and the client's transpersonal world has opened and begun to develop.