

## Understanding Mindfulness from a Functional Perspective

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The concept of Mindfulness first entered the arena of mental health as a form of psychotherapy when Jon-Kabat Zinn started the Mindfulness based Stress reduction program in the University of Massachusettes Medical center in 1979. It comprised of a meditation based training program that was supposed to help individuals combat stress reaction as well as lessen the physical symptoms associated with stress, such as pain. This mode of therapy became highly successful and started to be adopted by various other centers across the world for treating individuals with mental health issues like depression, anxiety, substance abuse and personality disorder. Eventually, mindfulness came to be regarded as one of the important modes of therapy among the third wave psychotherapies of cognitive behavior therapy.

The last two decades saw the emergence of the third wave psychotherapeutic approaches as adjuncts to the well established and evidence -based cognitive behavior therapies. The core concept of third wave therapies is that it emphasizes the overall holistic development of the individual by teaching them a vast repertoire of behavioral and cognitive skills that will help them to engage in activities to increase their wellbeing. This technique is different from the medical approach of the first-wave psychotherapies that was based on the classical and operant learning principles as well as the second-wave therapies that was based on the cognitive theory which emphasized the role of distorted/maladaptive thoughts as the sole reason for creating distress in the individual and helping people change these thought patterns as the only method of coming out of distress. In both these approaches, the target of therapy was to help an individual who is having distressing symptoms by changing their thought and behavior patterns connected with those symptoms. Thus, both the first

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# Obsessive Compulsive Disorder

## *A Functional Overview*

**Suvosree Bhattacharya,  
Sreemoyee Tarafder and  
Pritha Mukhopadhyay**

*The idea of a disease entity is not an objective to be reached, but our most fruitful point of orientation.*

*Karl Jaspers (1923)*

Obsessive compulsive disorder (OCD) is a chronic and potentially disabling condition that has a significant impact on the personal, social and occupational life of the individual afflicted with the condition. It has a prevalence rate of 1% to 3% in the general population. Even in the recent past, it was erroneously believed that OCD is a rare disorder with a prevalence rate of less than 5 per 1000 adults (Coryell, 1981). Rasmussen and Eisen (1990) cite reluctance of patients to divulge symptoms, failure of professionals to recognize the diversity of symptoms manifested, misdiagnosis and failure to screen for OCD in routine mental status examinations as the reasons that account



## Study of Attention in OCD in Comparison with Idiopathic Parkinson's Disease

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Shyamal Kumar Das and  
Suvosree Bhattacharya

### Introduction

This chapter highlights the beginning of our journey with obsessive compulsive disorder (OCD) in our neuropsychological laboratory back in 2003. In our laboratory, we had acquired some tools to assess cognitive functions and our interest in OCD was beginning to grow around the same time. There were limited reporting of neuropsychological work being carried out in India focusing specifically on OCD. Studies back then had investigated disorder-specific impairment of cognitive functions in OCD but had not compared it with other clinical groups.

Since the beginning of the twentieth century, investigators have been trying to formulate and conceptualize aetiological factors

involved in OCD. These formulations have undergone a sea change from a predominantly psychodynamical conceptualization to a current understanding of OCD as a neuropsychiatric illness with neurobiological abnormalities. Psychodynamic approach, pioneered by Freud, made an important contribution to the etiology and phenomenology of OCD and has dominated the thinking till the middle of the last century. Later, each of the major schools of psychoanalysis—classical drive theory, ego psychology, interpersonal and object relations theory contributed to enhance our understanding of the phenomenology of OCD. However, with the advances made in the field of neurobiology, especially with the help of sophisticated neuroimaging techniques, the focus has shifted from a purely psychogenic formulation to specific neurobiological abnormalities as significant aetiological factors in the development and maintenance of OCD. Structural and functional neuroimaging studies provide substantial evidence for dysfunction of the ventromedial cortico-subcortical loop and the fronto-striatal system (Bjorkvig, Hansen, Hansen, Merkin, & Fisher, 2007; Delgado, Locatelli, Insacco, Smeraldi, Comi, & Leeman, 2016) in OCD. Furthermore, investigators are currently using the technique of deep brain stimulation (DBS) as a successful mode of treatment for severe and refractory OCD (Aouizerate et al., 2004; Aouizerate et al., 2009; Greenberg et al., 2006) substantiating the role of neurobiology as a major causal factor in OCD symptom manifestation.

Another mode of studying the neurobiological aspects of OCD has been to study it in comparison to other neurological disorders such as Tourette's syndrome, Sydenham's chorea and other disorders with basal ganglia dysfunction such as Parkinson's disease, which exhibit OCD symptoms at least sometimes during the course of the disorder (Rapoport, 1990; Swedo & Rapoport, 1993). OCD and Idiopathic Parkinson's Disease (IPD) share some neural circuits, and there is involvement of dopamine in both the disorders—Parkinson's disease is strongly related to dopamine deficiency, and Koo, Kim, Roh and Kim (2010) have reported preclinical, neuroimaging and neurochemical studies that provide evidence that the dopaminergic system is involved in inducing or



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