

# PREFACE

Few syndromes in psychopathology generate as much popular curiosity and clinical exploration as does obsessive-compulsive disorder (OCD). Since the 1970s, research on OCD has increased exponentially. Specific advances include an improved grasp of the heterogeneity of the disorder, identification of putative subtyping schemes, and the development of increasingly sophisticated theoretical models of the etiology and maintenance. Perhaps most importantly, research has led to advances in treatment; and whereas the first line therapies (cognitive-behavior therapy and serotonergic medication) are not entirely effective for every sufferer, they have transformed OCD from an unmanageable lifetime affliction into a treatable problem that need not reduce quality of life.

Despite the aforementioned advances, there have emerged a number of sharp disagreements concerning OCD. Differences have surfaced over phenomenological issues, etiological models, and approaches to treatment, and often occur (but not exclusively) along disciplinary lines between biologically oriented and cognitive-behaviorally oriented authorities. For example, medical approaches posit that abnormal biological processes cause OCD, whereas psychosocial formulations emphasize the role of learning and dysfunctional cognitions. Yet because theoretical conjecture and empirical findings from within each tradition are typically addressed toward distinct and narrow audiences, clinicians, researchers, and students with broad interests are hindered from gaining a clear grasp of the diverse (and sometimes polarized) perspectives.

In our view, scholarly debate and empirical scrutiny of divergent viewpoints is a healthy method by which our understanding of OCD can be enhanced. How do biologically oriented researchers reconcile seemingly parsimonious accounts of obsessions and compulsions that do not appeal to diseased neuroanatomic processes? How do cognitive-behaviorally oriented theorists deal with proposals for animal models of OCD based on shared response to serotonin medication? Unfortunately, owing to the relative insularity of the different scientific communities that contribute to research on OCD, such discussions rarely occur; at least not in published form. Therefore, our aim for this edited book is to subject differing viewpoints on a variety of key conceptual, etiological, and therapeutic issues in the field of OCD to mutual debate. It is our hope that by bringing under one cover this vast literature, the volume will be a unique resource for clinicians, researchers, and students, regardless of theoretical and professional allegiances.

We have chosen to focus on seven topics that represent sources of disagreement among OCD experts. These topics are organized into three sections. The first section, *Phenomenology*, covers the issues of OCD symptom subtypes, animal models, and explores the possibility of a spectrum of obsessive-compulsive disorders. In the second section, *Etiology*, neuropsychiatric and cognitive-behavioral models of OCD are each presented and critiqued. The third section, *Treatment*, includes chapters on the use of cognitive therapy versus exposure and response prevention, the importance of therapist involvement in exposure-based treatment, and whether combining medication and cognitive-behavioral treatment is preferable to monotherapy.

The book was composed as follows: First, noted authorities were asked to produce an empirically grounded position paper on their particular area of expertise. After receiving both chapters on a particular issue, the manuscripts were given to the author of the opposing viewpoint for a brief response. We purposely limited the scope of our editing in order to uphold the authors' intended points; and authors were not allowed to amend their original manuscripts.

We are very pleased with this book and what it represents. The world's experts on the nature and treatment of OCD debate and provide a clear and firm statement of their positions. Readers will become aware of the finer points of many arguments and enjoy a revealing look into each author's reaction to an opposing point of view. In some cases, the authors have discovered overlaps in ostensibly diverse positions; with some opening a critical eye toward their own point of view. In other cases, authors have used their rejoinder as an opportunity to reiterate differences and further refine their own arguments.

We are fortunate to be standing at the dawn of a new century when we can look back and forward with hope. In looking back, we can hope that the days are gone for good when individuals with OCD endured years of psychoanalytic treatment with little improvement and provided endless intellectual fodder for speculative theories that were ill-formed and unhinged from both behavior and physiology. Today, we can see that there are treatments that are useful and oftentimes highly effective. We can also see that there is energetic disagreement among experts in the OCD research communities, and it is the sort of disagreement that can lead to productive competition, fruitful debate, and more refined care of patients. In looking forward, we can hope that investigators with differing backgrounds and traditions of research will stay engaged with one another as they pursue their own lights so that at the close of the next century we will have an understanding of OCD that integrates the best methods of neurochemistry and neurophysiology with the best methods of behavioral science. To be able to explain in a causal way the development and the maintenance and extinction of the vexing and self defeating behaviors of OCD remains the goal, and that is a prize worthy of many a lifetime of work.

**Jonathan S. Abramowitz, Rochester, Minnesota, USA**  
**Arthur C. Houts, Memphis, Tennessee, USA**