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THE EFFECTS OF EMOTION FOCUSED THERAPY ON REDUCING ALEXITHYMIA AND OCD SYMPTOMS

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ABSTRACT
This research was carried out to study the effectiveness of emotion focused therapy in reducing Alexithymia and symptoms of OCD in women suffering from OCD. The patients were 20 women, suffering from OCD, who had gone to Hosseinebneali clinic in Mashhad. After a constructed interview and considering the entrance criteria, they were selected through the available sampling and were put accidentally in two experimental and control group. The questionnaires were filled before and after a 30 session group therapy. The experimental group received the group therapy of 30 sessions. The output was analyzed through covariance analysis. The research results have confirmed the findings of recent researches based upon reduction of Alexithymia. The results related to the application of emotion focused therapy in reducing Alexithymia and OCD symptoms have been discussed. The findings have shown that group therapy focused on emotion have reduced the Alexithymia and OCD in experimental group in comparison with the control group.

KEY WORDS: Alexithymia, Emotion Focused Therapy, OCD.

INTRODUCTION

OCD is diagnosed by compulsion and obsession which causes stress and disrupts daily activities. The obsessions are thoughts, images or unwanted impulses which are unintentional. Compulsions are formalities, repeated intentional behaviors or mental activities which occur in response to mental obsessions (Sadock *et al.*, 2007). The epidemic of OCD is estimated of 2 to 3 percent during life in a total population. OCD has a considerable effect on the patient's lives. Based on research findings, one third of patients are not able to do their occupational duties (Eisen *et al.*, 2006). In 2001 the World Health Organization introduced OCD as one of the most debilitating disorders among people of 15 to 44 years old (Speisman, 2012).

OCD which is still incurable turns to a chronic and debilitating disorder which causes intrapersonal and psychological problems (Norberg et al., 2008). In addition, the severity of OCD symptoms has a direct relationship with emotional health damage and life quality reduction. OCD is recognized as one of the most resistant disorders to treat and a considerable amount of money is spent yearly for its treatment. Behavioral therapeutics with the rejection to respond is the most well-known therapeutic treatment for OCD, nevertheless, there are a lot of patients who do not respond to the treatment (Fisher and Wells, 2005). In addition, the process of confrontation and rejection of response have become challenging in OCD treatment and its therapeutic effect is open to doubt. It is said that confrontation may arouse high levels of anxiety and this problem is probably the reason why 25% to 50% of patients discontinue the treatment (Fabricant et al., 2013). Due to these issues, practicing other causes of OCD and evaluation of new treatments are the focus of attention. For instance, in recent years dealing with emotional conditions in therapy has become widespread. In parallel to this matter, psychoanalytic school believes in separating defense mechanism as the most fundamental active defense in patients suffering from OCD which implies disintegration of emotions. Patients suffering from OCD control their intolerable emotions through separating mechanism. They separate emotional components from the circumstances. It is argued that people suffering from OCD recall their parents' manner through defense mechanisms like: avoidance, excessive protection and a few emotional engagements (Nedelisky, 2007). Theoretical specifications are presented in parallel to attachment theories. One of the other theoreticians who contributed to the specification of OCD is Bowlby (1973) who believes that OCD can be a result of anxiety attachment and ambivalent. Different researches show the relationship between insecure manners of attachment and OCD (Myhr, 2005). According to Bowlby (1973), the things which change attachment manner to an important factor in forming pathology, including OCD, is the way how an individual faces the emotion based on attachment manner and child's primary experience and care. According to Main (1996), the way which a child uses to develop a relationship with a symbol of liking favors the

way how his feelings are formed. With a secure attachment to which their parents respond, children learn that in experiencing negative emotions, they should use them as a reliable reflection of their feelings and likings. By raising the age, these children learn to bear negative emotions and feelings to control them. But with insecure attachment children learn how to minimize the expression of negative emotion or intensify them in order to be in touch with symbols of attachment. As a result, in adulthood they do not know what feelings they have. They are not sure whether they are emotionally disturbed or experience physical signs (Bekendam, 1997).

In this way the process model of emotion of Shaver, Creson, Echovar and Oconnor (2007) which deals with the sense of emotion and evaluation of thought and feelings, in other words, the individual's attempt for organizing the excitements can lead to imperceptions of emotion in the level of consciousness or a suppression of the perceived emotions in consciousness. In fact, learning how to regulate emotions in insecure interest can lead to the formation of Alexithymia. In fact in a channel of communication, the child is careful about the way how the emotion regulations are formed and linked to this, the disorder provides the background for defense mechanism development and leads to difficulty in emotion regulation. Difficulty in regulating the emotions can lead to Alexithymia. In other words, individual emotions cannot be perceived in a conscious level or the perceived emotions are suppressed in consciousness.

Alexithymia is a construction which on the one hand has relationship with OCD and on the other hand is related to insecure interest manners and defense mechanisms. Alexithymia includes: 1) Difficulty in recognizing the emotions and differentiating between the emotions and bodily sensation. 2) Difficulty in describing emotions and 3) directed methodology in concrete and external way in which the individual focuses on the external events rather than internal experience (Rufer et al., 2004). The Alexithymia features show an individual without emotional distinction who lacks a considerable symbolic expression and is unable to self-pacify. Emotional awareness in people suffering from Alexithymia is at a low level. The patients feel anger and sorrow which appear as indistinct emotions and do not have a special meaning or background. In fact, Alexithymia can be considered as a defense mechanism which protects an individual in deteriorating conditions against emotional distress.

The findings of various researches have shown the severity of Alexithymia in various psychological disorders including OCD (Bankier et al., 2001; De Berardis et al., 2005; Kang et al., 2012), Rarely does it show that the severity of Alexithymia in people suffering from OCD increases the suicide risk (De Berardis et al., 2009) .In addition, the intensity of OCD symptoms in patients has a relationship with an increase in Alexithymia and weak eyesight or sightlessness (De Berardis et al., 2005). Alexithymia is often considered as a feature and does not depend on phenomena. Nevertheless the research findings are not in harmony about the stability of Alexithymia.Some researches consider the characteristics of Alexithymia as temporary which means it subsides after the recovery (Honkalampi et al., 2001). On the contrary, in some researches the Alexithymia characteristics are introduced as stable ones which after recovery increases the risk of relapse (Saarijärvi et al., 2006). In six years searches, Rufer and his assistants have introduced Alexithymia as a permanent feature in people suffering from OCD.

Alexithymia has been introduced in a way that has a role in obtaining weak results (Taylor and Bagby, 2004). It is argued that the probable effects of increasing Alexithymia in weak eyesight or sightlessness are one of the factors that can decrease the effectiveness of treatment (De Berardis et al., 2005). Also the function of Alexithymia as a mechanism which protects the individual from painful emotions is one of the factors which can affect every kinds of psychological treatment (Besharat and Shahidi, 2011). For this reason paying attention to the treatment of Alexithymia has become important. The psychoanalytic theorists argue that not only does the application of psychoanalytical approaches during treatment help but also it may be harmful, because it causes agitation which these people cannot handle (Rose, 2002).
In this way, the treatments which target Alexithymia have focused on the increase in individual's ability to recognize and name the emotions, awareness of facial expression and improvement in verbal abilities. The research findings have shown that psychotherapy can help to decrease the scores of Alexithymia. In addition, it is argued that the decrease in Alexithymia in psychological disorders leads to the decrease in the disorder symptoms. Considering the role of Alexithymia in studying the causation of OCD and its effect on formation of poor eyesight levels and its defensive role in protecting individuals against painful emotions which are considered as an important obstacle in the treatment of any kind of psychological disorder; the necessity of dealing with Alexithymia in hospitalization for emotional OCD during therapy according to contemporary interest theories is highlighted (Rufer et al., 2006). Also Swiller (1987), used the

group therapy for the treatment of Alexithymia. The first stage of therapy is training the patients to identify and label the emotions. The atmosphere of the group treatment is secure, supportive and intimate in order to protect the self-esteem of patients and allow them to experience the difficulty of labeling their own emotions. One of the interferences that hinders the recognizing, expressing and regulating the emotions and also hinders the re-recognition of the emotion meaning in oneself and changes incompatible secondary emotion essence to compatible primary emotions with secure attachment manner is Emotion Focused Therapy. Its effectiveness is shown in different forms of psychological disorders, e.g. bulimia (Wnuk, 2009) depression (Hollon and Ponniah, 2010) Sexual abuse in children (Holowaty and Paivio, 2012) and social anxiety (MacLeod et al., 2012). This research is carried out to investigate the effectiveness of concentrated treatment on excitement in reducing Alexithymia and symptoms of OCD in people suffering from OCD.

MATERIALS AND METHODS

Participants and procedure

This research is a practical one which is a pseudo-experimental kind with two groups (one group who receive the group therapy focusing on emotion and the other group are in waiting list who after the test take the interference test which is in form of pre-test and post-test. The population statistics of this research include the women of 24 to 51 years old who are diagnosed with OCD and had gone to Hosseinebneali clinic in Mashhad. The group therapy focused on emotion was recommended to them or they were referred to group therapy. The number of group members is introduced between 8 to 12 members. Based on this, in the present plan due to a probable drop in group, 13 people as the experimental group and 13 people as control group were assigned. The participants were chosen by using accessible sampling. Based on the interview, the participants were determined considering the sample and entrance criteria. (Having graduated from secondary school, and interview are considered as entrance criteria and psychosis diagnosis is based on constructed interview and having personality disorder were considered as discharge criteria) They were put accidentally in control and experimental groups. The research questionnaires were filled before the thirty session group treatment. Three people of experimental group were discharged due to irregular presence or being transferred to individual psychotherapy session. In the end, the questionnaires were filled after the group treatment of 10 people from the experimental group and 10 people from control group. Then because of observing moral rules a group therapy focused on emotion was administered for the control group. Then the concentrated group therapy was administered. The group treatment focusing on emotion was formulated based on the objective of focused approach of emotion in 30 sessions. The stages of group treatment include emotional consciousness and search of emotional plans incompatible with OCD and then the change in the essence of secondary emotions, finding new meanings for new emotions and new reformative experiences, expansion of consolidation in emotional consciousness which are done in form of emotional training and usage of work chair techniques, making image and playing role.

Assessments

Constructed clinical interview

Constructed clinical interview has been compiled for diagnosis of axis I in DSM-IV-TR. This interview has a good validity for psychological diseases diagnosis. Gharmari (Gharmari-Givi et al., 2012) has reported its validity as 0.95 in Iran with re-examination method and the lapse of one week.

Yale- Brown Obsessive- Compulsive Scale

Yale- Brown Obsessive- Compulsive Scale (Y. Bocs) (Goodman et al., 1989a; Goodman et al., 1989b) is a half constructed interview for evaluating the severity of obsessions and compulsions. Y-Bocs has two parts: Symptom checklist (SC) and severity scale (SS). The sixteen scales of SC in a five-level-likert are responded in self-reporting manner. In SS every obsessions and compulsions are measured in five dimensions of disruption scale, the abundance, interference, resistance and sign control. Y-Bocs presents 3 scores: obsession severity, compulsion severity and a total score which includes all the numbers. Y-Bocs has a wide usage for the evaluation of severity and variance of OCD in world. The permanency of this test is reported between 0.72 to 0.98 (Sajatovic and Ramirez, 2012). In Iran population, the stability of the two parts symptom checklist (SC) and severity scale are 0.97 and 0.95. The validity of two halving for SC and SS are 0.93 and 0.89 and the validity of re-examining is 0.99. There was a positive unification between SCL-90 and SS and SCID-I. The analysis showed three discoverable factors for SC and two for SS. The number 9 was suggested for the distinction between healthy and patient. The Persian version of Y-BOCS had an appropriate permanency for investigating the content and severity of symptoms in OCD (Rajezi Esfahani et al., 2012).

Twenty- item Toronto Alexithymia Scale

Twenty- item Toronto Alexithymia Scale (TAS_20) is a self-reporting criterion which is used extensively in adults and people diagnosed with psychological disorders. This scale consists of 20 questions and 3 sub-scales. The scale of difficulty in feeling identification(DIF) includes seven numbers (1,3,6,9,11,13,14), Difficulty in feeling description (DDF) includes 5 numbers(2,4,7,12,17) and external thought orientation (EOT) include 8 numbers(5,8,10,15,16,18,19,20) which are measured in 5 degree likert size from (strongly disagree) to 5(strongly agree). Some of the numbers (4, 5, 10, 18, 19) are scored inversely. The psychometrical features of this scale are studied and confirmed in various researches (Parker et al., 2003). In the Persian version, the Twenty- item Toronto Alexithymia Scale, Kronbach Alfa coefficient for total Alexithymia and three sub-scales are calculated as 0/85, 0/85, 0/75, 0/72 which are the sign of an appropriate internal analogy (Heshmati et al., 2010).

The meaning process of OCD symptoms' formation in relation to Alexithymia according to EFT:

- ✓ The primary experiences of mother and child.
- ✓ Insecure interest
- ✓ Learning how to regulate emotions
- ✓ The intense internal avoidance in relation to internal experiences
- ✓ The formation of Alexithymia for self-protection against unpleasant emotions
- ✓ The formation of relationship between OCD symptoms and emotions which are not accepted as a part of themselves is located outside of consciousness
- ✓ The inefficient cycle of relationship between OCD symptoms and emotions with Alexithymia:
- ✓ The aggravation of symptoms

The meaning process of EFT in OCD therapy with the focus on the reduction of Alexithymia:
(Based upon emotional upbringing, by means of therapeutic relationship based on intimacy and instruction)

- ✓ The facilitation of concentration on ambiguous internal experiences
- ✓ An increase in patient's ability in identifying emotions
- ✓ An increase in patient's ability in verbalizing emotions
- ✓ The relationship between the emotions' meanings and OCD symptoms
- ✓ An increase in the ability of emotion regulation
- ✓ Eliciting the secondary emotions and their relationship with OCD symptoms
- ✓ Confirmation and acceptance of secondary emotions
- ✓ The facilitation of expressing incompatible primary and secondary emotions and searching their meanings related to interest needs.
- ✓ A change in the essence of secondary emotions
- ✓ A behavior based on the information obtained from the activation of incompatible primary emotions
- ✓ A break in the previous permanence cycle of the outline in the emotional level
- ✓ A debilitation of the previous functions of OCD symptoms in self-protection against becoming conscious of unpleasant emotion and unaccepted interest needs in the past
- ✓ Debilitation of formation cycle and reduction of OCD symptoms
- ✓

RESULTS AND DISCUSSION

In the experimental group there were 10 people with an average of 35 years old (SD=6/16) and average of educational year 15/6 (SD=1/57). The control group consisted of 10 people with an average of (SD=8/41) 39/9 years old and average of (SD=2/11)13/4 of educational year. In order to study the differences of population study of two groups and also study the differences of two groups in the measured variable on the basic line (pre-exam) an independent t-test was formed. The results showed that the experimental and control group in an age of (t (18) =1/48, *p=15/5))* did not have a meaningful difference but in educational year (t (18)=2/63, *p* =0/01) had a meaningful difference. In addition, the two groups in OCD scale scores of Yale Brown (t(18)=0/66, p=51/2) and Twenty- item Toronto Alexithymia Scale (t(18)=4/43, *p=0/906)* did not have a meaningful difference. So the accidental installation process of two experimental and control group about age variance and measured scores in the basic line are confirmed.

The pre-test and posttest of experimental and control group in Twenty- item Toronto Alexithymia Scale and the details of their scales are shown in table number 1.

As it is shown in table 1, the scores of the experimental group in Alexithymia and scale fractions have decreased. The meaningfulness of the decrease of experimental group in comparison with control group was studied in the analysis. The scores of pretest and posttest of experimental and control group in Yale Brown OCD scale and its details are shown in table 2.

As it is shown in table 2, the scores of the experimental group in OCD and its fractions have decreased the meaningfulness. The score reduction in experimental group in comparison with the control group in the input analysis was studied. The three multi-variable covariance analysis tests were used for studying the meaningfulness of the experimental group score reduction in comparison with the control group. At first the details of Yale Brown OCD and at least the total scores of Twenty- item Toronto Alexithymia Scale and Yale Brown's OCD scale were analyzed. In the first multi- variable covariance test analysis the scores of three scale fractions of Twenty- item Toronto Alexithymia Scale entered the covariance analysis as dependent variances and so did the group as agent variable. The scores of the three Twenty- item Toronto Alexithymia Scale entered the covariance analysis as accidental variables due to the difference between the two groups. The results are shown in table 3.

As it is shown in table 3, there is a meaningful difference between the experimental and control group considering the dependent variable in level (*p=0/001)* which was according to the treatment objective: The reduction of scale fraction of Alexithymia in posttest so at least in one of the dependent variables.(difficulty scores in excitement recognition, difficulty in excitement description and external thought orientation) There is a meaningful difference between the two groups in order to figure out this difference, the results of co-variance analysis in Mankoa text show that the group influence on three scale fractions including excitement recognition scores in posttest (F(1,14)=34/17, *p=0/001*, η^2 *=0/7)* The posttest excitement description in posttest (F(1,14)=40/71, p =0/001, η^2 =0/74) were meaningful.

In the second multi-variable covariance analysis test, the scores of two scale fractions of Yale Brown OCD entered the covariance analysis as dependent variables and group as a factorial variable. The scores of two scale fractions of Yale Brown OCD entered the covariance analysis in pre-test and the educational years. The results are shown in table 4:
As it is shown in table 4, there is a meaningful difference between the experimental and control group considering dependent variables (*p=0/001)* according to the treatment objective that is the reduction in the scale fraction test of OCD. So at least there is a meaningful difference between one of the dependent variables (Obsessive disorder scores and compulsion disorder scores).

In order to figure out this difference the covariance analysis results in Mankowa text showed that the group effect on both of the scales fraction including obsessive disorder score in posttest (F(1,15) =71/82, *p =0/001*, η^2 *=0/82) and* compulsive disorder in posttest(F(1,15)=83/8 p=0/001, η^2 =0/27) was meaningful.

In the third multi-variable covariance analysis test, the total scores of Twenty- item Toronto Alexithymia Scale and Paul Brown OCD scale entered the covariance analysis as dependent variables and so did group as the factorial variable. The total scores of Twenty- item Toronto Alexithymia Scale and Yale Brown OCD scale in pre-test and in the educational years entered the analysis as accidental back-up variables. The results are shown in table 5.

As it is shown in table 5, there is a meaningful difference between the experimental and control group considering dependent variables in level (p=0/001) which was according to the treatment objective :the reduction of the total scores of Twenty- item Toronto Alexithymia scale and Y.Brown OCD scale. So at least between one of the dependent variables (The total scores of Alexithymia and OCD) there is a meaningful difference. In order to find out this difference, the covariance analysis results in Mankowa test shows that the group influence on both scales, including total scores of Twenty- item Toronto Alexithymia in posttest (F(1,14)=69/13, *p*=0/001, η^2 =0/88) were meaningful. The statistical square about total scores of Twenty- item Toronto Alexithymia Scale is one and the size effect coefficient based on Cohen d coefficient is 5/41 which locates in the range of large effect size (Cohen, 2013).

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Table(1): The average and standard deviation of Twenty- item Toronto Alexithymia Scale and its fractions in pre and posttest

Group					
Control (N=10)		Experiment (N=10)			
M	*SD*	*M*	*SD*		
75/9	7/76	76/9	7/7	Pre-test	**Total Score of Alexithymia**
76/3	8/02	50	8/11	Post test	
28/2	4/49	28/1	3/87	Pre-test	**Difficulty in Excitement Identification**
28/2	4/7	17/8	3/19	Post test	
18/5	2/27	21/3	1/76	Pre-test	**Difficulty in Excitement Description**
18/8	2/48	14/2	3/04	Post test	
28/3	4/49	26	4/85	Pre-test	**External Thought Orientation**
28/4	**4/74**	**17**	**2/74**	**Post test**	

Table 2: The average and standard deviation of Paul Brown's OCD scale and its details in pre-test, posttest

Group					
Control (N=10)		Experiment (N=10)			
M	*SD*	*M*	*SD*		
27/8	6/17	29/4	4/37	Pre test	**Total Score OCD**
28/1	6/15	13/2	3/04	Posttest	
14/2	3/15	15/6	2/31	Pre test	**Obsessive Thought**
14/4	3/09	7	1/94	Posttest	
13/6	3/97	13/8	3/19	Pre test	**Obsessive Acts**
13/5	**3/86**	**6/2**	**1/75**	**Posttest**	

Table 3: The summary of multi-variable co-variance analysis on the average of Alexithymia scale fraction of pretest in experimental and control group

P	η^2	df Error	Df Theory	F	Amount	
0/002	0/68	12	3	8/82	0/31	Difficulty in Excitement Identification of Excitements in Pre-test
0/07	0/42	12	3	2/96	0/57	Difficulty in Excitement Description in Pre-test
0/02	0/52	12	3	4/45	0/47	External Thought Orientation in Pre-test
0/12	0/37	12	3	2/35	0/62	Education
0/001	0/79	12	3	15/02	0/21	Group

Table 4: The summary of multi-variable covariance analysis on the score average of scale fraction of OCD in posttest of experimental and control group

P	η^2	df Error	Df Theory	F	Amount	Test
0/04	0/54	14	2	8/29	0/45	**Obsessive Scores in Pre-test**
0/005	0/53	14	2	8/08	0/46	**Compulsive Scores in Pre-test**
0/02	0/4	14	2	4/75	0/59	**Education**
0/001	0/88	14	2	56/09	0/11	**Group**

Table 5: The summary of the results of multi-variable covariance analysis on the total score average of Alexithymia scale and OCD in posttest in experimental and control group

P	η^2	df Error	Df Theory	F	Amount	
0/01	0/43	14	2	5/4	0/36	Total Scores of Alexithymia in Pre-test
0/001	0/71	14	2	17/2	0/28	Total scores of obsession in pre test
0/35	0/13	14	2	1/11	0/86	Education
0/001	0/91	14	2	73/68	0/08	Group

The objective of the present research is to evaluate the effectiveness of focused therapy in reducing the Alexithymia and OCD symptoms. The results showed that the 30 session group therapy focused on emotion decreased Alexithymia and OCD symptoms in women suffering from OCD. The therapy focused on emotion targets emotional consciousness increase, emotion adjustment and change in essence of secondary emotions. Alexithymia is diagnosed with difficulty in recognition and description of emotion and reduction of concentration on internal emotions. Dealing with Alexithymia in the content of disorders is important due to the fact that Alexithymia is always considered as a feature rather than a condition dependent on a phenomenon. It means that if the disorder symptoms reduce by using any kind of treatment, there is a possibility of relapse or symptom aggravation because of not dealing with Alexithymia. In addition, Alexithymia is effective in receiving poor results. In the present research, the therapy focused on emotion has targeted Alexithymia characteristics. So in this way it can summon the secondary emotions related to OCD and transform into primary adaptable emotion and mostly related to safe attachment requirements.

The findings of the present research confirms the findings concerning the reduction of Alexithymia due to psychotherapy (Rufer *et al.,* 2006). In addition, the findings are in parallel to the findings which have shown that the patient's ability enhancement in recognizing the excitements and verbalizing the excitements can lead to the reduction of Alexithymia and disorder symptoms (de Groot *et al.,* 1995). In this way, the research findings which have shown the therapeutic effect of recognition and expression of emotions in the therapy session were also confirmed (Greenberg, 2010). In the present research, it is tried to conceptualize the therapy focused on emotion in people suffering from OCD, based on Alexithymia and its relationship with the formation and development of OCD. For this purpose, the principles of the therapy focused on emotion include emotional consciousness, emotion expression, emotion adjustment and the transformation in the essence of secondary and incompatible emotions to primary and compatible ones related to attachment manners linked with obsession symptoms and its meaning were used. In the following a summary of conceptualization the therapy focused on emotion for people suffering from OCD is mentioned. Due to what is expected to learning how to adjust emotions in unsafe attachment content and Alexithymia, people suffering from OCD experience an intense avoidance related to their internal experiences. For this reason, they act slowly in re-recognition of emotions. In addition, the intensity of defensive actions of people suffering from obsession which cause the deepest feelings related to symptoms formation to remain hidden from the patients and therapist. The words of people suffering from obsession and their special ways of talking which is at service of the description of the quantitative emotions are the focus of attention (MacKinnon *et al.,* 2009). Due to the emotional training which is the combination of united

accompaniment is also a guidance as well; recognition, naming and verbalizing the emotions related to the present moment and making symbol the emotion in body are targeted. The EFT therapist is a unanimous , guiding accompany which helps the patients suffering from OCD approach their internal experiences and understand the relationship between emotions and obsession symptoms. In this way, how the obsession symptoms replace and unperceived anxiety which is a result of emotions not accepted as a part of itself and is located out of consciousness.

Due to emotional training, the EFT therapist follows the previous training, the EFT therapist follows the previous communication pattern and in this way, it creates the possibility of emotional experience amendment. For example, one of the characteristics of people suffering from OCD is their great struggle in competition and war power which have appeared on the issue of control and independence (MacKinnon et al., 2009). In the therapy process, the patients experience, experience, experiment and reprocess the feelings without a fear of punishment or revenge. In this way they realize that contrary to their assumption their unpleasant emotions are not that violent or annoying. The unanimous and receptive confrontation of the therapist and group reconcile the patient with his tedious and humiliating parts of himself and helps him to accept his contradictory aspects in himself which one of OCD treatment characteristics (MacKinnon et al., 2009). EFT therapist uses the work chair techniques in order to summon the secondary emotions talking about contradictory aspects in work chair has an important role in highlighting self-criticizing and self-deprecating (Wnuk, 2009). And in this way, it must be noted that self-criticizing, self-deprecating and perfectionism are the principle characteristics of people suffering from OCD (MacKinnon et al., 2009). In addition, the possibility of accepting the unpleasant aspects in himself and self-placating is created through discussing the contradictory aspects in work chair (Wnuk, 2009). In this way the access to primary excitements are facilitated. In the empty chair technique there is an opportunity to reprocess the unresolved problems related to important people in life. This point in OCD therapy is important because the suppression of memories which occur in mind repeatedly have a role in formation and severity of OCD symptoms (MacKinnon et al., 2009).

The EFT therapist objective in facilitating the secondary emotional expression and incompatible primary emotions is to access the meanings of their emotions and activating the compatible primary emotions. Therefore, the patients can observe and express their liking needs and susceptibility. In people suffering from OCD, the flexibility and intense control against unpredictable affairs indicates the inability in susceptibility acceptance (MacKinnon et al., 2009).
The EFT therapist in summoning the incompatible emotions and searching their meanings is after the patient's ability in accepting their susceptibility and looks for the primary excitements compatible with attachment needs. The information resulting from the activation of primary compatible emotions and accepting the needs related to safe attachment becomes the foundation of task and in this way the permanence cycle of plans breaks and their processing change. As a result, the cycle of formation and escalation of thought and obsessive behavior which have avoidance function and self-punishment are undermined. It is suggested that EFT meaning process for OCD should be examined again and its effectiveness should be compared with other well-known therapy and some samples of men and follow-up periods should be considered. In addition, the patient's qualitative feedbacks in analysis part should be utilized. Also, at the end of treatment period, the interview should be done so in this way, more information can be obtained regarding the way how the individuals change in a group process.

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