Letter to the Editor

Sensory Phenomena, “Just-Right” and “Not Just-Right” Experiences in OCD Patients: Looking for a Consensus

To the Editor: October 10, 2006

Several studies have addressed the subjective experiences that might precede or accompany repetitive behaviors, such as tics and/or compulsions, in obsessive-compulsive disorder (OCD) and Tourette’s syndrome (TS) patients.

Janet1 described feelings of imperfection and incompleteness preceding or accompanying compulsive behaviors. He wrote, “the patients feel that actions they perform are incompletely achieved, or that they do not produce the sought-for satisfaction.”1 Rasmussen and Eisen2 reported that OCD patients had “an inner drive that is connected with a wish to have things perfect, absolutely certain, or completely under control.” Leckman and colleagues3 used the term “Just-Right” as a need to perform compulsive acts until feeling “Just-Right.” Leckman and colleagues4 later proposed the term “premonitory urges” to define sensations, as well as mental or physical awareness, normally described by the patients as an itch, discomfort, or pressure that make them do the tics as a response to these premonitory urges. Coles and colleagues5 and Coles and colleagues6 have described the experiences of “Not Just-Right” in OCD patients. Summerfeldt7 defined the term “Incompleteness” as “the troubling and irremediable sense that one’s actions or experiences are not just-right.”

This inconsistency in definitions makes the studies’ results difficult to interpret and discourage more comprehensive investigations of these subjective experiences. Our group has proposed the term “sensory phenomena.”8-11 Under “sensory phenomena,” we have incorporated all previous descriptions of these subjective experiences, including physical sensations (uncomfortable sensations in the skin, muscles-joints, or body sensations, that come before or along with some of the repetitive behaviors); just-right perceptions (inner feelings and/or perceptions of discomfort that makes the patient do things until feeling just-right. These perceptions might be accompanied by sensory stimuli, such as the visual just-right); and/or energy (generalized inner tension or energy that builds up and needs to be released by doing some repeated movement or action).

We would like to emphasize the need for a consensus on how to define these subjective experiences. Considering that the term sensory phenomena unites previous definitions, we propose its use in studies assessing these experiences. We would also like to emphasize the need for the development of an instrument capable of properly assessing these sensory phenomena. Our group has recently developed the University of São Paulo Sensory Phenomena Scale (USP-SPS), which is currently being validated and is available upon request.

Being able to better investigate these sensory phenomena is of extreme relevance. Not only some do OCD patients refer that these sensory phenomena are more troublesome than the obsessions or compulsions, but some studies have also reported that the presence of these sensory phenomena can enhance the patient’s ability to suppress tics; that pharmacologic treatment can alter these sensations; and that they have different frequencies between patients with OCD alone, OCD+TS, and TS alone.9

Sincerely,

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REFERENCES


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