



OBSESSIVE-COMPULSIVE DISORDER

Obsessive-compulsive disorder (OCD), one of the anxiety disorders, is a potentially disabling condition that can persist throughout a person's life. The individual who suffers from OCD becomes trapped in a pattern of repetitive thoughts and behaviors that are senseless and distressing but extremely difficult to overcome. OCD occurs in a spectrum from mild to severe, but if severe and left untreated, can destroy a person's capacity to function at work, at school, or even in the home.

How Common Is OCD?

For many years, mental health professionals thought of OCD as a rare disease because only a small minority of their patients had the condition. The disorder often went unrecognized because many of those afflicted with OCD, in efforts to keep their repetitive thoughts and behaviors secret, failed to seek treatment. However, a survey conducted in the early 1980s by the National Institute of Mental Health (NIMH) showed that OCD affects more than 2 percent of the population. Although OCD symptoms typically begin during the teenage years or early adulthood, recent research shows that some children develop the illness at earlier ages, even during the preschool years.

Key Features Of OCD

Obsessions

These are unwanted ideas or impulses that repeatedly well up in the mind of the person with OCD. Persistent fears that harm may come to self or a loved one, an unreasonable concern with becoming contaminated, or an excessive need to do things correctly or perfectly, are common. Again and again, the individual experiences a disturbing thought, such as, "My hands may be contaminated--I must wash them"; "I may have left the stove on"; or "I am going to injure my child." These thoughts are intrusive, unpleasant, and produce a high degree of anxiety. Sometimes the obsessions are of a violent or a sexual nature, or concern illness.

Compulsions

In response to their obsessions, most people with OCD resort to repetitive behaviors called compulsions. The most common of these are washing and checking. Other compulsive behaviors include counting (often while performing another compulsive action such as hand washing), repeating, hoarding, and endlessly rearranging objects in an effort to keep them in precise alignment with each other. Mental problems, such as mentally repeating phrases, list making, or checking are also common. These behaviors generally are intended to ward off harm to the person with OCD or others. Some people with OCD have regimented rituals while others have rituals that are complex and changing. Performing rituals may give the person with OCD some relief from anxiety, but it is only temporary.

Most people with OCD struggle to banish their unwanted, obsessive thoughts and to prevent themselves from engaging in compulsive behaviors. Many are able to keep their obsessive-compulsive symptoms under control during the hours when they are at work or attending school. But over the months or years, resistance may weaken, and when this happens, OCD may become so severe that time-consuming rituals take over the sufferers' lives, making it impossible for them to continue activities outside the home.

What Causes OCD?

The old belief that OCD was the result of life experiences has been weakened before the growing evidence that biological factors are a primary contributor to the disorder. The fact that OCD patients respond well to specific medications that affect the neurotransmitter serotonin suggests the disorder has a neurobiological basis. For that reason, OCD is no longer attributed only to attitudes a patient learned in childhood--for example, an inordinate emphasis on cleanliness, or a belief that certain thoughts are dangerous or unacceptable. Instead, the search for causes now focuses on the interaction of neurobiological factors and environmental influences, as well as cognitive processes.

Do I Have OCD?

A person with OCD has obsessive and compulsive behaviors that are extreme enough to interfere with everyday life. People with OCD should not be confused with a much larger group of individuals who are sometimes called "compulsive" because they hold themselves to a high standard of performance and are perfectionistic and very organized in their work and even in recreational activities. This type of "compulsiveness" often serves a valuable purpose, contributing to a person's self-esteem and success on the job. In that respect, it differs from the life-wrecking obsessions and rituals of the person with OCD.

Treatment of OCD

Clinical and animal research sponsored by NIMH and other scientific organizations has provided information leading to both pharmacologic and behavioral treatments that can benefit the person with OCD. One patient may benefit significantly from behavior therapy, while another will benefit from pharmacotherapy. Some others may use both medication and behavior therapy. Others may begin with medication to gain control over their symptoms and then continue with behavior therapy. Which therapy to use should be decided by the individual patient in consultation with his or her therapist.

The above information was condensed from a public domain brochure produced by the National Institute of Mental Health. For the full text of the brochure, visit the NIMH website at www.nimh.nih.gov.

BOOKS: Available for browsing in the UI Counseling & Testing Center Self-Help Room

Overcoming Obsessive-Compulsive Disorder - Client Manual. By Gail S. Steketee, Oakland, CA: New Harbinger, 1998.
Not currently available. Should be in soon.

Brain Lock: A Four-Step Self-Treatment Method to Change Your Brain Chemistry. By Jeffery M. Schwartz, New York: Regan Books, 1996.
This book focuses on a cognitive treatment for OCD developed at UCLA. The four-step process (Relabel, Reattribute, Refocus and Revalue) presented focuses on changing cognitions or thinking. Scattered throughout the book are brief case histories, which illuminate the many presentations of OCD, and demonstrates ways different individuals overcame the disorder by using the four-step process.

Tormenting Thoughts and Secret Rituals: The Hidden Epidemic of Obsessive-Compulsive Disorder. By Ian Osborn, New York: Pantheon, 1998.
Written by a psychiatrist who struggles with OCD, this book describes the history, symptoms, and treatment of OCD through case histories of both the author's patients and famous historical figures. Written for both the professional and lay public, *Tormenting Thoughts and Secret Rituals* provides the reader with a broad understanding of the disorder and treatment options.

Obsessive Compulsive Disorder: A Guide. Obsessive Compulsive Information Center, Madison Institute of Medicine. 1998.
This pamphlet describes the symptoms and causes of OCD. It then describes the treatment options, with an emphasis on medication.

Need Additional Help?

The University of Idaho Counseling & Testing Center offers free group and individual counseling/psychotherapy for these and related issues for full time UI students. For more information or to schedule an appointment, call the Counseling & Testing Center (Mary E. Forney Hall, Rm. 306, 1210 Blake Ave.) at 208-885-6716. Website: www.uidaho.edu/ctc
All appointments are strictly confidential.