



## the portage path behavioral health reference guide to: **Obsessive Compulsive Disorder**

**D**id you forget if you locked your front door? You probably turned around to double check. That's perfectly normal. Lying in bed last night, you might have worried that you didn't turn the stove off and got up to make sure. Just concerned for the safety of your family, perfectly reasonable thing to do, right? Not if you return home multiple times throughout the day (after already ensuring the deadbolt was secure) and certainly not if you get up fifteen times a night to twist the gas dial repeatedly. Most people check a little bit and then dismiss the concern from their minds. But if you check constantly, and worry non-stop, your behavior may have a little more than everyday concern. You may be suffering from Obsessive Compulsive Disorder.

Obsessive Compulsive Disorder (OCD) is a form of anxiety that begins in adolescence or early adulthood. It afflicts nearly 4 million Americans and is equally common among men and women. The American Psychiatric Association states that it knows no geographic, ethnic, or economic boundaries.

### **OCD contains two main features:**

1) **OBSESSIONS:** thoughts that are unpleasant and intrusive in nature, which are constant and recurring.

- **COMMON OBSESSIONS INCLUDE:** getting dirty; concern that a task was done incorrectly; extreme concern with certain sounds, images or number of words; disgust over body waste; fear of missing something important

2) **COMPULSIONS:** ritualistic, repetitious, purposeful actions that the individual feels compelled to engage in according to strict rules they set.

- **COMMON COMPULSIONS INCLUDE:** concern with symmetry, checking, washing, mental counting, compulsive visualizations

People with OCD are trapped in a cycle of obsessions and the feeling that they must repeat certain actions over and over (compulsions) to avert disaster or some perceived threat. However, while most sufferers experience both features of the disorder, 20 percent may suffer only one or the other.

"The disease is known as the doubting disease because it's as if the mind doesn't register when the person turns off the light switch or unplugs the iron. The more he checks, the more unsure he is," explains Phebe Tucker, a psychiatrist at the University of Oklahoma Health Sciences Center .

### **Impact On Daily Life**

Everyone is a little compulsive sometimes, but there is a big difference between normal compulsions and OCD. The obsessions and the compulsions significantly impact the life of the sufferer. For example, a hoarder might have so much junk and trash that he refuses to part with that the Health Department may have to be called in to clear doorways. A checker might lose her job because she has to run home and check the stove so often, or in extreme cases, she may implicate herself in a crime because she goes to the police department many times to make sure she hasn't done something wrong.

OCD is often seen in conjunction with hypochondriasis (health anxiety, the belief that you have a serious illness), phobias, panic attacks, and often depression. Substance abuse may become a problem when people with OCD turn to alcohol or drugs for relief of symptoms.

### *Could You Have OCD?*

ALL OF THE FOLLOWING MUST BE PRESENT FOR A PHYSICIAN TO DIAGNOSE OCD.

- Must have reoccurring, persisting thoughts, impulses, or images which intrude on normal thinking and causes marked distress (must be more extreme than worries about ordinary problems)
- Must be trying to ignore or suppress these thought, or neutralize them with other thoughts or behaviors
- Must be aware that the ideas are coming from your own mind and not someone else's
- Must feel compelled to repeat certain behaviors
- Behaviors must occur as a response to an obsession
- Aim of the behaviors must be to reduce or eliminate distress, or to prevent something that is dreaded
- Behaviors must either not realistically be related to the events that they are supposed to neutralize, or are clearly excessive for that purpose



# Types of Obsessive Compulsive Disorder

adapted from the American Psychiatric Association

Symptoms of OCD can vary from person to person, thus classifying them into a type of OCD. It is also common for people to experience a combination of the following traits.

- **CHECKERS** - have an irrational fear of harming oneself or others by forgetting to lock the doors, turn off the gas stove, put a cigarette out, etc and this develops into a checking ritual. Others repeatedly return to places they drove earlier to make sure they didn't cause an accident or harm anyone.
- **REPEATERS** - some utter a name, phrase or repeat a behavior. They know that these repetitions won't actually guard against injury, but there is a fear that injury may occur if they don't repeat.
- **COMPLETERS** - must perform a series of complete behaviors in an exact order or repeat them again and again until they are completed perfectly.
- **AVOIDERS** - will stay away from the cause of their anxiety or anything related to it. In one example, a patient was so anxious about chocolate that he not only avoided the candy, but everything brown.

- **HOARDERS** - collect useless items and have chaotic living environments as a result of clutter. "Hoarders will start to obsess that their junk mail may actually be important one day. It's the same with newspapers and magazines," explains Kathy Cockfield, a team coordinator at Portage Path. "They keep assuming they'll get to it later, but it becomes outdated and irrelevant. Some patients have fast food bags from the 80s."
- **WASHERS AND CLEANERS** - are provoked by a fear that germs or dirt will contaminate them in some way. They spend hours washing and cleaning themselves and their surroundings. "They wash so much that their skin becomes raw and broken and they are actually more susceptible to the germs and infections they are trying to prevent," says Cockfield. In the case of Howard Hughes, who was reported to have severe germphobia but didn't clean, "The fear of germs paralyzed him so much that he didn't want to touch the things to clean himself."



## Treatment For OCD

"treatment is crucial for OCD because People diagnosed with it find that their obsessions and compulsions are time consuming, upsetting and interfere with normal activities. Untreated, they can affect family and personal relationships, performance at work and self esteem," explains Linda Bradley, a social worker.

### Types of treatment include:

- **SYSTEMATIC DESENSITIZATION WITH RELAXATION TECHNIQUES** - according to psychcentral.com, this should not be attempted until a client has successfully learned skills such as imagery, muscle relaxation and breathing techniques. In this therapy, a patient is gradually exposed to ever-increasing anxiety provoking stimuli in an attempt to withhold from the compulsive behaviors.
- **SATURATION** - the client is directed to do nothing but think of one obsessional thought. After a period of time of concentration on this one thought, over a number of days, the obsession begins to lose some of its strength.
- **MEDICATION** - many SSRIs that are used for depression are approved for OCD, however, the amounts differ.
- **COGNITIVE BEHAVIORAL THERAPY**- teaches to unlearn and reverse obsessive compulsive behavior and helps defuse the obsessions and compulsions so that even if troubling thoughts intrude, people no longer feel compelled to respond to them.
- **A COMBINATION OF THERAPY AND MEDICATION** - no treatment for OCD is curative, but treatments can reduce symptoms 50 to 90 percent and make life manageable. The more treatments incorporated, the better the results.

"With treatment, those suffering from OCD are left with the free time to pursue interests they have denied themselves during their illness. They can resume more productive and healthier lifestyles," Bradley states.

### Famous Examples of OCD

- **HOWARD HUGHES** - eccentric billionaire, actor, depicted in the film "The Aviator"
- **JACK NICHOLSON**'s character in "As Good As It Gets"
- **TONY SHALOUB**'s character, Adrian Monk, on "Monk"
- **CHARLES DARWIN**, evolutionary theorist
- **BILLY BOB THORNTON**, actor
- **FLORENCE NIGHTINGALE**, 19th century nurse
- **JOAN CRAWFORD**, actress

If you have identified with the issues discussed in this flyer and you're ready to take the next step toward feeling better, visit our web site or call **Portage Path** and find out how we can help:

**Web Site** [www.portagepath.org](http://www.portagepath.org)

**Appointments** 330-253-3100  
800-828-4508

If you feel you're in emotional crisis and you need someone to talk to, call our free 24-hour, 7-day crisis hotline:

**Support Hotline** 330-434-9144  
888-434-8878



**portage path behavioral health**  
state-of-the-art care for your state of mind.