

CHAPTER 1

What Is Obsessive–Compulsive Disorder?

Defining Obsessive–Compulsive Disorder

As the name suggests, Obsessive-Compulsive Disorder, or OCD, is defined by the presence of either obsessions or compulsions.

Obsessions

Obsessions are recurrent and persistent thoughts, images, or impulses that are experienced at some time during the disturbance as intrusive and inappropriate, and that cause marked anxiety or distress.

These thoughts, images, or impulses are not simply excessive worries about real-life problems—as seen in Generalized Anxiety Disorder.

Additionally, the OCD sufferer attempts to ignore or suppress the thoughts, impulses, or images, or to neutralize them with some other thought or action.

Lastly, the person recognizes that the obsessional thoughts, impulses, or images are a product of his or her own mind (not imposed from outside, as in thought insertion)—a feature that distinguishes OCD from psychosis.

Obsessions

- Obsessions are recurrent and persistent thoughts, images, or impulses that are intrusive, inappropriate, and cause marked anxiety or distress.
- The obsessions are not simply excessive worries about real-life problems.
- Attempts are made to ignore or suppress such thoughts, impulses, or images or to neutralize them with some other thought or action.
- The person recognizes that the obsessions are a product of his or her own mind (not imposed from the outside, as in thought insertion).

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Compulsions

Compulsions are repetitive behaviors or mental acts that the person feels driven to perform in response to an obsession or according to rules that must be applied rigidly. Examples of common behavioral compulsions include repeated handwashing, ordering things, or checking. Examples of common mental compulsions include excessive praying, counting, or repeating words silently.

These behaviors or mental acts are aimed at preventing or reducing distress or preventing some dreaded event or situation; however, they either are not connected in a realistic way with what they are designed to neutralize or prevent, or they are clearly excessive.

Compulsions

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- The compulsions are aimed at preventing or reducing distress or preventing some dreaded event or situation; however, they are not connected in a realistic way with what they are designed to neutralize or prevent or are clearly excessive.

Examples of Common Obsessional Themes and Compulsive Actions

OBSESSIONS

- Contamination
- Causing harm
- Need to order things
- Aggressive impulses
- Sexual imagery

COMPULSIONS

- Washing
- Checking
- Arranging things
- Reassurance-seeking
- Hoarding

In OCD, the person has recognized that the obsessions or compulsions are excessive or unreasonable at some point during the course of the disorder, although

we'll see later that some individuals with OCD have less insight on this than others. (In addition, this criterion does not apply to children with OCD.)

By definition, all mental disorders cause clinically significant distress or disability. In OCD, the obsessions or compulsions must cause marked distress, be time consuming (take more than one hour per day), or significantly interfere with the person's normal routine, occupational (or academic) functioning, or usual social activities or relationships.

It is important to note that you do not diagnose OCD if an apparent obsession or compulsion is a primary feature of another mental disorder and restricted to it. Examples include the following:

- The preoccupation with food within an eating disorder
- The compulsive hair pulling within trichotillomania
- The concern with appearance within body dysmorphic disorder

And again, as with all mental disorders, you must first rule out that the disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition.

Finally in the DSM system, you are asked to specify whether the OCD sufferer has poor insight. This specifier, termed "with poor insight," is used when the person does not recognize, for most of the time during the current episode, that the obsessions and compulsions are excessive or unreasonable.

Diagnostic Criteria for Obsessive–Compulsive Disorder

- A. Experiences either obsessions or compulsions
- B. At some point during the course of the disorder, the person has recognized that the obsessions or compulsions are excessive or unreasonable (this does not apply to children).
- C. The obsessions or compulsions cause marked distress, are time consuming (take more than 1 hour per day), or significantly interfere with the person's normal routine, occupational (or academic) functioning, or usual social activities or relationships.
- D. OCD is not diagnosed when an apparent obsession or compulsion is a primary feature of another mental disorder and restricted to it.
- E. The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition.

Use the specifier "with poor insight" if the person does not recognize, for most of the time during the current episode, that the obsessions and compulsions are excessive or unreasonable.

From the *Diagnostic and Statistical Manual of Mental Disorders* (APA, 2000).

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Chapter Review

1. What are the diagnostic criteria for obsessive-compulsive disorder?

Chapter Review Test Questions

1. Which of the following best reflects the definition of obsessions, according to diagnostic criteria such as those of the DSM?
 - A. Recurrent and persistent images
 - B. Recurrent and persistent impulses
 - C. Recurrent and persistent thoughts
 - D. Recurrent and persistent thoughts, images, or impulses
2. Which of the following describes common compulsions?
 - A. Aggressive impulses and images
 - B. Checking and washing
 - C. Contamination fears and washing
 - D. Harming fears and reassurance seeking

Chapter Reference

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text revised). Washington, DC: American Psychiatric Association.