Chapter 1

All about OCD

In This Chapter

- Explaining obsessive-compulsive disorder (OCD)
- Exploring whether you may have OCD
- Getting an overview of what's keeping your OCD going

Obsessive-compulsive disorder, usually referred to as OCD for short, is a common disorder that affects many people all over the world. For a long time OCD was considered rare, but research shows that between 2 and 3 percent of people will likely suffer from OCD at some point in their lifetimes, so you aren't alone!

In this chapter, we explain what OCD is in more detail and help you ascertain whether the problems you're experiencing are likely to be OCD.

Knowing What OCD Is and Isn't

Obsessive-compulsive disorder (OCD) is characterised by obsessions (see 'Observing Obsessions' later in the chapter) and/or compulsions (see 'Clarifying Compulsions' later in the chapter) – most commonly both. Someone with OCD who doesn't experience both obsessions and compulsions is actually quite rare; however, sometimes people are aware only of their compulsions, such as washing or checking, and no longer notice the obsessions that drive these. Similarly, some people may be aware only of experiencing obsessions and not realise that they're performing internal, mental compulsions. (For more on mental compulsions see, Chapter 5).

OCD ranges in severity from causing distress and negatively impacting your everyday routine to being totally debilitating to the point where you're unable to function normally.

Contrary to popular belief, OCD isn't simply a disorder where people wash their hands too much, check things or keep things orderly. You may have heard people say, 'I'm a bit OCD', usually referring to a tendency for liking things clean or tidy; however, people can have a strong preference for things to be in order and not have OCD. In these cases, people find their preference for cleanliness or orderliness a helpful attribute from which they may often derive satisfaction.

People without OCD commonly have moments of doubt – 'Did I turn my hair-straightener off?' – that lead them to double-check. This tendency is part of being human and doesn't mean you have OCD. If, on the other hand, you repeatedly check the item in an attempt to feel absolutely certain, then you may well have OCD.

OCD is a complex and often debilitating disorder the sufferer doesn't find useful or enjoyable. People suffering from OCD tend to feel high levels of discomfort, often in the form of anxiety, guilt or disgust. People with OCD often have an overinflated sense of responsibility for preventing harm and tend to feel high levels of doubt and uncertainty. A person with OCD tends to know that his behaviours or responses to his obsessions are ridiculous but feels powerless to stop performing them.

Some problems are considered part of the OCD family but aren't strictly the same thing as OCD:

- **Body dysmorphic disorder (BDD):** A distressing preoccupation with the idea that one is ugly
- **Hoarding disorder:** A life-interfering compulsion to hoard objects
- **Hair-pulling disorder (trichotillomania):** A compulsion or impulse to pluck hairs from the body
- **Skin-picking disorder:** A compulsion or impulse to squeeze spots or pick areas of the skin
- **Health anxiety:** A distressing preoccupation with the idea that one is ill (usually despite being given medical reassurance) or fear that one will become ill

If you think one of these conditions better describes your problem, we suggest seeking additional advice that is specific to that problem.

Deliberating upon the Diagnosis

The following is a screening questionnaire from the International Council on OCD and can give you an indication as to whether you suffer from the disorder:

- Do you wash or clean a lot?
- Do you check things a lot?
- Is there any thought that keeps bothering you that you want to get rid of but can't?
- Do your activities take a long time to finish?
- Are you concerned with orderliness or symmetry?

If you answered yes to one or more of these questions *and* it causes significant distress *and/or* it interferes in your ability to work, study or maintain your social or family life or relationships, then there is a significant chance that you have OCD. For a diagnosis, discuss your symptoms with your doctor.

Considering Causes

The question of how somebody ends up developing OCD has no simple, precise answer. OCD is a combination of several factors: biological, personality, environment and life events. Like so many other kinds of psychological problems, no single type of person develops OCD. We've met people from all walks of life who have OCD, and it certainly has nothing to do with being weak or crazy. However, researchers have identified that some psychological traits tend to be associated with vulnerability to OCD:

- Perfectionism
- Tending to be overly responsible
- Overestimating the importance of thoughts
- Intolerance of uncertainty

For most people, OCD is probably best understood as a misunderstanding of how their minds work, which can lead to some attempts to solve the problem that backfire. Throughout this book, we help you see how you too may have been trying to solve doubts, intrusive thoughts and uncomfortable feelings and that your solutions may very well have become the problem.

Observing Obsessions

Obsessions are defined as unwanted, recurrent, intrusive thoughts, impulses or images that are associated with marked distress. They aren't simply excessive worries about real-life problems and tend to be the opposite of the kinds of thoughts the individual wants to have. A person with OCD tries to avoid triggering, ignore, suppress or neutralise (for example, try to cancel out) his intrusive thoughts.

The following are common examples of obsessions in OCD:

- Doubts about causing/failing to prevent harm related to dirt, chemicals or germs
- Fears of causing harm to elderly/vulnerable people
- Fear of imagining or wishing harm upon someone close to oneself
- Impulses to violently attack, hit, harm or kill a person, small child or animal
- A need to have certain items or possessions symmetrical or just so.
- Blasphemous or 'inappropriate' religious thoughts
- Fear, guilt or disgust at inappropriate sexual thoughts

The most likely thing your certainty-demanding OCD demon will say to any list of obsessions is 'It's not quite the same as mine; what if something more dangerous than OCD is going on with me?'

Clarifying Compulsions

Compulsions are repetitive behaviours or mental acts in response to obsessions, aimed at reducing distress or doubt or preventing harm. Common compulsions (often referred to as *rituals*) include things like washing, checking, ordering, seeking reassurance, tapping, repeating phrases or actions, saying prayers, replacing bad thoughts or images with good ones and trying to control thoughts. Over time, compulsions become less effective, and people find that they need to work even harder to get a similar result.

- The more you check something, the more responsible you feel.
- The more you check something, the more doubts you have.
- The more you seek reassurance, the less confident you are in your own judgment.
- The more you seek reassurance, the less tolerant you are of uncertainty.
- The more you suppress a thought or image, the more intrusive it becomes. This works in exactly the same way as trying to get an annoying song out of your head; it works backward and makes it more intrusive.
- The more you analyse a thought or threat, the more significant your brain thinks it is and the more attention your brain pays to it. This tendency can mean that thought or threat really dominates your sense of what is happening in the world.
- The more you try to reduce and avoid threats (such as contaminants or knives), the more aware of them you become.

Acknowledging Avoidance

A third key aspect of OCD is avoidance of the triggers for obsessions. Each time the person avoids a situation or activity, the behaviour is reinforced because he has prevented himself from experiencing anxiety and the harm he thinks could have occurred. For example, if you avoid touching an

item because of the fear of danger or harm, you prevent yourself from feeling anxious, and your mind is likely to encourage you to avoid touching it again.

The more you avoid something you're afraid of, the more your fear of that person, place, object, thought, image, substance or bodily sensation increases.

Avoidance often seesaws with compulsions; if you can't avoid, you'll often carry out a compulsion. If doing compulsions becomes very troublesome, you'll probably try harder to avoid.

The places, people, items, substances, pictures, news stories and so on that activate your obsessions or that you tend to avoid are commonly referred to as *triggers*. Spending a few days with a notebook (or your smartphone!) recording your triggers, what obsessions they activate and how you respond to help yourself feel better (which is likely a compulsion) is well worth the effort. This task is the first step in more clearly defining your problem, which in turn leads to far better solving of that problem.

Calculating the Chances of a Cure

Understandably, a question that many people ask when they get a diagnosis of OCD is 'Can it be cured?' As with so much in recovering from OCD, don't take a black-or-white view on curability. Our experience is that many people who have asked this question have been told 'No. OCD can be improved with treatment, but it's a problem that you have to learn to live with'. We would encourage any person with OCD to take this answer with a very large pinch of salt.

The key is to really understand what a full recovery from OCD means:

- Your intrusive thoughts have become far less frequent, last for far less time and are significantly less intrusive.
- You rarely experience clinically significant levels of distress related to obsessions.

- Your fears/obsessions no longer prevent you from engaging in important areas of your life.
- Obsessions no longer occupy your mind for more than an hour a day.
- You rarely find yourself engaged in compulsions such as checking, reassurance seeking or decontaminating.
- You no longer avoid triggers because of your obsessions.
- You typically normalise and are willing to experience your thoughts, images, doubts and urges. However, you tend not to focus upon them.
- Your life has become far more guided by your true hopes, dreams and values as a person rather than by your need to avoid a catastrophe or worry.

The bottom line is that if you follow the principles we outline in this book, work hard to regain your mental fitness and flexibility and refuse to participate with your OCD, the chances of breaking free from the oppression of OCD are excellent.