IN THIS CHAPTER

- » Finding out about OCD
- » Seeing how media influences OCD
- » Discovering treatments for OCD
- » Helping others who suffer from OCD

Chapter 1

Facing Obsessive-Compulsive Disorder (OCD)

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Depending on how you define the terms, almost everyone has a few obsessive or compulsive tendencies. *Obsessive* is a word often used to describe someone's intense interest in something. For example, a person could be obsessed with making money, putting money ahead of all other goals in life. Someone could have an intense interest in collecting coins or stamps, spending hours looking through catalogues, dreaming of the next rare find. Some people are obsessed with sports teams, never missing a game. Obsessions are common in everyday life and are not necessarily reflective of a mental health problem.

Compulsive refers to rigid patterns of behavior. For example, someone could be compulsive about always cleaning the house on Saturday — never on Monday, only on Saturday. Another person could compulsively walk the dog on the same route every day. Yet another compulsion could involve never stepping on cracks in the sidewalk. Compulsive behaviors are not deemed abnormal when they don't cause harm or distress.

Thus, some people with ordinary obsessions or compulsions manage quite well. For example, many major-league sports figures have elaborate good-luck rituals that look pretty strange. Some feel compelled to listen to the same song prior to the game; others eat exactly the same food. You've probably watched pitchers straighten their hats, smooth out the dirt on the mound, and spit in the sand before each pitch. Many baseball hitters have elaborate rituals they carry out with their bats. Other athletes have strange beliefs, good-luck charms, or compulsive acts that they must perform, allegedly to help their performance. If you are a major-league sports player making zillions of dollars to play a game, you can indulge in a few weird behaviors. No one will question you.

But mental-health professionals define these terms quite differently. In the mental-health field, obsessions are considered to be *unwanted* thoughts, images, or impulses that occur frequently and are quite upsetting to the person who has them. Compulsions are various actions or rituals that a person performs in order to reduce the feelings of distress caused by obsessions. These obsessions and compulsions consume hours of the day and interfere with essential tasks of life.

REMEMBER

Anyone can have a few obsessions or compulsions, and, in fact, most people do. But it isn't obsessive-compulsive disorder (OCD) unless the obsessions and compulsions consume considerable amounts of time and interfere *significantly* with the quality of your life.

This chapter introduces you to OCD. The disorder debilitates individuals who have it and costs society plenty. The chapter also provides an overview of the major treatment options. With guidance and assistance, much can be done to help those with OCD. Finally, because OCD treatment can be enhanced by the help of friends and family, this chapter offers tips on what you can do to help someone you care about who has OCD.

What Is OCD?

OCD has many faces. Millions of people are held prisoner by the strange thoughts and feelings caused by this disorder. Between 1 and 2 percent of the worldwide population has OCD. Most people with OCD are bright and intelligent. But doubt, uneasiness, and fear hijack their normally good, logical minds.

Whether or not you have OCD, you can probably recall a time when you felt great dread. Imagine standing at the edge of an airplane about to take your first parachute jump. The wind is blowing; your stomach is churning; you're breathing hard. Suddenly the pilot screams, "Stop! Don't jump! The chute is not attached!"

You waver at the edge, terrified, and fall back into the plane, shaking. That's how many people with OCD feel every day. OCD makes their brains believe that something horrible is about to happen. Some people fear that they left an appliance on and the house will burn down. Others are terrified that they may get infected with some unknown germ. OCD causes good, kind people to believe that they might do something horrible to a child, knock over an elderly person, or run over someone with their car.

Those with OCD almost always struggle with one or more of the following concerns: shame; the intense desire to avoid all risks; and constant, nagging doubt. The next three sections describe these issues.

Suffering shame

Because the thoughts and behaviors of those with OCD are so unusual or socially unacceptable, people with OCD often feel deeply embarrassed and ashamed. Imagine having the thought that you might be sexually attracted to a statue of a saint in your church. The thought bursts into your mind as you walk by the statue. Or consider how you would feel if you stood at a crosswalk and had an image come into your mind of pushing someone into oncoming traffic.

However, the frightening, disturbing thoughts of OCD are not based on reality. People with OCD have these thoughts because their OCD minds produce them, not because they are evil or malicious. It is extremely rare for someone with OCD to actually carry out a shameful act.

REMEMBER

Throughout this book you'll see references to the "OCD mind" rather than you or someone you care about with OCD. The purpose of doing that is to emphasize that *you are not your OCD.* You have these thoughts, urges, impulses, and rituals because of a problem with the way your brain works. OCD is not your fault, and it doesn't make you a bad person.

Wrestling with risk

The OCD mind attempts to avoid risks of all kinds almost all the time. That's why those with contamination OCD spend many hours every single day cleaning, scrubbing, and sanitizing everything around them. People with superstitious OCD perform rituals to keep them safe over and over again. Interestingly, most OCD sufferers focus on reducing risks around specific themes such as contamination, household safety, the safety of loved ones, or offending God. But those with contamination fears don't necessarily worry about damnation. And those who worry about turning the stove off usually don't obsess about germs.

Risks of all kinds abound in life. And no one can ever know when something horrible might happen. All people eventually suffer from a variety of risky situations and outcomes such as illness, accidents, tragedy, war, grief, and ultimately death. But the OCD mind tries to create the illusion that almost all risks can be anticipated and avoided.

In truth, OCD doesn't provide significant protection in spite of extraordinary efforts to reduce risks. In chapters to come I give you many ideas about how to accept a certain amount of risk in order to live a full life, no matter how long or short that life is.

Dealing with doubt

Doubt permeates the OCD mind. It's difficult to be 100 percent certain of almost any situation in life. The OCD brain takes advantage of that fact and goes to town. Someone with OCD often has worries such as:

- Am I sure I locked the door?
- Is it possible that I might lose control and shout obscenities?
- Could I actually be sexually attracted to animals?
- Might this be dirty and make me sick?
- If I don't count by 3s, will bad luck follow me?
- If I don't alphabetize my cans, will I be able to function?
- Am I sure I won't harm my children?
- Am I positive I won't get sick if I touch that dish?

With thoughts like that, who wouldn't be worried all of the time?

Counting the Costs of OCD

People with OCD suffer. They are more likely than others to have other emotional disorders such as depression or anxiety. Due to embarrassment, they often keep their symptoms secret for years, which prevents them from seeking treatment. Worldwide, it is estimated that almost 60 percent of people with OCD *never* get help.

The pain of OCD is accompanied by loneliness. OCD disrupts relationships. People with OCD are less likely to marry, and, if they do, they are more likely to divorce than others. Those who do hang on to their families often have more conflict.

OCD also costs money. These costs include money spent on treatment, lost productivity on the job, and lost days at work. Costs of treatment are often high in part because many with OCD don't get effective treatment for years. They may enter treatment and be too ashamed to tell the therapist their symptoms. Or well-meaning therapists may not be trained to provide effective OCD treatment.

Someone with fears of contamination may be late for work because they can't get out of the shower quickly enough because of excessive washing. A person who believes that they may have possibly hit someone with their car may circle around multiple times to check, resulting in once again being late for work. Someone else may have to recheck that the door is locked multiple times. A person who has a need for perfection may not be able to turn in completed work in a timely manner because of repeatedly checking for mistakes. And someone else with a need for symmetry may spend endless hours arranging their desk.

OCD and the Media

Media, especially social media, depends on sensationalism to gain viewers. News is mostly negative and dramatic. Human beings are prewired to pay attention to potential threats. And the media takes advantage of that tendency. No wonder people with OCD tend to get worse when the news constantly spews out possible catastrophes.

Pandemic panic

The outbreak of COVID exposed everyone around the world to potential infection, illness, and possible death. The public was advised to wash, sanitize, avoid people, and wear masks. Shaking hands or hugging others became taboo. Touching a doorknob or elevator button were thought to be risky. Even if you didn't have OCD, those early months of the pandemic led most people to feel the fear of contamination.

Imagine the terror caused by COVID to those who already suffered from the type of OCD that fears contamination. OCD tends to get worse when people are stressed. Researchers and clinicians who worked with patients suffering from OCD reported a substantial worsening of symptoms. (See Chapter 13 for specific recommendations about dealing with OCD during a pandemic.)

Disgusting filth

OCD is not a new disorder. However, you can't help but think that the appetite for sensation in the media accelerates OCD concerns. Recently, a television special featured people buying used mattresses. Reporters used special lights and took cultures to find all sorts of horrible matter (bed bugs, fecal matter, and body fluids) still clinging to supposedly refurbished bedding. In another show, zealous reporters burst into hotel rooms armed with petri dishes and black lights to help them find filth and grime on the glasses left in the room, as well as on the carpet and bedding

Furthermore, the sales of cleaning products, sanitizers, personal hygiene products, and mouthwash have soared. You can find antibacterial ingredients in products designed to clean your refrigerator, mop your floors, scrub your body, and disinfect your toilets. Antiviral ingredients fly off the shelves, especially during a pandemic.

Yet, try and find solid evidence about deaths from refurbished mattresses, less-than-pristine hotel rooms, and homes not cleaned with every antibacterial and antiviral ingredient known to humans, and you'll come up wanting. In fact, a clever study conducted by researchers at Columbia University in Manhattan provided households with free cleaning supplies, laundry detergent, and hand-washing products. All the brand names were removed. Half of the households were given products with antibacterial properties, and the other half was provided supplies without antibacterial properties. The researchers carefully tracked the incidence of infectious diseases (runny noses, colds, boils, coughs, fever, sore throats, vomiting, diarrhea, and conjunctivitis) for almost a year. They found no differences between those who used antibacterial cleaning agents and those who did not.

WARNING

If you spend loads of time cleaning and using antibacterial disinfectants, you may be doing yourself more harm than good! Scientists now believe that excessively clean environments may actually be causing an increase in allergies and asthma. Furthermore, excessive use of antibiotics appears to run some risk of encouraging the development of new, resistant bacteria.

No, people should not stop washing their hands, especially in hospitals! And plenty of evidence supports the long-term dangers posed by prolonged exposure to air pollution, insecticides, and toxic chemicals. Furthermore, a dirty hotel room or a well-used mattress seems pretty disgusting. At the same time, the media and advertisers have shown a disturbing obsession with issues involving excessive cleanliness and minimal exposure to low-level risks.

GERMS: RESISTANCE IS FUTILE

Some people with OCD spend hours vacuuming in hopes of defeating dust and dirt in their homes. Household vacuum cleaners not only may spread germs throughout the house, but also may be a safe haven for accumulating bacteria. Vacuum brushes apparently harbor fecal material, mold, and even E. coli. What to do about this situation? One recommendation has been to spray antibacterial disinfectant on your vacuum brushes after every use. Another solution is to buy a new breed of vacuum that purportedly kills bacteria and germs through the use of an ultraviolet, germicidal light.

Other researchers have found bacteria and fecal matter in ice machines at restaurants and on restaurant menus. Therefore, some suggest not using ice machines, not allowing a menu to touch your plate, and washing your hands after selecting your food from the infected menu.

The problem with these studies and recommendations is that no one has proven that any of these sources cause significant amounts of illness or disease. Though reasonable precautions are always a good idea, you can easily start down the disinfectant road and never return. Bacteria and germs exist everywhere. You cannot eliminate all of them, and you can spend huge amounts of time and money trying.

Exploring Treatment Options for OCD

If you had OCD during the Middle Ages, you very well may have been referred to a priest for an exorcism. The strange, violent, sexual, or blasphemous thoughts and behaviors characteristic of OCD were thought to derive from the devil. If you had OCD during the dawn of the 20th century, you may have been sent for treatment based on Freudian psychoanalysis, which purportedly resolved unconscious conflicts from early development. For example, if your OCD involved sexual obsessions or compulsions, you were assumed to have unconscious sexual desires for your mother or father. In fact, the common use of the word "anal" to describe people who are overly rigid, controlled, and uptight came from the Freudian idea that strict, early toilet training caused children to grow up with excessive concerns about neatness and rules.

However, neither exorcism nor psychoanalysis ultimately proved to have much impact on OCD. Only in the last half century or so have effective treatments evolved for OCD. And some of these treatments have only become widely available quite recently.

The next few sections provide an overview of the major treatment options for OCD that have shown significant promise based on scientific studies. For clarity, sections are divided into the categories of cognitive behavioral therapy (CBT), metacognitive therapy (MCT), mindfulness, exposure and response prevention (ERP), medications, and deep brain stimulation. In reality, rarely are any of these therapies used as a single, exclusive treatment for OCD. For example, a patient may start out taking medications while getting cognitive behavioral therapy; another could receive exposure and response training as well as training in mindfulness.

Changing the way you think with CBT

Cognitive therapy was developed by Dr. Aaron Beck in the early 1960s and is a major component of the broader category, cognitive behavioral therapy (CBT).

Originally, this approach was used to treat depression. Cognitive therapy is based on the idea that the way you feel is largely determined by the way you think or the way you interpret events. Therefore, treatment involves learning to identify times when your thoughts contain distortions or errors that contribute to your misery. After you've identified those distortions, you can learn to think in more adaptive ways. Soon after it was adopted for treating depression, cognitive therapy was applied quite successfully to anxiety disorders and, ultimately, to a dizzying array of emotional problems, including eating disorders, oppositional defiant disorder, and even schizophrenia.

In the early years, cognitive therapy was not applied to OCD, perhaps because of the success of exposure and response prevention (ERP) (described in the section "Modifying behavior through ERP"). However, in recent years, the cognitive therapy component of CBT has been found to be quite effective in treating OCD. Usually, CBT includes at least some elements of ERP. Some practitioners believe that applying cognitive strategies first may make the application of ERP somewhat more comfortable and acceptable to the person contemplating that approach. See Chapters 8, 9, and 10 for more information about the various subtypes of CBT.

Thinking about thinking: Metacognitive therapy

Metacognitive therapy takes a step back from cognitive therapy. Instead of going after specific thought distortions, metacognitive therapy involves finding a new way to look at thinking in general. It teaches that thoughts are simply thoughts. When people engage in patterns of anxious brooding, anxiety and obsessive thinking increases. Those with OCD tend to fixate on their brooding. Metacognitive

therapy helps people develop new ways of controlling attention and relating to thoughts. See Chapter 9 for more about metacognitive therapy.

Approaching OCD mindfully

The OCD mind focuses on possible future calamities. The predictions almost never come true. Yet, the obsessive thoughts keep coming and demanding attention.

- I worry about shouting obscenities, so maybe someday I'll lose control and do it in church.
- Maybe my thoughts of death will cause harm to someone I love.
- Perhaps touching that doorknob will make me sick.

When it isn't thinking about the future, the OCD mind dwells on possibilities from the past. The mind fills with thoughts about what might have occurred.

- Maybe I left the stove on.
- Maybe I ran that person over with my car.
- Perhaps I was poisoned by that tuna fish sandwich.

Furthermore, the OCD mind judges people, the world, and even OCD itself harshly.

- A bad thought is just the same as doing something bad.
- Having OCD thoughts means that I'm crazy.
- I am a weak person for having these thoughts.

Mindfulness is the practice of existing in the present moment without judgment or harsh evaluations. Thus, as you acquire a mindful approach to OCD, you understand that thoughts are truly just that — thoughts. Thoughts do not make someone good or bad. See Chapter 9 for more information about how to apply mindfulness to your life and your OCD. As you do, you will become more self-accepting and better able to quiet your OCD mind.

Modifying behavior through ERP

A true breakthrough in the treatment of OCD occurred in the mid-1960s when Victor Meyer tested a treatment called exposure and response prevention (ERP) with two patients suffering from severe cases of OCD. These patients had not improved with shock therapy, supportive therapy, or medication. The drastic

measure of brain surgery was even being considered. One of the patients was obsessed with cleaning. Dr. Meyer and a nurse exposed this patient to dirt and did not allow her to clean (ergo, the term "exposure and response prevention"). This radical treatment was the first to help decrease the patient's symptoms. The other patient was obsessed with blasphemous thoughts. She was told to purposefully rehearse those thoughts without doing the rituals that she had used to decrease her obsessions. Like the first patient, this woman was helped by ERP after years of other unsuccessful therapies.

ERP resulted in a substantial reduction in both patients' OCD. The mental-health profession took notice because OCD treatments previously had shown little ability to help those with this disorder. Suddenly, the prognosis for OCD turned from utterly grim to quite hopeful.

However, ERP requires patients (and sometimes therapists) to get down-and-dirty — literally. Thus, patients may be asked to

- Not check the door locks
- Refrain from cleaning up
- Repeat blasphemous thoughts over and over
- Say the number "13" over and over again
- Shake hands
- Stop arranging their closets in certain ways
- Touch grimy surfaces

You may wonder whether carrying out ERP causes some distress. Indeed, it does. Perhaps that's why the strategy took quite a while to be embraced by large numbers of mental-health professionals. However, the discomfort is worth it because ERP is very effective. You can read all about this strategy in Chapter 10.

Controlling OCD with medications

Medications given for OCD had shown almost no effectiveness until Anafranil (Clomipramine) was found to work in 1966, a date roughly corresponding to when ERP was first tested. Thus, prior to 1966, about the only known strategy for treating OCD was psychosurgery, a rather radical approach involving the cutting of certain connections in the brain. Such surgery sometimes left the patient with devastating side effects, such as an inability to function normally. Obviously, psychosurgery was reserved for the most severe cases. Others were left to fend for themselves.

Today, some of the same medications used for depression (specifically, selective serotonin reuptake inhibitors or SSRIs) frequently work for OCD. However, they are thought to work in a different manner for OCD than they do for depression. The good news is that if medication is going to work, it will work fairly quickly for OCD.

The bad news is that a substantial number of people do not seem to benefit from medications for their OCD. And those who do benefit find that they relapse quickly if they discontinue the medication. Furthermore, side effects can be significant. For more information about the pros and cons of taking medication for OCD, see Chapter 11.

Sending signals deep into the brain

Prior to the discovery of effective treatments of OCD, severe cases were sometimes referred for brain surgery to get relief. Severe OCD can be excruciatingly painful, so there were some takers. Although there were success stories, other patients were left with little improvement and permanent brain damage. Not a good option unless as a last resort.

However, in 2018, the United States Food and Drug Administration approved deep transcranial magnetic stimulation (dTMS) as an effective treatment for OCD. Unlike brain surgery, dTMS is non-invasive; in other words, no scalpels are involved. (See Chapter 11 for more information on dTMS.)

Helping People with OCD

If you're reading this book because your child, a family member, or a close friend has OCD, there is much you can do to help. Here are a few points to keep in mind if you want to do more good than harm:

- **Don't try to be a therapist.** Generally speaking, those with OCD should consult a mental-health professional. Those with a very mild case may want to try some of the techniques described in this book on their own. However, treatment plans should either be designed by a professional and/or the person with OCD. At the most, you can make a few suggestions. Even if you are a professional therapist, you don't want to take on that role for a friend or family member.
- **Understand OCD.** Even if you're not taking on the role of a therapist, knowing a lot about this disorder helps a great deal. Understanding OCD can help you

feel compassion and acceptance for the one you care about. You will also know that your family member, child, or friend didn't ask for OCD. No one wants to have this problem.

- **Encourage; don't reassure.** You want to encourage the one you care about to participate in treatment. At the same time, you don't want to do what seems natural — reassure the person that everything will be okay. Please read Chapter 22 to find out how to devise alternatives to giving reassurance.
- **Don't get sucked into rituals and compulsions.** Those with OCD often try to elicit help with their rituals and compulsions. For example, they may ask someone to recheck that the doors are locked or that the oven is turned off. Though complying with the request may seem caring, doing so only makes matters worse.