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- » Observing obsessions
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Chapter 1

Dissecting Obsessions and Compulsions

Obsessive-compulsive disorder (OCD) is a complex set of symptoms that include obsessions and compulsions. Like most mental health conditions, symptoms can range from mild to severe. Many people with OCD live very successful lives, despite symptoms. Others are debilitated and unable to experience positive relationships or perform the tasks necessary for a productive life.

This chapter explains the basic symptoms of OCD, including obsessions and compulsions. It also describes the elements that make up the diagnosis of OCD.



TIP

If you believe that you or someone you care about has OCD, it's best to be seen by a licensed mental health provider trained in assessment and diagnosis.

Understanding Obsessive-Compulsive Disorder

In obsessive-compulsive disorder (OCD), *obsessions* are upsetting, intrusive mental events, and *compulsions* are behaviors or actions that someone does, either mentally or physically, in order to reduce the distress caused by the obsession. For example, a person may have an obsessive worry that they'll forget to turn off the stove and burn the house down; the compulsion is checking the stove over and over to make sure that the stove is really off.

There is nothing inherently wrong about being “obsessive” or “compulsive” outside the realm of OCD. For example, if you’re having surgery, you most certainly want the operating room to be as germ-free as possible. That calls for a team of people who are obsessively concerned about cleanliness, including your doctors, nurses, and techs who wash their hands over and over.

Also, during surgery, there’s compulsive counting. Prior to the operation, all the instruments, sponges, and gauze are counted. During the surgery, anyone involved can call a count. During that count, the whole staff stops until everything is accounted for. When the surgery is over, a final count is made. This compulsive counting has reduced the significant error of sewing someone up after surgery with a sponge or piece of equipment left inside.

These are excellent examples of medical teams being obsessive and compulsive. However, these behaviors are perfectly normal, expected, and desired. That’s different from OCD, where the thoughts are intrusive and disrupt a person’s daily life. OCD is a chronic mental health disorder in which people experience repetitive thoughts, images, or urges followed by a need to perform some action to decrease discomfort. These patterns occur multiple times a day and interfere with daily living.

In this section, I help you determine whether you may have OCD and differentiate what’s typical from what’s not.

Taking a look at the differences between worries, superstitions, and OCD

As I explain in the introduction to this section, some obsessions and compulsions are perfectly normal, so it can be hard to tell if you really have OCD. Worksheet 1-1 may give you some clues.

Count how many items you answered yes to. Was it more than one? Two? Three? I hope so. Most humans have some superstitions or weird random thoughts. In fact, occasional obsessional thinking and compulsive actions are perfectly normal.

While driving, you may have a strange thought of hitting someone with your car. While walking, you may suddenly have an image of shoving someone into traffic. Parents may have images of harming their babies. Who hasn’t washed their hands excessively after picking up something gross with a paper towel? These thoughts and behaviors are common and expected when they happen once in a while. In fact, researchers have found that 90 percent of people report having a few superstitions and obsessional thoughts, images, or impulses.



TIP

Although the content of OCD obsessions and compulsions can seem normal, the difference between everyday bizarre or superstitious thinking and OCD is the frequency, duration, and suffering these thoughts or images produce. Someone with OCD is stuck in an almost constant loop of obsessions and compulsions. And their misery and anguish are quite intense.

WORKSHEET 1-1 Reasonable or Irrational?

Yes	No	Have you ever . . .
		Felt like you might be contaminated by being in a hospital?
		Counted the steps most of the time you walked up the stairs?
		Felt sure you made a mistake and repeatedly rechecked completed work?
		Had a headache and worried it was a brain tumor?
		Worried about bad luck after cracking a mirror?
		Rechecked the locks in your house?
		Had a sudden urge to drive off the road?
		Felt an intense need to clean your house?
		Felt a strong need to repeat things a certain number of times?
		Unexpectedly wondered about your real sexual orientation?
		Worried you might blurt out something grossly inappropriate?
		Got out of an elevator on the 13th floor and felt uncomfortable?
		Spent too much time arranging your cupboards?
		Avoided stepping on cracks in the sidewalk?
		Felt like washing your hands excessively?
		Had an image that you might hurt someone you care about?
		Believed that bad things always come in threes?
		Repeated certain prayers multiple times a day?
		Had a weird sexually deviant thought run through your mind?

Checking out symptoms

My brother arranges his spices in alphabetical order. In fact, they're all the same size and brand and spaced pretty much $\frac{1}{4}$ inch apart in his cupboard. Does he have OCD? He's obviously pretty obsessive about the arrangement, and he'd probably compulsively rearrange them if someone in his kitchen messed them up. But he doesn't spend a lot of time looking at his spices, or thinking about his spices, or checking to make sure that they remain in the correct order. He has other interests, and his spice arrangement doesn't make him miserable.

OCD involves uncontrollable and frequent obsessive thoughts, images, and impulses that bother you. People with OCD feel driven to compulsively react to those obsessions. If my brother had OCD, he would spend hours thinking about his spices and worry constantly that they somehow had gotten out of order. He'd likely compulsively take the spices out of the cupboard and rearrange them to somehow quell the painful doubt. The obsession and compulsion would take time away from every day and get in the way of his other activities.



REMEMBER

OCD is a pattern of obsessions that lead to compulsions. The compulsions are an attempt to relieve distress. The relief following a compulsion is fleeting, and the obsessions come roaring back. This pattern is persistent over time and interferes with being able to carry out normal daily responsibilities.



WORKSHEET 1-2 My Reflections on My Symptoms

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Obsessions are houseguests that stay too long. They barge in, uninvited, and steal your mental space and peace. Obsessions make you feel uneasy, angry, shameful, dirty, disgusted, crazy, or afraid. Obsessions come in three forms:

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- » **Urges:** Urges are feelings that you may not be able to control yourself and do something horrible or inappropriate. You may worry that you'll shout out something very rude and inappropriate at a work meeting. Or as you walk by someone on the street, you may have a sudden unwanted urge to push them into traffic.
- » **Images:** Obsessive images are extremely distressing mental pictures, often of unwanted violent, sexual, strange, and disgusting scenes. They commonly involve your doing something you'd never do, but they pop up, unwelcome, into your mind.

Everyone has an occasional obsessive thought, urge, or image. In fact, sometimes obsessive thinking can be helpful. For example, some people become obsessive about finishing a project, playing bridge, collecting coins, or enjoying a new relationship. The obsessions found in OCD are *not* positive.

In the following sections, I describe the qualities of OCD obsessions and list some common obsessions. I also give you a chance to think through your own obsessions.

Characteristics of obsessions

OCD obsessions are fears or concerns about uncertainty. They all involve “what if” thinking. In addition, they have the following characteristics:

- » **They occur frequently.** Obsessions tend to flood the mind despite attempts to avoid or suppress them. They overtake rational thinking.
- » **They're uncontrollable.** When an obsession comes along, it pushes out everything else. Distraction doesn't work, and the obsession takes hold.
- » **They're disconnected.** No matter what you're doing, obsessions can occur. The most riveting movie or TV show can't keep obsessive thinking away.
- » **They're upsetting.** Obsessions are not benign thoughts. They're distressing, scary, and highly disruptive.

Common obsessions

There are an infinite number of possible obsessions. Unlike other mental health disorders, OCD symptoms have extreme variations. However, many contain certain clusters of fears, worries, or doubts. The most frequent of these obsessive clusters include the following:

- » **Fears about being contaminated by almost anything:** These worries are usually about germs or dirt, but they can also include extra-terrestrial energy, carpet fibers, or sticky food.
- » **Doubts about having done or not done something:** Often called *checking OCD*, people worry about locking the doors, turning off the stove, making mistakes, or losing someone's love or approval.
- » **Needs to do or have something just right:** These obsessions usually include a need for symmetry. Sometimes called *just-right OCD*, these symptoms might involve arranging objects, having a perfect or complete collection, keeping the blinds around the house even, doing a particular act slowly or quickly or in some unusual, quirky way.

Counting Up Compulsions

Compulsions are acts that you feel pressure to do in response to an obsession — for example, excessively washing your hands, repeatedly turning on and off lights, lining up books in a certain way, or counting out loud. A person with OCD believes that by doing the compulsive act, their obsession will be tamed. Unfortunately, the relief is insufficient and short-lived.

In the following sections, I explain what compulsions look like and what some common compulsions are. I also give you the chance to reflect on your compulsions.

Qualities of compulsions

Compulsions are intended to reduce anxiety after an obsessional worry. They temporarily reduce discomfort. They may also be in response to a specific urge, such as repeatedly washing hands after feeling dirty or contaminated.

Compulsions can also be the avoidance of something that may be viewed as harmful. For example, someone may avoid using an appliance because of fear that it may catch fire or avoid going to any public restroom because they believe that it's contaminated. A person with OCD may drive extra miles to avoid passing a cemetery or avoid handling a knife because they're worried about stabbing someone close by.

Compulsive rituals involve doing something in a certain way in response to an obsession. Someone may have to count to seven after leaving the house to prevent danger, or put on their clothes in a certain ritualistic order.

Compulsions often involve asking others for reassurance. Partners may ask for frequent reassurance that they're still loved or repeatedly ask if others are mad at them. People with health-related OCD may spend lots of time searching for various diseases that they may have and make frequent visits to their healthcare providers.

Common compulsions

Like obsessions, the variety of compulsive acts is infinite. However, they do seem to group together in some common categories:

- » Chanting, ordering, or counting
- » Cleaning and sanitizing
- » Checking and rechecking
- » Avoiding certain places, people, or objects

- » Seeking reassurance
- » Arranging things just right
- » Repeating activities

In Worksheet 1-4, reflect about your own compulsions. As always, don't worry about grammar or punctuation — you aren't being graded.

WORKSHEET 1-4 My Reflections on My Compulsions

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