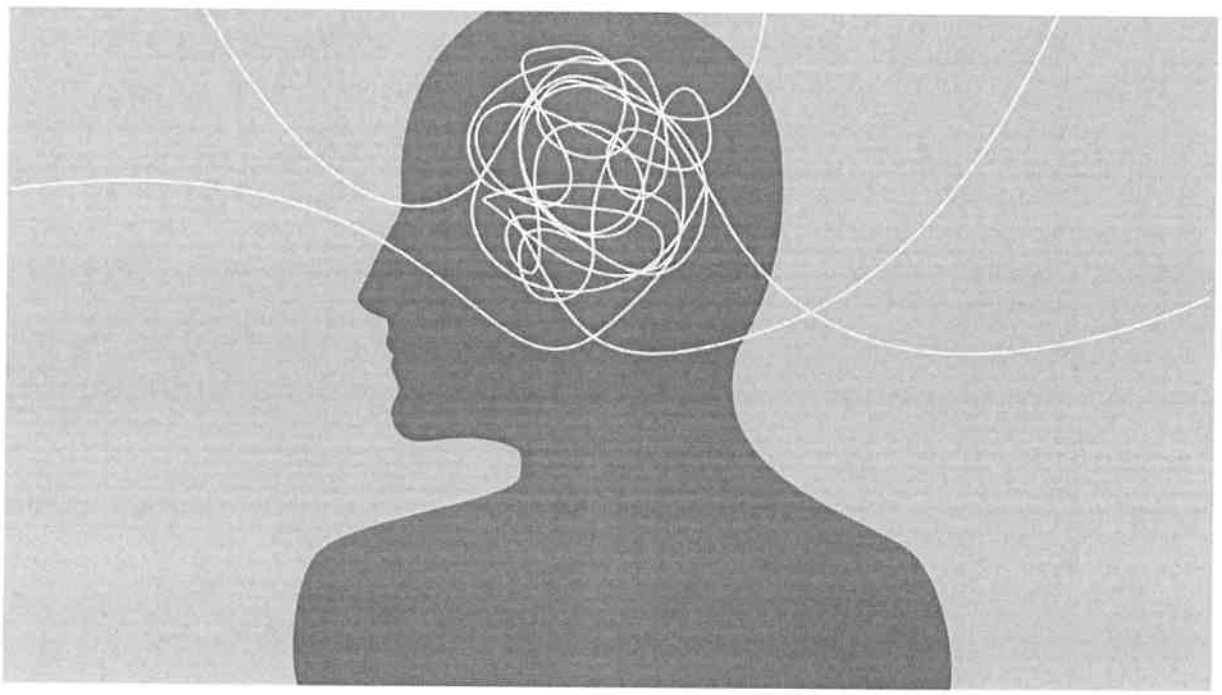
WHAT IS OCD?

Obsessive-compulsive disorder (OCD) is a condition where a person has obsessional, uncontrollable thoughts and performs compulsive and repetitive actions.

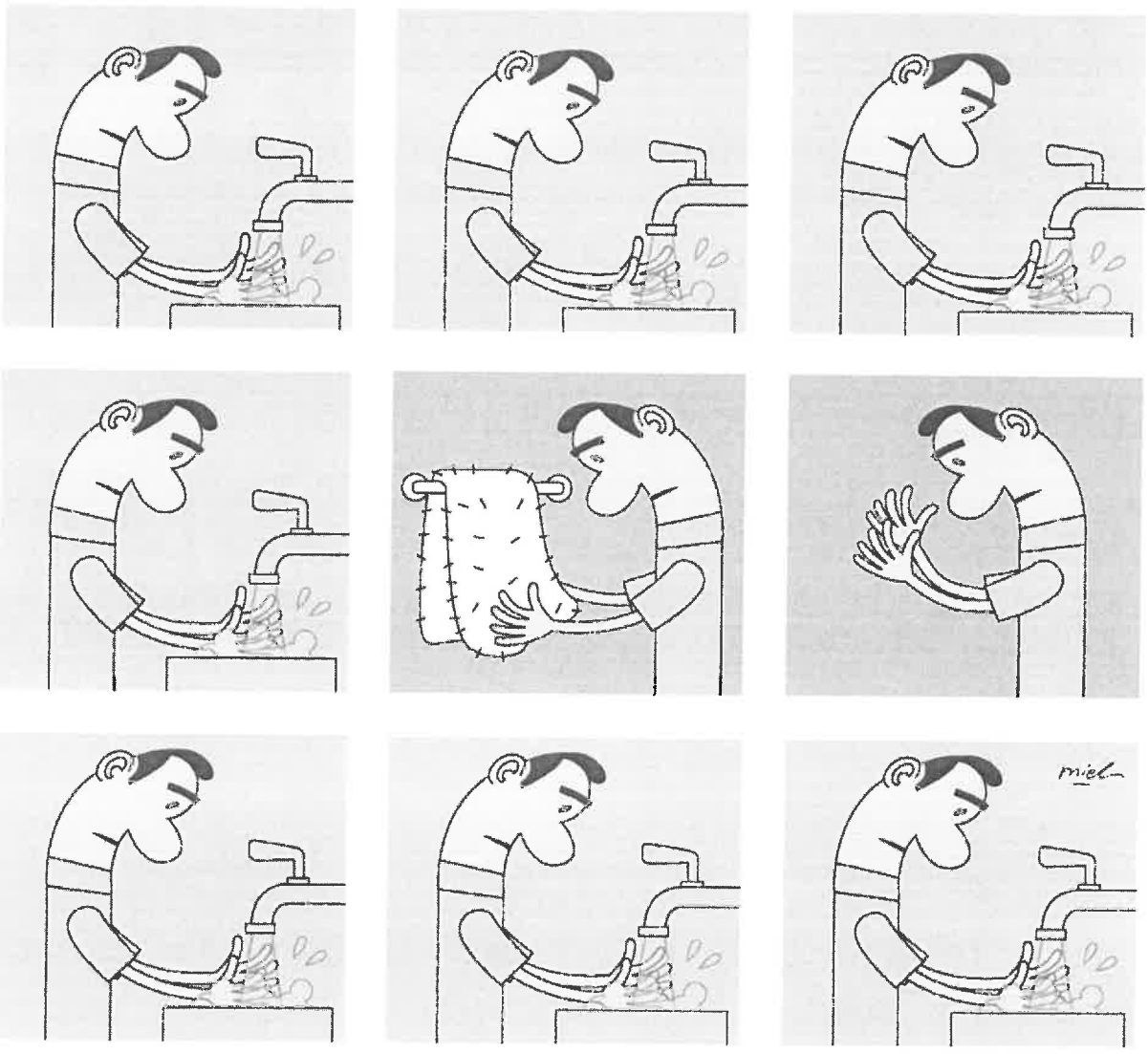
It is sometimes called a disorder of checking or doubting as these things are both common in OCD. To have a few obsessional thoughts or minor compulsions is extremely common. But the thoughts and actions of OCD disrupt people's lives in a most distressing way.

Obsessions are repetitive and unwanted thoughts, images or impulses which cause anxiety and are hard to stop. In fact, trying to stop them causes more distress. If you have OCD you know that these things come from your own mind, just like other thoughts, images and impulses, but you find them much harder to control. They are very different from the kinds of usual worries which might stay in your mind when you are focussed on a particular problem.



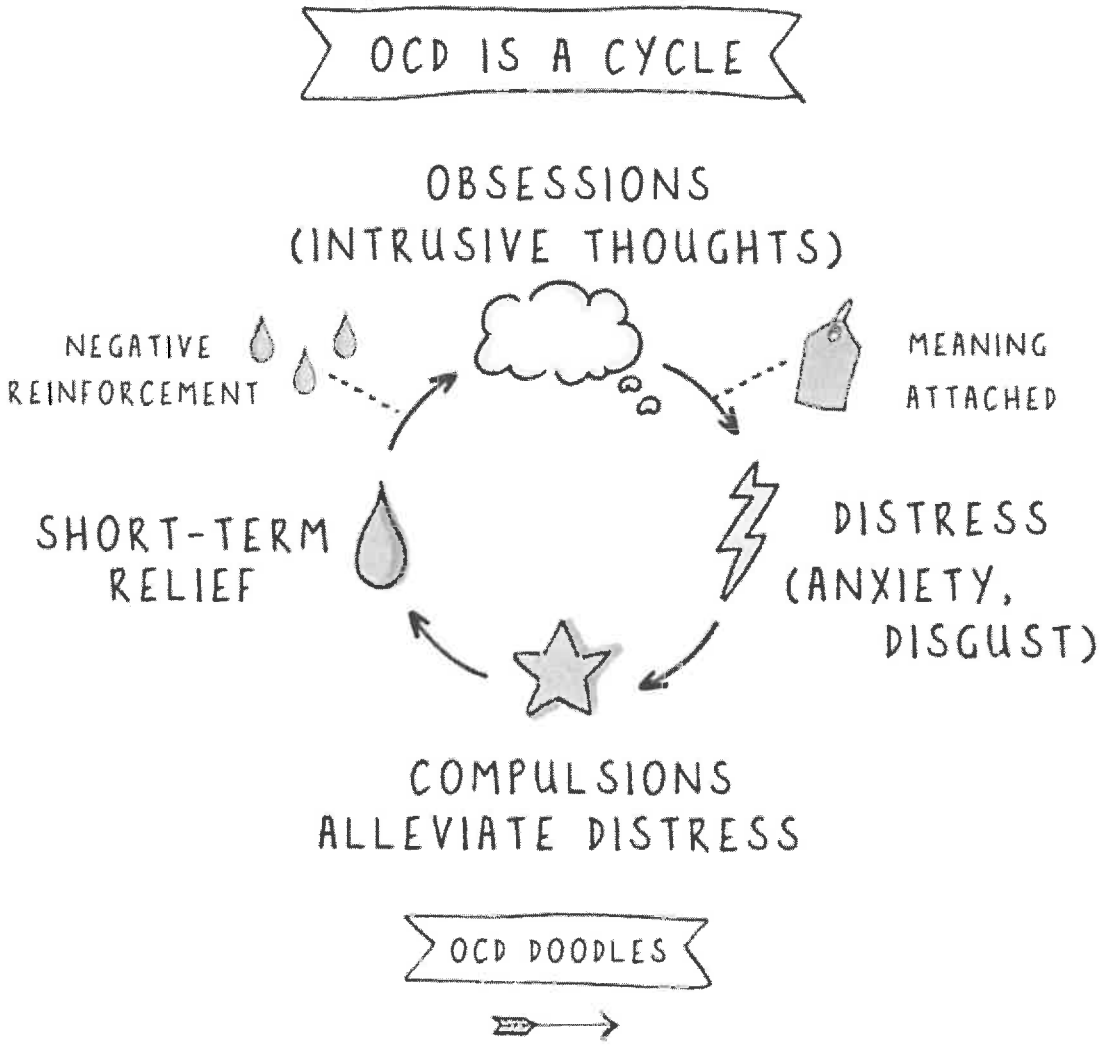
Compulsions are repeated actions or behaviour which a person feels driven to do, even though they know they are unnecessary or don't make sense. The compulsions are usually linked to the obsessional thoughts, that is, performing the compulsion temporarily relieves the anxiety and distress caused by the

thoughts. For example, obsessional thoughts about your hands being dirty lead you to feel anxious about catching a disease. This leads to repeatedly and excessively washing your hands. Some compulsions seem bizarre or silly, like touching things, counting things or putting them in exact order or symmetry. A person with OCD might hang washing out in an exact order and feel compelled to take it all down and put it up again if they think they have got the order slightly wrong. Some actions become rigid or like rituals. The person may touch things, wash their hands in an exact sequence or a particular number of times.



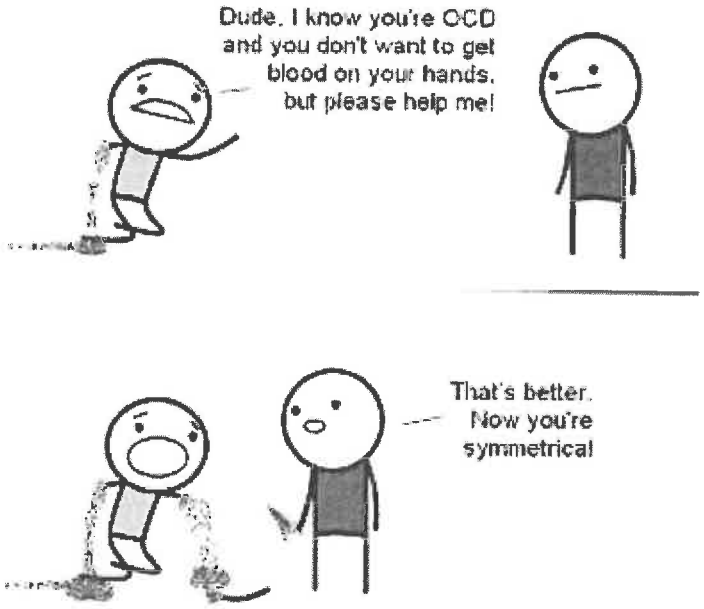
Compulsions can also be unseen. They may include counting or praying silently, feeling compelled to think particular thoughts, or to produce particular mental images. When people perform the compulsive action they do feel a

little better initially. But then the anxiety returns and, as time passes, doing the compulsion has less effect on it. This can lead to more and more compulsive behaviour in an attempt to control the rising level of anxiety.



It is important not to mistake OCD for a personality problem. Some people have what might be called obsessional personalities. They are very careful and check things more thoroughly than most of us. They may be perfectionists and have very high standards in some areas. In fact it is necessary to be a bit obsessional in many jobs. We all hope that doctors or air traffic controllers will be very careful and check their work thoroughly. Some people have particular obsessions like never throwing anything away. Usually these tendencies do not cause great problems unless they are very noticeable, in which case they may

impact on relationships with other people. Surprisingly, most people who develop OCD do not seem to have had obsessional personalities beforehand. Some people with obsessional personalities enjoy their high standards and super-clean houses. No one enjoys having OCD.



The content of obsessional thoughts varies from person to person, but common themes are:

• dirt and contamination which leads to excessive washing and avoiding possible dirt

• doubt leading to checking that things have been done properly - like locks being locked and stoves turned off

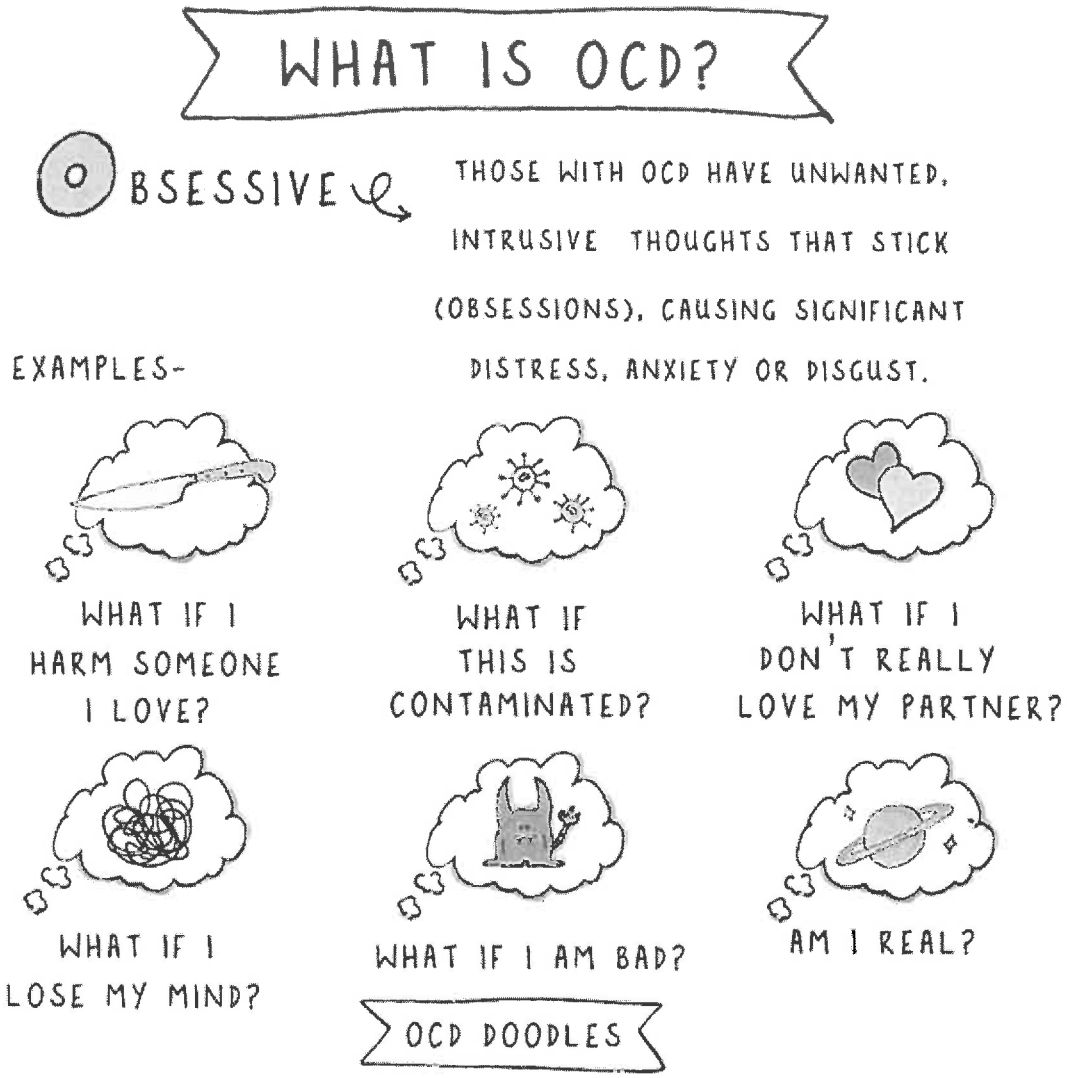
• unusual or repulsive images. These may be about religion, sex, violence or suicide and may raise unrealistic fears about the safety of the person or their family or whanau.

Obsessions and compulsions are:

• more than just excessive worries about real-life problems

- severe enough to be time-consuming, and cause significant distress
- significant enough to interfere with normal daily activities and relationships.

An adult with OCD is usually aware that the obsessional thoughts or impulses are unreasonable and are a product their own mind (as opposed to feeling that someone or something else has put them there). They usually try to ignore or suppress these thoughts, impulses or images with some other thought or action.



Who gets it?

About two percent of people will have significant OCD.

About one third of people with OCD will have symptoms starting in childhood, adolescence or early adult life.

OCD is equally common in males and females although it usually starts later for females.

Typically OCD starts gradually and can be a minor irritation for years, eventually getting to the point where it can no longer be denied. A person may, for example, deal with the obsessional thought of being dirty by washing a bit more and keeping things cleaner. Taking a shower two or three times a day might not affect anyone much. If this increases so that the person spends an hour in the bathroom each morning, it becomes quite inconvenient for the household. If it increases so that they spend three hours in the bathroom each day, their life has really been changed.

Five to ten percent of people with OCD have periods of the disorder but feel quite well in between. Another five to ten percent have a more severe illness which just gets worse. Treatment can greatly improve OCD but, because this is a long-term illness, treatment is often long-term too.

There is a risk that people with OCD do not know that they are ill and that they can be helped. Many people with OCD do not seek help until they have had the disorder for five to ten years. The outlook without any treatment is not very good. OCD usually lasts a long time, getting worse at times when the person is stressed. It is most important to seek help. Start by going to see your general practitioner. OCD often needs the help of a psychologist, or in more severe cases, a psychiatrist. Do not wait till OCD has ruined your life before getting help because treatment is very effective for almost everyone.

Related conditions

Anxiety and Panic Attacks - OCD is driven by the anxiety that comes with obsessions and compulsions. This anxiety can become extremely severe.

Sleep - is often disturbed.

Depression - is also very common. It may be there from the start or it may develop as the person gets worn out by the OCD. Some people become suicidal when their OCD is severe and lasts for a long time.

Addiction - may become a problem if you try to reduce your OCD symptoms with alcohol or illegal drugs.

What Causes OCD?

Everyone experiences intrusive, random and strange thoughts. Most people are able to dismiss them from consciousness and move on. But these random thoughts get "stuck" in the brains of individuals with OCD; they're like the brain's junk mail. Most people have a spam filter and can simply ignore incoming junk mail. But having OCD is like having a spam filter that has stopped working – the junk mail just keeps coming, and it won't stop. Soon, the amount of junk mail exceeds the important mail, and the person with OCD becomes overwhelmed. So why does the brain of individuals with OCD work this way? In other words, what causes OCD?

Physiological causes?

The exact cause of OCD is unknown but there is strong evidence that OCD has a physical cause in the brain

Using neuroimaging, researchers have been able to demonstrate that certain areas of the brain function differently in people with OCD compared with those who don't. Research findings suggest that OCD symptoms may involve communication errors among different parts of the brain, including the orbitofrontal cortex, the anterior cingulate cortex (both in the front of the brain), the striatum, and the thalamus (deeper parts of the brain). In the centre of the brain there is an area of nerve cells called the basal ganglia. This area is thought to be responsible for starting and stopping thoughts and actions and responding to new information. If this area is not working correctly it may mean, for example, that when you look to see if the door is locked this information does not register properly and you therefore do not stop the action of checking the locks. Abnormalities in neurotransmitter systems – chemicals such serotonin, dopamine, glutamate (and possibly others) that send messages between brain cells – are also involved in the disorder. Serotonin is affected by most medications that have been found to be useful in treating OCD as they increase its activity in the brain

Although it has been established that OCD has a neurobiological basis, research has been unable to point to any *definitive* cause or causes of OCD.

It is believed that OCD likely is the result of a combination of neurobiological, genetic, behavioural, cognitive, and environmental factors that trigger the disorder in a specific individual at a particular point in time. Following is a discussion of how those factors may play a role in the onset of OCD.

A study funded by the National Institutes of Health examined DNA, and the results suggest that OCD and certain related psychiatric disorders may be associated with an uncommon mutation of the human serotonin transporter gene (hSERT). People with severe OCD symptoms may have a second variation in the same gene. Other research points to a possible genetic component, as well. About 25% of OCD sufferers have an immediate family member with the disorder. Overall, studies of twins with OCD estimate that genetics contributes approximately 45-65% of the risk for developing the disorder.

Learned Behaviour?

Some researchers believe that compulsions are actually learned responses that help an individual reduce or prevent anxiety or discomfort associated with obsessions or urges. An individual who experiences an intrusive obsession regarding germs, for example, may engage in hand washing to reduce the anxiety triggered by the obsession. Because this temporarily reduces the anxiety, the probability that the individual will engage in hand washing when a contamination fear occurs in the future is increased. Every time the compulsion is repeated it gets harder to resist. Because people learn to seek relief in this way they do not ever get the chance to learn that in routine living, their chance of developing an infection is very small indeed.

In this way, OCD is rather like an addiction. The more you do it, the more you have to do it again.

Many cognitive theorists believe that individuals with OCD have faulty or dysfunctional beliefs, and that it is their misinterpretation of intrusive thoughts that leads to the creation of obsessions and compulsions. According to the cognitive model of OCD, everyone experiences intrusive thoughts. People with OCD, however, misinterpret these thoughts as being very important,

personally significant, revealing about one's character, or having catastrophic consequences. The repeated misinterpretation of intrusive thoughts leads to the development of obsessions. Because the obsessions are so distressing, the individual engages in compulsive behaviour to try to resist, block, or neutralize them.

The Obsessive-Compulsive Cognitions Working Group, an international group of researchers who have proposed that the onset and maintenance of OCD are associated with maladaptive interpretations of cognitive intrusions, has **identified six types of dysfunctional beliefs associated with OCD:**

1. **Inflated responsibility:** a belief that one has the ability to cause and/or is responsible for preventing negative outcomes;

2. **Overimportance of thoughts** (also known as thought-action fusion): the belief that having a bad thought can influence the probability of the occurrence of a negative event or that having a bad thought (e.g., about doing something) is morally equivalent to actually doing it;

3. **Control of thoughts:** A belief that it is both essential and possible to have total control over one's own thoughts;

4. **Overestimation of threat:** a belief that negative events are very probable and that they will be particularly bad;

5. **Perfectionism:** a belief that one cannot make mistakes and that imperfection is unacceptable; and

6. **Intolerance for uncertainty:** a belief that it is essential and possible to know, without a doubt, that negative events won't happen.

Environmental factors may also contribute to the onset of OCD. For example, traumatic brain injuries have been associated with the onset of OCD, which provides further evidence of a connection between brain function impairment and OCD. And some children begin to exhibit sudden-onset OCD symptoms after a severe bacterial or viral infection such as strep throat or the flu. Studies suggest the infection doesn't actually cause OCD, but triggers symptoms in children who are genetically predisposed to the disorder.

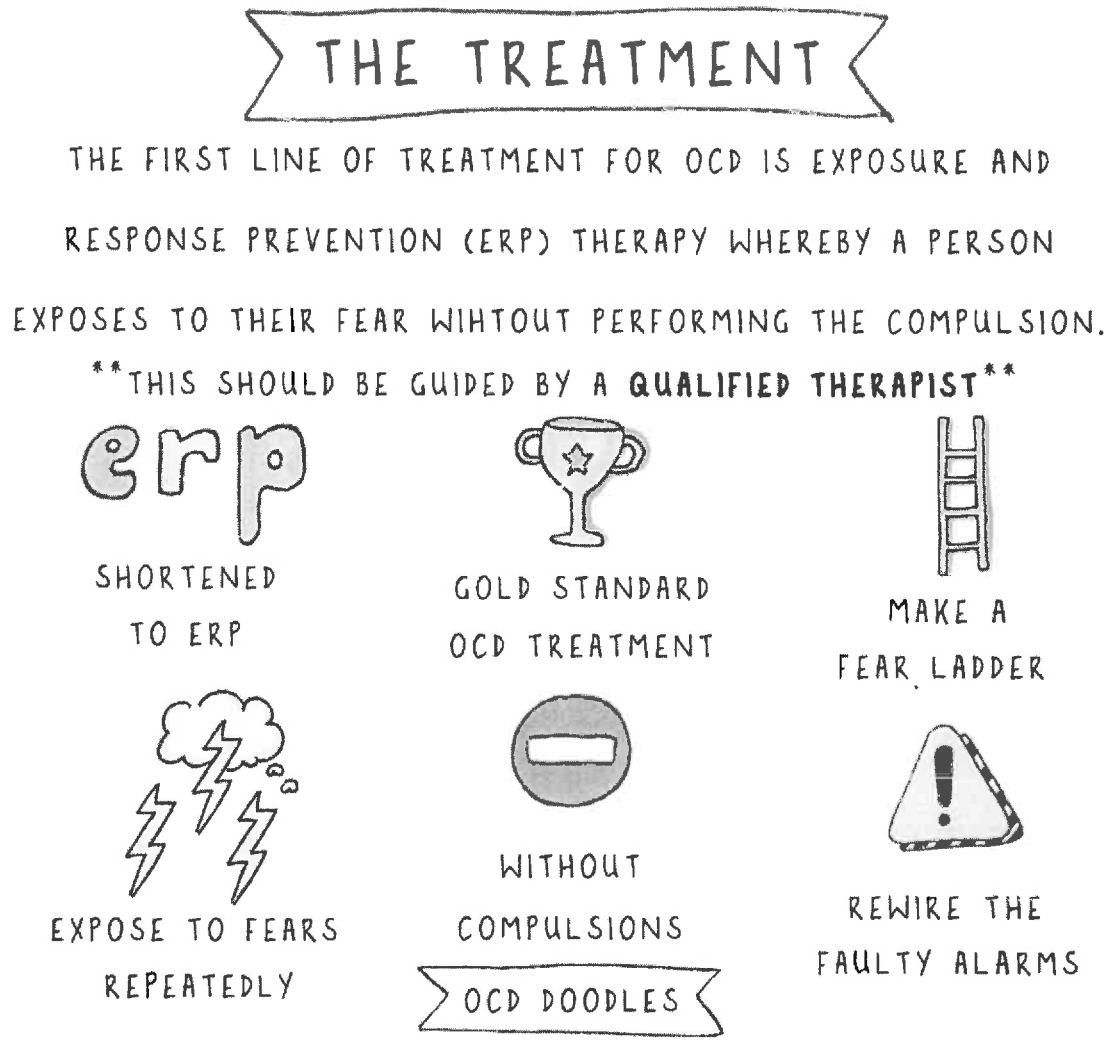
Stress and parenting styles are environmental factors that have been blamed for causing OCD. But no research has ever shown that stress or the way a person interacted with his or her parents during childhood **causes** OCD. Stress

can, however, be a factor in triggering OCD in someone who is predisposed to it, and OCD symptoms can worsen in times of severe stress.

In sum, although the definitive cause or causes of OCD have not yet been identified, it is likely, however, that a delicate interplay between various risk factors over time is responsible for the onset and maintenance of OCD.

Treatment

Treatment for intrusive thoughts in OCD, anxiety, depression, PTSD, or any other disorder or diagnosis is generally tackled with at least one of two methods: therapy or medication.



Medications

There are many medications approved for the treatment of OCD. Your doctor or psychiatrist can point you to the right medication, but generally, your prescription will be one of the following antidepressants:

- Clomipramine
- Fluoxetine
- Paroxetine
- Sertraline
- Citalopram
- Escitalopram
- Venlafaxine

According to the **International Obsessive Compulsive Disorder Foundation** (IOCDF), these medications have been approved to treat OCD. If you are struggling with depression or general anxiety and intrusive thoughts, these medications are also likely to work for you, as they are classified as antidepressants.

However, medication isn't for everyone, and not everyone needs to take medication to cope (although there's nothing wrong with benefiting from antidepressants).

shutterstock.com · 738351034

Therapy Options

Cognitive Behavioral Therapy (CBT)

For those who do not wish to take medication, those whose doctor does not recommend medication, or those with milder cases of intrusive thoughts, there are several types of talk therapy that can help.

Cognitive Behavioral Therapy, or CBT, is one of the most common and widely used forms of therapy, and it is appropriate for a broad range of diagnoses. The National Institute of Mental Health notes that CBT can be as effective as medication for many people, or may result in added benefits for those also taking medication.

CBT helps clients create strategies for managing their unwanted and negative thoughts and feelings, and guides them through the development of healthy ways to cope.

Acceptance and Commitment Therapy (ACT)

Acceptance and Commitment Therapy, or ACT, is a form of CBT that focuses specifically on accepting your thoughts and feelings for what they are instead of trying to change them. This acceptance, combined with mindfulness and the development of more flexible thinking, helps those who suffer from unwanted thoughts to accept that they have these intrusive thoughts but stop allowing them to consume their mind.

ACT is based on six core principles:

- *Cognitive Defusion*: Learning to assign less weight to negative thoughts, images, and emotions;

- *Acceptance:* Allowing thoughts to flow through you without feeling overly distressed;
- *Contact with the present moment*: Focusing on your present state rather than worrying about the future or the past. Being open to the things going on around you;
- *Observing the self*: Being conscious and aware of your **transcendent self**;
- *Values:* Determining what is most important to you, what pillars you aim to live your life on;
- *Committed action*: Setting goals based on your values and the things you are striving for, and then bringing these accomplishments to fruition.

These six principles converge to create a healing and forward-thinking treatment for those struggling against distressing and unwanted thoughts.

Exposure and Response Prevention (ERP)

Another form of CBT that is highly effective for treating OCD is Exposure and Response Prevention (ERP). This type of therapy involves exposing the client to the source of his or her fear multiple times without allowing any compulsions.

The intent is to impress upon the client that he or she can face what they are afraid of and, eventually, the client will realize that the fear is irrational. The

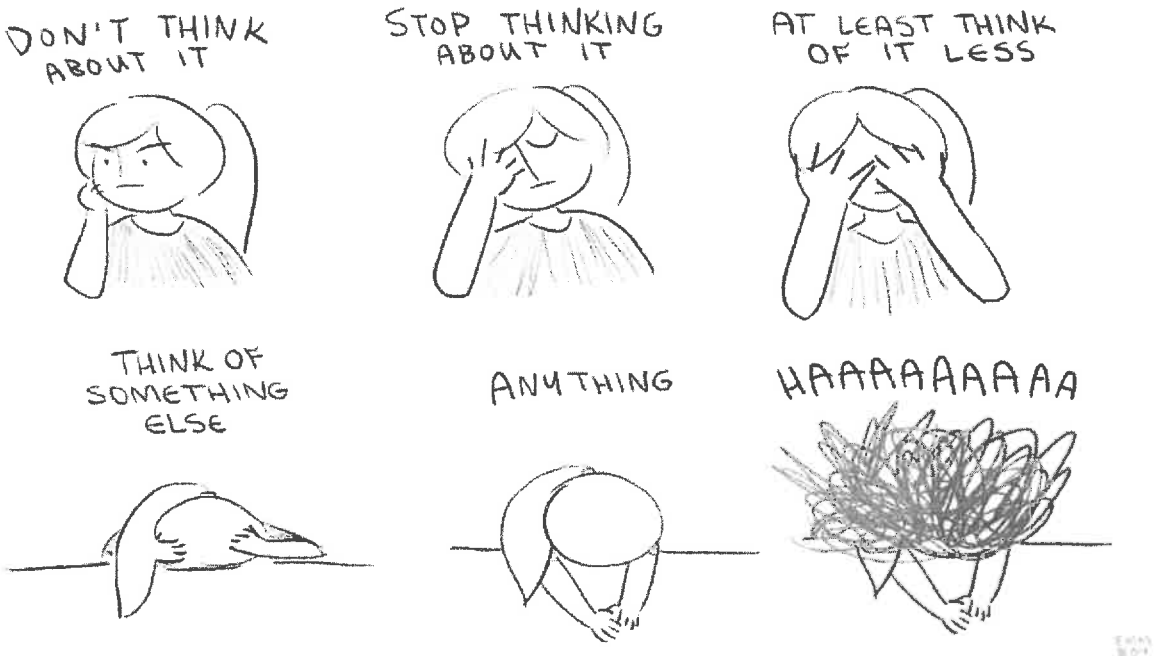
thoughts may not go away entirely, but ERP is extremely successful in turning those obsessive and all-consuming thoughts into mere annoyances.

Self-Help: Managing Intrusive Thoughts

In addition to medication and therapy, there are some self-help methods to lessen your symptoms and improve your **quality of life** when dealing with intrusive thoughts.

Seif and Winston (2018) suggest taking these 7 steps to change your attitude and overcome intrusive thoughts:

- Label these thoughts as "intrusive thoughts;"
- Remind yourself that these thoughts are automatic and not up to you;
- Accept and allow the thoughts into your mind. Do not try to push them away;
- Float, and practice allowing time to pass;
- Remember that less is more. Pause. Give yourself time. There is no urgency;
- Expect the thoughts to come back again;
- Continue whatever you were doing prior to the intrusive thought while allowing the anxiety to be present.



Further, the researchers warn that you should do your best not to:

- Engage with the thoughts in any way;
- Push the thoughts out of your mind;
- Try to figure out what your thoughts "mean;"
- Check to see if this is "working" to get rid of the thoughts (Seif & Winston, 2018).

Using Meditation for Intrusive Thoughts

You can also try meditation for intrusive thoughts. It's another evidence-backed and calming method of accepting and simultaneously letting go of your unwanted, distressing thoughts.

Mindfulness meditation is an excellent tool for helping people cope with a lot of issues and improve their quality of life. OCD is no different—mindfulness meditation has results to offer.

It can help the sufferer recognize and understand her thoughts, find out where they're coming from, and figure out a solution to the brain's intent focus on the less pleasant images it calls forth. It's all about recognizing your thoughts, allowing them "in," then allowing them out again and sending them on their way.

According to the Eco-Institute, mindfulness taps into your subconscious "90%" (this number is based on the theory that, like an iceberg, 90% of "you" is hidden in your subconscious) and allows it to clear out and promote healing instead of further pain and fear.

To give **mindfulness** a try as a treatment for OCD, follow George Hofmann's (2013) instructions here:

1. Keep your attention on your breath and be fully aware in this moment—of sights, sounds, smells, sensations, and thoughts.
2. Acknowledge each thought as it pops up, let it go, and return to your breath. Don't analyse it, dwell on it, or ruminate over it, just let it come into your head and slide right back out.
3. If you're having trouble, try labelling the thoughts.
4. The intent of mindfulness for OCD is to stay aware of what is going on around you, as well as what is going on inside you.
5. Practice, practice, practice!

"When I look back on all these worries, I remember the story of the old man who said on his deathbed that he had had a lot of trouble in his life, most of which had never happened"

Winston Churchill

"It is the mark of an educated mind to be able to entertain a thought without accepting it."

Aristotle

Compiled by Lisa Hill

Health Improvement Practitioner

Halswell Health