

CHAPTER I

What Is OCD? Its Many Faces

There is perhaps nothing so bad and so dangerous in life as fear.

—Jawaharlal Nehru

The people you will meet in this chapter are representative of the millions of people who have obsessive-compulsive disorder, or OCD. They struggle with a neurobehavioral disorder that fills their minds with unwanted thoughts and threatens them with doom if they don't perform repetitive, senseless rituals. They are not a rare group. About one in forty people has OCD.

In the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association 2000), *obsessive-compulsive disorder* is placed within the class of psychiatric disorders known as *anxiety disorders*. Other anxiety disorders include panic disorder, social phobia, simple phobia, generalized anxiety disorder, and post-traumatic stress disorder. OCD is characterized by obsessions and/or compulsions that are time-consuming, distressing, and/or interfere with normal routines, relationships, or daily functioning. Obsessions are persistent, unwanted thoughts, images, or urges that intrude into a person's thinking and cause excessive worry and anxiety. Compulsions are covert mental acts or overt behaviors performed repetitively to relieve or prevent the worry or anxiety generated by the obsession. They often have the intent of magically preventing or avoiding some dreaded event, such as death, illness, or some other perceived misfortune.

FORMS OF OCD

OCD has many faces, but the patterns of thoughts and behaviors of people with the disorder are remarkably and unmistakably consistent. The most common symptoms associated with OCD are checking, washing and cleaning, ordering and repeating, hoarding, and scrupulosity. Some people who suffer from OCD don't seem to engage in these behaviors, at least not overtly. This is known as primarily obsessional OCD.

Checking. Those who engage in checking live with an excessive, irrational sense of being held responsible for possible dangers and catastrophes that may befall themselves or others as a result of their "imperfect," "incomplete," or "careless" actions. They feel compelled to repeatedly check that, for example, doors and windows are locked, the stove and iron are turned off, the coffee maker is unplugged, or the garage door is down. They will check over and over until they get a "just right" feeling or a sense of assurance that disaster will be averted. They might also repeatedly check on loved ones to make sure they haven't caused harm to them. Checking compulsions also occur within the context of health-related obsessions; for example, repeatedly checking one's heart rate or blood pressure for evidence of abnormalities that could signify the presence of a catastrophic illness. Checking relieves the anxiety brought on by the obsessive thoughts, but the relief is short-lived. The worries often return or are replaced by similar obsessive thoughts, calling for more checking. A vicious cycle is thus created: anxiety followed by checking, which results in limited relief, then a return of the anxiety, followed by even more checking, and on and on.

Washing and cleaning. People who wash and clean excessively have obsessions about the possibility of contamination by dirt, germs, viruses, or foreign substances. They live with a near-constant dread of either causing harm to others or to themselves, or failing to prevent it. In response to their fear-provoking thoughts, they excessively wash their hands, shower, or clean their homes for hours on end. Over time, fears compound as they perceive more possibilities for harm. The washing and cleaning become more and more elaborate and yet bring less and less relief.

Ordering and repeating. Those who engage in ordering and cleaning might feel they must arrange certain items in a particular, exact, "perfect" way, or they might repeat particular actions over and over until they feel "just right." Many demand that particular objects, such as their shoelaces, hair, or personal belongings, be perfectly even or symmetrical. They become extremely distressed if their things are moved, touched, or rearranged even slightly. Obsessive thoughts or fears of harm coming to them or a loved one can lead to a frenzy of ordering or repeating certain behaviors over and over. They might cross over a room threshold repeatedly, count or repeat words silently, rearrange items, or turn light switches on and off until it feels "just right." Only then will the obsessive thoughts or fears subside, if only for a few moments.

Scrupulosity. People with scrupulosity obsess about religious, ethical, or moral issues. They demand a code of conduct from themselves that goes well beyond that of most people who subscribe to their beliefs. Their compulsions may involve excessive praying and repeatedly, needlessly seeking reassurance of their moral purity from others, usually priests, ministers, or rabbis. Rather than providing peace and freedom

from the anxiety, these compulsions actually bring on even more anxiety as the OCD demands more "perfect" adherence to religious rules and practices, triggers even more reassurance seeking, and leads to other rituals to relieve the doubts.

Hoarding. Those with hoarding collect insignificant items and have difficulty throwing away things that most people would consider junk. They develop a strong attachment to their hoarded items and overvalue their importance. Often they are afraid they might need the items at some vague time in the distant future. For these people, letting go of things can cause so much distress that it's easier just to keep them. This results in chaotic and unbearable living conditions in which there is little usable space in the house that isn't taken up with junk.

Primarily obsessional OCD. Those with primarily obsessional OCD experience unwanted, intrusive, horrific thoughts and images of causing danger or harm to others and sometimes even themselves. The themes are almost always of a violent or sexual nature. Or they may have unwanted thoughts of acting upon a sexual impulse toward others in a manner that is clearly disgusting and repulsive even to them. The term "primarily obsessional OCD" implies the presence of obsessive thoughts without accompanying overtly performed compulsions. Research over the past twenty years has revealed that most people with primarily obsessional OCD do indeed perform compulsions, but they are subtle, covert behaviors, such as mental compulsions or rituals (Steketee 1993; Freeston and Ladouceur 1997). For example, many engage in repetitive thoughts, such as counting, praying, or repeating certain words, to counteract their anxious thoughts. They may also mentally review situations obsessively to ward off doubt and relieve anxiety. Or they may excessively monitor and scrutinize the feelings in their genitals for any feelings of arousal in unwanted circumstances. They often repeatedly ask others for reassurance that they aren't going to harm someone. As with checkers, washers, orderers, and repeaters, these mental rituals offer only temporary relief from the anxiety brought on by intrusive thoughts. With time, the relief lessens, anxiety mounts, and mental rituals may become more elaborate and time-consuming.

Many people can identify with all these forms of OCD to some extent. Who hasn't checked to see whether the door is locked a second time or shuddered from a disturbing or frightening thought that occurs out of the blue? One person's prized, dusty old newspaper collection may be a pile of worthless junk to another. When these thoughts, feelings, and behaviors cause significant distress or result in marked interference with one's daily living, OCD could be the problem.

Maybe you have a few of the symptoms described above but they don't seem to interfere significantly with your life. Read on. You may realize that your habits do indeed interfere with your life way more than you realized. But even if your symptoms aren't severe enough to warrant a diagnosis of OCD, you may benefit from the same cognitive behavioral therapy principles used to help people with full-blown OCD.

It's common for people with OCD to suffer from a variety of OCD symptoms. For example, Cherry Pedrick had problems with checking, mental rituals, and hand washing. Many people with OCD may have one predominant symptom for years, only to have it go away and then have another one begin. For example, someone who has been a washer for many years may lose the fear of contamination and become a checker, or vice versa. There is no typical pattern; however, a change in the form of the OCD symptoms over time does appear to be the norm.

THE FACE OF OCD

Now we'd like to introduce you to people with OCD so you can see how these symptoms affect people in their daily lives. Except for Cherry, these people are composites of many people with OCD. You may observe similarities between yourself and one or more of the people described, but this is only coincidental.

Cherry's Story: "What If?"—An Unwanted Companion

My struggle with OCD began with the fear that I hadn't locked the door when I left the house. After some time passed, my need to check and worry increased until it invaded my entire life. I frequently and repeatedly returned to the house to check the door, coffeepot, or stove. Away from home, I often stopped what I was doing and returned to my car to make sure the emergency brake was set and the door was locked. What-if scenarios became my constant companions: "What if I left the car door unlocked, and a child got inside the car and then got hurt?" "What if I didn't set the brake, and the car was bumped from behind and rolled forward and hurt someone?" My obsessions revolved around the fear that I had done something—or hadn't done something—that could result in harm to others. I also had a problem with hand washing when I prepared meals, fearing that I might contaminate the food.

Now, over fifteen years after OCD became my constant unwanted companion, I can say that I've broken free from OCD. As I used the techniques Dr. Hyman and I have written about, my OCD became more and more bearable, and then gradually faded. In addition, I've used spiritual techniques and practices to help me let go of obsessive thoughts and resist compulsions.

Mary's Story

Obsessive fears of becoming gravely ill from a disease took over Mary's life when her oldest son contracted a life-threatening virus. She began to avoid blood, dirt, germs, and red spots for fear of the possibility—no matter how remote—of getting sick and not being able to take care of her son. Her fears grew for five years before she sought treatment. By that time, Mary was washing her hands about one hundred times a day, and her daily showering ritual took about one full hour.

She avoided going near hospitals, clinics, and doctors' offices because she considered them contaminated. Certain streets were off-limits too—streets where homeless people were likely to hang out, because she felt that homeless people were more likely to have open sores than people with homes. She avoided anything that might have a red spot on it in case the spot might be camouflaging a bloodstain.

Mary only felt truly comfortable in certain sections of her own home that she considered safe and clean. These areas were off-limits to other family members, especially her husband. Because he worked for a delivery company and made daily deliveries to local hospitals, Mary considered him to be contaminated. When he came home from work, he had to shower immediately and put his clothes in the washing machine so Mary wouldn't have to touch them.

Melody's Story

Melody couldn't remember a time when she didn't check excessively. She didn't consider her checking behavior to be a problem until she went to college and moved out of her parents' home into a small apartment with a roommate. At first her roommate was thankful for Melody's concern. It made her feel safe to see Melody check the door, stove, and appliances every night. However, Melody's nightly rituals grew longer as more and more items were added to the list of things that had to be checked every night.

Her roommate grew alarmed when she saw that Melody was checking the windows, which were always locked, and looking in the backs of closets and under the beds. Also, everything had to be checked in a certain order. If Melody was interrupted or her concentration was broken, she started over. And sometimes she started over just because "it didn't feel right."

Melody also made copies of her course work and kept them in a box. In the evenings, she checked these copies over and over, afraid she had missed a crucial point or had written something offensive. She called home three or four times a day to check on her parents and little brother. She also checked on her friends and others she had associated with during the day. Had she said the wrong thing? Had she harmed someone by coughing with her mouth uncovered? Entire evenings were often spent reviewing the day's events, looking for mistakes she might have made and ways she might have harmed someone.

Robert's Story

Checking was a problem for Robert, too, but most of his checking compulsions revolved around driving. One night he saw a man standing in the median between the lanes. Robert glanced in the rearview mirror and saw the man dart across the road behind his car. Had he hit him? He looked back and didn't see him on the other side of the street.

Robert made a U-turn at the next intersection and went back. He drove slowly by the spot where he had seen the man. Although he didn't see a dead or injured body, he still wasn't sure, so he turned around and drove by again. An hour later, he was late for his appointment and still unsure. He went home and waited anxiously for the evening television news. Surely they would report an accident if someone had been injured.

A week later, Robert drove by a woman riding a bicycle in the bike lane. Again, he was jolted by the thought that he might have hit her. He looked in the rearview mirror. She was still there, riding calmly, oblivious to his fears. Soon he was looking back and checking his mirror whenever he passed pedestrians and bicyclists. He got into the habit of watching the eleven o'clock news each night to check for accidents in areas where he had driven.

Ben's Story

As a child, Ben had organized the toys in his room very carefully. Toy soldiers went in a box. Puzzles had their own place on the bookshelf. His books were sorted on the shelves according to their size: short

ones on the right, taller ones on the left. At school, the other children had whispered about Ben's rituals. He had placed his books under his chair in the same spot every day. His pencil always had a sharp point and was positioned at the top of his desk, exactly in the middle. He kept an eraser on the upper right corner, not too close to the edge. His papers always were arranged carefully in the middle of his desk.

As an adult, Ben rarely had visitors in his home. It was too much effort to put things back in order after they left. He couldn't enjoy the few visits family members made because of the anxiety he experienced when something was moved out of its place.

Jack's Story

Going through the thresholds of doors was Jack's difficulty. If he had a "bad" thought or "something just didn't feel right," he had to go back and walk through the door again. When he passed through a doorway, he had to touch the right side, then the left, then the top of the doorway. If he felt okay, he walked through the door. If it didn't feel right, he took a step back, then a step forward, and then he repeated his touching ritual.

Sitting in a chair or standing up from a chair also involved a ritual. First, Jack touched the floor, then both sides of the chair, then he stood. Writing took a lot of effort and time. He had to retrace each letter twice. Consequently, everything took Jack much longer than most people. He set his alarm for three in the morning so he could leave the house by seven. Every minute task involved in getting dressed and groomed had to be done "just right."

Mark's Story

Guilt plagued Mark constantly. When "bad" thoughts—usually of a blasphemous or sexual nature—came to his mind, he prayed. But the prayer had to be right, or it wouldn't work. So the prayers had to be repeated over and over until they felt just right. It was particularly painful to Mark that his bad thoughts invaded his mind most often while he was in church. As a result, he was tempted to stay away from church and to give up his belief in God completely. But he also feared that if he left the church, that would make him feel even guiltier.

Liz's Story

"One person's trash is another person's treasure." For years, Liz justified her collection of stuff by repeating this phrase. But most of the items stashed in the boxes that lined her apartment were no one's treasures, and over time the boxes became a burden. Liz tried to solve the problem by moving. She put the boxes in storage and started over, but her new apartment quickly filled with boxes too.

Liz saved newspapers, magazines, receipts, and mail—even the years-old advertisements and catalogs that filled her mailbox. She wasn't sure why she saved things. But the thought of throwing anything away made her feel extremely anxious. Liz was deeply embarrassed and hadn't had a visitor to her home in many years, which strained her friendships, as she made up excuses for never inviting her friends over.

Angelita's Story

Angelita, a thirty-three-year-old mother with a two-year-old daughter, was preparing lunch. She picked up a knife to cut a tomato and suddenly, out of the blue, the thought of plunging the knife into her daughter popped into her mind. Horrified by such a thought, she was overwhelmed by intense feelings of guilt. The thought returned the next day, again while she was in the kitchen. That evening, while bathing her daughter, the thought "What if I drown my baby?" popped into her head. Again, the thought deeply disturbed her.

For the next several days, over and over again she thought, "I must be a horrible mother to think such terrible thoughts! I'd better do whatever I can to stop these thoughts." To keep herself from thinking such disturbing thoughts, she distracted herself by repeating, "I'm a good mother and I'd never do that," over and over in her mind. But still the thoughts recurred, growing stronger and stronger. Whenever she was alone with her daughter, she felt anxious. She began to avoid touching knives or anything sharp in the presence of her little girl, and she made sure that her mother (who didn't know about the distressing thoughts), was present whenever she bathed her daughter.

Ron's Story

Ron was also plagued by unwanted thoughts. In his mind, certain images played over and over like a continuous movie. They scared him because he feared they would come true. In these thoughts, he was harming someone violently, usually his wife, but also his coworkers and even his closest friends—whomever he was with at the time. He knew in his heart that he didn't have any desire to harm anyone, so he was baffled as to why these thoughts played so strongly in his mind. He could be enjoying a movie or a meal with his family or friends, or just talking to a coworker, and the thoughts would burst into his mind. He developed a strategy of clenching his hands together tightly when the thoughts occurred, which caused severe muscle and joint soreness. He worried constantly that he was losing his mind or going crazy.

The Story of Your Struggle with OCD

You have just read some typical stories of people with OCD. Now, in this exercise, you'll write your own story. Write it as if you are talking to someone safe, like your closest friend, someone you feel confident would never reject, judge, or criticize you for what you write. Permit yourself to express all of your thoughts and feelings about your life with OCD. You may wish to use more space than is available here. If so, feel free to use as much paper as you like. If you prefer not to write in this book, or if you only have it in digital form, purchase a notebook to use as a journal and write your story there as your first entry. If you're afraid someone will read your story, write it in your journal or on a separate sheet of paper, and after completing the exercise, place what you've written in an envelope and store it safely away. One day, when you are truly free from OCD, you'll see this exercise as one of the first important milestones on your road to recovery.

The OCD Workbook

Briefly describe the story of your struggle with OCD:

Describe some of your worst OCD symptoms:

Describe the progression of these symptoms from when they first started until the present. How have they changed over the months or years?

How have the symptoms impacted your life: work, career, family, friends, relationships, and so on?

How might your life be different if you were free from OCD?
