

Counseling Corner

Obsessive-Compulsive Disorder

by

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Obsessive-compulsive disorder (OCD) is an illness that affects about 2.3 percent of American adults. Men and women suffer equally from this illness, and it affects children as well. Obsessive-compulsive disorder is actually two disorders: the obsessive part is *unwanted thoughts*, while the compulsive part is *rituals* born out of these negative thoughts. Ninety percent of people who have the obsessive part of the illness develop the compulsive aspect also. But many people suffer from solely obsessive thinking. Obsessive-compulsive disorder is not a new disorder, but it has been under diagnosed mostly due to the reluctance to talk about it, or due to the lack of understanding of the illness.

Most people have been annoyed by an unwanted song that they could not get out of their head. The obsessive part of OCD is like that, only much worse. Obsessions are repetitive, intrusive, negative thoughts that cannot be stopped, and are rarely controlled through will power. They tend to be uncontrolled thoughts driven by fear; fear of contamination, fear of not doing things perfectly, fear of harming oneself or others, or fear of death. These intrusive thoughts cause great anxiety, and they can be devastating. Sometimes the obsessive thoughts are sexual, but certainly not pleasant. Other people with OCD have fear of catching a disease, even diseases that are not of the contagious nature, like cancer. People with OCD may fear that their negative thoughts may cause a person to be harmed, which causes them more fear and anxiety.

The compulsive part is the behaviors or rituals that many times follow the obsessive thoughts; a person can behave ritualistically hoping that he or she can ward off the terrible thoughts in advance. Many rituals make no sense at all, and some people with OCD understand this but they are incapable of stopping themselves. The most popular rituals for people who suffer OCD are “washing” and “checking.” Unnecessary hand washing, repetitively scrubbing until hands are raw, is a ritual preformed out of fear of contamination. The person with OCD may understand that the excessive hand washing is unnecessary or it may be so much a part of his or her life ritual that he or she may have developed justifications for his or her extreme behavior.

Checking is another typical, ritualistic behavior that may or may or may not be recognized by the person as unnecessary. Many people may check a door twice to see if it had been locked. After double-checking, the task is done and forgotten. People with OCD may become obsessed with the thought of the lock, and cannot go to bed without checking the lock numerous times in a ritualistic fashion. Other rituals may have nothing to do with the obsession plaguing the OCD mind. For example, a person may suffer from morbid thoughts and in an attempt to calm himself or herself, that person may walk three times in a circle reciting the alphabet backward. The person may be fully aware that his or her compulsive ritual has nothing to do with thoughts of death, yet he or she cannot stop. Also the rituals may lead the person to feel less anxious, which assures the compulsive behavior will occur again.

Frequently when a person approaching mid-life seeks me out for counseling, he or she has been performing rituals for so long that the person has convinced himself or herself that those rituals are logical and necessary. Part of the treatment involves teaching the person the irrationality and uselessness of his or her rituals. Treatment in counseling may involve teaching the person more logical, effective ways of combating his or her fears and anxieties.

Some people with OCD have to order, or arrange things in their life perfectly. Frustration can be overwhelming to a person with OCD who finds his or her world is “out of order.” While the average person may be frustrated coming home to a messy house he or she had cleaned that morning, the person with OCD will find it devastating when things are out of order. People with OCD may spend hours lining clothes on hangers, or arranging all the items on their desks perfectly. Change is not accepted in their routines, and when it is forced upon them they may become depressed, anxious, or angry. Part of therapy may involve teaching acceptance of change and understanding of the unreasonable demands OCD allows people to place on themselves and the world.

Many treatments are proven effective to help people with OCD overcome their affliction. Cognitive-behavioral therapy, or thinking-behaving therapy, is quite effective in teaching a person how to control and/or eliminate the anxieties and fears that lead to compulsive behaviors. In my experience, the simple recognition and education process about OCD leads a person to immediately feel some relief and gives him or her courage to fight this disease. But sometimes, insight and courage are not enough. Obsessive thoughts can be so overwhelming and fear can be so terrifying that medication is a logical option. The medical community agrees that severe OCD is a chemical imbalance in the brain that is corrected by the right medicine. There are many medicines, most of which are anti-obsession and anti-depression medications, that are extremely effective in treating the disease, and they have few if any side effects. No vitamins or herbs have ever been proven effective in treating OCD.

Treating OCD starts with recognition of the disorder, professional help in diagnosing, then courage to take part in a treatment.