

## **SELF HELP SHEET**

### **Student Counselling Service**

#### **Obsessive-Compulsive Disorder (OCD)**

Obsessions and compulsions can cause significant distress. They can be time consuming and can interfere with a person's normal routine and occupation, relationships and general social activity.

Obsessions are recurrent and persistent ideas, thoughts, impulses or images that are experienced, at least initially, as intrusive and senseless.

Compulsions are repetitive, purposeful and intentional behaviours that are performed in response to an obsession, or according to a certain set of rules, or in a stereotyped fashion. The behaviour is designed to neutralise or prevent discomfort or some dreaded event or situation. The activity, however, is not connected in a realistic way to what it is geared to prevent or neutralise, or it is clearly excessive.

Obsessive-compulsive disorder affects one to two people in every hundred. Like most anxiety disorders and minor depressions, it usually starts in adolescence and young adult life. Males often experience it at younger ages than females. Overall, however, there appears to be little gender difference in the occurrence of the disorder.

#### **The characteristics of obsessive-compulsive disorder**

The persistent distress that accompanies an obsession often reflects a fear of harm. Most people affected by the disorder agree that their obsessions are senseless. The compulsive rituals provide temporary relief from distress motivating the use of the rituals again and again; but they never provide a lasting solution. The compulsive rituals usually involve specific sequences or patterns. To end the distress of obsessions, the compulsion must be performed in a certain ritualistic manner. Some people who suffer from obsessive-compulsive disorder may enlist the help of others in their rituals. For example, a compulsive washer may ask their families to wash excessively as well.

#### **The causes of obsessive-compulsive disorder**

There are several ideas about the causes of the disorder. One is that it is a 'learned' behaviour through which a person comes to associate the performance of rituals with relief from obsessional thoughts thus reinforcing the use of the ritual, or the obsessive-compulsive behaviour.

Another explanation suggests a biological basis for the disorder. This indicates that abnormalities in certain neurotransmitters may be involved. Neurotransmitters, particularly serotonin, are thought to regulate, among other things, mood, aggression and impulsiveness. Altered levels of serotonin are thought to be an important factor in people suffering from this disorder.

#### **The most common types of obsessive-compulsive disorder**

##### **Obsession of Contamination - Hand Washing Compulsion**

People with washing and cleaning compulsions are consumed by obsessions regarding contamination by certain objects or situations like germs, disease or chemicals. To eliminate contamination they create rituals, like washing hands repeatedly and excessively, or cleaning the house for hours on end.

### **Pathological Doubt (Obsession) - Checking Compulsion**

This involves checking excessively in order to prevent a certain 'catastrophe' from occurring. Common concerns include electrical appliances and the risk of fire and doors and windows and the risk of burglary. The obsessive concerns result in compulsive checking that electrical appliances are switched off and that doors and windows are locked.

### **Repetitive Thoughts and Counting Compulsion**

People who spend a lot of time thinking or counting might enlist repetitive thoughts or images, called thinking compulsions, in order to counteract their anxiety-provoking thoughts or images and obsessions. They will try to recall events in detail or repeat a mental list as a way to ensure safety.

### **Obsessional Need for Precision**

Some people require that things around them be arranged in certain rigid ways, including symmetrical patterns, often becoming upset if someone else rearranges their possessions. They usually do not fear impending doom but rather feel compelled to engage in the ritualistic action when things are not presented "perfectly".

### **Compulsive worrying**

Some people with OCD experience uncontrollable and upsetting repetitive negative thoughts. However, they do not engage in repetitious behaviours such as hand washing or checking locked doors, nor do they have compulsions such as praying or counting.

### **Hoarding compulsion**

People with hoarding compulsion collect trivial objects and find it impossible to rid themselves of these possessions.

### **How is obsessive-compulsive disorder treated?**

OCD can be treated through relaxation techniques, counselling, drug treatment or by a combination of all three. Some people find relaxation exercises and guided imagery cassettes useful in reducing anxiety that causes obsessional thinking. Working on self-esteem may also be of benefit.

Cognitive-behavioural therapy is commonly used. It uses specific techniques to help people get rid of their unwanted images, thoughts and beliefs as well as alleviating their compulsions. People learn to identify their specific distressing thoughts and learn how to replace them with more supportive ones. Various types of drug treatments have proven to be helpful in treating and alleviating symptoms of the disorder. Anti-depressant drugs are the most common form of medical treatment.

### **Further reading**

Dumont, R. (1996). *The sky is falling: understanding and coping with phobias, panic and obsessive-compulsive disorders*. New York: W.W. Norton & Company.

Foa, E.B. and Wilson, R. (1991) *Stop Obsessing*. New York: Bantam Books

Rapoport, J.L. (1989) *The boy who couldn't stop washing*. New York: Dutton.

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