

The ABCs of OCD

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Do you or someone you love suffer from Obsessive Compulsive Disorder? What is OCD and how can you recognize it? In all possible instances I advise you to seek professional help, but here I will also attempt to provide a basic description of a mental disorder that is often misunderstood. Unlike other mental disorders which require recognizing anywhere from four to nine symptoms, OCD only requires recognition of two problems, obsessions and compulsions.

What is an Obsession?

The term's Latin root, *obsidere*, means "to besiege," as an army would surround a city for the purpose of forcing surrender. An obsession is truly a battle of the mind. According to the diagnostic manual used by mental health professionals, the DSM-IV, obsessions are "recurrent and persistent thoughts that are experienced as intrusive and inappropriate and that cause marked anxiety or distress." The definition highlights four main qualities of clinical obsessions: *intrusive, recurrent, unwanted, and inappropriate*. Children may not experience all these symptoms at once.

Intrusive thoughts:

Intrusive describes images and ideas that invade a person's mind interrupting the normal mental flow. An individual will be tracking typical progressive thoughts and suddenly, *bam!*, a new unwanted, unexpected thought bursts into their mind. It is typically shocking and deemed culturally deplorable, like a mother assailed by murderous thoughts while nursing her child.

What it isn't. An intrusive thought is not merely a passion. As a culture we apply the term obsession to many things that are not true examples of the disorder. A teenager who is obsessed with her new boyfriend, or a point guard obsessed with his team winning the championship do not exemplify what it takes to be diagnosed with an obsessive problem. Thank goodness! Otherwise all of us with a passion for something would have OCD!

Recurrent thoughts:

The individual experiences the intrusive thought repeatedly, described by one person as a "constant bombardment that never stops." The sufferer feels powerless, hopeless, and is prone to addictions which are utilized for escape.

What it is not. An obsession is not a phobia. A phobia can be avoided and therefore the negative thoughts stop. If I'm afraid of flying, I can avoid distress by avoiding planes. No planes, no obsessive fears. An OCD sufferer experiences the recurrent, singular obsessive thought regardless of proximity to the stressor. A person who fears germs can be in a perfectly sterile environment, and know it to be so, yet not prevent the obsessive thoughts.

Unwanted thoughts:

Try as they might, an individual can't seem to stop the intrusive thoughts. They are terrorists who infiltrate all defenses, the army that breaches the parameter. Ironically, the more one resists the thoughts, the stronger their attack.

What it isn't. An obsession is not an addiction. An obsession is unwanted, one-hundred percent of the time. Not so with an addicted thought. A gambler wants to gamble, but resists the urge knowing that it ultimately is a harmful course of action. With an obsession, there is no enjoyment whatsoever.

Inappropriate thoughts:

OCD thoughts are ego-dystonic, meaning "against the person's very nature." The sufferer knows the thoughts are irrational and illogical. Yet, they keep coming. The thoughts are exaggerated, disturbing, and highly inappropriate. For many, the obsessive thoughts are truly awful- thoughts of stabbing themselves or others, being attacked by bloody horror-movie villains, or sexually abusing children. A pedophile enjoys sexual thoughts involving children. An OCD individual experiencing deviant sexual thoughts abhors them.

What it isn't. Obsessive thoughts are not psychotic thoughts. A psychotic individual believes the inappropriate thought is rational. Convinced the FBI is trailing one's car because two hundred dollars was withdrawn from the ATM today rather than the normal forty, is a psychotic thought not an OCD one.

I don't struggle with OCD but I got a taste of it recently. I saw a deer moments after it got hit by a car. Its hind leg remained attached only by a thread of cartilage. It was gruesome to watch it slip-slide across the asphalt, repeatedly falling as it sought to escape the approaching humans seeking to help. Eyes popping out of its head, tongue hanging down; it was truly awful and made my stomach sick. Throughout the day, the horrific images burst into my mind repeatedly. I was besieged with these images even as I attempted to occupy myself with other things. I began to fear that they would not depart and that I would suffer endlessly from these horrible intrusions into my psyche.

What's a Compulsion?

Going "compulsively" to Starbucks every morning to fetch a latte does not meet the criteria for a clinical compulsion. It takes more than that. A clinical compulsion is a repetitive act that is clearly excessive and is performed in order to lessen the discomfort of an obsession. The compulsion is seen as the way out of the obsession. It may, and often does, work for a while, but over time causes more bondage.

Compulsions can take an infinite number of forms but often are logical responses done excessively. The washing of hands to eliminate germs makes excellent sense. Scrubbing repetitively to the point of damaging one's hands or wiping the kitchen counter for the fifteenth time is excessive.

True OCD is a haunting disorder that leaves one feeling trapped in a repetitive cycle of obsessions followed by impotent compulsions. The obsessive-compulsive interplay is vicious, exhausting and debilitating. The good news is that much is understood now regarding the disorder and help is available.

If you or your child suffers with OCD, seek help. Cognitive-behavioral therapy can be very effective in the treatment of OCD. Medication provides relief and, in conjunction with therapy, has been shown to be the most effective treatment modality. If you have an anxious child, the audio program *Turnaround: Turning Fear Into Freedom*, which uses cognitive-behavioral therapy techniques, can help reduce or eliminate OCD symptoms in children. Follow the link for further details: www.myanxiouschild.com

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Reference: Osborn, I. (1998). *Tormenting thoughts and secret rituals: The hidden epidemic of obsessive-compulsive disorder*. New York: Dell Publishing

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