

teaches patients to change their behavior so that they can change their thoughts and feelings. The cognitive aspect of the therapy helps the patient change thought patterns and reduce the catastrophic thinking and exaggeration typical of people with OCD. Completing as many as 20 sessions of cognitive behavioral therapy has been reported to reduce symptoms by up to 80 percent.

**Education** Learning everything possible about OCD helps the patient return to a normal life. It is important to do research, read available books, and consult a knowledgeable psychiatrist.

**Support of Family and Friends** OCD has a major impact on relationships with the patient's family and friends. It is very beneficial for people close to the patient to learn about OCD, to encourage the patient to participate fully in treatment, to look for resources that will help the patient recover, and to avoid criticizing troublesome behavior. Family and friends can also help by being alert to signs of relapse.

**Support Groups** Find and participate in a support group. There are groups that meet in person and groups that meet on-line. It is therapeutic to share your thoughts and concerns with others who are going through the same experience. Support groups also provide information, such as referrals to important resources.

## WHERE CAN I GO FOR MORE INFORMATION?

Colas, Emily. *Just Checking: Scenes from the Life of an Obsessive-Compulsive*. New York: Pocket Books, 1998.

Ellis, Albert. *A New Guide to Rational Living*. North Hollywood, CA: Wilshire Book Co., 1975.

Foster, Constance. *Funny You Don't Look Crazy*. Ellsworth, ME: Dilligaf Publishing, 1993.

Hyman, Bruce, and Pedrick, Cherry. *The OCD Workbook*. Oakland, CA: New Harbinger Publications, 1999.

Rapoport, Judith. *The Boy Who Couldn't Stop Washing*. New York: Penguin Books, 1989.

Steketee, Gail, and White, Kenin. *When Once Is Not Enough*. Oakland, CA: New Harbinger Publications, 1990.

### SEE THESE HANDOUTS ON RELATED TOPICS

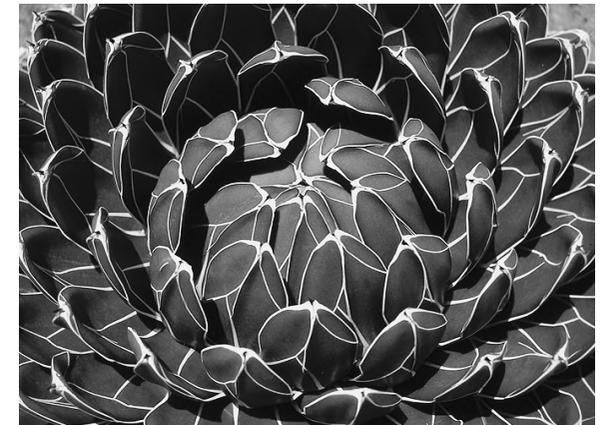
Building Your Self-Esteem  
How People Change  
Managing Anxiety  
Phobias, Panic, and Agoraphobia  
Relaxation Techniques

# Obsessive-Compulsive Disorder

## WHAT IS OBSESSIVE-COMPULSIVE DISORDER?

A person with obsessive-compulsive disorder (OCD) has the same thoughts, images, or impulses — also called **obsessions** — over and over again. The person finds these obsessions intrusive, senseless, and disturbing. He/she does not want to have them but feels that he/she has no control over them.

A person with OCD also develops **compulsions** to counteract the obsessions. He or she does certain things over and over again to lessen the anxiety and worry caused by the obsessions. Compulsions may be physical actions that one repeats, such as excessive handwashing, checking and double-checking to ensure that a door is locked, or counting things over and over to ensure that nothing has been lost, or mental actions such as counting or



silently repeating words. The person performing the compulsions feels fear, uncertainty, and revulsion. He/she senses that the actions must be performed in a specific way to conform to a set of rules.

OCD is a very stressful condition. Performing the obsessions and compulsions can require a lot of time and cause embarrassment. People with OCD say that they feel as if their brain is stuck on a certain thought and is unable to let go of it. While most people include pleasant rituals in our lives, such as lighting candles for religious purposes or reading stories at bedtime, the rituals that are part of OCD are anything but pleasant. The worries of becoming contaminated by germs or leaving the house unlocked become extremely stressful and interfere with normal functioning. The obsessions and compulsions

#### COMMON OBSESSIONS

- Thinking about germs and contamination
- Thinking that one has done harm to another
- Fearing that one will be harmed
- Having a need for neatness and order
- Needing things to be a certain way
- Fearing that one will make mistakes
- Fearing that one will lose control of oneself

#### COMMON COMPULSIONS

- Excessive handwashing
- Checking and rechecking locks
- Repeated arranging of objects
- Repeated counting of objects
- Saving or hoarding things

are persistent and irrational. When they interfere with a person's everyday living—taking up more than an hour each day and interfering with work and relationships—it is important that one seek treatment.

Most people with OCD realize that their obsessions and compulsions are excessive and irrational but feel unable to control them, causing extreme distress in most sufferers of OCD.

Most people with OCD first show symptoms before age 40. As many as half first experience symptoms during childhood. The symptoms fluctuate over time, ranging from mild to extremely severe. Most people with the disorder say that stress does not necessarily make their symptoms worse. The disorder is not uncommon; it is estimated that 2 percent of the population of the United States suffers from it. Men and women are equally affected by it.

OCD is different from obsessive-compulsive personality disorder (OCPD), which does not involve obsessions and compulsions. OCPD is a pattern of behavior that is characterized by perfectionism, rigidity, and inflexibility.

#### WHAT CAUSES OCD?

The cause of OCD is uncertain, but most experts believe that it is associated with a chemical imbalance in the brain that reduces serotonin levels. A genetic role seems to exist in the development of the disorder, and OCD that begins in childhood seems to run in families. Unfortunately, at present no lab test can assess a person's symptoms.

#### HOW CAN I GET WELL?

Many patients with OCD are not properly diagnosed or treated, because they are secretive about their symptoms or lack access to treatment facilities. The problem is compounded by the lack of training that many physicians and mental health professionals have in recognizing and treating OCD. With proper treatment, patients with OCD can reduce their symptoms and return their lives to normalcy.

The most effective treatment for OCD is a combination of medication and cognitive behavioral therapy. Hospitalization is not usually needed unless the patient's safety is at risk.

**Medication** Selective serotonin reuptake inhibitors (SSRIs) are the most effective medication for treating OCD. They seem to correct the chemical imbalance in the brain that causes OCD. Examples of SSRIs include Prozac, Luvox, Paxil, and Zoloft. Treatment with medication alone is helpful but not as effective as combining medication with cognitive behavioral therapy. Relying on medication alone also results in a higher relapse rate.

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**Cognitive Behavioral Therapy** This is the most effective psychotherapy for people with OCD. The behavioral aspect of the therapy