

MANAGING OBSESSIVE-COMPULSIVE DISORDER

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HOW TO USE THIS BOOKLET

The aim of this booklet is to take you on a journey of rediscovery. It will attempt to boil down all the theory and strategy that you've learnt in therapy or read in books, into some simple but crucial facts about the nature and management of OCD. The most important of these is this:

Your problem does not lie in the fact that you have disturbing intrusive thoughts. Rather, it's how you have learnt to deal with these unwanted thoughts and images that causes your intense distress and prevents the problems from going away.

The task of this booklet is twofold:

1. To convince you that it is the way that you choose to respond to your intrusive thoughts that will determine whether or not you can gain control over them.
2. To offer you alternative ways of responding that will ultimately lead to a significant improvement.

The journey starts with helping you to understand more about how certain styles of thinking can cause you such distress and seem to become really stuck or endlessly repetitive. The booklet will examine alternative ways of thinking about and dealing with these intrusive thoughts, and how your choice to adopt a different strategy will make all the difference.

The path will navigate through cognitive and behavioural therapy (CBT). These ideas have greatly enhanced our understanding and strategies towards helping people to manage the causes and symptoms of OCD.

You will notice that nowhere in the booklet is there any mention of finding a total cure. The aim of the booklet is to help you to increase control over your problems, eventually to a point where they are no longer troublesome. Overcoming OCD requires patience, devotion, courage and determination, but first it requires a clear understanding of what to do and just as importantly, what not to do. Read this booklet slowly and frequently. Try to apply what you read to your own problems and make these methods work for you.

INTRODUCTION TO OBSESSIONS & COMPULSIONS

Some Definitions and Facts.

Obsessions are repetitive, persistent ideas, thoughts, images or impulses that come into our minds and which are experienced as senseless or unpleasant. The person recognises that these are his own thoughts but that they are unwanted and so he will attempt to resist or get rid of them.

Common examples include:

- Recurrent thoughts of contamination by dirt, germs or HIV/AIDS.
- Recurrent thoughts or images that a member of the family or a friend might become seriously ill, injured or die.
- Recurrent doubts about having caused an accident.
- Thoughts or images of committing acts of violence, sexual abuse or causing other people harm.
- Recurrent obscene thoughts or blasphemous ideas, often linked to the idea that one might blurt these out or unknowingly write them down.
- Recurrent worries about your own health or someone close, imagining that your thoughts can in some way influence their well-being.

Compulsions are often directly linked to obsessions and are repeated patterns of behaviour or thought that are carried out because of a very strong urge or feeling of pressure to do so. The behaviour often occurs in an attempt to prevent or produce some event or situation. We are deceived into believing that our compulsive behaviours can influence or resolve the things we worry about and thereby make us feel better. However, the activity is often not really connected to the desired outcome, certainly it has no real influence and is repeated senselessly. There is rarely any pleasure from carrying out the activity but it can bring temporary relief from feelings of tension, anxiety or frustration.

Common examples include:

- Repeatedly washing hands, often in a very specific way, until they are very sore and even bleeding.
- Constantly checking doors, gas appliances, taps, electrical goods and plugs. Often this checking is done in a set sequence which must not be disturbed otherwise the checking must start again from the beginning.
- Going back over the route you have just driven to check that you haven't caused any accidents.
- Unsealing letters you've written to check and recheck the contents.
- Touching light switches or the corners of a room or specific objects in a set manner.
- Constant washing or disinfecting work surfaces, crockery or utensils.
- Always neatening or straightening items to put them in their exact place.
- Repeated use of the toilet before certain events in order to be 'safe' or to be able to enjoy them.
- Repeated washing of clothes even when they're perfectly clean.
- Constantly seeking reassurance from friends and family that what you have done was OK or safe.

Compulsions can also be 'covert' or hidden mental activities which no-one but the sufferer knows are going on. Examples of covert compulsions include:

- When reading, the need to end with a 'good' word, letter, or page number. Also, the need to miss out a certain line, re-read bits or avoid certain 'bad' words.
- Saying silently a specific set of words, or conjuring up a specific image whenever one hears about or predicts a problem or disaster.
- Swapping 'unacceptable' words or images that come to mind for 'safe' ones.
- Spending vast amounts of time and effort trying to remember specific details of a conversation, event or TV programme.
- The need to think a specific thought or think of a specific image on seeing an object of a certain colour.
- Endless counting rituals, numbers or letters, associated with certain activities.

How Common is OCD?

Recent surveys suggest that OCD is in fact among the most common of mental health problems. The National Institute of Mental Health in the USA recorded a lifetime prevalence rate of OCD in the general population of between 1% and 3%. Very similar results have also been reported in Britain, Canada and India. So up to 1 in every 30 people has obsessive-compulsive disorder.

Until recently, many of these people did not come forward for treatment. They may have felt ashamed or embarrassed about their problems, or they had no idea that help was available. However, many people have watched recent television documentaries on the subject of OCD or discovered in the past few years the many self-help books (some of which are listed in the back of this booklet) that have appeared which deal specifically with understanding and overcoming OCD.

OCD affects men and women in equal numbers. Approximately 75% of all cases of OCD have been diagnosed by the age of 30. In roughly half of cases the problems began and developed gradually. There may be times when the problem is much worse and others when it is relatively under control. The worsening of symptoms is often related to other life stresses or periods of low mood.

Re-defining the OCD Problem

The fact is that everyone has intrusive thoughts. Studies have shown in fact that there is no difference between OCD sufferers and other people in the types of random thoughts they have, nor is there any difference initially in the frequency with which these random intrusions occur. However, there is a fundamental difference in the way that OCD sufferers respond to their thinking and misinterpret their intrusions. It is exactly this pattern of misunderstanding that inevitably leads to the thoughts becoming stuck and very disturbing.

A good example of this is the person playing with their children who has

the brief spontaneous thought: 'I could harm that child!' Thoughts similar to this one are common to most parents (and non-parents) at some time or another. They obviously don't mean it. It's just a fleeting intrusive thought. However, a person with OCD may believe that the fact that the thought occurred at all, means that there is a risk, however small, that they could act on the thought and harm the child. Or they might think that having the thought must indicate some unconscious desire to harm children. As a result of these entirely erroneous beliefs, based on entirely bogus logic, the person becomes preoccupied by the thought and acts to avoid the fictitious risk by one or more of a variety of means e.g.:

- By not being left alone with children.
- By seeking constant reassurance from friends and family.
- By performing some ritual behaviour "to make them more safe."
- By repeating a specific word or sentence creating a "safe image".

Each of these strategies is an attempt to try to 'neutralise' or 'undo' the threat or harm falsely assumed from the original thought.

How Does OCD Start and What Keeps it Going?

Obsessional beliefs are always related to important issues for us, things that we personally care about:- harming others, illness and death, religion, being capable, behaving well, being liked and so on. When we get intrusive thoughts or images that directly challenge our most important values we may find them hard to ignore. However, it is precisely the way we then chose to cope with this dilemma that can lead to the development and maintenance of the OCD. The following section attempts to spell out some of the mistakes that we become caught up in.

Underlying Beliefs

Most people who are prone to develop obsessional problems tend to have **exaggerated beliefs about personal responsibility**. They interpret their thoughts in a manner that makes them feel intensely, personally responsible for causing or preventing harm. They feel that not trying to prevent harm is the same as having caused the harm. They believe that if the predicted disaster actually occurred it will be their fault or that they will be