

OBSESSIVE COMPULSIVE DISORDER

by Fred Penzel, Ph.D.

Obsessive-Compulsive Disorder (OCD) is a problem that affects one out of every forty people. This works out roughly, to between five and seven million Americans. Studies have shown similar rates of occurrence in other countries as well. It affects one out of every 200 school-age children, and 21% of OC sufferers begin to experience symptoms by the time they are fifteen.

Obsessions are thoughts that are intrusive, unwanted, repetitive, inappropriate, and often doubtful. They frequently center around harm or bad luck happening to either the thinker, those close to him or her, or strangers. This harm may involve past, present, or future events. Anxiety, guilt, and depression frequently accompany these thoughts. Typical obsessions will generally fall into one of the following groups:

1. Morbid thoughts about having sex with, or harming others
2. Contamination via such things as dirt, germs, chemicals, radioactivity, or another person
3. Religious obsessions
4. Obsessions about harm, danger, loss or embarrassment happening to oneself or others
5. Superstitious or magical thoughts
6. Obsessions about one's own body
7. Perfectionistic obsessions

Compulsions are any physical or mental actions or activities that are performed for the purpose of relieving the anxiety, doubt, and guilt caused by a sufferer's obsessions. Compulsions may vary with different obsessions, or may be repetitive and ritualistic that is, having to be performed the same way every time. At the beginning, compulsions may only be performed occasionally, however, as time passes, they can expand to fill hours of a sufferer's day. Typical compulsions will generally fall into one of the following groups:

1. Decontamination
2. Hoarding
3. Double-checking
4. Magical/undoing rituals
5. Perfectionism
6. Counting
7. Special types of touching or movements
8. Mental Compulsions

Obsessive Compulsive Disorder (General information)

Written by Administrator

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It can be rather difficult for those who do not suffer from the disorder to appreciate just how tortuous the cycle of intrusive, unpleasant thoughts and repetitive actions can be. Those with OCD can generally see how illogical the thoughts are, and how destructive compulsions can be, but remain trapped by them anyway. OCD can take over a person's, as well as a family's entire life.

It is only in recent years that treatment for OCD has become better known and available. There are currently two modes of treatment for OCD that have been shown to be effective. They are antidepressant medication and behavioral therapy. Medications used to treat OCD include Prozac, Zoloft, Paxil, Luvox, Celexa, Lexapro, Serzone, Effexor, and Anafranil. The type of behavioral therapy used to treat OCD is known as Exposure and Response Prevention. While in treatment, sufferers are taught how to gradually confront their obsessive thoughts, while progressively resisting their compulsions. By doing this, they build up a tolerance to the thoughts and also learn that even if they don't perform compulsions, nothing can or will happen. By the end of treatment, even if the sufferer has an obsessive thought, they can accept it, acknowledge it, and feel that they do not have to act on it in any way. At this point, we may say that they are "recovered." We do not use the word "cured" because OCD is a chronic disorder, much the same as diabetes or asthma. In uncomplicated cases of OCD, time to recovery averages between six and twelve months. In cases where other disorders are also present, or a sufferer has been disabled for an extended period, recovery may take longer.

OCD was once thought to be strictly a psychological problem a type of defense mechanism and a reaction to one's early upbringing. Modern scientific findings of the last thirty years have revealed instead that OCD is a neurobiological brain disorder, most likely a disturbance involving the action of a brain transmitter chemical known as serotonin. There is also some recent evidence that OCD may have genetic origins. It is not unusual to see OCD in several members of the same family, spanning a number of generations. Further research will hopefully shed more light on this in the near future. If you would like to read more about what Dr. Penzel has to say about OCD, take a look at his self-help book, "Obsessive-Compulsive Disorders: A Complete Guide to Getting Well and Staying Well," (Oxford University Press, 2000). You can learn more about it at www.ocdbook.com