

**A1: Obsessive-Compulsive Disorder (OCD)**

OCD is an anxiety disorder that affects about 3 per cent of the population. Although only 3 per cent of the population has diagnosable OCD, most people experience some of the symptoms of OCD to a lesser degree. Research has shown that more than 90 per cent of people without OCD admit to experiencing intrusive or upsetting thoughts.

**OBSSESSIONS**

Obsessions are thoughts, images, impulses, or ideas that tend to be upsetting in nature and cause a great deal of anxiety. For example, an obsession might be a recurring thought that the whole house will burn down in a fire. The obsessive thought could be in the form of an image of the house burning, or just the idea 'my house might burn down'. Obsessions are best thought of as upsetting thoughts that a person cannot stop thinking about. During this treatment program you will learn how intrusive thoughts that are experienced by nearly everyone in the world from time to time can turn into obsessions. The content of obsessions can vary greatly, but they tend to fall into certain categories. Below is a list of some of the common categories and examples of obsessive thoughts, but there are many more.

*Thoughts that harm may come to themselves or another person include:*

- the upsetting thought that perhaps they or someone they care about will become contaminated by germs and get very sick
- obsessive thoughts that they or someone they care about might be cursed by the devil
- thoughts that the house might burn down or be burgled
- thoughts that they might get a serious illness, such as HIV or mad cow disease.

*Thoughts that they may do something inappropriate or immoral include:*

- upsetting thoughts or images of having sex with children

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- upsetting thoughts or images of stabbing, punching, or running over another person
- blasphemous thoughts, such as swearing at Jesus.

The experience of thoughts such as those listed above results in immense distress and anxiety. This is why OCD is categorised as an anxiety disorder. People with OCD know that the content of the obsessions is probably irrational, but when they experience the thoughts it is very hard to think clearly, because of the strong anxiety caused by the thoughts. Although people with OCD can usually agree that the thing they are concerned about is unlikely to happen, they still feel anxious, because they focus on how awful it would be if it did come true.

### COMPULSIONS

In response to the upsetting thoughts and a high level of anxiety, it is understandable that the person will try to do something to try to feel better. In OCD there are several things that happen. Usually the person avoids anything that might trigger the unpleasant thoughts. For example, if the upsetting obsessions are about the possibility of the family all getting sick from asbestos, then the person will naturally start avoiding places or even people that could be associated with asbestos in some way.

In addition to avoiding triggers, people may also engage in compulsions or certain rituals to help 'protect' themselves and their family. In the asbestos example, this might involve compulsive washing of hands and clothes each time the person has been out of the home. Completing these compulsions or rituals makes the person feel better in the short term, as it reduces anxiety and provides some sense of control. The problem is that the compulsions begin to take over, and can end up being extremely time-consuming, and interfere greatly with the person's life.

Another example of this is a person who has upsetting thoughts (obsessions) that involve images of family members becoming sick or dying. This naturally causes much anxiety, so the person learns

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to replace the upsetting image with another, more pleasant image. Once again, this reduces anxiety in the short term, but ends up becoming a very time-consuming behaviour.

The biggest problem with using compulsions or rituals to reduce anxiety is that people never get to test out what would actually happen if they didn't do the 'protective' rituals. As a result, the person begins to believe even more that the upsetting thoughts are probably likely to occur; for example, 'The only reason the bad thing hasn't happened is because I have been completing these rituals'. They become even more reliant on completing rituals and less able to trust their judgment. Below is a list of some common compulsions or rituals:

- excessive handwashing, cleaning, or washing of food packages
- excessive checking of doors, locks, light switches, gas heaters, hot-plates, or irons
- saying mental prayers to replace upsetting thoughts and images
- having to do things a certain number of times, or according to certain rules
- constant reassurance-seeking
- rearranging objects to make them symmetrical or 'just right'
- checking the road to see if you have run over somebody.

### CAUSES OF OCD

There is no one answer as to what causes OCD. However, several factors are known to play a part. Every person with OCD will have a different combination of factors. For example, some people have a strong family history of anxiety, whereas others will not. Some people will have come from a family where certain behaviours, such as being fearful of illness or uncertainty, may have been modelled, whereas others may not have had this type of background at all. Fortunately, it is not necessary to know precisely what causes OCD in order to treat it effectively. The good news is that we know what sort of things keep OCD going, and those are the things that can be changed.

**A1: Obsessive-Compulsive Disorder (OCD) (continued)****Genetics**

There is some evidence that people with OCD have a higher incidence of family members who have had an anxiety disorder. It appears that a general biological vulnerability to anxiety may be genetically transmitted. However, this vulnerability on its own is not enough to explain why some people get OCD while others get other anxiety disorders, such as social anxiety. Thus, learning also appears to play an important part.

**Learning**

Some people come from families that had very rigid rules regarding how things should be done. These types of backgrounds involve offering praise for doing things perfectly and criticism for imperfect performance. As such, children can learn certain ways of doing things that can make them more vulnerable to developing OCD.

Another type of learning can occur when a child is given excessive responsibility at a young age and learns to take on the role of the carer of others. This can result in problems with taking excessive responsibility later in life, and is common in people who have OCD. However, many children from such backgrounds do not develop OCD. Once again, it depends on a certain combination of factors.

**Is OCD A BRAIN DISEASE?**

It is important that you realise that OCD is not a 'brain disease' or the result of an abnormal brain. It is likely that you have read this, as it is a common claim on Internet sites. The fact is that the studies that have been conducted cannot prove any causal link between brain dysfunction and OCD. All that has been shown in such studies is that when a person has OCD the brain is more active because the person is spending much time worrying and completing rituals. However, this overactivity disappears after successful cognitive-behavioural treatment. The most that can be said is that there is a relationship between overactivity in the brain and OCD, but there is absolutely no evidence that this is a cause of the problem.