

## Understanding Obsessive–Compulsive Disorder

Obsessive–compulsive disorder (OCD) is a major psychiatric disorder. People with OCD may have anxiety related to severe *obsessions* (repeated worries that are difficult to stop thinking about) or *compulsions* (recurrent behaviors or thoughts that must be repeated over and over to reduce anxiety). People with OCD often recognize that their obsessions and compulsions are not normal or rational, but they can't seem to stop them.

The cause of OCD is unknown, but there are several theories. One theory is based on learning. A person experiences a minor distressing thought, image, or impulse, which causes anxiety. The person tries to use thoughts or behaviors to dispel the anxiety, and these are temporarily successful. However, over time the anxiety gets worse as the obsessions increase, and the person develops elaborate thinking strategies or compulsions as attempts to lower the anxiety. There are also biological theories of OCD that focus on an imbalance of brain chemicals, particularly the neurotransmitter (brain chemical) *serotonin*.

Between 2% and 3% of people develop OCD in their lifetime. OCD often develops in late adolescence or early adulthood, although it may occur at any time in a person's life. For some people, OCD is a chronic lifelong disorder. Others may achieve complete recovery.

OCD is diagnosed with a clinical interview. The interviewer checks to see whether the person has experienced specific symptoms for a period of time.

OCD is a major psychiatric illness that is diagnosed with a clinical interview.  
OCD occurs in 2–3% of people.

### OBSESSIVE SYMPTOMS

A person with obsessions has disturbing recurrent thoughts, impulses, or images that cause a great deal of anxiety, such as thoughts of hurting a loved one or thoughts of having been exposed to a fatal disease. Sometimes people realize these obsessions aren't real, but other times they do not. These obsessions lead to efforts to avoid, suppress, or neutralize the thoughts.

### COMPULSIVE SYMPTOMS

A person with compulsions repeats behaviors or thoughts to reduce the anxiety related to obsessions, or does so because he or she can't resist doing it. The person may spend several hours a day engaging in these compulsions.

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Common compulsions include the following:

- Checking things, such as making sure doors and windows are locked, lights are turned off, and appliances are turned off
- Washing and cleaning, such as repeated hand washing
- Repeating behaviors over and over, such as dressing and undressing
- Ordering, such as having objects line up
- Hoarding things like old newspapers
- Thinking rituals, such as repeating prayers over and over

### FREQUENTLY ASSOCIATED SYMPTOMS

For some people with OCD, the obsessions and compulsions may take over their lives and lead to depression. When a person develops obsessions that are bizarre and strong, the obsessions can become *delusions* (or false beliefs). The diagnosis of OCD is not based on depression or delusions, however.

Common symptoms of OCD include:

- Obsessions (recurrent thoughts, etc.)
- Compulsions (checking, washing; etc.)

### SIMILAR PSYCHIATRIC DISORDERS

OCD shares some symptoms with other psychiatric disorders. The pervasive anxiety in OCD can be similar to that in posttraumatic stress disorder, and the depression can be similar to major depression. Obsessions that become delusional may be difficult to distinguish from the delusions that are present in schizophrenia or schizoaffective disorder. A person may have OCD and one of these other disorders, or the symptoms may only be related to the obsessions and compulsions.

The symptoms of OCD overlap with those of other psychiatric disorders.

### TREATMENT

Two types of treatment for OCD are effective: *behavior therapy* and *medication*. Behavior therapy works by employing two therapeutic principles: *exposure* and *response generation*. In exposure, people learn to confront their fears rather than escaping from them and over time their anxiety decreases. In response prevention, people are taught to stop compulsions and break the cycle of repeated behaviors. Family treatment can also help to reduce the stress a person with OCD experiences.

Antidepressant medications can help to alleviate the symptoms of OCD as well. These medications are believed to change levels of the neurotransmitter (brain chemical) serotonin, leading to improvements in OCD symptoms.

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Effective treatments for OCD  
are behavior therapy and medication.

### FURTHER READING

- Foa, E. B., & Wilson, R. (2001). *Stop Obsessing!: How to Overcome Your Obsessions and Compulsions* (rev. ed.). New York: Bantam.
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- Rapoport, J. L. (1989). *The Boy Who Couldn't Stop Washing: The Experience and Treatment of Obsessive-Compulsive Disorder*. New York: Dutton.
- Steketee, G., & White, K. (1990). *When Once Is Not Enough: Help for Obsessive Compulsives*. Oakland, CA: New Harbinger.