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## Obsessive Compulsive Disorder (OCD)

### Feelings can lie and our heart can be a great deceiver!

Thoughts that we do not want keep recurring and building into an avalanche and with the thoughts come intense feelings of anxiety. Anxiety is an emotion and also the brain's warning system. When we feel anxious, we become fearful and it feels as though we are in danger. As much as we might recognise that the fear doesn't make sense, doesn't seem reasonable, it still feels very real, intense, and present. This is basically what is now known as Obsessive and Compulsive Disorder (OCD). We develop compulsions to block or push away our obsessions and as much as the obsessions can paralyse us the compulsions isolate us and prevent us from doing activities that are joyful or good for our well-being.

OCD has three main parts: Firstly, the thoughts that make us anxious (Obsessions); secondly, the anxiety we feel and thirdly, the things we do to reduce our anxiety (Compulsions). So, if for example we get shameful thoughts coming into our mind, even when we try to keep them out or we have to touch or count things or repeat the same action like washing over and over we could have Obsessive Compulsive Disorder.

People with OCD are usually, but not always, aware that their thoughts or actions are unreasonable. It's common to feel guilty, disgusted, depressed or embarrassed about it. Compulsive behaviours can be very time consuming, often getting in the way of normal work and family life.

Over 1 million people in the U.K are likely to suffer from OCD. Statistically one in every 50

people will suffer from this at some point in their lives although it has been found to be more common in women than men. Some people from history who are thought to have been sufferers of OCD include the naturalist, Charles Darwin, the pioneer nurse, Florence Nightingale, and the author of Pilgrim's Progress, John Bunyan.

Obsessions include thoughts, images, or impulses that occur over and over again and feel out of, or beyond our control. Thoughts and feelings which we do not want to have and usually know that they do not make sense. These images will generally come with feelings such as fear, disgust, doubt and, particularly self-doubt. They will get in the way of our ability to have an effective day-to-day life and will often carry shame.

Obsessions are not when we get occasional thoughts about falling sick or concern for loved ones.

We carry out compulsive behaviours to counteract or suppress the anxiety caused by our obsessions. These may be obvious and physical actions, or just things we do in our mind.

Compulsions are often related to the type of obsession we are experiencing. For example, we may repeatedly wash our hands if we have obsessions about dirt or contamination. We may feel that something terrible will happen if we don't carry out our compulsions. Performing the compulsion may make us feel better in the short term but this feeling doesn't last.

# Obsessive Compulsive Disorder (OCD)

Compulsions will include repetitive behaviour or thoughts that we engage in to neutralise, counteract, or make our obsessions go away. These actually become 'Rituals'. We will realise that it is only a temporary solution, but without a better way to cope, we will rely on the compulsion as a temporary escape. Compulsions can also include avoiding situations that trigger obsessions. Compulsions are time consuming and get in the way of important activities which are of real value to us. The compulsions in OCD never give pleasure, they are always felt as shameful or an unpleasant demand or burden.

Compulsions do not include activities such as bedtime routines, religious practices, or learning a new skill which involves repeating an activity over and over again. These are a welcome part of daily life.

The words 'compulsive' and 'obsessive' are sometimes used to describe people who gamble, drink alcohol, use street drugs – or even exercise too much. We use these expressions such as “she is obsessive about cleanliness” “he is obsessive about the gym” or “he is obsessive about his football team” when we talk about people who do something again and again, even when others can't see any reason for it. However, these behaviours can be pleasurable.

The degree somebody can suffer from OCD varies greatly, but work, relationships and family life are all more productive and satisfying if one is not constantly having to cope with OCD. Severe OCD can make it impossible to work regularly, to take part in family life, or even to get on with our family.

Many children will have mild compulsions such as organising their toys very precisely, or avoiding stepping on cracks in the pavement. This usually goes away as they grow older. Adult OCD usually begins in the teens or early twenties. Symptoms can come and go with time, but sufferers often don't seek help until they have had OCD for many years.

In cases of moderate to severe OCD it is very unlikely to go away on its own although there may be times when the symptoms seem to have

passed. Generally, it slowly gets worse, for most the symptoms will get worse when they are stressed or depressed.

Unfortunately, some of the ways in which we can try to help ourselves may actually sustain the obsessions and compulsions. Trying to push unpleasant thoughts out of our mind will usually only make the thoughts return. Try hard for one minute not to think that you want to scratch your nose and see what happens!

Cognitive Behaviour Therapy (CBT) is very effective in treating Obsessive Compulsive Disorder. CBT is a psychological treatment which helps us change our reaction to the obsessive thoughts, instead of trying to get rid of them.

We all have strange ideas and odd thoughts at times, but that is all they are. A Cognitive Behaviour therapist will help one to decide which of our ideas we want to change, and will then help us to build new ideas that are more realistic, balanced, and helpful.



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*Richard specialises in "Trauma Therapy" and "Crisis Counselling", is a member of the UK Association of Humanistic Psychology Practitioners and is offering his help and services in West London.*

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