Obsessive Compulsive Disorder (OCD)

OCD is the presence of recurrent obsessions or compulsions severe enough to cause marked distress or to interfere with an individual's optimal functioning in areas of work, social activities and/or relationships.

People with this problem recognise that these obsessional thoughts come from their own mind and are unreasonable, senseless or excessive. However, they feel unable to control their thoughts or behaviour.

While the symptoms of OCD may seem 'crazy', there is no reason for an OCD sufferer to fear they are losing their mind. The huge majority of OCD sufferers are sensitive, rational and productive individuals in other aspects of their lives. It is the disorder, characterised by compulsions and obsessions, which causes difficulties. If the symptoms of OCD can be alleviated, the sufferer's life becomes happier and more fulfilling.

What are obsessions?

An obsession is a recurrent idea, impulse or image which is experienced – initially at least – as intrusive, unacceptable, or frightening. Examples include a parent having repeated impulses to kill a loved one, or a religious person having recurrent thoughts against God.

Persistent unwanted thoughts (such as 'did I check the door was locked?', which are followed by thoughts of burglary or other disasters) are also considered to be obsessions. Sometimes the person attempts to ignore or suppress such thoughts or impulses or neutralises them with other thoughts or actions.

The most common obsessions are repetitive thoughts of violence, contamination and repeatedly wondering whether one has performed acts (such as locking the doors, washing hands 'properly', having hurt someone accidentally by knocking them over or poisoning them). The person recognises that their obsessions come from within their own mind, and are not imposed from outside. This is a major difference between psychotic illnesses and Obsessive Compulsive Disorder.

What are Compulsions?

A compulsion is a purposeful behaviour performed in response to an obsession. The behaviour is designed to neutralise or to prevent discomfort of some dreaded event or situation. However, either the activity is not connected in a realistic way with what it is designed to neutralise or prevent, or it is clearly excessive. Often the behaviour is carried out according to certain rules or in a stereotyped fashion (rituals). The behaviour is performed with a strong pressure to carry out the act along with the desire to resist the compulsion (at least at the beginning). The person usually recognises that the behaviour is excessive or unreasonable. The individual does not derive pleasure from carrying out the activity, although it provides a release of tension and anxiety.

Sometimes the compulsion may be an activity that other people cannot see, and is a purely mental ritual. These cognitive rituals may involve conjuring up a corrective image, or thinking a phrase which somehow neutralises the unacceptable thought. Counting or repeating a particular sequence of numbers are also common forms of mental compulsion.

The most common compulsions involve handwashing, checking, counting and touching. A person may have several different compulsions.

When the person attempts to resist a compulsion, there is a sense of increasing tension that can be immediately relieved by yielding to the compulsion. The person may give into them and no longer wish to resist them.

Other disturbances often accompanying OCD

Depression and anxiety are common features associated with OCD. Often there is phobic avoidance of situations that involve the content of the obsession, such as dirt contamination. For example, a person with an obsession about dirt may avoid shaking hands with strangers. Depression can make it more difficult to resist the compulsion. Panic, agoraphobia and eating difficulties are other possible associated features.

Who suffers?

OCD affects both men and women equally, with more women thought to be suffering from obsessions and compulsions related to cleaning. In fact, obsessions and compulsions are not uncommon in the general population. There are many people who never go to a hospital or clinic seeking help who have obsessions and/or compulsions. Research has shown that 80% of people have obsessions. These obsessions have the same form and content as the obsessions of people who seek help but are less frequent and their distress as a result of them is less severe.

Similarly, a large proportion of people have obsessions such as checking that the gas taps are closed or that the house is locked before leaving it. However, when these obsessions and compulsions cause the individual distress or seriously interfere

with normal functioning then professional help and advice may be needed.

What else is known about OCD?

Age of onset
This varies but it is most common in early adulthood – 21.2 years is the average age for women; 17.5 is the average age for men. The disorder can begin in childhood.

Course
If untreated, the course is usually long standing, with some periods better than others. It has been shown that the disorder gets gradually and progressively worse over time.

Impairment
The impact of OCD is often moderate to severe. In some cases, the obsessions and compulsions can be the dominating factor in an individual's life.

Complications
Complications include major depression and the misuse of alcohol and drugs in an attempt to reduce anxiety.

Most common personality traits of OCD sufferers
- Chronic worrying
- Extreme feelings of guilt
- High sense of responsibility
- Perfectionism
- Hypersensitivity
- Lack of confidence
- Distressed by changes
- Vivid imagination

Causes of OCD
No one knows the reason why the symptoms of OCD develop. It is probably a combination of the following explanations:

Biological theory
A biological vulnerability may predispose certain people to OCD. This underlying biological predisposition may be influenced by learning and psychological factors.

Genetic theory
Genetics may influence the development of OCD.

Anatomical theory
Areas of the brain that may be involved in OCD are the frontal lobe and the basal ganglia.

Chemical theory
Brain chemicals may be linked to OCD. Some of the effective drugs may correct possible abnormalities.

Learning theory
This theory suggests that obsessions and compulsions are conditioned responses to anxiety. The symptoms are reinforced when a person learns that anxiety seems to be temporarily relieved by performing a compulsion. Learning theories concentrate on the symptoms rather than the underlying psychodynamic explanations.

Psychodynamic theory
Freud defined obsessions as psychological defence responses to unconscious impulses.

Cognitive theory of responsibility
One theory concerning the causation of the OCD is that the sufferers give commonplace obsessional thoughts special significance. For example they may consider themselves a 'bad person' for having the thought 'I could stab my son'. The more this thought is suppressed, the more it resurfaces. Ironically, it is those individuals who are distressed by having such unacceptable thoughts that may be most likely to develop OCD.

Treatment of OCD
At this time there is no absolute cure for OCD. However, several highly effective treatments do exist and new ones are continuously being researched. Research to date has shown that 70% of people with OCD improve with a combination of available treatment.

There are many ways of tackling anxiety and phobias. To find out the latest recommendations from the National Institute for Health and Clinical Excellence (NICE), visit www.nice.org.uk or ring **0845 003 7780**.

Other recommendations
Over the years, our members have recommended ways to manage their anxiety, including the following:

Cognitive Behaviour Therapy (CBT)
CBT currently has the largest amount of research carried out on its effectiveness. CBT focuses on what people think, how those thoughts affect them emotionally and how they ultimately behave. When someone is distressed or anxious, the way they see and evaluate themselves can become negative. CBT therapists work alongside the person to help them begin to see the link between negative thoughts and mood. This empowers people to assert control over negative emotions and to change the way they behave. CBT has grown in popularity following recommendations from the National Institute of Health and Clinical Excellence (NICE) for the treatment of anxiety disorders.

CBT can be delivered at a number of levels of intensity, meaning it can be useful to those who have only just started feeling anxious as well as those with longstanding anxiety problems. CBT is delivered by a trained therapist, usually in a clinical setting. This form of therapy focuses on the 'here and now' and is not overly concerned with finding the initial cause of anxiety. Once the problem has been explored, the therapist will help you examine your thought and behaviour patterns and help you to work on ways of changing these.

Anxiety UK offers a CBT service to its

members face-to-face, over the phone or via webcam. In the unlikely event that Anxiety UK is unable to help you, we would recommend accessing therapy through referral to an NHS service via your GP. You can also find a CBT therapist via the British Association for Behavioural and Cognitive Psychotherapies (BABCP) at **www.babcp.com.**

Counselling

Counselling is often used to explore issues in depth and to allow for a focus on feelings associated with anxiety. Often, the cause of your anxiety can also be explored through counselling sessions.

The most common form of counselling is known as Person Centred Counselling. This type of therapy seeks to explore the main issues from your unique perspective.

Counselling is available through Anxiety UK face-to-face, via the telephone or via webcam. In the unlikely event that Anxiety UK is unable to help you, we would recommend accessing therapy through referral to an NHS service via your GP. The British Association for Counselling and Psychotherapy can also advise on how to find a counsellor in your area at **www.bacp.co.uk**.

Clinical Hypnotherapy

Although clinical hypnotherapy is not a NICE approved therapy, there is plenty of anecdotal evidence available to suggest that this type of therapy is very beneficial to people experiencing anxiety. Indeed, over the years that Anxiety UK has been running its therapy services, we have consistently had positive feedback from members about hypnotherapy.

Hypnotherapy aims to provide people with results fairly quickly. Hypnotherapists will use a variety of techniques such as visualisation, which is aimed at producing quite deep levels of relaxation.

Visualisation involves asking you to imagine a feared situation or object while you are in a deep state of relaxation. You are then asked to use positive visualisation to manage how you are feeling and to imagine the experience in a positive way.

Anxiety UK offers clinical hypnotherapy to members. To find out if we have a clinical hypnotherapist in your area, ring our helpline on **08444 775 774**. You can also find a clinical hypnotherapist in your area by visiting the Complementary and Natural Healthcare Council (CNHC) at **www.cnhc.org.uk.**

Neuro-Linguistic Programming (NLP)

NLP is based on the idea that we create our experiences from how we see, hear and feel things in our mind and body. It is based on the idea that our mind and body are interlinked, with our thoughts having a direct effect on our bodies and vice versa. NLP can help people change any unwanted behaviours through the use of language patterns which challenge outdated beliefs and tap into the unconscious thoughts that we hold. An NLP therapist helps individuals to use positive language and thought processes to manage their anxiety in a more positive way.

Anxiety UK offers NLP nationally. Ring our helpline on **08444 775 774** to find out if we have an NLP therapist in your area.

Relaxation

If you suffer from panic attacks due to your anxiety or fear, it may help to learn some relaxation techniques. These can be used as a way of enduring the thoughts for longer and longer periods and thus overcoming your anxiety by discovering that nothing bad happens even if you think about your anxiety or fear. Anxiety UK has a number of relaxation resources and products at www.anxietyuk.org.uk. You could also find out more from your GP or a stress management class at your local Adult Education Centre.

Systematic Desensitisation

Some people find behavioural desensitisation very effective in treating phobias. This can either be done with a trained practitioner or can be self-administered – the successfulness of the latter being dependent on sheer strength of mind. Desensitisation consists of working through the phobia, starting with the least frightening aspect. For example, the phobic may begin by looking at pictures of their feared object. They may then progress to touching their feared object until this does not cause anxiety and so on.

Medication

Anxiety medication may be prescribed if the fear is accompanied by frequent panic attacks and loss of sleep. It is important to note that medication will only help to alleviate symptoms and will not resolve any underlying issues. NICE recommends that if medication is taken, you also undertake other forms of treatment.

Further reading

Some of the books listed below are available at the Anxiety UK shop at **www.anxietyuk.org.uk/shop** or over the telephone on **08444 775 774**.
By purchasing through Anxiety UK, you are also helping to support the charity.

Overcoming Obsessive Compulsive Disorder
Dr David Veale and Rob Willson

Brainlock
Jeffry Schwartz

Understanding Obsessions and Compulsions – a self help guide
Frank Tallis

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