

“Trapped Within” — How People Cope with Obsessive-Compulsive Disorder

Summarized by Thomas T. Thomas

Dan Weisbrud, former president of the California Alliance for the Mentally Ill (CAMI) and editor of the nationally acclaimed quarterly *The Journal*, produces informative films on mental illness. At our July 28 meeting, we viewed his “Trapped Within,” which takes us inside the lives of people who cope with the effects of obsessive-compulsive disorder (OCD). Afterwards, **Jerry Gelbart, MD**, who has a Berkeley practice that treats OCD patients, discussed the video and answered questions.

One person in forty is afflicted by this “cruel quirk of nature,” which causes the patient to experience anxiety, extreme dread, images of terror, or an overwhelming, impending sense of doom, that something horrible will happen—although the patient often cannot say exactly what that “something” might be. Usually people with OCD bear no visible outward signs of the anguish they feel. Usually, also, they are too embarrassed or scared to share with anyone the recurring thoughts and images they are experiencing.

Two-thirds of people with OCD also suffer from depression. This is not surprising, because they see their problem as hopeless, something they can never escape or deal with.

The lives depicted in “Trapped Within” included:

- A woman with a ritual cleaning exercise for her apartment. She had to clean the bathroom and wash the kitchen floor rapidly in the morning, so that she could eat at a certain time. “I could never catch up, never get it clean enough. Something horrible would happen if I didn’t finish.”
- A man who dispatched school buses for a living and battled recurring thoughts of brutalizing and mutilating children. He was molested as a child and had heard and believed that such people grow up to be child molesters. The video explained that a key difference between this patient and a true child molester is that the dispatcher was horrified—not in any way aroused or attracted—by these brutal thoughts. It was his OCD speaking and not his real nature.
- A couple who both suffered from OCD-induced hoarding, which is the feeling that a person does not have, can never have, enough of the obsessed item. In the man’s case, it was electronics equipment. In the woman’s, lamps and furniture. Their apartment was so crowded they could hardly move through it. Dr. Gelbart commented that hoarding is the hardest form of OCD to treat.
- A young student who had been raised to be “perfect” and was stymied by the Scholastic Aptitude Test. She had to fill in the test form’s circles perfectly or else erase them and start again. She had to read the same question over 10 or 15 times, to make sure she understood it. As a result, she could not complete the test on time. Her application for a disability in taking the test was denied.

- A woman with a compulsion to wash her face and arms more than ten times a day. When she splashed water all over the bathroom at work, she felt anxiety about that, too. She mentioned in passing that she felt her life had “no direction.”

The video commented that OCD sometimes gives people a sense of purpose. Changing the structure of their obsessions and compulsions frightens the patients, because they feel they must adopt a whole new life.

- A PhD candidate who was unable to complete his lab work because he was afraid of doing something wrong, with disastrous results. He was also unable to keep appointments or pay bills and handle the family finances. His wife commented that she felt she was married to a child, not an adult. He, too, felt he might molest his daughter, although that went against every value he held.

OCD patients are operating at multiple levels: they can realize that their recurring thoughts and images are far from their own nature, yet they fear they will act on them. Dr. Gelbart added that most patients realize that their obsessions are not rational. However, a small percentage of patients actually believe in their compulsions, which is a form of delusion. These patients respond to different medications than other OCD sufferers, as described below.

The disorder is not necessarily a result of psychological trauma, although many patients can identify an event—a death in the family, a divorce—that occurred before the symptoms began. OCD often comes on in childhood, with patients diagnosed as early as age two.

Dr. Gelbart acknowledged that many children go through an obsessive or compulsive stage, which they eventually grow out of. He hypothesized that most people have or develop a filter in their brains that keeps fears and bad thoughts from coming out all the time. OCD patients don't seem to have this filter. He also noted that OCD tends to run in families, suggesting a genetic or behavioral basis for the disorder.

OCD hits people where it hurts the most. So, for example, an extremely religious person will be plagued with doubts of the existence of god or with thoughts of sin. They will search their souls and apologize for these thoughts, although religious authorities have ruled that OCD-induced imaginings are an illness, not a religious or moral issue.

In addition to depression, about thirty percent of OCD patients have Tourette's syndrome, which is a biochemical brain disorder, similar to epilepsy, resulting in tics and uncontrolled behavior. Interestingly, when both Tourette's and OCD patients become involved in activities involving a high level of danger, such as driving a car, or requiring intense concentration, such as rock climbing, they tend to lose their symptoms.

Dr. Gelbart said that the best line of treatment for OCD is behavioral therapy. This approach forces the patient to confront his or her thoughts and obsessions, endure the consequences, and modify their reactions. The second approach is medication, which the video credited as being effective in about 50 percent of cases.

PET scans (positron-electron tomography) of the brains of OCD patients show both anatomical and functional differences from normal people, Dr. Gelbart

said. However, after behavioral therapy or medication, he said, their scans begin to look normal.

The medication of choice for OCD is an antidepressant, Dr. Gelbart said. The early tricyclics were not particularly effective against OCD, but the newer serotonergics such as *Zoloft* and *Paxil* are more effective, especially at higher doses. He usually suggests starting at doses perhaps 50 percent higher than those recommended for depression. He also noted that the doctor should allow longer for the patient to begin responding, often as long as 12 weeks.

Sometimes Dr. Gelbart adds an anti-anxiety medication, such as *Buspar*.

For the small percentage of patients who actually believe in their compulsions, and thus may be classed as delusional, he recommends antipsychotic medications like *Zyprexa* or *Risperdol*. But Dr. Gelbart stressed that most people with OCD are not psychotic.

The video ended with a number to call for the location of OCD treatment centers, based on the caller's ZIP code: 1-800-639-7462. Dr. Gelbart also maintains a website, www.psychideas.com, which has links to articles and other resources.