

Trapped Within OCD

Summarized by Thomas T. Thomas

At our November 28 meeting we watched a one-hour video produced by NAMI California in 1994 and narrated by Mariette Hartley, which explored the symptoms and conditions of people living with obsessive-compulsive disorder, or OCD. The disorder is a problem of brain chemistry that affects one in forty people worldwide with feelings of existential dread and images of terror, to which they often respond with repetitive, ritualistic actions. The disorder can effectively disable a person for everyday living and working.

Obsessions are the thoughts, ideas, feelings, beliefs, anxieties, and images that overwhelm a person's mind. Compulsions are the behaviors and actions that the person undertakes in response to them. A doctor quoted in the video noted that two-thirds of people with OCD also suffer from depression. About a third of people with OCD also suffer from Tourette syndrome, a neurological disorder that involves repetitive, stereotyped, involuntary vocalizations and movements called "tics."

The obsessions associated with OCD may be of many kinds: recurring images of violent sexual activity, images and feelings of contamination, an impending sense of doom or guilt, and thoughts of hurting oneself or others.

One patient described "feeling that you have to catch up, and doom if you don't, that something horrible will happen." Another described "wanting to be normal and not able to do that no matter what you do."

In response to these feelings, patients tend to live a guarded life, with lowered confidence and self-esteem. One young woman was constantly afraid of "people being angry with me." Others reported being embarrassed about what they were thinking and feeling, and hoping no one would find out. One young man said, "I thought I was the only person who was like this."

OCD patients often engage in ritualistic behaviors like cleaning, washing, hoarding, exercising, or holding their bodies or moving in a certain way. One young man felt he had to compensate for all the turns he made when walking or climbing stairs during the day by turning in the opposite direction—for example, seven times clockwise.

Another young man, who was molested as a child, was obsessed by the fear that he would grow up to violate children. He had to learn that these thoughts came from his OCD and not from who he is. In another case, a patient described his obsessions as "feeling like an outside force, another person—not my thoughts."

One patient said that every thought he battled with went directly against the way he really felt. But he was still terrified he would go and do these terrible things. Many patients with OCD were abused as children or suffered some other deep trauma. A doctor discussing these cases noted that patients with obsessive images of sexual predation feel no arousal and have no intention of acting—only shame

and embarrassment about these thoughts. They are tormented by the images and their own impulses, but they are not potential predators or child molesters.

A young man of strong religious feeling believed he was offending God with these impure thoughts, “because God can hear thoughts, so it’s just like saying them out loud.” He believed he was pure in his heart and would then try to apologize to God. But if he got the wording of the apology wrong, he would have to start over again—another compulsion. (Religious authorities have stated that such thoughts and fears are not a religious issue, simply a manifestation of the disorder.

The video interviewed a young woman, Missy, who had been raised to be the perfect child, the perfect student. She so wanted to have perfect scores on her SAT and college entrance exams that she would read each question ten times, fall behind, and fail to complete the tests.

Another woman so structured her life that she had to clean the entire kitchen before she could eat breakfast, which had to be finished by a certain time. So she cleaned intensively, but fast, and feeling she was always behind. And yet another woman would get into the shower and repeat her rituals of soaping and rinsing, not knowing when to get out because “it just doesn’t feel right.”

A doctor who studies and understands OCD because he suffers from it himself described the feeling of bacteria forming a slimy film on his skin. He would wait outside a public restroom—a place of horror for him—until someone came out so that he could go in without having to touch the door. And when inside, “alarms would be screaming in my head at 120 decibels.” Only by washing himself intensively could he turn down the alarms.

A doctoral student described his obsession about possibly doing things wrong in the laboratory and ruining people’s lives, so his compulsion was to stay away from the lab. His advisors told him he could get a degree tomorrow but could not get a job. However, another doctor—an orthopedic surgeon who had suffered OCD as a child—valued the perfectionism that the disorder conferred, because “when I make my cuts, they’re perfect.”

A man described his OCD as keeping him from making decisions, being unable to pay his bills on time, unable to show up at meetings and family functions on time. The only way he would feel secure enough to fall asleep was when he chained and padlocked himself to the bed. His wife described the disorder as “sometimes it feels like I’m married to a child.”

A couple who both suffered with OCD reported on their hoarding activities—he of electronics and equipment, she of furniture and house wares—so that they could hardly walk through their apartment. They felt trapped, unable to go to therapy appointments and family events. The woman said, “It’s painful to see your life go down the toilet.”

Another couple—she with OCD and contamination issues, he in the early stages of going blind—worked to support each other. They were careful, however, not to enable weakness in the other by buying into the partner’s symptoms. When she complained about his putting food on a picnic table, he would gently say, “That’s your issue, not mine.”

The video made clear that medical science does not know what causes OCD, although many patients describe life events or stressors like childhood abuse, a divorce, or other disruption. Some patients acquire the disorder very young, even at age two, and one boy at the age of nine was frightened by images which he later described to his therapist and then, after a few exchanges, coyly denied.

Some patients are helped by medication, which seems to work about half the time. Medications mentioned by patients in the video included Prozac (fluoxetine) and Zoloft (sertraline), which are antidepressants. Interestingly, although anxiety seems to be part of the response to these patients' obsessions and compulsions, they did not mention taking anti-anxiety medications like benzodiazepines.

Behavioral therapy also seems to work for some patients. This usually involved subjecting themselves—under a therapist's direction—to the object of obsession. For example, a young woman with a fear of contamination from head lice was asked to touch a hank of human hair; others are asked to touch some object or experience a condition which he or she loathed. "With exposure, the fear diminishes," the therapist said, "and when fear diminishes, then thoughts and compulsions diminish." Another patient described making a tape of himself describing a scenario in which he experiences the loathed or dreaded sensation. This let him exercise the anxiety in his imagination and learn to tolerate it. This technique would work with any obsession.

In another case, the therapist invited the patient to think about the forbidding images and then clapped his hands and yelled, "Stop!" And the images froze for the patient. The therapist urged the patient to yell "Stop!" in his mind and imaginatively clap his hands or stamp his foot when images and thoughts became too intense in everyday life.

Interestingly, one man, who had both OCD and Tourette syndrome, whose tics involved a bouncing, loopy walk and sudden twists of his head, was afraid that he would lose control while driving and kill someone. But when he got in a car and focused on the driving, he didn't tic. His hobby was rock climbing, and when he was on a cliff, he didn't bounce or weave. Mountain climbing was, he said, the only thing that saved his sanity. Another patient, who played the flute, would have difficulty getting ready and assembling his instrument, but when he played he became absorbed and lost his symptoms.

Many patients felt they were helped by support groups, where they could see they were not totally alone and could discuss therapies and medication. Others reported feeling at ease in online chat rooms, because the anonymity allowed them to be open and honest about their condition and their thoughts.