

Obsessive compulsive disorder



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Obsessive Compulsive Disorder (OCD) is a cyclical mental health condition which involves unending obsessions paired with unsatisfying compulsions performed to attempt to alleviate the emotional and physical suffering generated by the obsessions. There are approximately five main clusters of OCD; checkers, doubters and sinners, counters and arrangers, hoarders, and washers and cleaners. Accounting for about one quarter of OCD sufferers, the most abundant category is washers and cleaners and serves as the focus of this paper.

OCD's severity ranges from minor effects on a person's life to completely debilitating. If your case is severe enough, it will affect your job, personal relationship, friendships, and normal functioning in a profoundly negative manner. However, with support from medication, therapy, and family, a person can cope with the urges and win the battle against his or her own mind. OCD causes anxiety and distress based on uncontrollable thoughts and images that feel both intrusive and unpleasant to the sufferer.

The ideas are often unrealistic, but are fantastically persistent and extremely disturbing. (Robinson) These thoughts and images compel the person to perform ritualized activities in an attempt to relieve the obsessive notions that will not stop playing in their mind. Like a jackhammer on concrete, the thoughts progressively get louder and louder and are impossible to ignore. The obsessive rituals are developed to decrease the amount of anxiety experienced by the OCD sufferer, but fail to reduce the distress to any significant degree. (Robinson)

Washers and cleaners, the largest cluster type of OCD affected people, have " a constant fear of contamination and being infected with a disease and

infecting others” complimented by avoiding or “ removing all possible sources of germs and dirt. Washers may repeatedly wash their hands or take showers, while cleaners may clean their house many times a day as well as clean objects, clothes or surfaces repeatedly”. (5 Common Types of OCD) There can be a combination of the washing and cleaning behaviours or a slant more toward one than another.

The experience of a person struck with an obsessive compulsive cycle is comparable to a non-sufferers inclination to breathe, or the need to have their heart beat - the thoughts and actions produced by OCD appear beyond regulation and feel automatic and mandatory for the sufferer. (Dunn) The contamination thoughts tend to strike panic and fear in the afflicted mind and body, causing uncontrollable anxiety, shaking, crying, stress and depression. The person will then (if, in their mind they can safely do so) try to disinfect the polluted area or object to stop the fear and make the obsessive thoughts go away.

This comprises the ritual portion for washers and cleaners. In reality, many times the ritual does not serve an actual purpose because the area or object is not actually contaminated - the person’s brain just will not let the perception of contamination go. (Robinson) Washers and cleaners will avoid touching perceived contaminated areas at all costs. Gloves, tissues, sleeves, even shoes are just a few of the items that can be used to avoid touching areas of possible contamination with bare skin.

When taking shoes off, one shoe may be used to apply pressure to the heel of the opposite foot to avoid touching them with hands. When in public, disposable gloves will be worn to open door knobs or touch pay parking

meters, or if no gloves are available, tissues, paper towels or, as a last ditch effort, a sleeve may be used. However, the shirt or jacket whose sleeve has been used is now considered contaminated and must be promptly removed and washed. Generally, a bathing ritual will follow immediately. (Dunn) OCD will cause the person to repeat this same series of behaviours over and over again.

Even if they have managed to spend the last twenty-four waking hours disinfecting and decontaminating their entire living space, the thoughts will still be there. There is no escaping, no rationalizing, and no silencing the thoughts. Help is needed from wherever you can get it if you choose to take your life back. To truly defeat this disorder, prepare for mental and emotional battle. Patients with OCD are often put on medications such as benzodiazepines to help control the anxiety the obsessive thoughts cause.

There is no medication available to stop the obsessive thoughts from happening, but there are medications that help to dull the effects. “ Pharmacologic therapy usually includes clomipramine or antidepressant treatment with selective serotonin reuptake inhibitors, but in dosage ranges higher than those typically used in the treatment of depression”. (Eddy) OCD, similar to depression, is thought to be caused by a lack of serotonin in the brain. With an SSRI (selective serotonin reuptake inhibitor) the levels of serotonin in the brain synapses will remain higher, helping to reduce the symptoms of OCD. Eddy) The patient then can hopefully learn to manage the anxiety, fear and other emotions caused by the involuntary thoughts, and to add other forms of help. Behavioural therapy is one of the most successful methods of dealing with OCD. “ Patients are increasingly exposed to the

stimuli they usually avoid (e. g. , “ contaminated” objects) while being prevented from performing any of their usual anxiety-reducing rituals”. (Eddy) People suffering with OCD appear to tend to live in a five second window, unable to see past the fears to realize there are no real dangers to them.

To people unaffected by the disorder it could be comparable to coming face to face with a very large dog. Do you stick around to see if it is tame, or do you just get out of there as quickly as possible? The farther away from the dog you are, the more your fears dissipate. Behavioural therapy helps the patient to realize that the longer they force themselves into the ‘ contaminated’ area, the weaker the fear becomes as they start to realize the emotions that have been controlling them are unfounded.

Eventually, through this method of therapy, the patient will learn to control the rituals and no longer find a need to perform them. (Eddy) The area does not actually need to be disinfected or avoided because in reality, there is no danger there. No disease, no death, no fear, no anxiety. The thoughts will never fully disappear from the patient’s mind; they will be a long time sufferer of the disorder but they will learn the tools to cope with their thoughts and will become more able to live their life to the fullest.

As any other mental illness sufferer learns to live with their disorder, so must a person with OCD. Cohabiting with a person with OCD is a taxing experience because of the unrealistic requests for everyone to follow the rituals or avoid the supposed tainted areas. Great patience and understanding is required from the family. Repeatedly, family members will be asked to avoid perceived contaminated areas or objects just as the affected person would. It

has been found to be imperative not to enable the suffering family member by following the rituals. Robinson)

Though it might feel to family that they are helping the anxiety or stress to fade away for the sufferer by following a requested ritual, in actually they are validating unrealistic thoughts and playing into the disorder. When learning to help a loved one get the fixations under control, it is important to be properly informed. Family can go to the therapy sessions and ask questions they are unsure of. They also need to ensure they are being patient, understanding and consistent when dealing with the frustrating 'daily detours' produced by OCD along the way.

Negative comments, criticism or berating will only make the urges to ritualize worse, and subsequently the anxiety increases. (Robinson) It is vital to support the family member, encourage their progress no matter how small, and praise them for any attempt to resist the destructive behaviour. Time and patience are a necessity required from all family members touched in dealing with this type of illness. Recognition that it will be a long term commitment to treatment as well as support for both patient and family is key.

Family may also need to seek out therapy on their own in order to cope and find new and inventive ways to work around the affliction. With time, patience, and persistence, OCD can be overcome. It is crucial that people afflicted with OCD must stick with their medication and must be honest and open with themselves, their therapist, and their family. They should not have to fear judgement and bias from others because of their behaviour. There is nothing to be embarrassed about when it comes to wanting to loosen the

grip of a very difficult illness such as OCD. Sufferers need to believe in themselves, be strong, and be persistent.