

Kimberly Blaker
P.O. Box 5585
Plymouth, MI 48170
(734) 397-3510
info@KimberlyBlaker.com
www.KimberlyBlaker.com

Word Count 900 (including sidebars)
Copyright 2001 by Kimberly Blaker

“Mind Game”

Obsessive Compulsive Disorder

By Kimberly Blaker

An estimated 2.3% of adults are afflicted with Obsessive Compulsive Disorder (OCD) according to the National Institute of Mental Health, and for many, the symptoms begin during childhood or adolescence.

This anxiety disorder is a neurological malfunction that creates unrelenting, intrusive thoughts and extreme anguish for those affected.

Obsessions may range from a fear of hitting someone while driving to unbearable worries about contamination. These fears can be alleviated only one way—by acting out compulsions, which become repetitive acts of checking and rechecking to insure that the fear is unfounded.

Although OCD was added to the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III) in 1987, many people still live with its destruction unaware that there is help or even a name for their bizarre fears and behaviors.

Furthermore, “Families often don’t know that they have a sick child,” says Judith L. Rapoport, M.D., in *The Boy Who Couldn’t Stop Washing*. Children may keep their obsessions and compulsions a secret in order to avoid appearing crazy.

The devastation of OCD is not just seen in the adult or child with the disorder. OCD has a negative impact on the whole family, which often falls apart from the stresses the disorder poses.

It is not unusual for the OCD sufferer to rely on family members to help alleviate his fears. He may insist that a child, parent, or spouse check electrical outlets or may badger loved ones with constant questions for reassurance.

In some homes where fear of contamination is the obsession, family members are banned from certain rooms or areas of the home in order to prevent contaminating the areas. Family members may also be required to live up to unreasonable standards of cleanliness in order to satisfy the OCD person.

In other homes, compulsions such as hoarding are so out of hand that the home literally becomes a maze in which family members must maneuver through narrow trails, dodging tall stacks of boxes, newspapers, or whatever is hoarded.

What’s the cause?

To understand the OCD mind, many researchers explain that the brain is stuck, in a sense, and replays a particular thought over and over again, like a broken record. In other words, it tricks the sufferer, and she cannot trust her own judgment.

Those who don’t understand OCD often tell the affected, ‘Why don’t you just stop?’

But it isn't that simple. Researchers believe the disorder to be neurobiological, and therefore, the obsessions are not a matter of choice. Differences have been found in the brain of OCD sufferers through brain imaging techniques. Some studies have found abnormalities in the neurotransmitters, such as serotonin. The occurrence of OCD is also higher in families with depressive and anxiety disorders.

For most, there is no known event that relates to their particular obsession(s). Nevertheless, researchers feel that environmental stressors may at least play some role in the development of OCD for those who are biologically predisposed.

Is there help?

Although there is no cure for OCD, there are a number of treatments available. Caution should be used, as some available treatments are not supported by a preponderance of evidence. Questionable treatments for OCD include psychotherapy, hypnotherapy, psychosurgery, and electro convulsive therapy (ECT).

The two most common and proven forms of treatment available for OCD are psychotropic drugs and behavioral therapy. Selective serotonin reuptake inhibitors (SSRIs) are the most helpful of the drugs with the fewest side effects. Because each person's body chemistry is unique, a drug that works for one person may not work for another and vice versa.

Many doctors suggest medication in combination with behavioral therapy, which teaches techniques to relieve or stop the intrusive thoughts and to control compulsive behaviors.

Those with OCD often suffer from depression because of OCD or as a coexisting disorder. Therefore, by taking an SSRI, depression is also attached so that a person becomes more receptive to behavioral modification.

Whatever the severity of a person’s OCD, it generally tends to worsen over time and can become completely debilitating. If someone in your family has symptoms of OCD, contact your mental health provider for a confidential evaluation.

Remember, although there is no cure for OCD, with proper treatment many OCD sufferers can lead normal and productive lives.

SIDEBAR:

Common obsessions

Fear of running over someone while driving

Fear of contamination

Fear of harming others

Fear of blurting obscenities or insults

Preoccupation with a part of the body

Violent, horrific, or disgusting images

Superstitions or persistent thoughts of lucky/unlucky colors, etc.

Extreme concern with religious issues, values, or morals

SIDEBAR:

Common compulsions

Repeated checking of doors, ovens, locks, plugs, etc.

Repeated rituals such as counting, going in and out doors a number of times, etc.

Excessive arranging and rearranging

Hoarding or collecting mail, newspapers, food, etc.

Repeated confessions or asking repeated questions for reassurance

Prolonged or repeated bathing or hand washing

Repeatedly checking for mistakes

Repeatedly drawing up lists

SIDEBAR:

Look for these books on OCD.

The Boy Who Couldn't Stop Washing by Judith L. Rapoport, M.D.

Obsessive-Compulsive Disorder: The Facts by Padmal de Silva and Stanley Rachman

Stop Obsessing: How to Overcome Your Obsessions and Compulsions by Edna B. Foa,

Ph.D. and Reid Wilson, Ph.D.

Obsessive-Compulsive Disorders: Treating and Understanding Crippling Habits by

Steven Levenkron

Brain Lock: Free Yourself from Obsessive-Compulsive Behavior by Jeffrey M. Schwartz,

M.D.

SAMPLE LOCALIZED SIDEBAR:

Where to get help

If you or a family member has symptoms of OCD, contact a mental health care professional for a confidential evaluation. The following providers may be able to assist you.

Monroe County Mental Health Authority – (734) 242-8547

University of Michigan Department of Child & Adolescent Psychiatry – (734) 764-0231

University of Michigan Department of Psychiatry (Adult)—(800) 525-5188

Mercy Memorial Hospital Mental Health – (734) 242-9836

PULL QUOTE:

PULL QUOTE:

Kimberly Blaker of Michigan is a mother of two. She writes for parenting and women's magazines around the country.

NOTICE: PUBLICATION OF THIS ARTICLE WITHOUT PRIOR CONSENT CONSTITUTES COPYRIGHT INFRINGEMENT. RECEIPT OF THIS MANUSCRIPT DOES NOT IMPLY CONSENT TO PUBLISH. IF YOU WOULD LIKE TO PUBLISH THIS ARTICLE, CONTACT KIMBERLY BLAKER, ABOVE. Fees for publication are based upon article length, type of publication, and area of distribution. Thank you for considering this submission!