

OCD SESSION 1

COURSE WORKBOOK





Obsessive-compulsive disorder is characterised by obsessions and compulsions. From your own experience and this week's group you will probably know a little about these terms. This booklet will help to jog your memory and get you thinking about your obsessions and compulsions.

What are Obsessions and Compulsions?

Most of us know how unpleasant and annoying worrying can be. Driving to work you think "Did I leave the iron on?" You remind yourself that you unplugged it before you left. Seconds later though, you're worrying again "... but did I really turn it off?" Now the consequences jump into your mind. "If I left it plugged in, it will overheat. It could fall on the floor and the house will catch fire!" For several minutes, no matter how hard you try, you can't get this thought out of your head.

Worries are thoughts that produce distress and anxiety. Everyone has worries, on a day-to-day basis. These are normal and can even be useful! For example, worrying whether you have enough petrol in your car to make a trip is useful, if you realistically might run out of petrol. The specific thoughts involved in the worry change from one day to the next. One day it's whether you left the iron on. The next day it is why your boss didn't smile when you passed her in the corridor. You might worry about this, even for several hours that day. But the next day you find something else to worry about.

Obsessions on the other hand, are relatively stable worries: the same thoughts, images or impulses come again and again and are frightening, distressing, and often produce shame or guilt. No matter how hard a person tries to ignore them they come back. The content of people's obsessions will vary from one person to the next. Some obsessions are about becoming sick (e.g., what is this lump on my neck). Some are about neglecting responsibilities and causing harm (e.g., did I check the burglar alarm) and some are about contamination (e.g. picking up germs from touching something or someone). Some people obsess that they might unwillingly commit violent acts such as poisoning a spouse or stabbing a child.

It's not really surprising then, that many people want relief from their obsessions and worries, even if it's only temporary. Perhaps like most people with OCD, you adopt certain behaviours or thoughts called



Compulsions or 'rituals' to gain relief. Even though compulsions can be persistent, repetitive, unwanted and hard to resist, they are the only thing, so far, that you've learned to control your obsessions.

So, each time you have an obsessive thought or worry, you feel you must perform your compulsion. Compulsions come in all shapes and forms. They can be overt behaviours ranging from checking (e.g. repeatedly checking the door is locked) to hand washing (e.g. spending several hours each day hand washing) to touching, placing objects in order or repeating words, sentences, numbers and prayers. They can also be thoughts or mental actions. For example, counting and repeating images in your mind.

Key fact: Obsessions are thoughts or images that **produce your distress**; **Compulsions** are any action or thought that **reduce your distress**.

Case examples: read over the examples below and then complete task 1.

- Try to identify each individual's obsessions and compulsions.

Katy fears harm coming to her children aged five and eight. She is scared that they might come down with a serious illness or disease. As a result, she tries not to let them play outside. If they go outside, she keeps a close eye on them to make sure they don't touch anything "contaminated". Whenever they enter the house, the children are made to wash their hands thoroughly. Before any meals the children must change and bathe. Katy herself washes her hands many times each day, on average spending several hours in her frustrating ritual.



David is concerned about a lump that he found on his neck whilst shaving. At the time he wasn't quite sure what he felt, but it concerned him. His dad died of cancer at forty-eight. He's forty-six next week, could it be a tumour? For the next two days, several times each hour, he finds himself checking that area. At work, his preoccupation with his lump has disrupted his train of thought all day, and he visited the bathroom eight times to look at the lump. Each evening, he



asked his wife to check the lump for him. His wife had seen him worry like this before, so she tried to reassure him. However, no reassurance seemed to last. Eventually, David called his GP for his fifth “emergency” assessment in six months.

Sandra appears to have lost her confidence at work. Whenever she writes a letter, she asks someone else in the office to make sure there are no mistakes. As she completes an accounting task, she checks the figures six or seven times. At home she has a similar problem – in a twenty-minute ritual she checks that the windows and doors are locked, the oven and washer are off, the iron is unplugged, and no electrical sockets are switched on. She then checks this all again, just to be sure. And once more, just in case. And one last time, just to be triple sure. On leaving the house she jiggles the doorknob four times, before she can be sure that the door is locked. Usually, before she gets in her car, she will run back to make sure the door is locked.



Task 1: Can you identify these individuals’ obsessions and compulsions?



Obsession(s)	Compulsion(s)
Katy	
David	
Sandra	



Who gets OCD and why?

This is a complicated question and it has not been fully answered yet. You will remember from the first session we discussed the role of **biology** and **environmental factors**. However, we are focusing on the **psychological** side of OCD, looking at what we can change our self!



In session 1 we talked about how a person's **beliefs**, whether they are about contamination, right and wrong, or danger and harm, impact on the kind of obsessions they are likely to develop. At some point or another everyone has thoughts which go against their value system (e.g., a strictly religious person WILL have blasphemous thoughts). The scientific name for these is **ego-dystonic** thoughts. Importantly, their beliefs about these thoughts are the important thing. If a person feels bad for having these thoughts, (e.g., feels like a bad person for having blasphemous thoughts), or is scared by them (e.g., if a person fears burning the house down, this thought will upset them) then over time the feelings can become linked with the thoughts. Eventually, the thoughts themselves are enough to trigger distress.

Part of the problem is that thoughts are difficult to avoid. In fact, trying to avoid a thought will make you more likely to think about it! So, we try to control our thoughts with compulsions. For example, a person who has a belief that they might catch a dangerous disease develops obsessive thoughts about this happening. To make sure this doesn't happen they develop compulsive hand washing. They might also choose to avoid locations they view as risky or constantly seek reassurance from other people.

In the end, the behaviours that were designed to reduce distress (the compulsions) now help to keep it going because they help the person to avoid facing their fears.

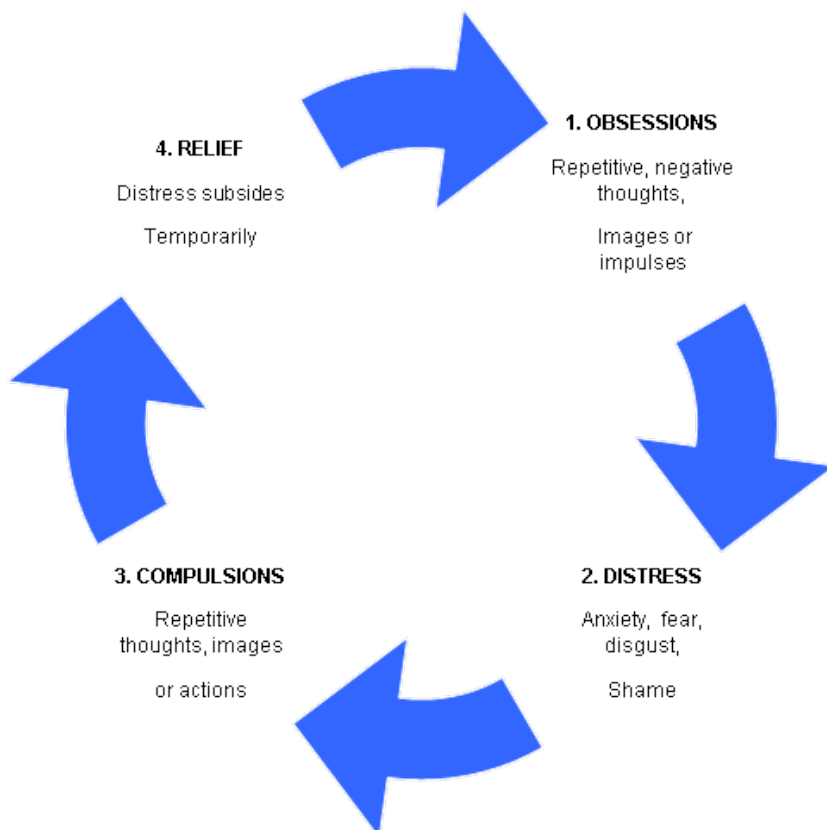


Figure 1: The vicious cycle of obsessions and compulsions

Key fact: Your biology may give you a predisposition to OCD. But it is your compulsions themselves and the beliefs underlying them that keep your OCD going.

What obsessive-compulsive symptoms do I have?

Below we have listed the seven most common types of obsessive-compulsive problems. Read through them and see if any describe your symptoms. These are organised according to their ritual (e.g. checking, washing etc). However, there are as many different kinds of OCD as there are people with OCD. So, you might not fit into one of these categories. It's also common for people to fall into several different categories.



1. WASHING AND CLEANING

Obsessions are usually about contamination by certain objects or situations. Examples are bodily fluids, germs, disease, and chemicals. To avoid contamination, they will create one or more rituals such as washing hands excessively, taking long showers, or cleaning the house excessively. Sometimes the cleaning or washing is to prevent unwanted consequences like death or illness. Often though, it is designed to restore a sense of comfort. The person may also avoid contaminants, for example refusing to enter certain rooms or touch items that drop on the floor. The rituals are always repetitive and vary from half an hour to ten hours a day.

2. CHECKING

Obsessions are usually about a feared catastrophe e.g., a fire, burglary or even personal criticism. Common checking compulsions include checking electrical appliances to prevent fire, checking the doors, windows and alarm system to prevent burglary, and checking one's work to prevent mistakes and criticism. Usually these people will check an object once, then doubt whether they checked it properly, and have to check again. They remain stuck for hours in this frustrating cycle. To gain relief they sometimes ask others to take responsibility for tasks such as locking the door.

3. REPEATING

Obsessions can vary, but once they enter the mind, they feel compelled to repeat some action or thought to prevent that thought from coming true. So, like checkers, they're trying to prevent or neutralise a possible catastrophe. However, unlike people who check, they can't identify a logical connection between the obsession and the compulsion. Often a magical element is present, with repeaters believing that their actions will prevent a loved one's death, or an international disaster.



4. RITUAL THINKERS

Similar to those who repeat, in that they find their obsessive thoughts distressing. But compulsions here are not behaviours but thoughts. These are usually repetitious ritualistic thoughts. The most common forms are praying, repeating certain phrases or words and counting. While it might look like they only have obsessions, their compulsions are specific thoughts they use to control their anxiety.

5. NEEDING ORDER

Needing order is generally ruled by a general sense of discomfort when things are not presented perfectly. They like people and things around them to be presented in certain rigid ways, e.g., symmetrical patterns. Individuals can spend a great deal of time making sure things are in the “right place” and notice immediately when any pattern has been disrupted. Often they will become extremely upset if anyone has rearranged their possessions.

6. INTRUSIVE THOUGHTS WITH NO COMPLUSIONS?

Repetitious negative thoughts that are uncontrollable and quite upsetting. However, unlike those with OCD, they don't engage in repetitive compulsive behaviours like washing hands, checking or counting. Their worries vary from the simplest everyday occurrence to frightening violence to shameful thoughts. The key difference here is that these people don't have anything to help control their thoughts.

You might recognise some of these problems as being similar to your own. However, you might feel that your problems are different to any listed here.



Task 2: My obsessions and compulsions:

Have a think about your own obsessions and compulsions, what are they?

Do they fit into any of the types/categories described above?

Obsessions	Compulsions
<p>Category (e.g., checking, washing and cleaning etc):</p>	

Note: It might be difficult to identify your own obsessions and compulsions. Try to remember: for obsessions – what would happen if you didn't perform your compulsion, what thoughts, images impulses might take over? For compulsions – what do you do to control the thoughts, are they overt behaviours (e.g., cleaning, checking) or subtle mental rituals (e.g., counting or repeating words, sentences or images).



Task 3: My Obsession/Compulsion log



During the next week, please write down any obsessions you have and any compulsions you do. If you have an obsession without a compulsion or vice versa, leave that column blank. Remember to note how long the obsession or compulsion lasted and how much distress you felt.

Date	Time	Obsession	Compulsion	Time Spent	Distress (0-10)