



6.1

OBSESSIVE-COMPULSIVE DISORDER

The content of the obsessions and compulsions of OCD vary among people with the condition, but certain themes are common. These include themes of *cleaning*, with repetitive thoughts about possible contamination by dirt, germs, or disease and compensatory cleaning behaviors such as excessive hand washing; *symmetry*, with repetitive thoughts about order and behaviors involving repeating, ordering, and counting; *forbidden thoughts*, with aggressive, sexual, or religious thoughts and behaviors such as praying; and *harm*, with fears of harm to self or others and compensatory behaviors such as checking things (e.g., doors, gas ranges and ovens) to see if they are safe or secure. Obsessions cause individuals a great deal of anxiety or distress, and people with them struggle to ignore or suppress them or to “neutralize” them with other thoughts or actions (i.e., compulsions). Compulsions are repetitive behaviors or mental acts that individuals feel “driven” to perform in response to an obsession or according to rigid rules. For example, a person who is worried about becoming contaminated by germs after touching something may feel an irresistible need to scrub and rinse his right hand exactly seven times and then to scrub and rinse his left hand exactly seven times (and perhaps to then start over). Although the compulsive actions in OCD are aimed at preventing or reducing anxiety or preventing some calamity, they are not connected in any realistic way to what they are intended to neutralize or prevent, or they are clearly excessive.

Obsessive thoughts need to be distinguished from “worries,” which are usually about real-life concerns. The obsessive thoughts of OCD often are not about real-life concerns, and can include content that is odd or irrational and may have a “magical” component. Depressed patients may have recurrent negative thoughts about themselves or their lives (i.e., “ruminations”), but these are not usually experienced as “intrusive” or out of their control. Superstitious behaviors, such as blowing on dice

before a roll, avoiding stepping on a sidewalk crack or walking under a ladder, or tossing spilled salt over one's shoulder, have some characteristics of compulsions. Usually, however, these behaviors are performed without a time-consuming ritual, as compared with compulsive rituals, which can go on for hours and severely interfere with a person's social or occupational functioning.

OCD usually begins in late adolescence but may begin earlier or even in childhood. The 12-month prevalence of OCD in the United States is 1.2%. Women are slightly more likely than men to have the disorder in adulthood, but boys are more likely than girls to have the disorder in childhood. OCD can be a very impairing disorder. People with OCD can spend inordinate amounts of time engaged in obsessive thinking or with compulsive rituals to the exclusion of other activities, and they may be completely unable to complete schoolwork or job tasks on time. In addition, people with OCD may avoid people or situations that might trigger symptoms (e.g., not going outside for fear of being contaminated by dirt). They may also cause themselves physical harm (e.g., raw and broken skin from excessive washing). Up to 25% of people with OCD attempt suicide at some point (DSM-5, p. 240). If OCD is untreated, the course can be chronic, and only a small percentage of individuals will completely recover. Other mental disorders, such as Anxiety, Depressive, Tic, and Personality Disorders (e.g., Obsessive-Compulsive Personality Disorder), often occur in people with OCD.

LADY MACBETH

INTERVIEWER: Cindy, tell me about when things were the hardest for you. When was that?

PATIENT: It was around Christmastime last year

INTERVIEWER: And you were how old then?

PATIENT: I was 13.

INTERVIEWER: You're 14 now, right?

PATIENT: Yes.

INTERVIEWER: When things were really at their worst, can you tell me what it was that was disturbing to you at that time?

PATIENT: Well, the major part about it was that, like all these things that I did, they were really stupid, and they didn't make any sense; but I'm still gonna have to do it, and it was sort of like being scared of what would happen if I didn't do it.

INTERVIEWER: What were the things that you were doing?

PATIENT: In the morning when I got dressed, I was real afraid that there'd be germs all over my clothes and things, so I'd stand there and I'd shake them for half an hour. I'd wash before I did anything—like if I was gonna wash my face, I'd wash my hands first; and if I was gonna get dressed, I'd wash my hands first; and then it got even beyond that point. Washing my hands wasn't enough, and I started to use rubbing alcohol. It was wintertime and cold weather, and this really made my hands bleed. Even if I just held them under water, they'd bleed all over the place, and they looked terrible, and everyone thought I had a disease or something.

INTERVIEWER: And when you were doing that much washing, how much time every day did that take, if you added up all the different parts of it?

PATIENT: It took about 6 hours a day. In the morning I didn't have a whole lot of choice, because I had to get up at 6:00 and get ready for school. All I'd do was to get dressed as best I could. I didn't even have time to brush my hair. At the time I never ate breakfast, so all these things—it was just so complex that I didn't have time to do anything.

INTERVIEWER: You also told me about other things in addition to the washing and worrying about dirt—that you would have plans about how you would do other things.

PATIENT: Okay, well, they were like set plans in my mind that if I heard the word, like, something that had to do with germs or disease, it would be considered something bad and so I had things that would go through my mind that were sort of like “cross that out and it'll make it okay” to hear that word.

INTERVIEWER: What sort of things?

PATIENT: Like numbers or words that seemed to be sort of like a protector.

INTERVIEWER: What numbers and what words were they?

PATIENT: It started out to be the number 3 and multiples of 3 and then words like “soap and water,” something like that; and then the multiples of 3 got really high, they'd end up to be 123 or something like that. It got real bad then....

INTERVIEWER: At any time did you really believe that something bad would happen if you didn't do these things? Was it just a feeling, or were you really scared?

PATIENT: No! I was petrified that something would really happen. It was weird, because everyone would always say how sensible I was and intelligent.

But it was weird because I tried to explain it in order to really make them understand what I was trying to say and they'd go, you know, like, "Well, that's stupid," and I knew it; but when I was alone, things would be a lot worse than when I was with this group, because if I was around friends, that would make me forget about most of this. But when I was alone, it...like, my mind would wander to all sorts of things and I'd get new plans and new rituals and new ideas, and I'd start worrying more and more about people that could get hurt that I cared about and things that could really go bad if I didn't.

INTERVIEWER: Who were the people you'd worry most would get hurt?

PATIENT: My family, basically my family.

INTERVIEWER: Any particular people in your family?

PATIENT: Well, like my grandmother—she's 83 and, you know, I was just worried that...I know that she's old and she's not gonna be around much longer, but I was worried that maybe something I did could cause her to get really, really sick or something.

INTERVIEWER: Had anything like this ever been on your mind before you were 13, when this started?

PATIENT: Well, let's see...my mother, her family has always been mostly real neat people and extremely clean and so that could have affected it, because I was growing up in that sort of background. But I always like to be clean and neat, and I was never really allowed to walk around the house with muddy shoes or anything like that, so...

INTERVIEWER: But your concerns about clean, about how many times you did things—have they ever gotten in the way of your doing things that you wanted to do?

PATIENT: Uh-huh. Many times. Like, I was supposed to go somewhere with a friend, and we were gonna leave at 11:00 and I wanted to take a shower before I left. So I had to get up about 6:00 in the morning, and sometimes I just won't even make it with 5 hours to do it....

INTERVIEWER: And that was since you were 13. But what about any time in your life before that—had anything like this ever happened? Or, as far as you know was this the first?

PATIENT: It was the first time.

INTERVIEWER: Have you at any time felt that you had some other special idea about forces beyond you...about your being able to control things magically or be in control?

PATIENT: I'm really scared of supernatural things. I don't like to say that I believe in superstitions and things, but I guess I really do 'cause they frighten me. When I was little they weren't really bothering me

or anything, but now I avoid it as much as I can. Like, the number 13 now, if it came up, you know, it wouldn't bother me, but I'd rather have the number 7 instead.

INTERVIEWER: So you are superstitious, but you've never heard any special voice talking to you or...

PATIENT: Yeah, I have. It's like...if I tried to describe it, people would think that I saw little people dancing around or something, and that was wrong because all it was, it wasn't like a voice, it was just like a thought.

INTERVIEWER: More like being able to hear yourself think?

PATIENT: Right.

INTERVIEWER: Have you ever seen things that other people couldn't see?

PATIENT: No.

INTERVIEWER: I know you are doing very well here in school and on the ward here at the hospital. Do you have any signs left of the problems that you used to have with your rituals and compulsions?

PATIENT: Well, everyone is compulsive to a point. I can see little things that I'll do. Like, I will go over something twice, or three times, because that's a special number. Like, if I read something and I really don't understand it, maybe I would go over it one more time and then, say, one more time will make it three. But nothing really big. It's been really good, because I have gotten out and taken a shower, and gotten dressed, and washed my face and brushed my teeth, and all that stuff in like half an hour! That's really good for me because I wasn't able to do that before.

INTERVIEWER: So, in general, it's fair to say that there are things that just you would notice now, and probably someone sharing the room with you wouldn't be able to tell the other things you are doing even though you know these little things are there. Good...Well, thank you very much.

Discussion of "Lady Macbeth"

This adolescent girl articulately and vividly describes what it is like to have a severe form of OCD (DSM-5, p. 237). She has both obsessions and compulsions, and both are significant sources of distress to her, interfere with her functioning, and cause her physical harm. The onset of her problems in adolescence is typical of the disorder.

Cindy's obsessions, with a mixture of themes of contamination and harm, consist of ideas that intrude into her consciousness and are experienced as unwanted.

For example, she gets the idea that she may have done something that could cause her grandmother to get sick. Another example is the thought that there are germs on her clothes. The need to neutralize such distressing thoughts has led to various compulsions that are repetitive and that she feels driven to perform according to rules that must be rigidly applied. For example, if she heard a word that suggested germs or disease, she had to undo it (“cross that out”) by saying the number 3 and multiples of 3, or words like “soap and water.” Although these behaviors were designed to prevent her discomfort or a dreaded event (her grandmother becoming “really, really sick”), the activity was not connected in a realistic way to what it was designed to prevent (i.e., her saying “soap and water” could not, in fact, prevent her grandmother from becoming sick) and was clearly excessive. In addition, she washed her hands for hours to prevent becoming infected by germs, to the extreme that her hands would actually bleed. Although emotionally Cindy reacted as if the dangers were real (“I was petrified that something would really happen”), intellectually she always knew that her fears were irrational and were not about real-life problems (her friends would say that her behavior was stupid, and she knew that it was). Because of Cindy’s level of awareness, the specifier With Good or Fair Insight would be noted with her diagnosis. In a few cases (i.e., 4% or less), during a severe episode of the illness, the person may no longer recognize that the obsessions or compulsions are excessive or unreasonable; in such instances the diagnosis would be further designated with the specifier With Poor Insight.

Obsessive thoughts may be confused with auditory hallucinations (see Chapter 2, “Schizophrenia Spectrum and Other Psychotic Disorders”). This patient recognized that if she described some of her obsessive thoughts to people, they might think that she was hallucinating (“if I tried to describe it, people would think that I saw little people dancing around or something”). However, she is quite clear that it was just her own thoughts that she was experiencing and that she was not hearing a real, other voice external to herself.

OCD is sometimes associated with Obsessive-Compulsive Personality Disorder (see “The Workaholic” in Section 18.4). Whereas OCD involves true obsessions and compulsions (as defined in the introduction to this chapter), Obsessive-Compulsive Personality Disorder involves personality traits such as perfectionism, interpersonal control, and excessive devotion to work or productivity. There is no evidence of Obsessive-Compulsive Personality Disorder in this case.

Major Depressive Disorder (see Section 4.2) often occurs either before or during the course of OCD and increases the risk of suicide attempts. In fact, on further questioning, this patient did describe an episode of Major Depressive Disorder that occurred early in the course of her OCD.