

**Department of Clinical Psychology** 

# **Obsessive compulsive disorder** - the facts

## What is obsessive-compulsive disorder?

Obsessive-compulsive disorder (OCD) is a psychological condition. It can develop when people have problems with anxiety.

There is no single cause of OCD. People from all walks of life, with different circumstances and with various personalities can all experience it.

About 2% of people have full-blown Obsessive-compulsive Disorder. But anyone with anxiety problems can have some obsessional thinking or compulsive behaviour.

Likewise people with OCD can experience panic attacks and other symptoms of anxiety.

This leaflet should be read alongside the leaflet "Understanding anxiety" also produced by Fife Clinical Psychology Department

# What are obsessions?

Obsessions are thoughts, ideas or images that won't go away. The person with them knows that the thoughts make no sense but cannot stop them. Even though they want to, people find that they simply cannot shut off the obsessional thoughts.

Common obsessional thoughts include worries:

- about dirt or being infected with germs;
- of having a serious illness;
- of causing an accident;
- of something violent happening or
- about security and safety.

People are frightened of their obsessions or feel guilty about having them. They try to put the thoughts out of their minds or do something to make them go away. The things that people do to try and get rid of obsessional thoughts are called compulsions.

#### What are compulsions?

Compulsions are impulses to do things.

These things can be:

- performing certain actions (such as checking if doors are locked) and/or
- carrying out certain mental acts (such as thinking or counting).

People do the compulsive behaviours to try to stop their obsessional thoughts. For example, some people have thoughts about being contaminated by germs. To lessen their fears, they might wash their hands over and over. Other people find that violent images keep coming into their head - images such as them hurting someone that they love. They might try to replace the violent images with images about their loved one being safe.

Compulsions are also called rituals. This is because the behaviours usually follow certain rules or are done in a rigid way. E.g. someone might feel that they must wash their hands 25 times after a thought about being contaminated. If they are interrupted after 20 washes, then they start again from zero.

The person with OCD knows that their behaviours (thoughts or actions) are unreasonable or are over the top. But he or she feels unable to control them.

# The effects of obsessive-compulsive disorder

Many people feel troubled by having obsessive thoughts and compulsive behaviours that they cannot stop. They can feel anxious or miserable or depressed and can lose confidence in themselves. Some people find that their compulsions/rituals can take up much of their time. The behaviours stop them being able to work properly and interfere with family or social activities. In short, their OCD begins to take over their life.

## The development of obsessive-compulsive disorder

From time to time, anyone can have the type of thoughts that can develop into obsessions. E.g. imagining that you have upset or \_\_\_\_\_\_\_ offended someone or that someone you love has had an accident.



The difference between such one-off thoughts and an obsession is what the thought **means** to the person.

Most people can say



and forget it.

But people with obsessional problems become upset by the thought. They cannot forget it or ignore it. They try hard to push it out of their minds or start to do things to "put it right". Unfortunately, this just makes the thoughts worse. OCD can then develop.

# Treatment for OCD

Psychological treatment can help many people with OCD. An important part of treatment involves the person facing up to what they fear. They begin with the easiest situations and work up to more difficult ones. This process is called exposure. While doing this, the person must not carry out any of their compulsive behaviours (response prevention). No force is involved – the therapist works with the person to help them understand their experiences and learn different ways of behaving.

## How to get help

If you think that you need help with OCD or other anxiety problems, see your GP or speak to your nurse or health visitor. She or he will be able to advise you and, if necessary, can refer you to the Clinical Psychology Department. You will then be offered an appointment with the clinical psychologist or cognitive-behavioural therapist attached to your Surgery. She or he will help you to better understand your problems and learn the skills that you need to overcome them.

## Books about OCD include:

*Getting Control: Overcoming Your Obsessions and Compulsions* by L Baer (Plume Books)

Stop Obsessing: How to Overcome Your obsessions and Compulsions (Revised Edition) by E B Foa and R Wilson (Bantam Books)

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