

# What is OCD?

This chapter will help you to understand more about obsessive compulsive disorder (OCD). By the end of this chapter you should have a better idea of whether or not you have OCD and how it might be affecting you. By increasing your knowledge about OCD you will be better prepared to fight it.

## SO WHAT IS OCD?

To help you to understand more about OCD we have included some stories of other young people. However, it is important to remember that symptoms of OCD can be different for different people, so your OCD may be similar to, or completely different from the examples that we describe. The two stories below outline Claire and Liam's OCD symptoms.

### **CLAIRE**

Claire, aged 13, had unwanted thoughts about her friends and family being hurt. These thoughts frightened her and made her feel guilty and confused. Whenever Claire had a thought about something awful happening to someone she loved she would imagine a good thing happening to them instead. For example, if

a picture of her mum in a car crash popped into her head she would try to imagine her smiling and laughing with her friends. Claire also spent time arranging her books and pencil case when she experienced an unpleasant thought as this helped her feel in control. Both of these behaviours made her feel that she had prevented her awful thoughts from coming true. Claire sometimes felt embarrassed as she knew that her behaviour did not make sense, but it was the only way that she felt able to reduce her feelings of guilt and worry. However, the behaviour only worked to reduce her guilt and worry for a short while, until the next thought came along.

### **LIAM**

Liam, aged 15, checked the locks of doors and windows up to twenty times a day. He was careful to do everything in a particular order – pushing in the latch with all his force and then tapping the lock ten times. He became very upset if he was interrupted, as it meant that he would have to start his checking rituals all over again. Sometimes it would take Liam up to two hours to complete this routine and it made him very angry with himself. Liam found it difficult to leave the house, always doubting that he had completed the checking ritual perfectly and that it was safe to leave. He hated anyone leaving the house after him and he would phone his parents many times throughout the day to ask whether or not they had locked everything properly. He would become so frustrated with himself that he would cry but he just did not know how to stop!

Although their stories are different, Claire and Liam both have obsessive compulsive disorder. We know this because they both have unpleasant



thoughts that keep coming back and are difficult to stop. We call these types of thoughts *obsessions*. Claire and Liam also carry out certain behaviours over and over again. Their behaviours do not make sense, yet they feel they must carry them out. We call these types of behaviours *compulsions*. This is where the name 'obsessive compulsive disorder' comes from. Often compulsions are carried out to reduce or cancel out an obsession.

As well as carrying out particular behaviours (like checking or ordering), OCD can make you want to avoid particular situations or things that might trigger an obsession. Liam, for example, began to avoid leaving the house as this meant that he had fewer worrying thoughts about his house.

When someone has obsessions and compulsions that:

- disrupt their life
- cause them distress, and
- occupy their time for more than an hour each day

they are said to have obsessive compulsive disorder.

Claire's obsessions include unwanted thoughts and images about bad things happening to the people she cares about, while Liam's obsession is his repeated thought that his house is not safe. Claire's compulsions include cancelling out her thoughts by imagining good things

happening and by arranging her belongings. Liam's compulsions include checking, ordering and repeating when he locks doors and windows. Their obsessions make them anxious, and their compulsions help reduce this anxiety, but only until the thought comes into their mind again. Claire and Liam are caught in a trap of OCD. This is explained in more detail in Chapter 5, 'Understanding My OCD'.

## **THE VARIOUS SYMPTOMS OF OCD**

When OCD is discussed in newspapers and on television, we often hear about washing and checking compulsions, and about obsessions that concern dirt and germs. However, there are all sorts of obsessions and compulsions that a person can suffer with. Some are more common than others but no two people's symptoms are exactly the same.

Many people do not realize that they have OCD as they have never heard of their symptoms before. Some people feel like they are the only one with this sort of problem. Even if your particular thoughts and behaviours are not mentioned in this book you may still have OCD. It is important to remember the definition of obsessions and compulsions, since how they are experienced (unwanted, distressing) is more important than the type of symptom (e.g. checking, washing). If you have noticed yourself performing behaviours to reduce your worries, and these behaviours upset you and do not seem to make sense, then they may well be compulsions. Figure 1 illustrates some of the most common obsessions and compulsions.

If you think that you may be suffering from OCD it is important to remember that you are not alone. In fact, up to 2 in every 100 people have suffered with OCD at some point in their life. This means that in a school of 300 students there could be between 3 and 6 people with OCD! Anyone can suffer from OCD and it affects people from all around the world. Some famous people have spoken about their OCD. Maybe you can think of a few?

## **SOME INFORMATION ABOUT YOUR THOUGHTS**

Many people with OCD feel embarrassed or ashamed about their symptoms. Some people worry that they are going mad. It is normal to

Obsessions	Compulsions
<ul style="list-style-type: none"> <li>• Worries about dirt or germs</li> <li>• Worrying about bad things happening</li> <li>• Thinking about doing something wrong</li> <li>• Worrying about hurting other people or about you being hurt</li> <li>• Feeling as if you must say, do or remember something</li> <li>• Wanting things to be in a particular order</li> <li>• Having magical thoughts or superstitions</li> <li>• Worrying about offending God</li> <li>• Unwanted sexual thoughts</li> </ul>	<ul style="list-style-type: none"> <li>• Checking things over and over again</li> <li>• Squaring things up, or arranging things so that they are 'just right'</li> <li>• Counting, repeating and re-doing things</li> <li>• Touching, tapping or rubbing things</li> <li>• Washing and cleaning</li> <li>• Asking questions and asking for reassurance</li> <li>• Collecting and keeping lots of things that you don't need</li> <li>• Re-reading or re-writing things</li> </ul>

**Figure 1 Examples of obsessions and compulsions**

### **KAMAL**

Kamal felt urges to count things and add things up. For example, he would always count how many cars passed him on the way to school or how many hours he had slept that week. Whenever he tried to ignore these urges to count, he felt uncomfortable and worried but was unsure why – he just seemed to have a feeling that things were 'not right'. These rituals were beginning to take up so much time that they were distracting him from his school work and his grades were dropping. Although Kamal had heard about OCD he did not think that this was his problem as he had never heard of anyone having symptoms like his before. Having spoken to his doctor, he found out that OCD could affect people in all sorts of different ways, and that his urges were in fact obsessions, and his counting and adding up were compulsions.

have an unwanted thought pop into your mind, but these thoughts tend to upset you more if you have OCD. Unwanted thoughts that pop into someone's head are called *intrusive thoughts*, and it may surprise you to hear that as many as 90 per cent of people have unwanted, intrusive thoughts.

If you ask friends and family they may well tell you that they occasionally have unwanted thoughts that they would never act upon, such as suddenly standing up or shouting out in the middle of an assembly, or imagining themselves falling down the stairs, or having a picture in their head of something awful happening to someone they love. Most people are able to dismiss these thoughts as 'just a thought' and forget about them. People with OCD find this more difficult.

Some people with OCD worry that their intrusive thoughts mean they are a bad person. Claire, for example, worried that she was bad because she pictured violent things happening to her family. However, OCD cannot make you a bad person. Obsessional thoughts have been described as 'hiccups of the brain', because they happen even though we do not want them to. Having them does not mean that you have done anything wrong. In fact we often find that people have obsessions about the things that distress, worry or disgust them most, which is why OCD can seem like such a horrible problem.



Some people worry that thinking their thoughts or talking about them will make them come true. Although you may *feel* as if having these thoughts means they will come true, you probably know that it is impossible to cause or prevent an event just by thinking about it. You can test this out yourself by deliberately trying to make something happen with your thoughts. For example, try to make someone eat something they really don't like just by thinking of them doing it, or try to make your family win the lottery just by thinking that they will. I'm sure this exercise will have shown you that thinking things doesn't make them happen!

### **DO I HAVE OCD?**

There are questionnaires that can help you to think about whether or not you have OCD. Complete the short questionnaire in Worksheet 2.1 on the next page to help you decide if you might have OCD.

You can calculate your total score by adding up your scores for all seven questions. If you score 6 or more this might mean you have OCD, so you should talk to someone you trust about this. However, even with a score of less than 6 you *might* still have OCD. And a score of 6 or above might happen if you have some other problem or worries. So *questionnaires never take the place of getting help, but they can be useful for guidance.*

To be certain about whether or not you have OCD, we would recommend that you be assessed by a professional who knows about this problem. You can read more about this in Chapter 3, 'Can I Get Better from OCD?'



## Worksheet 2.1

### Short obsessive compulsive scale (SOCS)\*

For each question, put a circle around your answer.

Question	Score 0	Score 1	Score 2
Does your mind often make you do things (such as checking or touching things or counting things) even though you know you don't really have to?	No	A bit	A lot
Are you particularly fussy about keeping your hands clean?	No	A bit	A lot
Do you ever have to do things over and over a certain number of times before they seem quite right?	No	A bit	A lot
Do you ever have trouble finishing your school work or chores because you have to do something over and over again?	No	A bit	A lot
Do you worry a lot if you've done something not exactly the way you like?	No	A bit	A lot

If you have answered 'A lot' to *any* of these questions, please answer the next two questions as well.

Do these things interfere with your life?	No	A bit	A lot
Do you try to stop them?	No	A bit	A lot

You can calculate your total score by adding up your scores for all seven questions: ('No' = 0; 'A bit' = 1; 'A lot' = 2).

\* See: Uher, R., Heyman, I., Mortimore, C., Frampton, I. and Goodman, R. (2007) 'Screening young people for obsessive compulsive disorder.' *British Journal of Psychiatry* 191, 353-4.

## SUMMARY

- Obsessions are unwanted thoughts, pictures or urges that come into your mind. They are unpleasant and repetitive (i.e. they come over and over again) and they may make you feel out of control. Obsessions are usually associated with feelings such as anxiety, disgust and doubt.
- Compulsions are behaviours or actions that are carried out in response to an obsession. You might feel you have to do them over and over again, even if you don't want to or if you know that they don't make sense. Compulsions might be behaviours that other people can see (e.g. washing your hands, checking things) or they might be things you do inside your head that others can't see (e.g. counting, saying something to yourself over and over again).
- Compulsions might initially make you feel less anxious or worried, or they might make an obsession go away, but this is only temporary. Compulsions actually make obsessions stronger and more frequent.
- When obsessions and compulsions make you upset and angry or take up a lot of your time, this is known as obsessive compulsive disorder.

### REMEMBER

- OCD is not your fault.
- It does not make you mad or bad.
- OCD affects up to 2 per cent of the population.
- Anyone can suffer from OCD.
- Most people experience unwanted or intrusive thoughts at some time.

Now turn to the next Chapter on page 31

## ADVICE FOR PARENTS OR CARERS

Reading this section will help you to recognize and understand OCD. The first question you may be wishing to answer is whether or not your child has OCD. Perhaps you have found yourself bewildered by your child's repetitive actions, prolonged behaviours or avoidance of situations. Or maybe you have noticed their intense and frequent worries which persist despite repeated reassurance. You may well have experienced your own distress at these events and made changes in your life to accommodate and manage their worries and behaviours. This section will help you to answer your questions by exploring the basics of OCD, and it helps you learn how to receive a diagnosis and support.

### WHAT IS OBSESSIVE COMPULSIVE DISORDER?

OCD is characterized by intrusive, recurring and unpleasant thoughts (obsessions) and repetitive, frustrating and irrational behaviours (compulsions). The behaviours can be physical actions (e.g. tapping, checking, rewriting, washing), or mental rituals (e.g. visualizing a good image to cancel out a bad image). They function to temporarily relieve the stress and distress associated with an obsession. Obsessions and compulsions are often accompanied by feelings of anxiety, guilt, disgust and shame.

Between the ages of 2–6 years, many children have rituals, such as insisting on certain clothes or food, or arranging toys in a particular way. This is part of normal childhood development and enables children to begin to make sense of their world. Similarly, many adults have some ritualized behaviours; consider for example the person who returns to check that their car is locked, or the sports person who likes to wear their 'lucky shirt' for a match. However this is not OCD. Obsessions and compulsions become a disorder when they significantly interfere with a person's life. The behaviours will appear extreme and cause anxiety, anger and upset if they are interrupted or prevented. People with OCD may try to ignore their thoughts but are generally unable to do so because of their overwhelming feelings. The embarrassment or irritation at having to perform lengthy rituals, and the fear of obsessions, may also cause the sufferer to avoid people, activities or places.

OCD can affect people of all ages. Often when adults are diagnosed with OCD, it becomes apparent that they have had the problem since childhood, but they did not get help. This may have been because less was known and understood about the condition and its treatment. We now know that there are some

very effective treatments for OCD and that the more quickly a person is treated the better they will do in later life. Recent studies show that OCD may affect 1–2 per cent of the population, which means that it is likely that there are other children in your child's school who will be suffering with it too.

If your child has OCD they may be very embarrassed, ashamed or frightened of their symptoms and find them difficult to talk about. The behaviours that appear senseless and irritating to you, may to them feel like the difference between life and death! You may have noticed their rituals but you may not be sure whether your child has obsessions or what their obsessions might be. This could be because your child finds it difficult to understand or talk about their thoughts, or it may be because the obsessions are not thoughts but are urges or feelings of discomfort that they just cannot tolerate. Alternatively, they may fear that talking about their obsessions will cause them to come true.

Children often feel particularly ashamed if their obsessions are sexual or violent. It is important for you and your child to remember that obsessions are just unwanted thoughts, nothing else. They do not mean anything about your child. In fact obsessions will often involve the things that frighten or embarrass them most.

Many people with OCD worry that they are going 'crazy'. If a young person has OCD, it does not mean that he or she is going crazy. They are normal, but they do have a problem with anxiety and worry. The majority of people with OCD are aware that their worries and concerns are unreasonable and irrational and would rather be free of them. It can be helpful to remind your child that their thoughts and symptoms do not make them mad or dangerous and that they are not alone in their difficulties. Finally, making them aware that they are free to choose to discuss their worries if they wish and helping them to understand that OCD is a very treatable problem, can provide them with the reassurance and motivation they need to begin fighting their difficulties.

### **DOES MY CHILD HAVE OCD?**

To determine whether or not your child has OCD it is important to consider whether or not their thoughts and behaviours:

- cause them upset
- take up too much time (more than an hour a day)

- interfere with their everyday life (e.g. make them late, affect their relationships, cause them to avoid situations, affect their ability to do school work).

There are questionnaires and checklists that can help you and your child think about whether they have OCD. A short questionnaire (Worksheet 2.1) can be found on page 26 of this book. This will give you an indication of whether you need to be concerned about OCD. However, to be certain about a diagnosis you and your child would need to meet with a trained professional. Involving an experienced professional will also help you to think about whether medication or further support might be required at any point while you progress through this book. Your family doctor should be able to help you find the right people to assess and diagnose OCD and provide further support if necessary. You can read more about this in Chapter 3 of the book.

### **WHY DOES MY CHILD HAVE OCD?**

If your child is suffering with OCD you may be asking yourself why. Many parents worry that they might be in some way to blame for their child's OCD but it is very important to remember that OCD is not your fault and neither is it the fault of your child. There is no simple explanation as to why one person develops OCD and why another does not, but there are some known risk factors that may make some people more vulnerable to developing the condition than others. If you are wanting to find out more about the risk factors associated with OCD, then there are additional reading materials and information websites provided in the resource list at the end of this book. However, it is very difficult to be certain about the exact causes of an individual's OCD, and it is not necessary that you understand the cause of your child's OCD in order to help them overcome the condition.