

OBSESSIVE – COMPULSIVE BEHAVIOURS

What is OCD?

People who have Obsessive Compulsive Disorder have obsessions and compulsions. Obsessions are recurrent and persistent ideas, thoughts, impulses or images that are experienced as intrusive and senseless.

These obsessions make the person do something to try and put the obsession right. This is called the compulsive behaviour. Compulsions are repetitive, purposeful and intentional behaviours that are performed in response to an obsession.

The behaviour is designed to neutralise or to prevent discomfort or some dreaded event or situation. The compulsion is not connected in a realistic way to what it is geared to prevent or neutralise nor it is clearly excessive.

Both the obsessions and the compulsions can cause marked distress and can be time consuming. They can interfere with the person's normal routine, occupation, relationships and general social activity

Obsessive-compulsive Disorder (OCD) affects 1 to 2 people in 100. OCD usually starts in adolescence and young adult life. More males experience OCD at a younger age than females, but there does not seem to be any differences in gender.

What we know about OCD?

OCD can affect people in different ways, it can affect the way people think, how they feel and what they do.

Signs of OCD:

- Thoughts that frighten you, like thinking you are dirty and that negative things will happen if you are around dirty things.
- Thoughts that something you have done will hurt people.
- Images in your head of hurting people
- Believing things in your life are not in order

Compulsive rituals provide temporary relief from the distress being experienced. This relief provided by the compulsive behaviours motivate use of the rituals again and again, but they never provide a lasting solution. The rituals usually involve specific sequences or patterns. To end the distress of

obsessions, the compulsions must be performed in a certain ritualistic manner e.g. washing each finger separately a specific number of times.

People who have OCD often feel bad they are having such negative and intrusive thoughts. They feel relief by putting things right with their compulsions and this can make it very hard to stop the thoughts coming back or becoming stronger.

The Most Common Types of Obsessions and Compulsions

- Obsessions of contamination / washing Washers and cleaners are consumed with obsessions about contamination and dirtiness by certain objects or situations e.g. germs, disease and chemicals. To eliminate contamination they create rituals e.g. washing hands repeatedly and excessively, or cleaning their houses repeatedly.
- Doubt (obsession) / Checking compulsion People check things excessively in order to prevent a certain bad things from occurring. Common thoughts are checking doors are locked and windows to prevent burglary.
- Repetitive thoughts / Counting Thinkers and counters use repetitive thoughts or images in order to counteract anxiety provoking thoughts or images – the obsessions. They will try to recall events in detail or repeat a mental list as a way to ensure safety.
- Order and Precision Everything must be arranged in precise ways, including patterns, and people can become upset if someone else rearranges their possessions. Usually they do not fear impending catastrophe but rather feel compelled to engage in the ritualistic action when things are not presented in the correct order.
- Worriers These experience repetitious negative thoughts that are uncontrollable and quite upsetting. However unlike those with any of the above forms of OCD, they do not engage in repetitious behaviours such as hand washing or checking locked doors, and they do not have compulsions such as praying or counting.

Causes of OCD

There are several ideas about the causes of obsessive-compulsive behaviour. One idea is that it is a behaviour which has been learned, in which the person comes to recognise that performance of rituals is accompanied by relief from their obsessional thoughts and this reinforces the ritual.

Another idea suggests OCD is rooted in our biological make-up. This idea suggests that abnormalities in certain neurotransmitters may be involved. Neurotransmitters regulate mood, aggression and impulsivity. Altered levels of serotonin, a type of neurotransmitter, are thought to be an important factor in people with OCD.

No research has proven that OCD runs in families. However, it has been found that relatives of OC's are more likely than the average person to have other anxiety related problems. There is also a strong connection between OCD and depression. It is believed that two thirds of people with OCD will experience depression at some point in their lives.

A person's psychological processes can also influence the onset and maintenance of OCD. For example, low self-esteem.

If a person's self-esteem is low, they are more likely to be affected by their own mistakes and put more pressure on themselves to get things right. It is this kind of thinking that can lead to obsessional thought.

Treatment of OCD Can OCD be treated?

- Yes, OCD can be treated through relaxation techniques, counselling or drug treatment, or by a combination of all three. Some sufferers find relaxation exercises and using imagery helpful in reducing anxiety that causes obsessional thinking.
- Cognitive behavioural therapy that uses specific tools to help people eliminate their unwanted obsessions, thoughts and beliefs as well as alleviating their compulsions is a common approach used with OCD sufferers. Within this therapy, individuals learn to identify their specific distressing thoughts and learn how to replace them with more supportive ones.
- Various types of drug treatment have proven helpful in treating and alleviating symptoms of OCD.

Support for OCD can be found at:

[ReachOut.com](https://www.reachout.com)

[SpunOut.ie](https://www.spunout.ie)

[OCD Ireland Support Group](https://www.ocdireland.org)