



Obsessive Compulsive Disorder

Obsessive Compulsive Disorder

An Overview

- Obsessive Compulsive Disorder (OCD) affects 2-3% of the population – more than 500,000 Australians
- OCD is the fourth most common psychiatric disorder, after phobias, substance abuse and major depression

Many people experience obsessive thoughts and compulsive behaviours. A diagnosis of OCD will only be made if these thoughts and behaviours are:

- Time consuming (ie. Occur for more than one hour a day),
- Are recognised as excessive and unreasonable,
- Cause significant distress,
- And interfere with a person's normal routine, occupational or academic functioning or social activities and relationships.

What is OCD?

Obsessions are recurrent and persistent thoughts, impulses, or images that are experienced as intrusive and inappropriate, and are not simply excessive worries about real life problems.

Compulsions are repetitive behaviours or mental acts that are performed in response to an obsession, or according to rigid rules, and are aimed at reducing distress or preventing a dreaded event.

What Causes OCD?

There are several theories about the causes of OCD. One theory views compulsions as learned behaviours, which become repetitive and habitual when they are associated with relief from anxiety.

Another theory indicates that OCD may be associated with genetic traits - that there is a vulnerability to OCD and/or high levels of anxiety in certain families. Other research has investigated the role of chemical, structural and functional changes or abnormalities in the brain, which may be linked with OCD. It is most likely that the development of each person's OCD is the result of several interacting causes, and is affected by stressful life events, hormonal changes and personality traits.

Symptoms of OCD

The most common obsessions involve thoughts and fears of contamination, and fears of harm to self or others. Other obsessions include thoughts, images and impulses associated with symmetry and orderliness, illness, religious or moral issues, sexual concerns, and needs to save, collect or remember things. These obsessions can vary from time to time both in nature and severity. Obsessions do not respond to logic, and produce feelings from annoyance and discomfort to acute distress, disgust and panic.

Common compulsions include excessive hand washing, showering, cleaning and checking. Other compulsions include hoarding, repeating routine activities and actions, touching and tapping, applying rigid rules and patterns to the placement of objects, needing to constantly ask or confess, and a range of mental compulsions such as counting and repeating words. The compulsions generally are excessive and ritualized behaviours, involving constant repetitions.

For example, a person with OCD may spend 2-3 hours every day in the shower, and several more hours hand washing, or washing clothes, food and household items. Their anxiety may not only be that they are dirty themselves, but that they may infect others, contaminate foodstuffs and so forth. They may know that further washing is unnecessary, but they cannot stop the feeling of needing to wash and re-wash. Similarly, compulsions to check may involve repeatedly checking light and power switches to ensure that they are off, or checking locks to ensure that they are secure, despite knowing that they had just checked them.

These compulsions and obsessions may take up many hours of a person's day. They can intrude into many routine activities and actions – for example, walking, eating, opening a door and reading may involve complex rituals.

Compulsive Hoarding

Hoarding behaviour is quite common, and many people who hoard possessions do not suffer from a disorder. However, when this behavior becomes severe, it can cause significant distress and impairment. Hoarding behaviour becomes clinically significant when it creates sufficient clutter so that parts of one's home cannot be used for their intended purpose. The problems caused by hoarding include safety and health threats, as well as interpersonal and even legal conflicts. Navigating a cluttered house can be dangerous, especially for older people or those with limited mobility. Excessive clutter is frequently associated with increased risk of fire

and difficulty exiting the home due to blocked doorways and windows. Because adequate cleaning of cluttered homes is difficult, if not impossible, allergies and respiratory disorders can be exacerbated by hoarding behaviour.

Why do people with this problem save things?

The obsessional fear associated with hoarding is that something of importance might be lost by discarding. The feared loss may be in the form of monetary value, lost opportunity, or even the loss of part of oneself. Discarding or giving away possessions can provoke grief-like reactions in people who hoard. Fears about loss are related to beliefs commonly seen in other forms of OCD. For instance, people who hoard often feel an exaggerated sense of responsibility for being prepared and for not wasting resources. These beliefs can be so powerful that the relative importance of objects is exaggerated. People who hoard tend to want to maintain control over their possessions, often so that no harm will come to them or so that they are given only to people who will take proper care of them. People who hoard also overestimate the threat posed by discarding a possession, typically fearing criticism from others or being unprepared. Finally, efforts to discard are accompanied by lack of tolerance for the uncertainty that a use may be found tomorrow for a possession that was discarded yesterday.

Treatment options

Recovery can depend on finding the right combination of approaches to suit individual needs at a particular time in their life. A variety of

treatments have been shown to be helpful, and more are currently being researched:

Cognitive Therapy provided by psychologists and counsellors is often recommended for people with OCD. Researchers at the University of Melbourne Psychology Clinic (Prof Mike Kyrios, Sunil Bhar & Celia Hordern) pointed out that the beliefs people attach to their intrusive thoughts can lead to depression, anxiety and compulsive reactions. For people suffering with OCD these beliefs can include an overdeveloped sense of responsibility, an overestimation of danger or threat, a need to control mental and motor activities, the over-importance of thoughts, intolerance for uncertainty and ambiguity, and perfectionism.

Cognitive behavioural therapy

This treatment requires a detailed analysis of obsessions, how the person attaches importance to them and all the strategies that the person uses to deal with the thought (Freeston & Ladouceur, 1997b). Certain ideas about what the thoughts may mean are reconsidered. These ideas may include the over-importance of thoughts (including magical thinking and thought-action fusion), responsibility and the need to control mental events which may be related to perfectionism. Exposure and response prevention is explained and a structured method is followed to enable the person to apply response prevention to all the strategies. This process aims to assist change in what the person's ideas about their thoughts may mean to reduce the level of anxiety or discomfort.

As in any treatment aimed at modifying compulsive behaviour, therapy does require a great deal of courage and commitment and, as in all cognitive-behavioural therapies, people need to work between sessions. The person is helped by really understanding what is being done and why it is being done. Understanding how obsessive thoughts work is half the battle.

This is a slow process and one described here in a rather simplistic fashion. It usually requires several sessions with a psychologist or psychiatrist to develop these skills although use of a number of the self-help books listed in the appendix at the end of this booklet can be a helpful start and adjunct to treatment.

- ✧ **Medications** are sometimes provided by GP's and psychiatrists to help relieve anxiety symptoms as a short term measure. Some medications, especially those which affect the serotonin system, have been found to alleviate symptoms of OCD.
- ✧ **Self-education** through books and the internet in order to learn as much as possible about OCD
- ✧ **Breathing and muscle relaxation techniques, yoga and meditation** can assist in relieving symptoms of anxiety
- ✧ **Join a support group** to share your experience and learn from others

What to do when you feel panicky:

Four steps to management of anxiety -

Objectify, Quantify, Assess, and Duration

Objectively describe the sensation/experience to yourself:

- ✧ What do you feel?
- ✧ Is your heart beating fast?
- ✧ Palms sweaty?
- ✧ Lungs feel constricted?
- ✧ Muscles tense?
- ✧ Which muscles are most tense?
- ✧ Any numbness in your limbs?

Create an analogy such as “my stomach feels like someone is twisting a towel” or “the pain in my head feels like someone is driving a spike through it”. Through describing one’s intense negative experiences in concrete, objective metaphors you create a distance, thereby lessening the experience.

Measure the intensity (on a scale of 1-10) – rate the level of anxiety

- ✧ 10 = The ultimate level of anxiety (e.g., feels like I will go crazy, die, etc. I need to find relief ASAP).
- ✧ 8 = Really intense suffering and pain with slight belief in your ability to tolerate it.
- ✧ 5 = Wavering between effectively coping and challenging enough to require you to find some relief.

✧ 3 = Moderate discomfort and annoyance, but manageable.

✧ 1 = Little or no anxiety.

Honestly ask yourself “Can I stand this... do I have room in my life to be experiencing this right now...”

Assess your capacity to tolerate the experience and recognise the choice you have available to you:

✧ willingly enduring the anxiety without bailing out;

✧ bailing out and seeking relief.

If you decide to endure it, decide upon the duration of time within which you can do so.

For example, you would tell yourself something like “I am willing to put up with this experience for 10 minutes”. You must also be willing to be reminded every 30 seconds or so, that the feeling of anxiety is still there. If you choose not to endure the feeling, try breathing exercises or muscle-relaxation exercises, or focus your attention on an object outside of your body.

(Adapted from Speak of the Devil by Dr Steven Phillipson)

Relaxation techniques

Deep breathing can reduce your anxiety

It only takes a few minutes and it is easy to learn and can be practised anywhere. The main idea is to breathe deeply from the abdomen rather than shallow breaths from your upper chest, getting more oxygen into your lungs. The more oxygen you get, the less tense and anxious you feel.

- ✧ Sit comfortably with your back straight. Put one hand on your chest and the other on your stomach.
- ✧ Breathe in through your nose. The hand on your chest should have little or no movement.
- ✧ Exhale through your mouth, pushing out as much air as you can while contracting your stomach muscles. The hand on your stomach should move in as you exhale, but your other hand should move very little.
- ✧ Continue to breathe in through your nose and out through your mouth. Try to inhale enough so that your lower abdomen rises and falls. Count slowly as your exhale.

If you have a hard time breathing from your abdomen while sitting up, try lying on the floor. Put a small book on your stomach, and try to breathe so that the book rises as you inhale and falls as you exhale.

(Acknowledgements: <http://www.reachout.com.au>)

OCD Recovery Strategies

- ✧ Be determined to beat your OCD - believe that you can, even if you don't feel it, and sometimes it seems you take two steps back for every one forward.
- ✧ Recognise that your OCD is not you - separate it away from you as a person. Maybe draw a picture of it, or give it a name. How would you react to someone who made you do all these things that you don't want to do. Of course, you would get angry. Get angry at your OCD. Tell it you don't

want it any more, you've had enough and you're going to beat it.

- ✧ It is very important that you avail yourself of all the information you can find pertaining to OCD. The condition then becomes less threatening and somehow a lot of things start to make sense.
- ✧ During your recovery you may find there are days when you feel you are slipping back. You will feel disappointed, but you must remember that a slip is just that - a little set-back from which you can just start going forward again. Everyone experiences these set-backs. Be prepared to wait it out a few days. Use all the support networks you have, and keep applying all the behavioural exposure techniques you have learnt in therapy. The thing most true about a set-back is that it will pass - as long as you keep pushing ahead.
- ✧ Sometimes it helps just to keep busy. This is like a distraction technique by keeping your mind focused somewhere other than your OCD. Watch TV, go out somewhere, walk around the block, go shopping - or whatever you like doing. While you are doing this, try to put a blanket over your OCD - a mental blanket, sort of like blocking out your thoughts. Tell it you'll come back to it later. Of course, you know OCD doesn't like being ignored - and it's funny, if you can achieve this, even for a minute, it seems to wither away a bit.

- ✧ Try and set some goals for yourself. Spend some time thinking about who you are, what you want to do and be (without your OCD). Make a list of steps you can take to achieve these goals. Think about yourself without OCD a lot. After a while, your mind will start to try to make the rest of you fit into this new image. Don't resist it.
 - ✧ When you resist the compulsive urge your anxiety will shoot up. Don't fear it - it's just anxiety and it can't hurt you. The more anxiety you are able to withstand the quicker your OCD will lose its grip.
 - ✧ Identify the negative thoughts and false beliefs in your mind. Remember that these thoughts and beliefs are not helpful at all, and you can decide that you don't want them. Practice replacing them by repeating positive and rational statements to yourself.
 - ✧ Do an accurate assessment of yourself, and don't shy away from all those positive attributes that you find. Write them down and look at this list whenever you're feeling down.
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SUCSESSES AND STRUGGLES:

Personal experiences with OCD

Nurturing the Garden

Robert T. Bloom knows he can't control his OCD. But more important, he knows that neither is he helpless against it. Bloom has developed a philosophy that helps him get past the frustration of having OCD and on to the essential work of making the most of his life.

“I believe that the difference between overcoming and being overcome by adversity is a matter of being guided by the right mental outlook,” he writes. “I am sharing my philosophy with other OCD sufferers in the hope of inspiring them to develop an efficient philosophy of their own.

“Think of your struggle to manage OCD as a challenge to persevere, rather than an excuse for giving up and giving in. No one goes through life without having to bear a cross of some kind. The fact that other people's ordeals may be invisible to you doesn't mean that they don't exist, or that they are any less oppressive than yours. Similarly, the inner turmoil associated with your OCD is no less painful because of other people's inability to appreciate your suffering. OCD is one kind of cross that some of us are required to endure throughout our lives.

“We don't get to choose the kinds of hardships that afflict us. What we do get to choose is how we react to them. The impact that they have on our lives is determined less by the crosses themselves,

and more by the manner in which we choose to respond to them. You can choose to react negatively to your OCD by accepting that it is a burden that can't be overcome. On the other hand, you can choose to react positively by believing that OCD, like any other obstacle, is a test of inner strength that you can, with the right strategy, stand up to.

“Although OCD is an onerous test, it can be effectively managed. It's a matter of believing in the power of your mind to help itself, committing to the right OCD management strategy and persevering throughout the struggle.

“As you struggle to manage your OCD, think of climbing a seemingly unclimbable mountain, foothold by foothold. Focus on the entire mountain that has to be climbed and the mountain will defeat you. Focus only on the part of the mountain that you are actually climbing, and you will eventually conquer the mountain. Take on your OCD in the same manner—symptom by symptom, instead of tackling the entire bundle of symptoms. Throughout the struggle, keep in mind that the tougher it is to climb a mountain, the sweeter is the satisfaction when you finally reach the top.

“Since OCD is a chronic medical condition, the struggle to manage OCD does not end when you reach the mountaintop; it gets progressively easier. Therefore, think of your struggle to manage OCD as a lifetime pursuit of the harmony and balance found in a beautiful garden. To cultivate and preserve a garden in such a condition requires endless nurturing. Throughout this continuous

process, be assured that your labour will be generously rewarded by the extent to which your life is enriched.

“Think of your struggle to manage OCD as an opportunity as opposed to a burden. The burden in your life is OCD. The struggle to manage OCD is a journey you want to take to liberate yourself from that burden. The destination that the journey eventually leads to is a new beginning: a place where you can experience and appreciate the joys of life without OCD’s incessant interference. When you have finally loosened OCD’s grip on your life, there will also be an opportunity for you to discover and share the complete person in you that had been concealed by OCD. The opportunity for a new beginning is a precious gift. The struggle to manage OCD is a price worth paying for such a gift. Use the hope of a new beginning as a source of inspiration to keep you going throughout your struggle. On the days when you feel you are losing the struggle, cling to the belief that, as I once wrote in a song, ‘once upon a morning, there will surely be for you a new day dawning.’”

Robert T. Bloom

edited by Caroline Case, OCF Newsletter, USA, Vol 12, No.4, Aug/Oct 1998

Life Begins At 47!

Recovery from OCD: A Sufferer's Story

by Judy Fraia

I am five years old and this is the first day of my school life. Here I stand by the school fence, clutching the rail, feeling the cold steel through my woollen gloves. "Well, here I go", I thought. I was to find that school life was not going to treat me kindly. I found lessons hard to absorb and information hard to decipher. I found it hard to remember anything. It was as if there was a thick cloud surrounding my brain.

At the tender age of five I was already plagued with anxiety and panic. I couldn't concentrate on lessons at school, my mind preoccupied with strange and fearful worries. When I walked home from school, just a short way along the railway track, I was engulfed with fear and 'what ifs'. What if the birds on high attacked me? What if that vicious dog with the odd coloured eyes had pushed his way through the wire fence? Worse still, was when I knew the steam train was due. I must get home before I heard that ominous whistle, or I might be compelled to lie on the train track.

I can't pin down a time when my OCD began. I think it just grew within me and spread throughout my brain.

My parents took me on many vacations. These holidays should have been times of joy and excitement, but of course, that was not the case. Mountains and sea-side views went by completely unnoticed, as I was always consumed by my tortuous fears and

thoughts. My primary school days consisted of seven years of torment. I was convinced that my brain had not grown to its full capacity and that was the reason why I couldn't cope as the other children seemed to be doing. For me, everything was an effort.

I would wake every morning and dread going to school. I found I couldn't concentrate properly during the lessons, as I was too busy trying to deal with my anxiety. I was doing a lot of counting in my head, but it didn't help me do my sums in maths! The teachers would give up on me. Very early in the school year, my self-esteem and confidence would plummet to the bottom of the darkest pit.

At age 12, I went off to high school. That's where and when my OCD really began to take over my mind, and my life. Along with panic and agoraphobia. Who could believe I was tormented not every minute of the day, but every moment. I had this dreadful fear that I would stop breathing and was aware of my every breath.

My mother was aware of my difficulties and would take me to our rather elderly doctor. He said, "Go home, young lady, and forget all about this silly thing".

I was plagued by the idea that I was a terrible sinner and that I should confess my every impure thought to my mother. I didn't want to do this, but I felt that something dreadful would happen if I didn't tell all. I thought I had done wrong to many people; I would wildly try to remember what I had said or done to family or friends, even going back many years. Then I would madly apologise to any one I thought I might have done wrong to. This earned me more

than a few startled looks and raised eyebrows - I also lost many friends. I would pray that I would not wake in the morning, for if I was to get out of bed I would suffer, and if I stayed in bed I would be tormented by thoughts - horrible, ghastly thoughts.

At age 14 I was working at Coles. Both my OCD and Agoraphobia were in full swing. My life was hell and by this time I had given away the idea of being helped. I was alone. Sometimes my rituals and unmentionable thoughts became too much for me, and I would go into a trance. My boss found me in the tea room, sitting, staring at the wall. I was promptly asked to leave. I was told that I was no use to anyone. I was a useless human being.

I was now home, with no job, so I was expected to keep the house clean and tidy, which meant vacuuming, dusting and sweeping. Just vacuuming the floor became an ordeal. I was compelled to measure the carpet into eight inch squares and vacuum them one by one. Dusting the ornaments would take up most of the day.

In my later teen years, I had a period of respite from my mental disorder - long enough to secure a nice boyfriend, to enjoy ballroom dancing, and to obtain a job in a clothing store. I even enjoyed the prospect of going to work every morning. However, I was soon to find out that OCD takes everything and leaves you with nothing. My dancing was the first to go. I began to feel sick and panicky when ascending the staircase to the dance hall - soon I could take it no more. Next I lost my job. I would take too long to do

anything. Clothing tables had to be done, many times over, until everything was in line and colour, going from pale to dark. A ten minute tea break turned into an hour, as I battled with 'what ifs' - 'did I close the door'; 'I'm sure I dropped the hanky and someone will use it and get a cold and they might die because of me'; 'did I turn the tap off?- the rest room will be flooded'; 'I should wash my hands again, I know I washed them but I feel this gut wrenching doubt all the time'. It was not long before the manager gave me my marching orders. Finally my boyfriend left me, as well. Why was this happening to me? I felt sad all the time. I had lost the ability to laugh or smile. Would I ever be happy again? My heart ached with the desire to be normal.

I ceased to live for the next six months. My life was a blur of fear, doom and tears. I had lost everything. I had nothing left to lose.

My poor distraught mother took me to Tasmania by way of an overnight ferry trip, supposedly to lift my spirits. By this time a new curse had emerged. I was compelled to brush my teeth in a certain way, which would take up to four hours and would result in a mouth full of blood. When the rest of the passengers were sitting on deck in the cool of the night, I was in the wash room cleaning my teeth - first in an up and down motion, then carefully in between each tooth, and so on.

Even worse was to come upon retiring to our bunks. I was bathed in a wave of fear. I had a dreadful thought that I would sleep walk and jump into the sea. I ordered Mum to tie the door up with

anything she could find, such as belts, ribbons, string etc., and in knots, impossible to be untied. Come morning manicure scissors were brought on the scene, and good belts and new ribbons were slashed beyond recognition. My mother had read where certain mental conditions were brought under control by severing long hair, thus elevating the weight from one's neck. In a shot I had my waist length locks chopped off like a boy. The result was depressing and I still remained sick.

I struggled on during the following years, and eventually married and had children of my own. In the month of May 1972, I was 27 years old and my children were only small, the youngest being 6 months old. I was riddled with OCD, consumed with depression and agoraphobia and literally drowning in my fear with recurring panic and anxiety attacks. I wondered how long I could carry on like this. I was sick to the stomach with this disease with its insidious rituals that I was compelled to perform day after day. I prayed that I may experience just one day of happiness, an emotion that had evaded me most of my 27 years of life. No need for me to be afraid of hell; I was already there.

I decided I could no longer carry on like this. I asked my mother-in-law to take my three children and rear them, as I no longer felt capable. My mother-in-law, God rest her soul, said not a word; but heard what I was saying. A great sadness overwhelmed me as my six year old son looked at me with his big, brown, sad eyes, full of questions I could not answer. "Wonder what will happen to me?" I

thought. "Will I be put away, never to see my children again?" After much soul searching I realised I must fight on; not for me but for my small family. Surely there was some strength left in my frail 45 kilo body. I told myself that I must muster up the last fibre of strength and carry on. Why should my babies be without their mother? There had to be a way around this diabolical situation.

Maybe it was the intense trauma at the idea of losing my children, but I managed somehow over the next couple of days to find reserves of courage and strength that I didn't know I had. I knew I had to find a way to control this terrible disorder.

I started using distractions - inviting friends to visit me, and housework. For some reason it seemed to help. I developed a technique, after lots of practice, of blocking my thoughts. In time I also found other techniques which helped - allowing myself to feel the agony of some of my thoughts and accepting them, and using picture imaging as a way of escape. I felt after a while that I had at last some control over my OCD. I knew I was on the right track - there was light at the end of the tunnel. Finally! Many doctors I had seen, much medication I had taken, many times I had been told to go home and forget about it. The truth of the matter was, I was completely on my own with no one to help me. How I wished I could share this with someone. My condition was controlled, not cured. My OCD was forever bubbling below the surface, ready to consume me if I let my guard down for just one minute. My condition was to wax and wane in the coming years. After my fifth

child the geyser erupted once again, and with a vengeance, to be sure.

I began having a lot of thoughts pertaining to guilt, a fear that I might do harm to someone or that I may have already done so. A trip home from a school meeting and a rock on the road meant many trips back and forward to the supposed murder scene. That harmless piece of stone on the road had sculptured itself into a wounded animal or worse still, a lifeless corpse. I went to the scene of the crime with the full knowledge that I had done nothing wrong.

My life took a turn for the better in December 1992 when I spotted an article in the newspaper "The Sunraysia Daily", regarding a seminar at the Mildura Private Hospital by a Melbourne Psychologist, on the topic, "Negative and Unwanted thoughts". Along I went to the seminar, mostly out of curiosity. Ten minutes into the seminar I felt that the doctor knew me without knowing me - a strange feeling indeed. My OCD said, "Run for your life". My heart said, "This man is to be trusted". What was I to do? The truth was, my condition was getting harder and harder to control and I had to work harder at keeping it at bay. My hold was becoming very shaky. The thought of not being in control terrified me. This man in a navy suit was my last hope. I felt my time was running out and that my days were numbered. My thoughts ran along the line of - 'what if this doctor suggests medication, to which I have an undesirable reaction?' 'Might I end up in a mental hospital, relegated to a back

room?’ Then there were evil things like straight jackets, shock treatment and lobotomies.

After eight months of attending seminars I felt I had no option but to front up to the doctor and ask for help, which I did. At my first visit I was full of fear, but the consultation ended with a warm hand on my shoulder and a promise of help. “Would I consider coming to Melbourne for two weeks, for treatment?” asked my doctor. I was scared, but for the first time I felt a glimmer of hope. Why not? I've come this far, who knows I might eventually know what it's like to be normal.

Once in Melbourne I was presented with a prescription. I was to take a small yellow pill before retiring. It didn't look all that sinister. I was soon to find out otherwise. What I thought would happen, in actual fact, did. I had a frightening reaction and thought I was going to die. I decided against phoning my doctor at 4.30 in the morning. The next morning I felt disappointed and confused, the hope of a new life gone down in flames. For the next two weeks I lived in a world of terror. I was afraid to take any more medication but at the same time was not ready to give in. I decided to soldier on. I had come to Melbourne to get better.

I decided to take the matter into my own hands. I made up my mind I would go back on the ominous yellow pill. God help me. With trembling hands I gingerly cut that little yellow tablet into quarters. I figured this way I would only have a quarter of a reaction. I could deal with that. My hunch was right - the strong physical

reaction didn't occur again. I gradually built my dosage up to 1 tablet again, and I was very proud of myself. By the time I was on two tablets I was already experiencing a strange sense of well-being and I had an appetite for the first time in my life. During the next few weeks my fears, panic and the urge to do compulsions began to recede. They say that life begins at 40. My life began at 47.

How you can support others with OCD

Like any illness, OCD affects not only the daily lives of those living with the disorder, but families and friends around them. If OCD is left untreated it can disrupt the family unit and put strain on the strongest of relationships. Family and friends need to learn about OCD and recognise that it is a real and serious illness and not a sign of weakness. Support and understanding from friends and family can assist people with OCD and their health professionals to develop a treatment plan that works for them.

The Anxiety Recovery Centre Victoria is a non-profit community organisation providing support, recovery and educational services for people with anxiety disorder and their families and carers

Information, consultation, training & educational resources are provided to professionals, community and mental health care agencies.



ARCvic Services:

Support & Social Groups	Information Kits & Publications
OCD & Anxiety HelpLine	Library
Newsletters	Community Education Seminars
Recovery Programs	School Education Program
Professional Education & Consultation Programs	Early Intervention
Advocacy	Research

SELF-HELP BOOKS

When Perfect Isn't Good Enough: Strategies for Coping with Perfectionism

Antony & Swinson, USA, 1998

Getting Control: Overcoming Your Obsessions and Compulsions

Lee Baer. Publisher: Little Brown and Company 1991

The Imp of the Mind: Exploring the silent epidemic of obsessive bad thoughts

Lee Baer, USA, 2001

Obsessive Compulsive Disorder: The Facts

Padmal de Silva & Stanley Rachman. Publisher: Oxford University Press 1992

Stop Obsessing: How to Overcome Your Obsessions and Compulsions

Edna B Foa & Reid Wilson. Publisher: Bantam Books 1991

Obsessive Compulsive Disorder: New Help for the Family

Herbert Gravitz, USA, 1998

Freedom from Obsessive Compulsive Disorder: A Personalised Recovery Program for Living with Uncertainty.

Jonathan Grayson, USA, 2003

The OCD Workbook: Your Guide to Breaking Free from Obsessive Compulsive Disorder

Bruce Hyman & Cherry Pedrick, USA, 1999

Nine, Ten, Do It Again: A Guide to Obsessive Compulsive Disorder

Kathryn l'Anson, ARCVic / OCADF Vic, AUS, 1997

Obsessive compulsive disorders: A complete guide to getting well and staying well

Fred Penzel, USA, 2000

The Boy Who Couldn't Stop Washing - The Experience and Treatment of Obsessive-Compulsive Disorder

Judith L. Rapoport. Publisher: E. P. Dutton 1989

Brain Lock: Free yourself from Obsessive-Compulsive Behaviour

Jeffrey Schwartz, USA, 1996

When Once is Not Enough: Help for Obsessive-Compulsives

Gail Steketee & Kerrin White. New Harbinger Publications Inc 1990

Understanding Obsessions and Compulsions: A Self-Help Manual

Frank Tallis. Publisher: Sheldon Press 1992

A Thousand Frightening Fantasies: Understanding and Healing Scrupulosity and Obsessive Compulsive Disorder

William Van Ornum, PhD., USA, 1997

In addition to this booklet, a comprehensive range of literature on anxiety disorders and strategies for recovery is available from ARCVic on request.

Please phone the OCD and Anxiety Helpline on (03) 9830 0533 or 1300 269 438 and a Helpline volunteer will arrange for a kit to be mailed to you.

The ARCVic library is open during office hours and includes a wide range of books which you may read in a comfortable, quiet setting. ARCVic members are also able to borrow books and DVDs from the library for up to two weeks.

Anxiety Recovery Centre Victoria

ARCVic is a state-wide community mental health organisation, providing support, recovery, early intervention and educational services to people and families living with anxiety disorders. Education, training and consultation services are provided to professionals and agencies to promote wider availability of services for people with anxiety disorders. ARCVic is a charitable, non-profit organisation, funded by the Department of Human Services, and supported by membership, donations and sponsorships. ARCVic is the business and promotional name of the Obsessive Compulsive & Anxiety Disorders Foundation Victoria (OCADF Vic). The OCADF Vic was established in 1987. OCADF Vic is an incorporated association under the Associations Incorporations Act, governed by a committee of management. The Committee of Management includes people with anxiety disorders, family members, carers and professionals.

ARCVic's core functions encompass the following areas: support, self-help, recovery, skills, education, training and advocacy. Services include: telephone counselling Helpline; support, self-help and social groups; recovery programs and workshops; family and carer support and education programs; community education; information & library services; advocacy; counselling; early intervention programs; professional education and training programs.

ARCVic's mission is to foster the emotional, mental and social well-being of people living with anxiety disorders; and to empower people with support, knowledge and skills that will build resilience and recovery, and reduce the impact of anxiety disorders on people's lives.

Disclaimers

Views expressed in personal stories do not necessarily reflect the views of the ARCVic Committee of Management. The printing of stories of people's personal experiences of anxiety disorders and recovery stories does not indicate that ARCVic endorses any treatments or coping strategies suggested. People with an anxiety disorder should not consider any information or stories in this Publication as personal advice regarding treatment. Such advice should be obtained directly from a clinician.

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Acknowledgments

Information in this booklet was taken from resources at the Anxiety Recovery Centre and from the following articles:

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Kyrios, A/Prof M., Bhar, S. & Hordern, C. (2004). *What is Cognitive Theory and What Can it Tell us About Managing OCD? University of Melbourne Psychology Clinic, ARCVic Newsletter.*

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OCD Self-Test

The following list describes common obsessions and compulsions experienced by people with OCD.

Tick those which you feel may apply to you.

Common Obsessions	Yes or No?
"I am afraid of getting dirty or being infected by germs."	<input type="checkbox"/> Y <input type="checkbox"/> N
"I am afraid of getting AIDS. I am afraid that I have AIDS."	<input type="checkbox"/> Y <input type="checkbox"/> N
"I always concerned about poisons and other toxic substances."	<input type="checkbox"/> Y <input type="checkbox"/> N
"I am terrified that something might harm myself or my family."	<input type="checkbox"/> Y <input type="checkbox"/> N
"I worry that I might be violent and hurt someone."	<input type="checkbox"/> Y <input type="checkbox"/> N
"I am guilty and ashamed about my blasphemous religious thoughts and perverse sexual thoughts".	<input type="checkbox"/> Y <input type="checkbox"/> N
"I am always thinking about certain words, numbers, sounds or images".	<input type="checkbox"/> Y <input type="checkbox"/> N
"I am very concerned about objects being placed in a certain order or arrangement".	<input type="checkbox"/> Y <input type="checkbox"/> N
Common Compulsions	Yes or No?
"I have to do many normal routine actions in rituals - a certain number of times or according to specific rules"	<input type="checkbox"/> Y <input type="checkbox"/> N
"I have to wash my hands, or shower, or brush my teeth over and over again".	<input type="checkbox"/> Y <input type="checkbox"/> N
"I have to clean my home and household items excessively".	<input type="checkbox"/> Y <input type="checkbox"/> N
"I have to repeat routine activities over and over".	<input type="checkbox"/> Y <input type="checkbox"/> N

"I have to arrange things in a certain order".	<input type="checkbox"/> Y <input type="checkbox"/> N
"I have to repeat words or phrases, or count up to a certain number".	<input type="checkbox"/> Y <input type="checkbox"/> N
"When I have a 'bad' thought, I have to replace it with a 'good' thought".	<input type="checkbox"/> Y <input type="checkbox"/> N
"I can't throw out things, such as old newspapers, magazines, containers, books and clothes".	<input type="checkbox"/> Y <input type="checkbox"/> N
"I have to repeatedly ask other people for reassurance that something has or has not happened".	<input type="checkbox"/> Y <input type="checkbox"/> N
"I have to constantly ask questions or confess about 'bad' things I think I have done."	<input type="checkbox"/> Y <input type="checkbox"/> N
"I have to move in a special pattern, or touch or tap things in a particular way or a certain number of times."	<input type="checkbox"/> Y <input type="checkbox"/> N
"I have constant doubts as to whether I have locked the door or turned off an electrical or gas appliance and so I have to check over and over again".	<input type="checkbox"/> Y <input type="checkbox"/> N
"If I drive over a bump on the road, I have to stop the car and get out to check that I have not hurt or killed a person or animal."	<input type="checkbox"/> Y <input type="checkbox"/> N
"I try to avoid any situations, objects, people or places may trigger my fears and rituals".	<input type="checkbox"/> Y <input type="checkbox"/> N

If you have ticked one or more of these obsessions and compulsions consult your doctor for advice and assistance, and ring the Anxiety Recovery Centre Victoria's *OCD & Anxiety HelpLine 03 9886 9377 or 1300 ANXIETY / 1300 269 438* for further information, referral and support.