WHAT IS IT?
● A certain amount of worry or superstition is perfectly normal. However, sometimes high levels of anxiety become an everyday experience and an individual has to develop repeated actions or thoughts in order to try and gain some control over their feelings. This is known as an obsessive compulsive disorder.
● People with an OCD can exhibit bizarre behaviour that is distressing both for the individual and their family (BBC, 2000).

INCIDENCE
● OCD affects 2–3 per cent of the population and does not appear to restrict itself to any specific groups (OCD-UK, 2004).
● Men and women are affected equally.

DEFINING OBSESSION
● Obsessions are thoughts or impulses that occur repeatedly and feel out of the individual’s control.
● The person will not want to have the obsessive thoughts, will find them disturbing and intrusive, and will often recognise that they don’t make rational sense.

DEFINING COMPULSION
● People with OCD try to remove their obsessions by performing compulsions.
● Compulsions are acts the person performs repeatedly, often according to certain ‘rules.’ For example, a person with an obsession about contamination may wash constantly to the point where their hands become raw and inflamed, another may repeatedly check that the oven is off because of an obsessive fear of burning the house down.
● Unlike compulsive drinking or gambling, OCD compulsions are not pleasurable. Rather, the rituals are performed to obtain relief from the discomfort caused by the obsessions (Obsessive-compulsive Foundation, 1998).

CAUSES
● The exact cause of OCD is unknown and is probably due to a combination of factors. Throughout most of the last century the dominant theory of the causes of OCD was psychoanalytical. It was felt that the symptoms of OCD were the individual’s way of expressing unresolved issues to do with toilet training and the anal stage of development as a child. This theory has largely been discredited by the failure of psychoanalysis to resolve cases of OCD and more recent neurological discoveries.
● According to learning theory OCD is a result of the individual ‘learning’ negative thoughts towards normal situations as a result of life experiences. For example, a person may develop a ritualistic system of food preparation and cleanliness as a response to having had food poisoning. Performing the ritual acts staves off the anxiety about it happening again.
● Another theory is that individuals with OCD have abnormally low levels of the neurotransmitter serotonin in the synapses of the brain. The positive effect of tricyclic antidepressants, particularly selective serotonin reuptake inhibitors (SSRIs), supports such findings.

TREATMENT
● Cognitive behavioural therapy (CBT) is generally viewed as the most effective form of treatment for OCD. CBT involves the use of such techniques as interrupting negative thought patterns, the gradual challenging of irrational behaviour, gradual desensitisation aimed at reducing reaction to stressful triggers, and monitoring thoughts, feelings and actions.
● SSRIs have had good success with many people who suffer from OCD. However, medications should only be given concurrently with CBT as they will not address the underlying psychological problems.

REFERENCES


Handwashing is one of the compulsions performed repeatedly by some people who have OCD

What you need to know about...

OBSESSIVE
COMPULSIVE
DISORDER

● Obsessions can take many forms. People with an obsession may, for example, worry excessively about cleanliness and germs or be obsessed with the idea that they are contaminated or may infect others. They may be obsessively afraid of harming others, even though they know this is unrealistic.
● Obsessions are accompanied by distressing feelings, such as fear, disgust, doubt or thinking that things have to be done in a certain way.

● The treatment

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