OCD and Anxiety

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The Relationship Between OCD and Anxiety

Your friends say that you have been washing your hands too much. Your family notices that you have been checking, rechecking and then checking again to make sure the stove is off before you can leave the house. You have been spending more time trying to not do “the wrong thing” for fears that a catastrophe could be triggered by your actions. What is happening here?

Based on these tiny pieces of information, it sounds like obsessive-compulsive disorder (OCD) has entered your life. To be clear, every person has some degree of OCD symptoms. Because the thoughts, feelings and behaviors associated with OCD fall on a continuum, it is something that everyone experiences from time to time.

Knowing the difference between having OCD-type symptoms and fully developed OCD is important as there is some confusion that exists in the media. As always, better information leads to better diagnosis and treatment.

What is OCD?

Professionals are beginning to change the way they see OCD. In previous editions of the Diagnostic and Statistical Manual of Mental Disorders (DSM), OCD was classified as an anxiety disorder. This made sense because there is a great deal of overlap of symptoms between anxiety and OCD.

In the latest addition of the DSM, OCD was moved to its own category with some changes to its diagnostic criteria. Despite the change, the symptoms of OCD continue to fit well into the context of anxiety disorders as symptoms can begin to appear as anxiety before crossing over into OCD. Luckily, many interventions that prove helpful in anxiety disorders benefit people with OCD.

To understand OCD, you need to understand the O and the C. OCD is another example of a mental health disorder that has become popularized in the media over the years. How many times have you said or heard other people say, “I’m totally obsessed with that show” or “I’m obsessed with this guy at work”? Though there is some benefit to this popularization, it usually leads to misconceptions and misperceptions about what OCD really is.

To have an OCD diagnosis, you need to have presence of obsessions, compulsions or both. The DSM defines obsessions as:

- Recurrent and persistent thoughts, urges or images that are experienced as intrusive and unwanted. What this means is that obsessions are thoughts, impulses or pictures in your mind that pop in without you wanting them there. They cause huge amounts of anxiety and stress.
- The attempt to ignore the above thoughts, urges or images by counteracting them with another thought or with an action. So, if you have a thought that you really want to get rid of, it could be an obsession.

Next page: common OCD themes.

What is OCD?

Compulsions are the other part of OCD. The DSM defines compulsions as:

- Repetitive behaviors or mental acts that someone feels driven to do as a response to the obsession.
- These behaviors and mental acts are done to reduce stress, limit anxiety or prevent some type of terrible event from occurring. Usually the behaviors are not connected to the event in any direct or indirect ways. The links are only imaginary.

To complete the criteria to have an OCD diagnosis, the person must have significant stress or impairment at work, home, school or in the community caused by the OCD. Perhaps, you lost your job, failed out of school or got divorced because your OCD symptoms interfered greatly with your life. Also, the obsessions or compulsions must be time-consuming during the day.

This is the area that really separates the people with OCD from those that have OCD-type symptoms. As mentioned, everyone has quirks or idiosyncrasies that seem odd or strange to the outside observer. Maybe you are particular about the way your wash your face or the way you set your alarm clock, this does not mean that you have OCD unless it significantly interferes with your life or you spend hours doing it each day.

Common OCD Themes

The range of obsessions and compulsions are nearly limitless. Interestingly enough, there are common groups and themes that emerge when groups of people with OCD are questioned. The types include:

- **Washing** – People with this form of OCD believe that certain things, people or places contaminate them with germs, dirt, bacteria or viruses. When they think they are contaminated, the obsessions will revolve around how they will get sick or get people around them sick. These obsessions will create distress until the washing compulsion is completed. Washing typically begins at a normal frequency and intensity but grows over time. People will wash for longer periods of time, with stronger chemicals and avoid touching things.
- **Checking** – This is a good example of “everyday OCD” that becomes extreme. People with OCD symptoms in this theme will check and recheck something to ensure safety. For example, you leave your house and begin to question if you unplugged your curling iron. This doubt leads to thoughts of what could happen if you left it on and did not check. You imagine the house burning down and utter calamity. The stress builds so you walk back in to check the curling iron, which of course, is off. Some will never make it out of the bathroom because the need to recheck is so strong.

- **Ordering/organizing** – People that order are very interested having parts or the entirety of their life orderly and organized. Their refrigerator will be organized by color, date of purchase and type of food. They will spend hours doing this and become very distressed if something comes out of order. Their towels will be folded, refolded and folded again to make certain it is completed the “right” way. If someone uses a towel, they will be frustrated and have to being the process over again.
- **Counting/symmetry** – This theme can take many forms as it involves counting to have the “right” feeling and symmetry to achieve balance. Someone with this theme of OCD may flip a light switch 14 times before leaving the room because doing it once doesn’t feel comfortable. They may create catastrophic scenarios transpiring if they do not flip the switch. Others may need to do behaviors an even number of times, an odd number of times or with each hand to gain this balance. Walking away from the light switch or not counting would lead to intense obsessions.

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OCD Treatment

This should go without saying, but treating OCD should only be done by an experienced professional that knows and understands your specific case. There is tremendous variability from person to person. Treatment does tend to follow a common path. OCD treatment includes:

- **Medication**. Research shows that medication is essential in treatment of OCD. Once the diagnosis is established by a mental health professional, medication will be started and given some time to become effective (usually four to six weeks) before other treatments will begin. There are several medications proven useful for OCD with Prozac, Luvox and Paxil being some the most popular.
- **Relaxation**. While the medication is beginning to work, a therapist will teach you relaxation skills. These skills will include deep breathing, progressive muscle relaxation and guided imagery. Calming your body is important for preparing you for future discomfort as well as providing damage control when anxious symptoms are high. Practice will be necessary since relaxation is a skill that many with OCD lack.

- **Exposure**. Your therapist will work with you to create a list of thought, items and situations that trigger your anxiety. You will rank the list from the least anxiety-provoking to the most anxiety-provoking. Starting at the bottom, your therapist will expose you to your fear. If you obsess about germs, you will dig through a garbage can. If you obsess about light switches, you will not be able to flip them more than once. This will increase your anxiety, which is the point.

- **Response Prevention.** Your therapist will have you rate your stress along the way to track the changes. Over time being exposed to your triggers, your anxiety will begin to decrease. The response prevention aspect is not completing the compulsion after the exposure. You will not be able to wash your hands, check the curling iron, flip the light switch or count your steps.

Through this process, you retrain your mind to break the association between the obsessions, compulsions and the fear. You learn that, somehow, the world does not end if you take 13 steps, and your house will not burn down if you do not check your curling iron. As far as mental health treatments go, this pattern has been extremely effective over the years.

Conclusion

If OCD is a part of your life, take the steps to address and resolve the issue. Equally important, if anxiety is a part of your life, taking steps to seek treatment now will prevent your symptoms from growing and morphing into OCD. Anxiety plus time can equal a more difficult, life-changing disorder. Avoid OCD to find peace of mind.