

Obsessive-Compulsive Disorder

Summarized by Thomas T. Thomas

Obsessive-Compulsive Disorder (OCD) can be said to inform behavior more than other mental illnesses and is co-morbid with many of them. The International OCD Foundation (www.iocdf.org) is a huge organization, with interest groups across the world. One such group is the Oakland/East Bay OCD Support Group, run by the guest speaker at the November meeting, **Timothy Quinn**, since 2014. He states that these groups “are an integral part of mental health maintenance.”

Quinn’s comments and observations were supplemented by group members **Mary Weinstein**, whose daughter has OCD, and **Shelley Holst**, who experiences OCD herself. Weinstein and her husband Peter are also instrumental with [OCD SF Bay Area](#) in Redwood City, one of many local affiliates of the International OCD Foundation.

Timothy Quinn had been experiencing symptoms since he was six years old, but the condition was most triggered when he went off to college, with its stresses and anxieties. He said that the condition must have a genetic base—but no single gene or set of genes has so far been identified, although there are places in the DNA code to look—because his father had anxiety and his sister experiences OCD. The condition affects all types of people in all walks of life at all ages. And OCD may not be a single disorder but a spectrum or a group, like “the schizophrenias.”

Quinn struggled with the condition for years until he joined a group in San Francisco led by a therapist. He now co-facilitates his own peer-led group—which meets without a therapist—in the East Bay under the Bay Area affiliate of the IOCDF, which does have therapists on its board of directors. His group meets every Saturday from 3 to 5 pm, originally at the Kaiser medical facility on Broadway and now by Zoom online. The group is trying to find a different physical meeting place, however, because some members are triggered by thoughts of contamination at a hospital. His group is open to people experiencing OCD as well as spouses, parents, siblings, and partners of those with the condition.

October is OCD Awareness Month, and this past month was marked by the One Million Steps for OCD at Lake Merritt in Oakland on October 21. The event hosted tables from various local groups, including those for related conditions like hoarding. Quinn and Weinstein are quick to point out that, although some people with OCD hoard, perhaps because they fear throwing away something important, and some hoarders have OCD, hoarding is not a regular feature of the OCD experience. The same goes for conditions like Tourette syndrome.

So what is OCD? It is a mental disorder in which a person gets caught up in a cycle of obsessions—or unwanted, intrusive thoughts, images, or urges—and compulsions—or behaviors that the person engages in, attempting to rid themselves of the obsessions or to ease their distress. It is a downward spiraling or feedback

cycle. Some common triggering thoughts or images are those of contamination, as noted above, sexual orientation, or harm to self or others. These are thoughts that occur to everyone at some point but trigger the compulsion in those with OCD. “The thought comes in and sticks,” Quinn said, “and that creates a loop. The more you do the behavior, the more you need to do it—until you reach the breaking point and decide you need to do something about this.”

Quinn himself suffered with the condition for years and thought he was going crazy, until he saw a therapist in Santa Cruz who identified his condition as OCD. But he still wasn’t dealing with it until he finally started treatments with another therapist in 2000.

There are several therapies that can be applied to OCD. The gold standard, and the one that works for most people, is Exposure Response Prevention (ERP). Working with a therapist, the person lists their triggers and anxieties, assigning the relevance to each on a scale of one to ten. Then starting with the lower end, say three to four, the person considers the triggering thought, sits quietly with the uncomfortable feelings without engaging in the compulsive behavior, and so learns eventually that the feeling will go away without the behavior. This also helps a person recognize when the underlying process acquires a new behavior.

ERP is sometimes used in conjunction with [Dialectical Behavior Therapy](#) (DBT) and [Acceptance and Commitment Therapy](#) (ACT). “These therapies can help you find out what you value and help you keep these things in mind while you do the hard work,” Holst said.

Alternatively, a person with OCD may benefit from [Cognitive Behavioral Therapy](#) (CBT). This therapy is based on rational approaches to unhelpful ways of thinking and learned patterns of unhelpful behavior. Quinn and Weinstein are quick to point out that not all CBT therapists are trained to work with OCD patients, and since most specialists are in single practice, they can’t afford to do the paperwork required for insurance coverage. The [NOCD website](#) (short for “No OCD”) lists therapists with the necessary training and handles insurance for them.

There are also medications that can help. A selective serotonin reuptake inhibitor (SSRI) like Celexa, which Quinn takes, is normally prescribed for depression but in high doses can treat OCD. Some antipsychotic medications at low doses and some anti-anxiety medications are also helpful. There have also been studies with ketamine at Stanford University for people who are otherwise drug resistant. And the FDA has recently approved at least one machine that uses [Transcranial Magnetic Stimulation](#) (TMS) to treat OCD.

Quinn described how his support group functions. A meeting begins with a check-in, where the members briefly share their history with newcomers, talk about challenges and what’s working well, and set goals for the week. They then share stories about OCD in the news and discuss the disorder in open forum, which can run the gamut. One of the group’s norms is not to seek or give “reassurance.”

This is a common pitfall for friends and family members of those with OCD: they respond to the content of the obsession or compulsion instead of the process. Then the person with the condition might not hear clearly what the other has said, might ask for a repeat, and then still not be sure, ask yet again. So begins the downward cycle. “It’s okay to answer once, or to say ‘I see you’re having a hard time,’ but then stop,” Holst said.

Family members are encouraged to learn about the disorder but should not help the person with his or her obsessive thoughts or rituals. For more information on what family members can do, see [When a Family Member Has OCD](#) by John Hershfield.

The good news is that today there are many more therapies, trained practitioners, and medications to treat OCD than were available thirty years ago, when Quinn, Weinstein's daughter, and Holst first encountered the disorder.

Q. Have you seen trends in OCD since the pandemic started? Has the whole world become a little "OCDish"?

Definitely. More people are focusing their obsessions on thoughts of disease and contamination right now. The pandemic has also affected people with an underlying vulnerability. But the content of obsessive thoughts is different for each person and could attach to anything. It's based on what you care about most. You can also have several obsessions going at once..

Q. What other serious mental illnesses might be co-morbid with OCD?

OCD can be found with bipolar disorder in particular and is prevalent with attention deficit disorder (ADD), as well as with schizophrenia and schizo-affective disorder. "Sometimes there are a variety of things going on," Quinn said, "but in the current mental health industry, you can only get help for one."

Q. Does [Eye Movement Desensitization and Reprocessing \(EMDR\)](#), originally designed to relieve the stress associated with traumatic memories, help with OCD?

Not really. Trauma is an event that needs to be reintegrated, while OCD is a process that needs to be replaced. People with OCD can switch the content of their obsessions without controlling the underlying process. The person must work with the feeling rather than respond to it. But the OCD itself can sometimes cause trauma.

For more on the treatment of trauma, see [The Body Keeps the Score](#) by Bess van der Kolk, MD.

Q. Is substance abuse associated with OCD?

Sometimes, because people with OCD can use drugs or alcohol to self-medicate.

Q. Is there a link between long-term use of Clozapine (generic for Clozaril), which is one of the gold standards for schizophrenia, and incidence of OCD?

We have not experienced that, although [some studies](#) suggest there may be a link.

In closing, Timothy Quinn and the others said it is nice to have a toolbox, which wasn't available thirty years ago, to treat people using different therapies and medications for the different forms of the disorder.