Obsessive-compulsive disorder (OCD)

DSM-5 categories of OCD

The DSM system recognises **OCD** and a range of related disorders. What these disorders all have in common is repetitive behaviour accompanied by obsessive thinking.
• **OCD**: characterised by either obsessions (recurring thoughts, images, etc.) and/or compulsions (repetitive behaviours such as hand washing). Most people with a diagnosis of OCD have both obsessions and compulsions.
• **Trichotillomania**: compulsive hair pulling.
• **Hoarding disorder**: the compulsive gathering of possessions and the inability to part with anything, regardless of its value.
• **Excoriation disorder**: compulsive skin picking

Characteristics of OCD

- Obsessive-Compulsive Disorder (**OCD**) is an **anxiety disorder** which is characterised by **persistent, intrusive thoughts** and **repetitive behaviours**
- **Obsessions** take the form of intrusive, persistent thoughts e.g.:
    - 'Germs are everywhere; they could harm me and my family'
    - 'The outside world is a terrifying and dangerous place so I must do what I can to protect myself and my family'
- **Compulsions** take the form of repetitive behaviours e.g.:
    - 'I must wash my hands thoroughly every time I touch any sort of surface'
    - 'I must check that I've locked the door at least seven times before I go to bed'

Behavioural characteristics of OCD

Compulsions
The **behavioural** component of OCD is *compulsive behaviour*. There are two elements to compulsive behaviours:

1. **Compulsions are repetitive**: **Compulsions** which tend to be **repetitive** and **time-consuming**, and are adhered to obsessively by the person with OCD, e.g.:

    - hand-washing (a highly **prevalent** OCD behaviour)
    - continual organising or re-arranging of food cupboards or bookshelves
    - switching a light on and off a set number of times

.2. **Compulsions reduce anxiety**: Around 10% of sufferers of OCD show compulsive behaviour alone – they have no obsessions, just a general sense of irrational anxiety. However, for the vast majority compulsive behaviours are performed in an attempt to manage the anxiety produced by obsessions. For example, compulsive hand washing is carried out as a *response* to an obsessive fear of germs. Compulsive checking, for example that a door is locked or a gas appliance is switched off, is in *response* to the obsessive thought that it might have been left unsecured.
Avoidance
The behaviour of OCD sufferers may also be characterised by their avoidance as they

attempt to reduce anxiety by keeping away from situations that trigger it.
Sufferers of OCD tend to try to manage their OCD by avoiding situations that trigger anxiety. For example, sufferers who wash compulsively may avoid coming into contact with germs. However, this avoidance can lead people to avoid very ordinary situations,such as emptying their rubbish bins, and this can in itself interfere with leading anormal life.

Emotional characteristics of OCD

Anxiety and distress
OCD is regarded as a particularly unpleasant **emotional** experience because of the powerful anxiety that accompanies both obsessions and compulsions. Obsessive thoughts are unpleasant and frightening, and the anxiety that goes with these can be overwhelming. The urge to repeat a behaviour (a compulsion) creates anxiety.
Accompanying depression
OCD is often accompanied by **depression**, so anxiety can be accompanied by low mood and lack of enjoyment in activities. Compulsive behaviour tends to bring some relief from anxiety but this is temporary.
Guilt and disgust
As well as anxiety and depression, OCD sometimes involves other negative emotions such as irrational guilt, for example over minor moral issues, or disgust, which may be directed against something external like dirt or at the self.

Cognitive characteristics of OCD

The **cognitive** approach is concerned with the ways in which people process information. People suffering from OCD are usually plagued with obsessive thoughts but they also adopt cognitive strategies to deal with these.
Obsessive thoughts
For around 90% of OCD sufferers the major cognitive feature of their condition is obsessive thoughts, i.e. thoughts that recur over and over again. These vary considerably from person to person but are always unpleasant. Examples of recurring thoughts are worries of being contaminated by dirt and germs or certainty that a door has been left unlocked and that intruders will enter through it or impulses to hurt someone.
Cognitive strategies to deal with obsessions
Obsessions are the major cognitive aspect of OCD, but people also respond by adopting **cognitive coping strategies**. e.g.:identifying the obsessive thought as it occurs (e.g. 'There's that feeling of panic about germs again')

.**Insight into excessive anxiety**
People suffering from OCD are aware that their obsessions and compulsions are not rational. In fact this is necessary for a diagnosis of OCD. If someone really believed their obsessive thoughts were based on reality that would be a symptom of a quite different form of mental disorder. However, in spite of this insight, OCD sufferers experience catastrophic thoughts about the worst case scenarios that might result if their anxieties were justi ed. They also tend to be hypervigilant, i.e. they maintain constant alertness and keep attention focused on potential hazards.