Obsessive-Compulsive Disorder

Obsessive-compulsive disorder (OCD) is a type of anxiety disorder that causes uncontrollable and intrusive thoughts called obsessions that lead an individual to do repetitive, ritualistic behaviors called compulsions. The obsessions are persistent and unwanted ideas, thoughts, images, or impulses. These thoughts often cause feelings of anxiety or dread and often interfere with normal thinking. An individual may realize that the obsessions are not rational and may try to stop or ignore them. However, this often increases one’s anxiety leading them to feel driven to perform acts as a way to ease the anxiety.

These overt behavioral acts or covert mental acts are called compulsions. These ritualistic behaviors function as an attempt to cope with the obsessive thoughts. They reduce anxiety temporarily but the need to perform the compulsive behaviors becomes greater over time. Other compulsive behaviors may be added when the original compulsive behaviors become less effective at reducing anxiety. Over time, more elaborate rituals are needed to provide relief from unwanted thoughts.

OCD often centers on themes. Some examples of obsession themes include fears of contamination, doubting, hoarding, and having things orderly and symmetrical. As with obsessions, compulsions typically have themes. Some compulsion themes include washing and cleaning, counting, checking, performing the same action repeatedly, and orderliness. Some common examples of compulsions include excessive washing of hands, checking doors repeatedly to make sure they are locked, checking repeatedly to make sure the stove is turned off, and counting in certain patterns.

Approximately 2.5% of adults have OCD. Rates of OCD in children and adolescents are between 1-2% (Virginia Commission on Youth, 2010). However, this may be an underestimate because individuals with OCD may try to hide their symptoms. OCD appears to occur equally in both genders and exists in all ethnic groups. The impairment caused by OCD can be significant. Symptoms usually begin gradually but tend to vary in severity throughout one’s life. Symptoms tend to worsen during stressful times. The earlier the OCD is diagnosed and treated, the better the outcome. OCD is considered a lifelong illness.

Risk Factors
Factors that may increase the possibility of developing or triggering obsessive-compulsive symptoms include family history and stressful life events. OCD may have a
genetic component, but specific genes have yet to be identified. Having parents or other family members with the disorder may increase your risk of developing OCD. Reacting strongly to stress may also be a risk factor for developing obsessive-compulsive symptoms.

**Causes**
The causes of OCD are not fully understood. There are three primary factors for the development of OCD. These include biological, psychological, and social factors. Biological factors include the genetic and neurological bases of OCD. Psychological factors are emotional and experiential factors that influence whether biological factors are “triggered”. Social factors are influences in the social environment that help sustain the disorder.

**Biological**
OCD may be an outcome of changes to the body’s own natural chemistry or brain functions. Several studies have demonstrated abnormal brain functioning in individuals with OCD (Virginia Commission on Youth, 2010). These studies have identified overactivity in the limbic system, which sets one’s overall emotional tone. Overactivity in this area is related to the physical sensations of anxiety and avoidance tendencies and tics. It is also associated with rigid and inflexible thinking (obsessions) and behavior patterns (compulsions).

The causes of these biological abnormalities are uncertain. Substantial research has indicated a genetic predisposition to OCD and tic disorders (Virginia Commission on Youth, 2010). Research indicates that an individual diagnosed with a tic disorder is also more likely to have other first degree relatives with a tic disorder and/or OCD. There is also data indicating that a subset of children with OCD develop symptoms after an infection of Group A beta hemolytic streptococcus (e.g. strep throat) or Sydenham’s chorea, a variant of rheumatic fever (Virginia Commission on Youth, 2010). This is called Pediatric Autoimmune Neuropsychiatric Disorder Associated with Strep.
**Psychological**
The thought and behavior patterns that individuals with OCD develop are based on their specific learning and lifetime experiences. The OCD may be linked to behavior-related habits one learns over time. Research has suggested that the types of intrusive thoughts which cause anxiety in individuals with OCD are experienced by most people.

Research suggests that OCD may be a learned response to reduce anxiety through compulsive behaviors. Compulsions are the primary coping mechanism for people with OCD. When they experience increasing levels of distress they often respond by increasing the intensity and/or frequency of their compulsions. Due to this, people with OCD may spend more and more time engaging in their rituals.

Some compulsions are related to the obsession. An example is excessive hand washing in response to a fear of contracting an illness. Other compulsions are not rationally related to the obsession. An example is counting in response to fears about harming others. The situations that trigger obsessions are not always easily avoided. Due to this, the individual with OCD attempts to avoid the feelings of anxiety by frequently engaging in the behaviors associated with reducing the anxiety. The reduction in anxiety negatively reinforces the ritualized behavior. This avoidance/escape pattern prevents one from fully experiencing the anxious situation.

**Social**
OCD is not caused by bad parenting or other family problems. However, the way a family reacts to a child can affect the symptoms associated with the disorder. It has been suggested that the parent’s response to their child’s behavior can either increase or decrease the child’s anxiety. In one study, the parents of children with OCD, when compared to the parent’s of non-OCD children, did not use as much problem solving, did not encourage their child’s independence, and did not have as much confidence in their child’s abilities. Children with OCD were also less confident in themselves, used less problem-solving, and showed less warmth with their parents than children without OCD (Virginia Commission on Youth, 2010).

**Children with OCD**
OCD is very similar for children and adults. However, there are several developmental differences. Most adults can recognize that their obsessions and compulsions are abnormal and problematic. However, due to underdeveloped
cognitive abilities, children with OCD may not understand that their thoughts are unreasonable. Individuals with OCD experience distress when their compulsions cannot be completed. This distress may be manifested as tantrums or angry outbursts in children. Children may not be able to verbalize the consequences of not engaging in their compulsions.

Living with an individual with OCD can be very demanding and often disrupts families. Simply telling the individual to stop the behavior (compulsion) will be ineffective. Some families may inadvertently reinforce the rituals. These reactions do not lessen the individual’s feeling of anxiety. Parents often report feeling fear, frustration, or anger when their child engages in compulsions. Family therapy sessions can help parents learn about OCD and how to help their child. Parents may also benefit from support groups.

**Treating OCD**

Although symptoms may fluctuate, the overall pattern in symptom severity tends to increase over the lifetime. Effectively treating OCD is critical for functioning throughout an individual’s lifetime. OCD treatment can be difficult and treatment will not result in a cure. However, treatment can help bring symptoms under control. Some individuals may need treatment throughout their lives. Although there is no cure, a combination of cognitive behavioral therapy and medication is viewed to be the most effective treatment at this time (NASP, 2007).

**References and Resources**

International OCD Foundation. What is Life like for Children and Teens who have OCD? Available at [http://www.ocfoundation.org/childOCD.aspx](http://www.ocfoundation.org/childOCD.aspx)

