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Obsessive compulsive disorder

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Abstract

Obsessive Compulsive Disorder (OCD) is a neurobiological disorder. The disorder OCD is now the fourth most common psychiatric disorder among Americans. (Adams & Burke, 1999) Two percent of adults have some level of OCD and many others have experienced signs at some point. (Campost & Leckaman, 1999) The number of children that have this disorder is one out of two hundred. (Black) The causes of OCD can be physical or emotional or both. (Barlow, 2002) Treatments for OCD include Cognitive Behavior therapy, Visual Reality therapy, medications, social skills training, support groups and individual and family therapy. (Lutz, 2002) Neurological disorders associated with OCD are Tourette Syndrome (TS), Dsymorphic Disorder, Trichotillomania, and depression. OCD is a disabling disorder that can destroy a person's life. (Journal of Mental Health, 2005) Early intervention can be the difference between a productive individual and a person who is incapacitated and unable to function. It also causes social and personal destruction.

Obsessive Compulsive Disorder

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Abstract

Obsessive Compulsive Disorder (OCD) is a neurobiological disorder. The disorder OCD is now the fourth most common psychiatric disorder among Americans. (Adams & Burke, 1999) Two percent of adults have some level OCD and many others have experience signs at some point. (Campost & Leckaman, 1999) The number of children that have this disorder is one out of two hundred. (Black) The causes of OCD can be physical or emotional or both. (Barlow, 2002) Treatments for OCD include, Cognitive Behavior therapy, Visual Reality therapy, medications, social skills training, support groups and individual and family therapy. (Lutz, 2002) Neurological disorders associated with OCD are Tourette Syndrome (TS), Dsymorphic Disorder, Trichotillomania and depression. OCD is a disabling disorder that can destroy a person's life. (Journal of Mental Health, 2005) Early intervention can be the difference between a productive individual and a person who is incapacitated and unable to function. It also causes social and personal destruction.

Obsessive Compulsive Disorder

“Obsessive Compulsive Disorder (OCD) is a neurobiological disorder. It is classified as an anxiety disorder that forces a person into a series of repetitive thought, actions and behavior that needs to be performed in order to decrease anxiety. The disorder, OCD is now known as the fourth most common psychiatric disorder among Americans. It is so prevalent, yet secretive that it has been referred to as a “Hidden Epidemic.” The large number majority of people with OCD are both obsession and compulsion.” (Adams & Burke, 1999, p.3)

Definition

Definition of Obsessive

An obsession is constant thoughts and/or feelings and it amplifies anxiety. A person with obsessions tries to control them by engaging in compulsive behavior. The thoughts, impulses, urges or images, compels their way into an individual's thinking. Some common obsessions include fear of contamination, fear of harm, illness or death, fear of making mistakes that will have disastrous results, and fear of thinking or acting in a way that breaches ethics or offends God. OCD patients agree on the functional value of rituals. Their value is to reduce the anxiety generated by the obsessions.

Doubting may take the form of an obsession also. “Indeed the doubting among OCD sufferers can be so strong that the French have called it the “doubting disease”. They doubt their memories or senses and they do not trust their way of perceiving. (Adam & Burke, 1993, p.4)

Definition of Compulsion

“A compulsion is sometimes called a ritual; a deliberate action that is done repeatedly. (Adams & Burke, 1999, p.4) Compulsions can consist of such behaviors as counting, repeating, checking, touching, tapping, extreme collecting or hoarding, and rearranging, rituals. It usually reduces anxiety. Compulsions are behaviors that are done deliberately to lessen the anxiety or discomfort brought on by obsession. Compulsions are shaped by the content of the obsession and occur only in the mind. (Adams and Burke, 1999)

Who gets OCD?

Adults

“Two percent of adults have some level of OCD, and many others have experience signs at some point.” (Campose & Leckaman, 2001, p.19) Women have worsening of symptoms during premenstrual syndrome, pregnancy, and post partum. Fluctuating hormones may also be the culprit in increased symptoms. OCD is found more in twins than fraternal twins. Compelling perfectionism, often linked to success, can spiral into liabilities for adults over time. (Campose & Leckman, 2001)

Children

One out of two hundred children has OCD. Children may have OCD because of their parents or other immediate family members had OCD or other psychiatric illnesses. Children often are aware of their obsessions and compulsions before their parents or teachers. Boys typically begin showing signs of OCD between ages 5 and 8. Boys who

had average or high intelligence seem to be more predispositioned toward OCD, the boys of low intelligence. Girls generally show signs of OCD closer to adolescence. (Black, 1999, p. 2)

Causes of OCD

Physical.

OCD is linked to a disturbance in brain functions. Much of the research points to a complication in the transmission of serotonin, one of the many chemicals neurotransmitters found in the brain. Other research has indicated the quality of white matter within the brain may be different. According to this theory bacterial or viral infections and the antivirus produced to ward off the infections are believed to cause an inflammation in certain areas of the brain which may result in OCD symptoms. Head trauma and streptococcal infections has also been targeted as a cause of OCD. (Barlow, 2004, p.)

Emotional

OCD can be linked to a specific, often traumatic life event such as the death of a loved one, a divorce, a change in schools, move to a new location, or a birth of a child. (Mueller, 2002) All of these life events can cause upheaval and lessen the security an individual has learned to count on. The control over one's life is stripped away and with it, stability. It creates doubt that the individual has control over their own existence.

Treatment of OCD

Cognitive Behavior Therapy

This is an insight-oriented therapy. The patient confronts the feared object or idea and then practices stopping the ritual. (Gard. 2004, p.19) Behavior therapy is highly acclaimed as effective but it is often difficult to secure.

Visual Reality Therapy

Difficulty in treating anxiety disorders may arise because patients are too terrified to go through therapy. Another problem may be their fear to leave the house or even talk to a stranger. Visual Reality Therapy (VRT) may be another way of working with mental health disorders, such as OCD. Myron Druegar was the first to suggest in the early 1991, that VRT may work for mental health disorders. (Weiderhold & Wiederhold, 2005 p.23)

Visual Reality Therapy consist of a three dimensional computer generated world or environment, where a human being can watch and participate in everyday activities. The participant is a computer figure that can be directed what to do through a joystick or handle that is hooked up to the computer. The appliance that the client wears looks much like a machine mounted on a helmet and placed on the client's head. It looks much like the helmet that was worn in the movie "The Matrix." (Weiderhold & Wiederhold, 2005)

In using VRT, patients do not have to relate to another human being but to a computer, that gradually introduces them to elements of a computer generated change. In an actually session with VRT, the computer is told it has an OCD problem. It shows the

computer a complete hotel with a street, a backyard garden, and a house with a sink for washing. The patient then is asked to maneuver the computer figure and have it perform different tasks. One example would be touching dirt. The patient is then asked to prevent the computer figure from wash its hands and engage in watering the garden. As the client performs, there is a meter that displays the comfort level the client is experiencing. It measures the level from comfortable, to very anxious, to panic. The patient's ability to continue to do other tasks without washing enables the client to accumulate points. Through this means the client is given positive and nonjudgmental feedback. These types of exercises are repeated, adding different environments and tasks. The application of this therapy is still limited but has shown great promise. (Weiderhold & Wiederhold, 2005)

Medications

“Medications that alter the transmission of serotonin in the brain are used widely to treat OCD. They included Anafrnil, Prozac, Luvox, Paxil, and Zoloft. Roughly 60% of patients show significant improvement and need for long term maintenance treatment is made explicit to the wellness of the individual.” (Esman, 2002 p.54)

Additional treatment

Additional treatment components are social skills training, support groups and individual and family therapy. Most people with OCD realize their obsessions and compulsions are irrational but shame and embarrassment obstruct them from seeking help. Patients feel others don't understand the problem so they hide their OCD. Severely ill persons need a comprehensive approach combining both medication and behavioral

therapy with individual psychotherapy or group therapy and family involvement. (Lutz, 2002 p.35)

Neurological Disorders Associated with OCD

Tourette Syndrome (TS)

There is an increase rate of OCD in people with TS and is characterized by involuntary movements and vocalizations. Twenty percent of OCD patients have motor ticks related to Tourettes Syndrome. There is some evidence this is a genetic relationship. (Barlow, 2004)

Dsymorphic Disorder

This disorder is an excessive preoccupation with imaginary or exaggerated defects in appearance. It sometimes leads to excessive requests for cosmetic surgery. It is occasionally linked with eating disorder and self mutilation. (Fineburg, 2003, p. 332)

Tichotillomania

The urge to pull out scalp, hair eyelashes, eyebrows or other body hair uncontrollably is called Trichotillomaia. Hair pulling is classified as an impulse control disorder. The urge to do this becomes systematically worse as time goes by. (Wolfe, 2005 p.26)

Depression

Depression is very common in clients with OCD and the most serious. "Eighty percent of patients with OCD meet the diagnoses for depression." (Barlow, 2004) It has been noted that depression is a common link with many of these neurological disorders associated with OCD. (Barlow, 2004)

Do you have OCD?

The Answer

An individual that has OCD has behavior that is severe and potentially disabling enough to interfere with everyday life. People with OCD should not get confused with a much more massive group of individuals who are sometimes called "compulsive." These individuals hold themselves to an elevated standard performance and are perfectionists. They are very methodical in their work and even in their leisure activities. This type of compulsiveness often is valued very highly because it is contributing to an individual's self esteem and success on the job. (Wolfe, 2005, p.27)

Summary

OCD is disabling disorder that can destroy a person's life. The severity of this condition is often not understood and is often ignored. Early intervention can make the difference between a productive individual and a person who is incapacitated and unable to function at work, in relationships, or as a person. They are held prisoners in their own reality.

Obsessive Compulsive 8

This disorder affects children as well as adults. It causes social and personal destruction. OCD can be helped by medication and therapy. When the client is able see what obsession creates in rituals, healing takes place.

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