Obsessions & Compulsions, When Do They Become an Illness? – Dr. Amer Siddiq

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O-C-D, three alphabets that means a lot to a few people but is a common enough...
acronym to an even wider group of people. The alphabets stand for obsessive compulsive disorder, a condition that is not as well understood as one would think. In Malay, it is often referred to as “penyakit was-was” or a condition of doubting oneself. This condition leaves those affected to often feel unsure about their thoughts and also activities in a variety of situations and leads them to worry excessively.

Obsessions are often defined as unwanted and intrusive thoughts that are known to be real to the individual but are not able to be pushed away from consciousness or forgotten. These unwanted thoughts come when least expected and more often than not leave the individual affected feeling distressed. Symptoms that are often reported are anxiety symptoms such as feeling sweaty, lightheaded, racing heart and uncomfortable. The intrusive thoughts can be on a variety of issues, however, common themes that are usually reported are thoughts regarding cleanliness, symmetry, religious leanings, unwanted sexual fantasies and also safety. For example, the individual with the obsessions often feel that they have not locked the door of their house or car and will need to recheck to see if the locks are really, really….really secured before these thoughts or doubts go away. Despite the multiple checking and feeling confident about the situation, these same thoughts can come midway during the day leaving the individual affected feeling anxious on the status of the previously checked locked door. Some with severe OCD are unable to ‘move forward’ when this happens, they might have difficulty concentrating on the task at the time and will need to “check again” whether the door was locked despite previously being convinced that it was. Repetitive situations such as this eventually tires the individual and lead them to be distressed and eventually impaired due to their condition.

Compulsions on the other hand are rituals which are often needed to be performed to assist in making the anxiety caused by the obsessive thoughts to go away. These rituals can be as simple as counting one to three or locking and unlocking a lock for three times or five; the repeated need to wash hands, or complex such as needing to walk forwards and backwards three times with a little jump at the end. The main reason individuals with OCD do such rituals or actions is to reduce the distressing intrusive unwanted self-doubting thoughts which therefore leads to a reduction in the anxiety felt. As a result, those with obsessive thoughts ‘learn’ that their thoughts can be ‘controlled’ by doing certain rituals which is subsequently positively reinforced and therefore repeated each time an obsessive thought appears. In the long run, these compulsions can take longer and longer to complete leaving those affected exhausted psychologically and at times physically.
Obsessions and compulsions do not need to come together. Some individuals might only have obsessions whereas others might only have compulsions. Some might have obsessions and compulsions but it does not interfere with their lives, this is not a disorder. Others have these symptoms which cause marked interference and start to interfere with the individual’s life or their level of functioning start to deteriorate and thus it becomes a disorder. More often times than not individuals suffering from OCD are not willing to share their condition and how it affects them. As a result, these individuals lead solitary lives often with very little human interaction. These individuals are essentially imprisoned by their conditions and after a while become isolated without any friends. Some families who have been living with an individual with OCD for so long might have accepted and tolerated the condition. They therefore do not find the obsessions nor the compulsions ‘odd’, although others around them may feel so.

Fortunately the science of this condition is evolving and treatments are available. At present it is believed that OCD is caused by a circuit defect within the brain whereby the brain activities tend to repeat itself. This dysfunction could be either possibly due to genetic reasons or other reasons which are less understood. What current evidence has found is the role of serotonin in the etiology of OCD which is further supported by treatment trials for OCD. This information is important as it provides an opportunity to treat people with OCD to increase their quality of life. For those with related compulsions as a direct result of obsession, treating these intrusive thoughts might be able to reduce the compulsions in many people. However, if the individual is only affected by compulsions, certain talking therapies which incorporate behavior modification might be able to help in reducing the rituals or actions.

This write-up is not exhaustive. If this story relates to you or someone you know, getting the individual assessed by a physician is probably the best thing to do. Untreated OCD may lead to major depressive disorder. Some people who are thought to have OCD may have more severe conditions such as psychosis. An assessment and subsequent treatment can assist those affected with this condition to live normal lives.

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