



Wash, rinse, and repeat: A thorough hand-scrubbing is a good thing—but not 50 times a day.

“awaken” with a deep breath. Back home, I return my daughter’s forgotten sweater, sprawled ominously on the bedroom floor, to the safety of a drawer.

Clearly, I’m anxious about flying, like many people in the country these days. But I have a hard time shaking my fearful thoughts, and I wish I could respond to them in a more reasonable way, like my friend Wendy. She steps into a plane leading with her “lucky” right foot, says a good-luck expression in Yiddish, and hopes that’s enough. My mother “lifts up” good thoughts in bed at night to address her worries. But I’m not inclined to simple superstitions or prayer. I’ve become obsessed with my fears and I perform rituals to calm them—the classic symptoms of obsessive-compulsive disorder (OCD).

According to the Obsessive-Compulsive Foundation, about 1 in 50 Americans—as many as 5 million—has OCD, a lifelong anxiety disorder in which a person has intrusive thoughts, or obsessions, that must be responded to with rituals, or compulsions, in an attempt to relieve the discomfort they cause. Even if you know little about the condition, you could probably recognize someone who has full-blown OCD: the woman who checks the oven 39 times before she feels safe leaving her house; the man who collects ceiling-

high stacks of newspapers for fear of losing information; or Jack Nicholson’s character in the film *As Good As It Gets*, so obsessed with hygiene that he carries plastic-wrapped utensils to restaurants—and won’t eat with anything else.

But these are only the most extreme cases. One in 50 Americans has the full-blown condition; but many more people (estimates suggest as many as one in five) are like me. They suffer from OC-type behaviors, but not to the degree that they are life-consuming. And they may not even know it. After all,

mind innocent habits— or obsessions?

Everyone has rituals, habits, and worries. But for many people, they’re more than idiosyncrasies. They could be a prelude to illness.

BY ELIZABETH WRAY

On a winter morning, my 17-year-old daughter boards a flight from San Francisco to New York for a visit with her best friend. After watching the plane take off, I make my way back through the terminal, averting my eyes from newsstand displays with their bold headlines of disaster. Terminal. I wish I hadn’t thought of that word. Now I can’t get it out of my mind. I must defuse it, think of its opposite ... initial, initiate, awaken. I like awaken. I repeat it five times, punctuating each

doesn't everybody have some personal rituals and habits? What about Wendy? Or the woman who always uses the same gym locker or the same rest-room stall at work? Or the man who feels compelled to alphabetize his pantry? Are these simply personality quirks, or are they something more?

"Just about everyone has habits that can be considered OCD habits," says Lee Baer, Ph.D., director of research at Massachusetts General Hospital's OCD Clinic and associate professor of psychology at Harvard Medical School. "The question is, where do you draw the line?"

The answer is far from simple. Baer and most other OCD experts use the Yale Brown Obsessive-Compulsive scale—the standard diagnostic tool in America—to determine this condition, which is defined by degree. "The best predictor," Baer says, "is just how much your obsessions and compulsions interfere with your life." It's one thing to need to have your house clean before you leave it, if that means 20 minutes of straightening; it's quite another if the kitchen counter alone takes two hours, and you have to cancel appointments to get it done.

It sounds straightforward, but for people like me, it can be a hard call. My obsessions aren't as crippling as those of the woman who never leaves her house for fear of seeing a hearse, or the man who makes a U-turn every time his car hits a bump to make sure he hasn't run somebody down. On the other hand, my numerous, embarrassing, secretive rituals seem like more than idiosyncrasies.

My own experience with borderline OCD dates back to my childhood, which is in itself unique since most people first notice OC-type symptoms in late adolescence or early adulthood. Whenever my parents and brother traveled by car on Oklahoma's infamously dangerous two-lane highways, I performed elaborate prayer rituals to ensure their safe arrival. As a teenager, whenever I had a "bad" thought about the death of someone I loved, I'd have to bolt from the room out of guilt. Since having children, parental responsibility has fueled my obsessions. Sometimes I can't wear black or red for fear it would affect the safety



where do you draw the line?

Diagnosing OCD involves determining how much a behavior interferes with your life. In a case of full-blown OCD, a compulsion might affect work, marriage, or friendships. For others it might be simply a personality quirk.

If you think you or someone you know might have OCD, review the list of common symptoms below, or take one of the screening tests in *Getting Control: Overcoming Your Obsessions and Compulsions* (Plume, 2000) by Lee Baer, Ph.D., or *Brain Lock* (HarperCollins, 1997) by Jeffrey Schwartz, M.D. Results should be analyzed with the help of a medical professional.

OBSESSIONS: hygiene, need for order or symmetry, superstition, fear of aggression

COMPULSIONS: washing; checking (such as repeatedly making sure doors are locked); maintaining total order; hoarding or saving; mental rituals to make bad thoughts go away; touching, tapping, or rubbing objects

who can help

Here's where to turn if you need treatment for OCD:

- Obsessive-Compulsive Foundation
203-315-2190
www.ocfoundation.org
- National Mental Health Association
800-969-6642
www.nmha.org
- Obsessive-Compulsive Disorder Resource Center
www.ocdresource.com

of my children. If I read something about death or danger in a newspaper or book, I must find a complete sentence that's either benevolent or neutral before I can turn the page. I don't really believe that reading about death will cause someone I love to die. It's that I don't *disbelieve* it enough to keep me from my attempts to disarm the thought.

This can grow into what Baer calls an "OCD loop" of ever-increasing obsessions

OCD: just the facts

Learn more about the disorder with these stats from the Obsessive-Compulsive Foundation.

- One in 50 adults currently has OCD. Twice as many have had it at some point in their lives.
- OCD can start at any time in a person's life, but one-third to one-half of adults with the disorder report that it started during childhood.
- On average, people with OCD spend more than nine years seeking treatment before receiving a correct diagnosis.
- Approximately two-thirds of OCD patients have also suffered at least one bout of major depression at some point in their lives.
- There are also a number of disorders that are possibly related to OCD, such as compulsive gambling, certain sexual behaviors, eating, nail-biting, and spending.
- Some experts believe that there may be different types of OCD, and that some types are inherited while others are not. Although the research is not definitive, there is evidence that OCD that begins in childhood may be different than OCD beginning in adulthood: Individuals with childhood-onset OCD appear more likely to have relatives with the disorder than are those whose OCD first appears when they are adults.

and compulsions that can last for hours. Luckily, mine last only seconds or minutes—but I still feel trapped by them. A therapist friend told me that I don't need to seek help until my compulsions take up more than an hour a day. But some days, I barely slide in under the wire.

According to the Yale Brown scale, my symptoms are possibly self-treatable, but seeing a behavior therapist might help. That sounds better than years of psychoanalysis, which was the primary treatment until the 1970s, even though it proved largely ineffective. The reason: New research suggests OCD is not the result of life experience. Brain-imaging studies, such as those done by Jeffrey Schwartz, M.D., at the University of California-Los Angeles Neuropsychiatric Institute, have shown that in OCD patients, the caudate nucleus, which works like an automatic transmission for the brain, gets stuck in gear. The brain is unable to shift between thoughts, which may explain the fixation on cleanliness, safety, or order.

Many people diagnosed with full-blown OCD can now find relief through anti-compulsive drugs, such as Anafranil, Prozac, or Zoloft, in combination with a form of behavior therapy called exposure and response prevention. In this method, a psychologist or psychiatrist guides a patient as she confronts the things she fears and helps her resist acting on any compulsions that arise. In my case, I would force myself to read the newspaper like a normal person. If I saw a frightening headline and was flooded with fears of those closest to me dying, I would resist performing a neutralizing ritual to feel better. "If you repeat this process often enough," Baer says, "you teach your body that you can feel better without the ritual. You're able to get your behavior under control, and eventually your urges and thoughts will diminish."

But since my symptoms don't seriously interfere with my work, home, or social life, I'm more inclined to self-treatment. That's how I discovered mindful awareness, which Schwartz recommends in his book, *Brain Lock* (HarperCollins, 1997). In this technique, you become your own "impartial spectator" who serves as a

reality check, calling intrusive thoughts what they are—obsessions and compulsions—and reminding yourself that you're having these thoughts because you have a medical condition called OCD. Then, rather than giving in to an impulsive behavior, you respond in a constructive manner. You divert your attention to therapeutic tasks such as gardening, baking bread, or reading a book. "Mindfulness is a powerful tool for people with OC-type symptoms, as well as for those with OCD," Schwartz says. "It puts you back in control."

Most days, it works for me. When I notice my 12-year-old son has left for school without turning off the light in his room, I reach for the switch against the drone of my usual fears: If I turn off his light, he could die on his way home.

It's one thing to need to have your house clean before you leave it, if that means 20 minutes of straightening up. It's quite another if the kitchen counter alone takes two hours.

But instead of leaving the light on, I tell myself, "That is your OCD talking; it's not real." I remind myself that we live in a world where it's not unusual to feel out of control. According to Baer, most people with OCD—borderline or full-blown—feel a heightened sense of responsibility, a need to protect the lives of others. That's not such a bad thing, if it finds a constructive outlet in the real world.

So I switch off the light and stand in the darkened room. I notice two gray sneakers, lying on their sides where they were kicked off. Don't pick them up, I say to myself. It's his job to do that. My job is to pay attention, to name my fears, and to not turn away from them. **U**

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