

Thank you for your interest in this topic. If you have any questions about this, or any issue, please contact our office at 214-642-8737

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Newsletter of Stonebriar Counseling Associates

☐ What is OCD?

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 Obsession Compulsive Disorder (OCD) is an anxiety disorder where a person has recurrent and unwanted ideas or impulses (called obsessions) and an urge or compulsion to do something to relieve the discomfort caused by the obsession. The obsessive thoughts range from the idea of losing control, to that of keeping things or parts of one's body clean all the time. Compulsions are behaviors that help reduce the anxiety surrounding the obsessions. Most people (90%) who have OCD have both obsessions and compulsions. Even though the thoughts and behaviors are senseless, repetitive, distressing, and sometimes harmful, they are also difficult to overcome. For many years, mental health professionals thought of OCD as a rare disease because only a small minority of their patients had the condition. The disorder often went unrecognized because many of those afflicted with OCD, in efforts to keep their repetitive thoughts and behaviors secret, failed to seek treatment. This led to underestimates of the number of people with the illness. However, a survey conducted in the early 1980s by the National Institute of Mental Health (NIMH)--the Federal agency that supports research nationwide on the brain, mental illnesses, and mental health--provided new knowledge about the prevalence of OCD. The NIMH survey showed that OCD affects more than 2 percent of the population

(3.3 million), meaning that OCD is more common than such severe mental illnesses as schizophrenia, bipolar disorder, or panic disorder. Today, OCD strikes people of all ethnic groups. One in 50 adults in the United States currently has obsessive-compulsive disorder (OCD) and twice that many have had this disabling disorder at some point in their lives. Males and females are equally affected. The social and economic costs of OCD were estimated to be \$8.4 billion in 1990 (NIMH, 1999, NIH 99-3755).

Although OCD symptoms typically begin during the teenage years or early adulthood, recent research shows that some children develop the illness at earlier ages, even during the preschool years. Studies indicate that at least one-third of cases of OCD in adults began in childhood. Suffering from OCD during early stages of a child's development can cause severe problems for the child. It is important that the child receive evaluation and treatment by a knowledgeable clinician to prevent the child from missing important opportunities because of this disorder. OCD does tend to run in families, sometimes in two, three, or even four consecutive generations. About 15% to 20% of those with OCD come from families in which another immediate family member has the same problem.²

² Gibb, G., Bailey, J., Best, R., & Lambirth, T. The Measurement of the Obsessive Compulsive Personality. *Educational and Psychological Measurement*, 43, 1233-1237.

☐ What Are The Symptoms?

➤ **Features of Obsessions**
 Recurring, persistent, unwanted ideas, thoughts or impulses commonly intrude when you're trying to think of or do other things. Common obsessions include:

- ❖ fear of dirt or contamination
- ❖ Concern with order, symmetry and exactness
- ❖ Constantly thinking about certain sounds, images, words or numbers

➤ **Features of Compulsions**

These are repetitive behaviors that the individual is driven to perform regularly to combat his/her obsessions, even though they may seem to others as well as themselves — senseless. They may even make up "rules" to follow to help control the anxiety felt when having obsessive thoughts. Typical compulsions include:

- ❖ Excessive hand washing
- ❖ Repeatedly checking that doors are locked and appliances are turned off
- ❖ Arranging items in a precise order
- ❖ Counting over and over to a certain number
- ❖ Touching certain objects several times

When these rituals are performed, one may feel some relief from anxiety, but not for long. Soon their discomfort returns, and they feel compelled to repeat the

behaviors all over again. They know the repetitive thoughts and behaviors are irrational and senseless, but they can't seem to free themselves from them. Eventually, these rituals may take up more and more of their day, making it virtually impossible to lead a "normal" life.

The following ten behaviors are probably the most common of what could be categorized with "Obsessive-Compulsive" disorders. Many of them are "curable," but the person who has any of these compulsions should seek professional help in dealing with their particular problem area.

1. "Checking" Behaviors.

Worrying if you turned off lights or stove, locked the door, etc. Excessive daily checking and re-checking of these types of things is a compulsive behavior.

2. Needing to Buy Something Each Time You Go Shopping.

Lack of ANY willpower when it comes to buying when out shopping shows compulsive behavior. This often leads to severe financial and business problems unless the person is financially very well off.

3. Gambling For Recreation, But Continually Losing & Going Into Debt.

Many people gamble for fun, and when they lose all their money they go home or quit. Compulsive gamblers keep going and borrow money, sell items to get money to gamble etc. They are "addicted" to gambling.

4. Substance Abuse/Addiction.

When alcohol, recreational drugs, or tobacco are so much a part of your life that without them you are agitated, afraid, anxious, or do not feel "yourself," then you have a compulsion to use those substances, even though they are harmful to your physical and emotional wellness.

5. All Work & No Play.

If you are a person who ALWAYS feels they have to be working or doing something "productive," such as your business work or other projects that are not considered "recreation," then chances are good you are compulsive about work. These people often are called "Type A" people, but a true compulsive workaholic will literally work until they fall asleep or are no longer able to function.

6. Compulsive Relationship Behavior.

Examples of this are the man or woman who must be in a relationship, sometimes with only one special person, or they feel lost. If the relationship is terminated by the other party, the compulsive "lover" will stalk, call incessantly, and do all kinds of legal and illegal things to get close to or "get back" the person they feel they must have in their life to be "whole." It is similar to the "Fatal Attraction" movie character Glen Close played.

7. Compulsive Lying.

This person, not unlike the gambler, or the alcoholic, has little or no control over the lies he or she tells. To the compulsive liar, lies come out of the mouth as easily as truths, usually with little

or no forethought to why or what the consequences will be.

8. Compulsive Eating.

Eating disorders are well known by now, and the subject of numerous books and talk shows. The compulsive eater is a person who simply CANNOT say no to food! They may have just eaten a dinner, but they go back for more until they are either sick and must "purge" the food, or until they get so sick they cannot eat any more. Most people with severe overweight problems are compulsive when it comes to eating.

9. Sexual Compulsions.

Men and women who bounce from one intimate relationship to the next and MUST have an ongoing sexual relationship or very frequent sex no matter with whom or what the situation, are addicted to sex, and would be classified as having a sexual compulsion. These people unfortunately put themselves at high risk for getting sexually transmitted diseases, and very unhealthy personal and professional lives.

10. Compulsive Exercising.

Sometimes tied into competitiveness, sometimes to a weight or perceived weight problem, and sometimes simply another example of compulsive behavior, some people exercise to the extreme, often endangering their health. Some runners and "marathon" zealots may live to exercise. They do it for much longer than suggested by health experts, they do it harder than suggested, and they do it more frequently as well. It often interferes with their social and

business life, and in women and men can cause unhealthy changes in the body's normal "rhythms," the person's body fat percentage, and can cause many "sports related" injuries to the knees, legs, hips, and other major joint and muscle areas.

It is important to state that there's a difference between being a perfectionist and having obsessive-compulsive disorder. Perhaps someone you know gets all of their work done a week ahead of schedule, they compete at sports like a pro and the floors in their house are so clean you could eat off them. That doesn't mean they have obsessive-compulsive disorder. Instead, it may mean that they belong to a large group of people who are sometimes called compulsive-holding themselves to a very high standard of performance in everything that they do. These are not the behaviors seen in people with obsessive-compulsive disorder. Behaviors associated with obsessive-compulsive disorder interfere with everyday functioning. Yet it is still commonly overlooked by both mental health professionals, mental health advocacy groups, and people who themselves have the problem.

📖 **Causes:** "You Are Not to Blame"

Many people still carry the misperception that they somehow caused themselves to have these compulsive behaviors and obsessive thoughts. Nothing could be further from the truth. OCD is likely the cause of a number of intertwined and complex factors which include genetics, biology, personality development, and

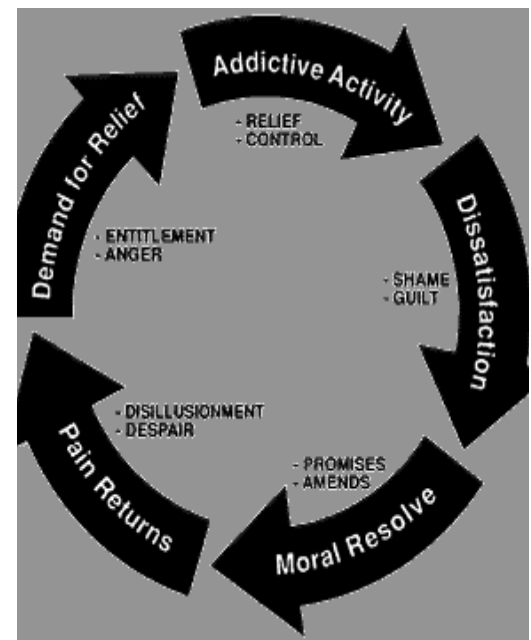
how a person learns to react to the environment around them. If it occurs early in life, it seems to be linked to a stressful event and affect boys more often than girls; if it occurs in the teen years, it affects males and females equally. If it appears first in adulthood, the incidence is slightly higher in women than in men.³ What scientists today do know is that it is not a sign of a character flaw or a personal weakness. OCD is a serious mental disorder that is more treatable than ever. It affects a person's ability to function in every day activities, one's work, one's family, and one's social life.

📖 **The Pursuit of God's Peace**

No matter what the obsessive-compulsive addiction it promises to provide us with predictable moments we can count on, while giving us the illusion of control. Addictions are attractive because they appear to provide predictable doses of relief and power in the midst of pain and helplessness. But in reality it becomes a house of mirrors, promising us freedom and then trapping us with little hope of escape. The effect is always self-destructive bondage. As we lose more and more of ourselves to our addiction, our pleasure decreases. Moments of relief are replaced by lingering shame. We feel guilty for having a habit that is socially unacceptable. We are afraid of being discovered. In turn, we resolve to quit, or to make amends for our failures, hoping it will lessen our feelings of guilt and shame. But it never does. We may have temporarily swept our lives clean of the addiction and its unpleasant feelings, but nothing has replaced it. As a result, we are more acutely aware of our

emptiness. Feelings of disillusionment and despair set in, and once again we begin to demand relief. Our demand for relief draws us back into the familiar arms of our habit.

This cycle is played out again and again with deepening levels of dissatisfaction, disillusionment, despair, and enslavement.



1. Take a realistic look at how you're living and how you relate to others and yourself. Think and pray about the results of the OCD survey below. (You might need to ask a friend to offer an objective opinion on this.) Set a goal to re-balance or re-prioritize your life accordingly and get someone to hold you accountable to changing.

2. Admit that the obsessive thoughts or compulsive behaviors are destructive. Realize that no matter what your past failures may be God loves you and offers his strength and grace through Jesus Christ. (Read I John 4:4; Phil. 1:6; 4:13; II Tim. 1:7)

Reattribute: "This thought is nonsense and does not need to be examined. It's not me, it's my

³ Ibid.

OCD. Just because the orbital cortex of my brain is overly active right now does not mean I have to take it seriously."

Refocus: "My brain is not shifting gears for me, so I must do it. I know this is an obsession I'm stuck on, so I'm going to shift my attention to _____ (any pleasant behavior)." Invest yourself in this activity instead of analyzing, examining or trying to get rid of the obsessive thought. Try to let at least 15 minutes pass before you do anything about an obsessive thought. Strive not to do what your OCD "tells" you to do.

3. **Be balanced. Relabel:** Clearly identify and label each obsession and compulsion for what they are (e.g., "No, I'm not about to lose control of myself—this is just an obsession creating a false alarm.")

Revalue: Become an impartial spectator of your own thoughts. Devalue the OCD feeling that has been so compelling. Anticipate obsessions—it's not a question of "if" they come—they will come. When they do come, revalue them as acceptable brain noise.

4. Step out of the addiction trap by separating the ritual from personhood.

Expose yourself to whatever situation triggers the problem. You then prevent yourself from engaging in your usual ritual. For example, suppose that you have OCD problems with greasy substances. You might choose to allow yourself to become greasy while adding oil to your lawnmower (exposure). Instead of washing immediately, you prevent yourself from washing (response prevention). By exposing yourself to your fear, anxiety increases temporarily.

However, by continuing to avoid your usual compulsive behavior response, your anxiety is allowed to naturally diminish. The obsessive-compulsive cycle is broken, and the obsessive thoughts weaken. Confronting such fears is not easy and it may require special guidance from a trained professional.

5. Don't "should" on yourself - or others. Instead of making excuses on yourself take an attitude of "by God's power I would like to..." "I'm going to work towards...." Our anger helps to justify our addiction. We believe we deserve the relief our addiction provides.

By blaming others for our problems, we keep the focus off ourselves. In our anger, we always forget the One who bore our pain in His own body on an executioner's cross. While blaming others, we do not remember the beatings, the whipping, the scorn, the nails, the thirst, and the tears that were His. As long as we continue to blame God and others for our pain, we ignore the One who absorbed such punishment on our behalf that He Himself cried out, "My God, My God, why have You forsaken Me?" (Mk. 15:34). By blaming heaven and earth for our problems and numbing ourselves into the mindless comfort of our addictions, we ignore the One who said:

Come to Me, all you who labor and are heavy laden, and I will give you rest. Take My yoke upon you and learn from Me, for I am gentle and lowly in heart, and you will find rest for your souls. For My yoke is easy and My burden is light (Mt. 11:28-30).

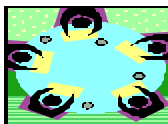
With God's help the individual who is struggling with OCD can move forward to experiencing inner peace and joy. Remind the individual that they are lovable and valuable for who they are, with their unique personality, gifts, dreams, feelings, and experiences. Encourage them to hold their head high and recognize that God's peace will help them to develop the necessary strength and endurance (Phil. 4:7; II Pt. 3:14; Rom. 12:1)!



Newsletter of Stonebriar Counseling Associates

From the desk of...

Bob Good



**Sexual Addiction Group Meeting
Tuesday Nights at 7:00 pm
Location: SCA office**



Dear Educator and Ministry Leader:

In the movie *As Good As It Gets*, Jack Nicholson plays the character of Melvin Udall. In one particular scene he locks and unlocks his apartment door exactly five times, turns lights on and off five times. The rest of the story finds him eating every day at the same table in the same restaurant. He insists on the same waitress, always orders the same meal, and brings his own paper-wrapped plastic flatware to avoid contamination. He wipes off door handles before opening doors and carefully avoids stepping on sidewalk cracks in his visits to his therapist's office. If anything disrupts his routine, he becomes both angry and anxious.

Obsessive thoughts and compulsive behaviors cross the fine line between normality and disorder when they become so persistent that they interfere with the way we live. Checking to see that the door is locked is normal; checking it five times is not. The obsessive thoughts become so haunting, the compulsive rituals so time-consuming, that effective functioning becomes extremely difficult.

One such person was billionaire Howard Hughes who had compulsively dictated the same phrases over and over again. Under stress, he developed an obsessive fear of germs. Hughes became reclusive and insisted his assistants carry out elaborate hand-washing rituals and wear white gloves when handling any document he would later touch. He ordered tape around doors and windows and told his staff never to touch or even look at him. "Everybody carries germs around them," he explained. "I want to live longer than my parents, so I avoid germs."¹ Obsessive-compulsive disorder traps people in seemingly endless cycles of repetitive thought (obsessions) and in feeling that they must repeat certain actions over and over (compulsions). Sadly, OCD has so much power over people that their process of reasoning is uncertain or unconvincing with regard to their actions. In fact their doubt may lead them to believe that they are taking unbearable risks if they don't perform their rituals. They may even recognize that their obsession is "crazy" and receive no pleasure in what they are doing. Still, they find it difficult to escape the stronghold that it has over them.

This month we will investigate this often misunderstood and confusing condition regarding how it has impacted the lives of people as well as the available solutions toward the process of recovery. Because, the good news is that any man can change. And, by helping people see life from the perspective that there is hope will lift them above the magnitude of their problem and know the honor and meaning of being a warrior for God's purposes.

Sincerely,

Bob

¹ Fowler, R.D., Howard Hughes: A Psychological Autopsy. *Psychology Today*, pp. 22-33 (1986, May).

Obsessive-Compulsive Scale

Please indicate whether each statement below is true or false for you by circling the *T* or the *F* to the left of the question.

The Obsessive-Compulsive Scale (OCS) was developed using 114 college students with mean scores of 11.15 and 11.24 for males and females, respectively. In scoring, 1 point is assigned for “True” answers to items 1, 2, 4, 6, 7, 8, 16, 17, 18, and 21, and 1 point for “False” answers to items 5, 9, 10, 11, 12, 13, 14, 19, 20, and 22. Thus, total scores can range from 0 to 20, with higher scores reflecting greater compulsivity. Items 3 and 15 are validity checks. That is, if answered incorrectly, the OCS score should not be considered valid.

Source: Gibb, G., Bailey, J., Best, R., & Lambirth, T. (1983). The measurement of the obsessive compulsive personality. *Educational and Psychological Measurement*, 43, 1233–1237. Copyright © 1983 by Sage Publications, Inc.

- T F** 1. I feel compelled to do things I don't want to do.
- T F** 2. I usually check things that I know I have already done.
- T F** 3. I can walk 30 miles in an hour.
- T F** 4. I often do things I don't want to do because I cannot resist doing them.
- T F** 5. I seldom keep a daily routine.
- T F** 6. I feel compelled always to complete what I am doing.
- T F** 7. I often feel the need to double check what I do.
- T F** 8. I'd rather do things the same way all the time.
- T F** 9. I seldom have recurring thoughts.
- T F** 10. I seldom am compelled to do something I don't want to do.
- T F** 11. I don't feel uncomfortable and uneasy when I don't do things my usual way.
- T F** 12. If I don't feel like doing something, it won't bother me not to do it.
- T F** 13. I usually never feel the need to be organized.
- T F** 14. I am uneasy about keeping a rigid time schedule.
- T F** 15. My birthday comes once a year.
- T F** 16. I am often compelled to do some things I do not want to do.
- T F** 17. I like to keep a rigid daily routine.
- T F** 18. I believe there is a place for everything and everything in its place.
- T F** 19. I seldom check things I know I have already done.
- T F** 20. I am not obsessed with details.
- T F** 21. I often have recurring thoughts.
- T F** 22. I like to do things differently each time.

Stonebriar Counseling Associates
3550 Parkwood Blvd., Suite 301, Building C, Frisco, TX., 75034



Upcoming Free Workshop

Please RSVP

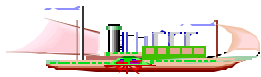


How To Counsel Those With Compulsive Sexual Behavior—April 28, '04

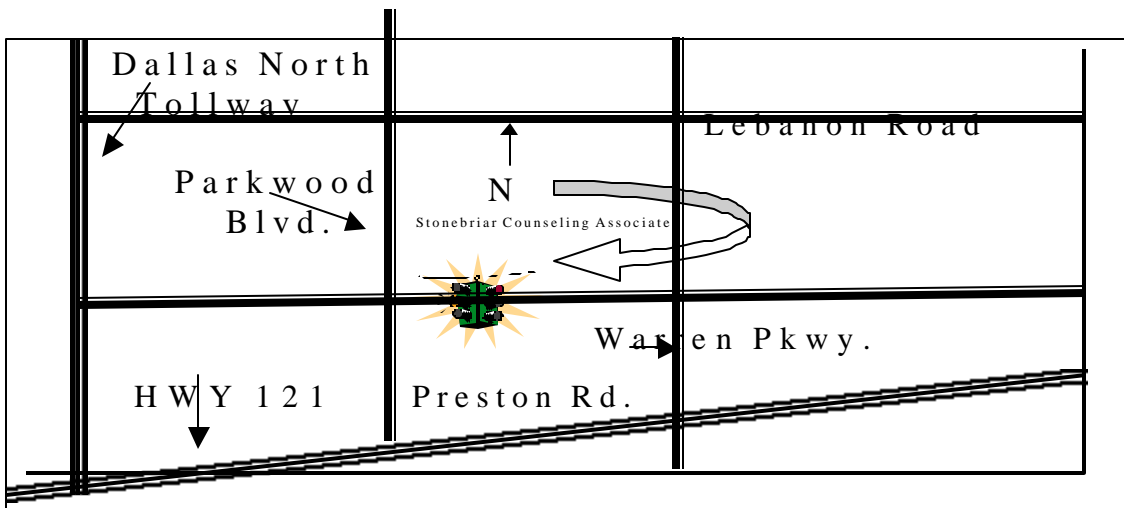
(Free Refreshments) Time: 6:30 PM

Location: 3550 Parkwood Blvd., Suite 301, Bldg. C, Frisco, Texas

Call SCA office at 214-642-8737 to register



New Location!!



Mission Statement

Stonebriar Counseling Associates (SCA) is purposefully passionate in providing quality psychotherapy from a Christian perspective that influences the treatment of psychological, emotional, and mental health issues.

To this end, SCA is committed to glorify God by:

- Believing that each person has the innate ability for personal growth and wholeness.
- Seeking a variety of approaches to help you learn new skills and find more choices so as to manage life's changes with a broader range of solutions for recognizing your strengths.
- Accepting all people with respect and love regardless of age, sex, race, religion, ethnicity or socio-economic status.
- Thoughtfully affirming and carefully following the morals of the Christian faith and the ethics of the professional governing boards.