

## 6 Myths About OCD

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"I'm just so OCD," you've probably heard someone say casually. Comments like this, while not intentionally harmful, don't help clear up the abundance of misinformation out there about Obsessive-Compulsive Disorder (OCD).

In reality, OCD is a serious, often debilitating, mental health disorder that can substantially impact an individual's quality of life. People with OCD regularly experience unwanted, often irrational, thoughts (obsessions) that make them feel the need to engage in specific behaviors (compulsions) in order to ease the anxiety or distress that the obsessive thoughts create. Learning the truth about OCD can help break the stigma many people with OCD feel and promote understanding and compassion. Here, three experts bust six common myths about OCD.

### Myth 1: You only have OCD if you wash your hands and clean a lot.

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Sadly, "this is a fairly common myth, even in the medical community," says Michael O'Mara, a licensed mental health counselor in Providence, Rhode Island. "I once had a client with quite significant OCD symptoms tell me she was told by her family doctor she did not have OCD because she did not frequently wash her hands."

Though excessive hand washing and cleaning are well-known compulsions of OCD, there are many other ways in which OCD can present, including, but not limited to, unfounded fears, such as being afraid that you are a pedophile or a murderer; extreme perfectionism; anxiety about sinning or disappointing God; repeatedly checking that doors are locked or the stove is off; unwanted, intrusive thoughts and images; and a need for symmetry.

"The problem with the public perception of [OCD being] just washing hands and cleaning is it makes it really hard for people experiencing all the other kinds of OCD to share that with others," says Michael Parker, LCSW, a psychotherapist near Pittsburgh, Pennsylvania.

Though the symptoms may not be as noticeable, less common types of OCD are just as real and have just as profound an impact on a person's life as the more obvious signs of hand washing and cleaning.

### Myth 2: If you're a neat freak, you must have OCD.

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"Everybody knows a neat freak," Parker says. "The thing that really needs to be clear is that people who have OCD are absolutely living in a completely different life experience than the normal average person."

There are two ways to differentiate neatness from OCD, he says. One is the level of distress you experience when things aren't the way you want them to be, and the other is the level of impairment in your life. How does it affect your family, social life, work or education? "If you do have these neat tendencies but it causes no disruption in your life, than you definitely do not have OCD," says Parker.

"I color code my closet and my shoes," says Lisa Terry, a licensed professional counselor in Alpharetta, Georgia, who specializes in OCD. "My husband likes to come in and mess my shoes up just to irritate me. I can live with that." If someone told Terry she couldn't fix it for a week, she wouldn't like it, but it would be fine and she could go to work and not think about it, she says. "Someone with (OCD) couldn't manage that. They would be obsessing about it. In fact, they may not even be able to go to work because it's not in order."

The reality is that many people with OCD tend to be messy, says O'Mara. "This is because many individuals with OCD do not engage in compulsive cleaning behavior and are spending too much time and energy on whatever obsessions and compulsions they do have."

People who have cleaning compulsions can actually be rather messy because they may avoid cleaning for fear that once they start, they will spend hours on it, says O'Mara. "They try to avoid the compulsion altogether."

### Myth 3: OCD is caused by childhood trauma or stress.

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The exact causes of OCD aren't known, but scientists believe that it stems from an imbalance of neurotransmitters in the brain. Genetics likely play a part as well. "OCD is not a trauma disorder and is not caused by trauma or stress," O'Mara says. "The prevailing theory is that individuals with OCD likely have a biological predisposition to the disorder which is triggered by stress in the environment. This is not unlike someone with high blood pressure getting aggravated by stress or trauma."

### Myth 4: Children can't develop OCD.

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While many children engage in repetitive behavior or specific preoccupations, this is usually temporary and not related to OCD, says O'Mara. However, many people with OCD start showing symptoms either during childhood or their teen years and an estimated 1 in 200 kids and teens have OCD.<sup>1</sup> "If repetitive behavior or unwanted thoughts start to interfere with a child's quality of life, seeking a consultation from a professional is always a good idea," O'Mara says.

### Myth 5: OCD can't be treated.

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“The great thing about OCD is that there is effective treatment,” says O’Mara.

“It’s actually, possibly, one of the mental health disorders out there that responds best to treatment,” Parker concurs. “One of the reasons for that is most people who have OCD also have insight into the fact that their thoughts and fears are exaggerated and distorted. [Insight is] the building block toward stopping the rituals and eventually not having that fear anymore.”

Treatment may include medication, psychotherapy or a combination of both. All three experts agree that the best treatment for OCD is Exposure and Response Prevention Therapy (ERP), which is a form of the better-known Cognitive Behavioral Therapy (CBT). “Classic CBT does not work well for OCD,” O’Mara says. “However, ERP ... has been proven to be quite effective in the treatment of OCD for both adults and children. The trick is finding a therapist who is knowledgeable and experienced in using ERP.”

ERP involves exposure to the thoughts, objects or situations that make you anxious in a controlled setting. For instance, if your OCD is triggered by touching objects other people have touched, you would touch a public restroom door. The second piece of the therapy is the response, which means you have to make a conscious decision to not engage in the rituals or compulsions you normally would. In this instance, after touching the door, you would refrain from washing or sanitizing your hands, if that’s what you would normally do afterwards.

“It’s very counterintuitive,” says Parker. “We all avoid discomfort unless we have some sort of motivation to be uncomfortable, like training for a marathon. Treatment is about helping that person identify their rituals, helping them find their motivation, and helping them experience little bits of success slowly through gradually reducing their rituals.” The end goal is to not engage in compulsions all day long for an extended period of time. With repeated sessions of ERP, anxiety levels decrease and the brain becomes retrained to let go of the fear.

Terry uses ERP with her OCD clients and firmly believes that people should do their homework before finding an OCD specialist. “If they’re not specifically using the phrase ‘Exposure and Response Prevention Therapy,’ I would move along,” she says. “You don’t get better if you don’t do the exposures. You just don’t.”

“Every time someone with OCD does a ritual, they are making their OCD stronger,” says Parker. “Every time they are able to resist the ritual (as in ERP), they are getting stronger in the face of their OCD.”

**Myth 6: Someone with OCD should be able to just get over it and realize their thoughts are irrational.**

If you have OCD, you have probably tried multiple times to “just get over it.” You also already know your thoughts are irrational, which is why you experience such emotional distress, says O’Mara. “People lack a respect for the power of the brain to control your behavior, no matter how much willpower or how much desire you have to feel or think differently,” says Parker. “When you have a mental health disorder, whatever is going on with your brain absolutely controls you, no matter what your willpower is.”

“Individuals with OCD are not having a lot of fun,” O’Mara notes. “A client of mine once compared OCD to a bully following her around the playground. The more she tried to ignore it, the more it punished her with anxiety and fear. Once she was in treatment, she felt she finally learned to stand up to the bully and push back.”

If you or a loved one are experiencing difficulty in your life because of OCD, be sure to contact a qualified mental health provider for help. Treatment for OCD has the potential to be life-changing.

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#### **Sources**

1. International OCD Foundation. [“Who Gets OCD?”](#)

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