

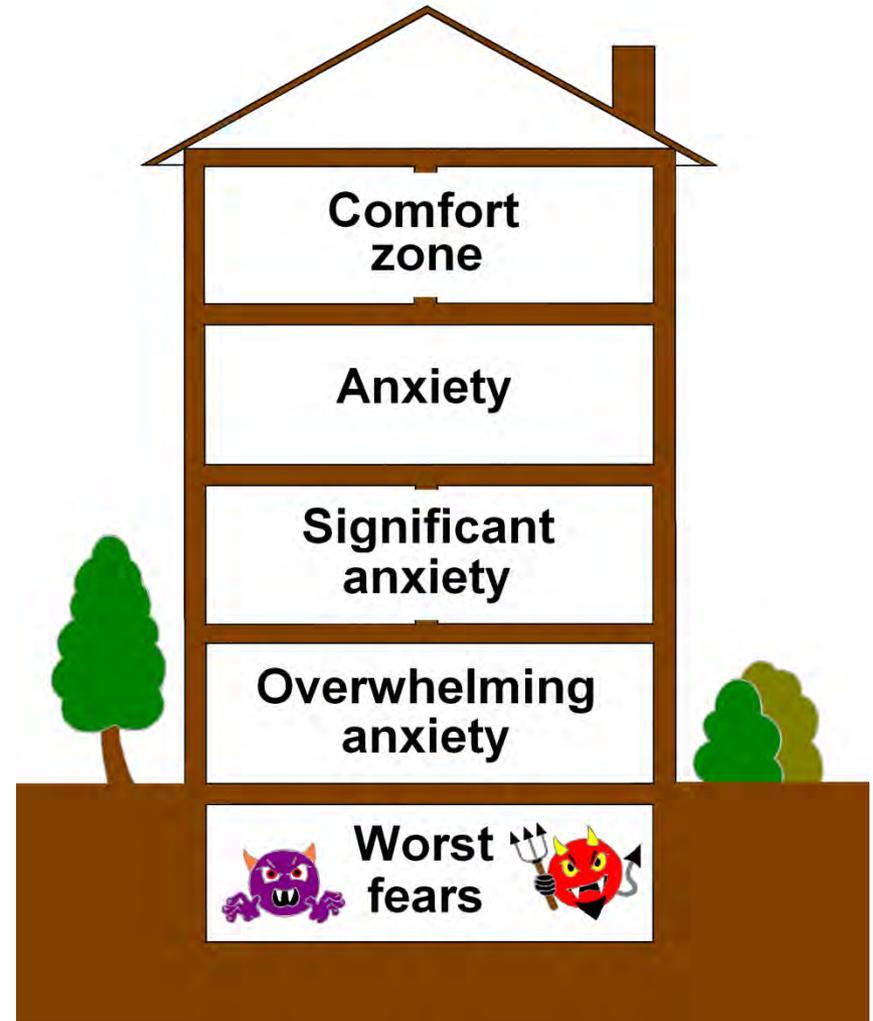
To help you understand...

... life with

Obsessive Compulsive Disorder (OCD)

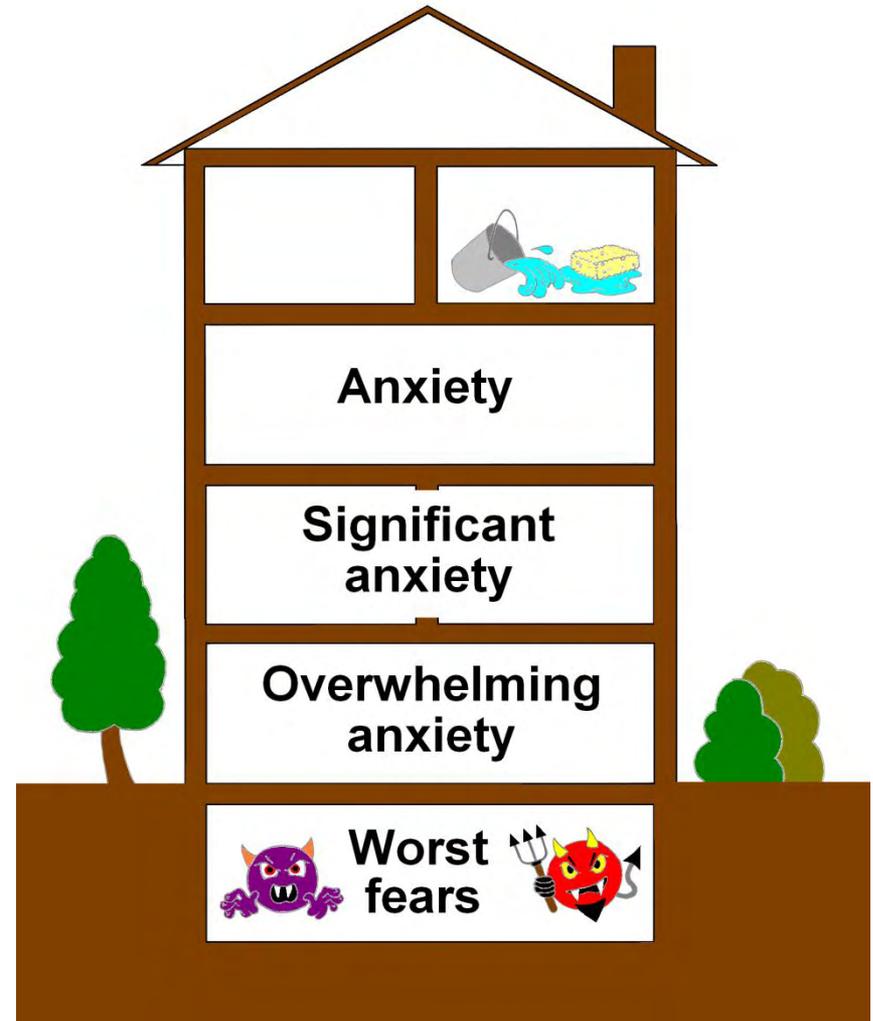
Think of your mind as a multi-storey house.

The top floor represents your **comfort-zone**; the basement is home to your **worst fears**; and the other floors represent your levels of **anxiety** in between.



Next, consider **unwanted thoughts** which **lead to anxiety** as being like water spilled on the top floor.

A little water doesn't cause much harm and may be wiped away quickly.

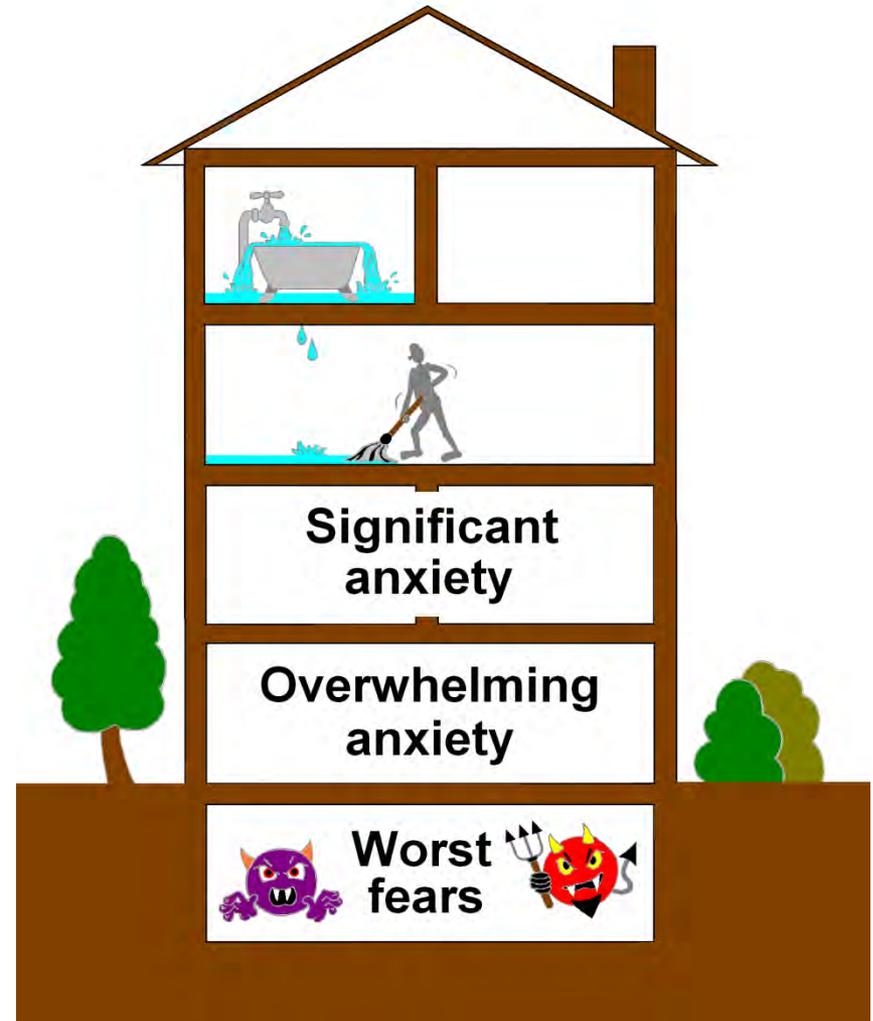


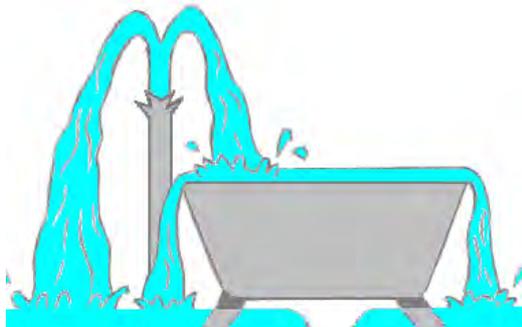
When a lot of water is spilled, a lot of mopping is required.

Mopping up is a **response** that's proportional to the size of the spillage.

It's very important, too, to fix the cause of the flood.

With or without OCD, **everybody** knows what it's like to have worries and to have to mop them up.





OCD is an **anxiety disorder** that's like a **lot** of spilled water and a **lot** of mopping.

The **obsessive** part of OCD involves the **unwanted thoughts which lead to anxiety** (the spilled water).



The **compulsive** part of OCD is the **counteractive response** (the mopping up).

Compulsions may be **physical and noticeable** or **mental and hidden**.

Pleas of "**why me?**" show how strongly the obsessions are **opposed**.

There are varying degrees of OCD, but it's a **disorder** because of the **excessive time** taken up by the obsessions and compulsions.

As with the water dripping its way towards the basement, obsessive OCD thoughts always try to creep into the **next level of anxiety**.

Just when it looks as though the mopping effort might have worked, another gap in the floorboards is found.

Obsessions can play tricks with undue feelings of **responsibility, guilt, blame** or **shame**, which add to the worry.

Although the sufferer's **perception of risk** may have become obviously distorted, it's important to realise that the **anxiety** always **feels very, very real**.



In **severe cases**, much of a sufferer's life is spent on the level of **overwhelming anxiety**, in the clutches of his or her **worst fears**.

The obsessions are often **unwanted thoughts** of those things that the sufferer would **least want to happen**.

This makes it **extremely hard to talk about** them.

At the same time, the sufferer is likely to have become highly **dependent** upon compulsions for **reassurance** or be **exhausted** from fighting the thoughts by way of **rumination**.

As a result, the OCD becomes very **debilitating** and impacts significantly on **everyday life**.



Meanwhile, it can feel as though **family and friends** are getting on with enjoying life, with **little awareness** of the genuine damage being caused to the sufferer's wellbeing.

As a result, the sufferer may feel **lonely, isolated** and **depressed**.

The combined effects of OCD may lead to both **psychological** and **physical** signs of stress.

Self-esteem may have hit **rock-bottom**, which might even lead to thoughts or actions of **self-harm**.





People who are aware of OCD in somebody close to them **can help** by increasing their **knowledge** of the condition.

This makes it easier to show **understanding** and to remind the sufferer that the obsession is **just a thought**.

Family and friends can help the sufferer to **refocus** and should **encourage** and **motivate** the sufferer to **remain involved** in everyday activities.



At the same time, it is **extremely important** that family and friends **do not** get drawn into "helping" with any compulsions, as this **reinforces** the sufferer's **need for reassurance**.



It's not entirely understood what starts the flood – but the suffering and anxiety are **real**.

Trying to mop up the continuous worries is a **short-term** measure and is not a solution. The **long-term fix** is to **stop the flow at source**.

However, just as we're not all expert plumbers, it's sometimes necessary to call on **professional help** to tackle the flood and its causes.

In the UK, there are guidelines in place that require suspected OCD to be addressed by way of appropriate referrals.



The first port-of-call is a sufferer's **doctor**.

Doctors don't confirm the presence of OCD but can **make a referral** to the local community mental health team (CMHT).

Doctors can also **prescribe medication** to help lift a sufferer's mood and relieve some of the anxiety **symptoms**.

The next stage of professional help involves seeing a **psychiatrist** or **psychologist**, who can make a **diagnosis**.

The recognised form of **treatment** is **cognitive behavioural therapy** (CBT).

CBT attempts to **tackle the worries at source** and to make the sufferer **respond differently** to the things that **trigger** the anxiety.

Sadly, waiting lists for CBT can be long.



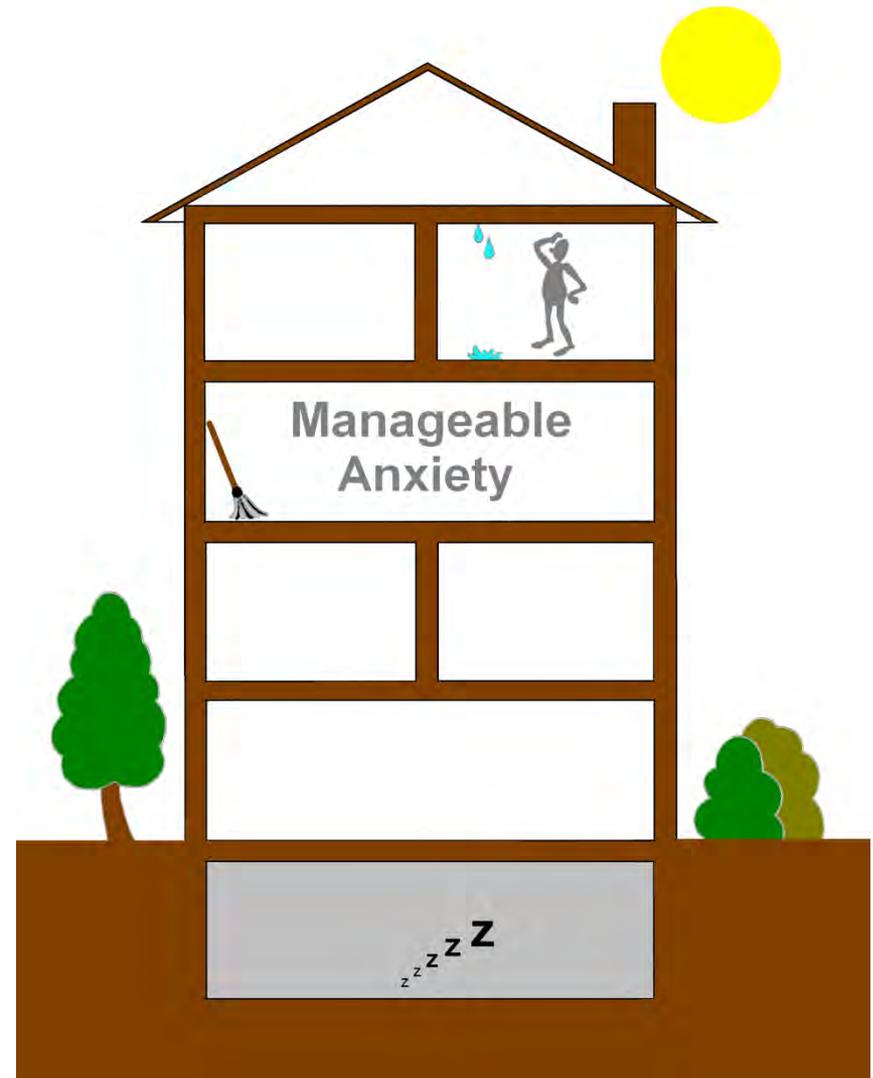
Learning to live with **reasonable doubt** is important in dealing with OCD.

Support from family and friends can **restore confidence** and **self-esteem**, which can help a sufferer to **fight the condition**, rather than just the symptoms.

Combined with professional intervention if needed, **it is possible to recover from OCD**, even when it has been severe.

On the road to getting better, sufferers will experience good and bad days...

... but however hard it might seem, there **really can be happier times ahead**.



For further **information**,
to **connect** with other sufferers online,
or simply to **read** of their similar experiences,
visit the OCD-UK website at:

www.ocduk.org



Registered charity number: 1103210

Working with and for people with OCD