

Obsessively

by Dan Harvey

CORRECT?

How often have you heard someone say, “I have OCD” or “ADHD” or “I’m mildly autistic?” It’s become a popular trend, at least in the U.S., to have a diminutive form of a complex psychological condition. It might be an annoying co-worker excusing the unproductive drama she brings to the office with all of the clinically correct acronyms; or, maybe a high-maintenance relative, the one who enjoys disrupting precariously balanced family dynamics, justifying the turmoil she creates by moaning about her bipolar condition.

But here’s the bigger question: How did we become a nation of mental-health-care experts?

“Defining behaviors through clinical description most likely derives from increased exposure to pathologies in the media as well as increased access to information via the Internet and the proliferation of self-help books,” says Michelle Reitman, PsyD, LMHC, founder of the Cadenza Center for Psychotherapy and the Arts in Hollywood, Fla. In other words, we are being saturated with knowledge about mental health and many people are clinging to simplistic views of what mental illnesses really are.

Aren’t We All a Little Crazy? ««

“We all exhibit some characteristics, behaviors and traits that would provide criteria for clinical diagnosis (of a psychological disorder),” Reitman says. The line between being “normal” and having a bona fide mental disorder is as gray as a Texas highway and as wide as the Grand Canyon. As professionals point out, mental health resides on an expansive continuum.

To put it into rather glib terms, we’re all a bit crazy, so don’t feel so alone. But there’s a huge difference in being stressed by life’s daily challenges and being handicapped by a clinically recognized psychopathological disorder. Take OCD, for instance: Many people are far too willing to accept their own self-diagnosis, especially if they frequently experience anxiety related to work, such as meeting project deadlines and preparing presentations. “Many people have OCD constellations in their behavior that are reflected in professional concerns, especially in occupations where success hinges upon thoroughness and accuracy,” explains Michael D. Zentman, PhD, a psychologist at Adelphi University in New York. “People may think they have a degree of OCD, but they’re really only doing what needs to be done to get something accomplished. They have no idea what OCD really involves.”

A Not-So-Cute Existence ««

According to Zentman, the real deal, as far as OCD is concerned, is absolutely hellish. Someone with clinically diagnosed OCD, as described in the *Diagnostic and Statistical Manual of Mental Disorders*, lives a tortured existence. Forget about getting a job project done by deadline. If you really have OCD, you’d be lucky to get to work on time, as your daily routine would

include irrational rituals that make it hard to even get to the door. These include excessive hand washing, showering and hair combing that are so stylized, ritualized, analyzed, categorized (but never really finalized) that they preclude other more essential activities. “If you really have OCD, you feel that your life is no longer your own,” Zentman says.

For some, the compulsions are deeper and darker, as their affected thought processes compel them to imagine violent acts and sexual experiences that would normally be repulsive to their nature and goodness.

What makes it even more devastating is its biological nature. OCD isn’t something developed over time by habit and concern. Researchers from the National Institute of Mental Health detected several variations in the same gene that work in concert to increase the risk of OCD. In 2008, researchers from the University of Cambridge’s Department of Psychiatry deployed functional magnetic resonance imaging to measure brain activity in a region involved in decision-making and behavior. They found that people with OCD and their close family

members have an underactivity in brain areas related to cessation of habitual behavior.

The Risks of Self-Diagnosis ««

These biological—and quite possibly genetic—complexities indicate the inadequacies involved with self-diagnosis, whether the condition in question is OCD, ADHD or any other suspected psychological disorder. Essentially, the individual may not know what he is dealing with.

“Self-diagnosis is always risky and it’s no replacement for expert opinion,” says psychotherapist and author Dorothea Hover-Kramer, EdD, RN, of Washington.

One risk involves sabotage of care. “A patient may enter into treatment looking for a specific diagnosis, which may hinder a therapist or psychiatrist,” says Dr. Peter Swanljung, a neurologist with Friends Hospital in Philadelphia. “Mental health professionals need to work from a clean slate to provide the most appropriate diagnosis and treatment. It’s hard to work with a patient who’s convinced that they have OCD, because that is what they will be focused on.”

In the larger picture, clinical diagnoses are useful in determining insurance coverage and benefits for patients and reimbursement for health-care providers. But, most importantly, it leads to the most appropriate treatment. “It has been well established that early professional intervention, whatever the problem, provides the best outcomes,” Reitman says. ⑥



About OCD

According to the National Institute of Mental Health (NIMH), obsessive-compulsive disorder (OCD) afflicts more than 2 million Americans, or about 2 to 3 percent of the population. It equally affects men and women. While symptoms can appear in childhood, it truly manifests in adolescence and adulthood. Recent research indicates it runs in families.

The most common obsessions associated with the disorder include fears related to:

- Germ contamination
- Causing someone harm
- Making mistakes
- Behaving in a socially unacceptable fashion

The most common compulsive activities include:

- Cleaning oneself (most often the hands)
- Organizing living or work space
- Counting objects
- Touching objects in ritualized fashion
- Constant checking and rechecking (e.g., is the stove turned off?)

The NIMH reports that OCD usually responds well to treatment, which can include medications, exposure-based psychotherapy or both. Moreover, the organization supports research into new treatment approaches for patients who don’t respond well to conventional therapies. New treatment research avenues include techniques such as deep brain stimulation.