

and yet he knew he'd be able to help me get through it in a totally different way than I'd gotten through things before. He was going to equip me with the proper tools.

And that was important. I learned that although I was able to get over those other obsessions once I stopped perceiving them as bad, this wasn't the right way to go about it. Until I was addressing the root of my problem, I would always obsess about *something*. Without coping methods, the obsessions will always get out of control. Dismissing the topic itself wasn't enough. So you might disagree with me very strongly that it's okay to question God, or even that there's nothing wrong with homosexuality, and that's okay—because thinking the subject of your obsession is “okay” isn't a legitimate coping method. That solution is more like using one of those small adhesive bandages on a gaping wound when what's needed is stitches and antibiotics.

TYPES OF OCD

Having OCD means different things to different people, as evidenced by the detailed checklist you read earlier on pages 15–17. Some researchers say there are two main types of obsessions, called *autogenous* and *reactive*. Autogenous obsessions are the type I have struggled with: involuntary, shameful thoughts that seem to come out of nowhere. Reactive obsessions are caused by external events and include fears about contamination, accidents, or a need for perfection.

If you spend any time researching OCD, you'll find different categories with different names and descriptions. For example, one article I read listed five types of OCD, another four, and yet another nine: washing, cleaning, checking, repeating, “hit and run,” orderliness, need for symmetry, sexual obsessions, and fear of loss of impulse control. Whew! But I find the checklist I've included here to be the most helpful in understanding what constitutes obsessions and compulsions, because it is so exhaustive—it includes just about every category you could imagine.

Hoarding has long been considered a type of OCD, but in the *DSM-5*, the most recent volume, it is now in its own distinct category. While these changes and different ideas about what OCD is and isn't can be confusing, I find it comforting to know that researchers

continue to seek answers and to learn more about what people like you and I struggle with.

Here are descriptions of some identified and common types of OCD.

Religious, Violent, and Sexual (Taboo) Obsessions

Whatever you consider the worst and oddest taboo obsession you've ever had, someone else—maybe me—has had something very similar or even the same. A book that really helped me with my taboo obsessions, *The Imp of the Mind: Exploring the Silent Epidemic of Obsessive Bad Thoughts* by Lee Baer, Ph.D., has lots of real-life examples. Here are a few:

- A priest can't stop staring at women's breasts when he walks down the street.
- A young man fears wanting to have sex with animals.
- A woman fears wanting to have sex with her young son.
- A man fears he will become a mass murderer.
- A man fears he will yell racist slurs at people in public.
- A young man fears he will harm his parents and his girlfriend.
- A woman believes she will spend eternity in hell.

Even Martin Luther, a German monk, priest, professor of theology, and the father of Lutheranism, feared he would curse God and Jesus and had images of “the Devil's behind” while praying.

You might have religious obsessions if you pray all the time, constantly pray on the rosary, or go to church or confession more than usual, especially if you are engaging in these practices out of fear and not because they bring you joy or make you feel closer to God in a positive way. If you are fearful that God will punish you over bad thoughts, this is most likely an obsession and not a common worry or drive to be devout.

Or maybe you have sexual or violent obsessions, which can be quite painful because you associate the behaviors you obsess about with “bad” people—you don't see yourself as the kind of person who would do bad things, but the fear that you might is upsetting and overwhelming. And, in fact, that association is exactly why people with OCD are *not* likely to follow through on these obsessions. If thoughts like these become obsessions for you, it is probably because

you already know they're wrong and because you are devoted to being the best person possible.

With these obsessions, not only are you afraid you will harm someone or do something illegal or blasphemous, you also feel so guilty that you are thinking these thoughts at all that you may become depressed. It doesn't help you to know that the thoughts are not desired or that they make you feel ill, you still feel bad that you have them.

Before I was diagnosed with OCD and found help, there were several times I became depressed and even considered suicide.* I couldn't understand where the obsessions came from and why I couldn't just turn them off. They were so unwelcome!

One night, utterly frustrated and worn down by the relentless images, I stood in front of my bathroom mirror, crying, and stared at my face. I looked like myself—sweet, innocent, normal—so I couldn't understand why my mind was torturing me. It was as though my mind had been taken hostage by someone immoral and dirty, someone who was forcing me to think unbearable thoughts.

These thoughts did not feel like my own because they would come to me out of the blue and hit me with such intensity that at times they took my breath away. They always made my stomach twist with nausea, made me break into a panicked sweat. What was compelling me to think the unthinkable, and *why couldn't I stop it?* The more I tried to stop the thoughts, repetitive words, and bombardment of terrifying images, the worse everything became.

If you're like me and have OCD that revolves around bad thoughts, you probably obsess about whatever you find the most morally reprehensible. That is what OCD does: It takes a fear or thought society already considers bad (murder, incest, racism) and magnifies it. What if someone standing in front of you said, "Whatever you do, don't picture me naked!" Would you have a hard time *not* picturing the person naked—even if you really, really didn't want to? (Hello, Great-Aunt Norma!)

Thoughts are just thoughts—they don't mean you'll act on them, and having bad thoughts doesn't make you a bad person. It's just hard convincing your "OCD brain"!

*If you're thinking about suicide, please talk to a trusted adult right away or contact the National Suicide Prevention Lifeline (see page 13).

Checking/Obsessions About Harm

Some people with OCD obsess about the possibility that something horrible will happen because of something they've done or not done. Maybe you're afraid that if you think a not-so-nice thought about someone harm will come to them, or if you don't check the stove to make sure it's turned off a fire will break out.

A person with "checking" OCD might look several times—and maybe a specific but seemingly arbitrary number of times—to make sure the stove is turned off. Another may continue to drive around her block until she feels sure that she didn't run over a child who was crossing the street. (See Sophie's story on page 30 about her fear that harm will come to people listed in her phone contacts.)

Karissa's Story: What If?

As I walked up the stairs, I watched my right foot touch the crack. If it didn't touch it, I went back and started over. Whenever I put clothes on, I checked the size to make sure each garment was mine even if I knew it was. After I washed my hands, I would smell them to make sure they smelled clean. If they didn't, I would go back in the bathroom to rewash my hands.

Homework took forever. I sat there for hours struggling while I read and reread the paragraphs. I checked my counting in math over and over again. I could have missed something. I went through what homework I did and what I still needed to do over and over again. What if I missed something? What if? That was a big fear of mine. Another was the longing for satisfaction that OCD needed. Doing my homework, I needed to get everything perfect. When I was writing, if it did not look perfectly neat, I would erase and erase again until OCD was satisfied. I would start homework right after school, eat, and go back to homework until 10:30 at night with no break. My parents helped as much as possible. My parents and teachers worked out a plan which included a certain amount of time to spend on each subject. It was difficult for me though because I wanted my homework to be perfect and finished.

The movie *Freaky Friday* became a nightmare. After I watched that, I worried about switching places with people. If I simply even touched somebody, I had to touch them again because I thought I might switch places with them in the morning. My life would not be the same. Sometimes, OCD would make me think that if I did not do something before I went to sleep, in the morning the world would not be the same. This scared me into thinking that the world would be different because of me, and I would not know how to change it.

Karissa was 13 years old when she wrote this essay. Since then she has gone through intensive residential treatment and is doing much better. On leaving treatment she wrote, “I plan to continue with my motivation to take control of OCD instead of letting OCD control me.”

You might know that it’s not logical to believe that your thoughts or actions have a direct impact on the well-being of others, but you care so much and are so concerned that you can’t help but perform the compulsions in an attempt to prevent anything bad from happening. Exposure and response prevention therapy has helped people just like you stop performing compulsions (see page 60). Eventually you will see that *not* performing the compulsions doesn’t cause harm and you won’t be burdened by them anymore.

Germ Phobias and Cleaning Rituals

Cleaning compulsions, particularly hand-washing rituals, are perhaps the most recognizable OCD symptoms. It’s a common misconception that excessive washing is the *only* symptom of OCD, and this may be because it’s the easiest to depict on TV and in movies. But that doesn’t mean it’s well understood.

While some cleaning rituals do stem from a germ phobia, sometimes a person excessively washes herself or her surrounding environment in an attempt to ward off “magical” contamination as well. For example, a person may fear becoming ill or being seriously injured simply by hearing the name of an illness or seeing a picture of a disabled person.

A person with contamination-related obsessions doesn’t take a once-daily 10-minute shower—he will repeatedly wash his hands,

shower, or disinfect himself or his possessions and will never feel clean enough. He may also avoid whatever he believes will make him sick, such as other people or the outside world in general. Avoiding fears is a compulsive behavior as well.

Josh's Story: I Had a Germ Phobia

My OCD, much like many others', started off as what you might call a series of quirks. In my freshman year of high school, my inner circle found themselves both confused and amused by the copious amount of soap I used whenever I washed my hands. I convinced myself that I was simply being thorough and thought no more of it. But little by little, it got worse. The progression was so incremental that I didn't even notice until it was too late. By the time my senior year rolled around, I viewed my school, and everything within it, as a microbial minefield, and the mere thought of bringing those filthy, disgusting books home and into my personal space made me physically ill.

Josh was 24 when he wrote this.

WHY DO I HAVE OCD?

At my most depressed I'd ask this question. Had I done something wrong? Was I being punished for things I had done or hadn't done, thought or hadn't thought?

No one knows exactly why some people have OCD, but I now know I wasn't being "punished" and my obsessions weren't because I did something wrong. The reason for OCD may be different for each individual. For one person it might be how the immune system responded to a bout of strep throat; for another it might be genetics. There are several possible reasons behind OCD.

Traumatic Events, Stress Triggers, and Life Changes

While everyday stress alone doesn't cause OCD, life changes—both positive and negative—can trigger symptoms. These life events could include the death of a loved one, the birth of a sibling, a parent's divorce or remarriage, starting at a new school, moving to a new home or community, or enduring a natural disaster.