

Editorial

Mental Health—A Taboo No More

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Editor

Obsessive Compulsive Disorder (OCD) is not a fatal mental condition but it is said to be highly disabling.

Obsessions are unwanted thoughts, images and/or feelings that come again and again in a person's mind. The nature of these thoughts is such that they cause fear, shame, and/or intense anxiety. Most of the time, even though they may try very hard, people who have OCD are unable to get rid of their obsessions. The thoughts vary from person to person. Some people have repeated thoughts about getting sick or being contaminated by germs. Others get images of hurting a loved one. Others are frightened and ashamed of negative thoughts they may have about religion or their brain may get stuck with the idea that everything must line up "just right." Some people get obsessed that they may lose something important. Whatever the content of the obsession, the important thing is that they are unwanted and are severe enough to cause intense anxiety and discomfort.

Compulsions are strong urges to act or think in a way to reduce or undo the discomfort that is caused by the obsession. Compulsions like obsessions also vary from person to person. A person who has obsessions about being contaminated with germs or being unclean may spend hours in the shower, use strong cleaning products or a whole bar of soap at one time, wash their hands excessively to the point of making them bleed all in an attempt to get rid of the obsession. Another person may refuse to shake hands with anyone or touch household items. Some people may spend hours checking and rechecking stoves, or locks. Others may feel they have to place things in a specific pattern and if they do not do that, they fear something catastrophic may happen.

Some compulsions are mental and involve reciting prayers or a word or phrase repeatedly. At times, people with OCD can spend several hours trying to finish one prayer because each time they say it, they fear that they have not die it properly.

Although both obsessions and compulsions are a part of OCD, most people with the disorder have both.

It is important to keep in mind that obsessions and compulsions are very different from everyday worries, superstitions or cautious habits that many people have. People who have OCD spend a lot of time on their obsessions and compulsions, e.g. at least one to several hours a day and in addition, these symptoms interfere, to a major extent, with their day-to-day life, including their relationships.

The early signs of OCD will vary according to the nature of the obsessions and compulsions. When the onset is in childhood, parents are often able to observe the compulsions. A child may erase their homework repeatedly to the extent of tearing the paper in order to do the work "perfectly". They may stay up till late at night checking and rechecking the door and window locks of

their house. Often, younger children will ask their parents the same question repeatedly seeking reassurance again and again. However, as children get older they will often start hiding their obsessions or compulsions because they become aware that they are not normal. Children when talking about it will sometimes say that they think they are dumb or stupid to do this but they cannot help it.

In adults the onset can be gradual. It may start with doubts about losing something important leading to some checking or some amount of washing because the person doubts that he or she has washed thoroughly enough. It may begin with an attempt to avoid places or situations or things that causes the person anxiety. It may start with a needle prick and the fear that one has got some lethal disease. With time, these fears and rituals grow to become OCD.

Genetic factors do play a part and we see a higher prevalence of the disorder in children and first-degree relatives of people who have OCD, these factors are not the only cause. Several studies suggest that people who develop OCD have some abnormalities in specific areas of the brain. Other studies point to changes in certain neurotransmitters in the brain. Some temperamental factors such as, low self-esteem or a tendency towards guilt or shame can also make a person more vulnerable to OCD as is a history of physical and sexual abuse in childhood or other stressful or traumatic events.

Sometimes because the obsessions and compulsions are so unreasonable and excessive, many people start thinking of themselves as "crazy", this stops them from talking about their condition. Educating themselves about this disorder will empower them to deal with it. They will also realize that they are not alone and there are many others who also suffer like them. This is important because many times people who have OCD feel very alone.

Whether they manage their condition themselves or with the help of mental health professionals, the crucial thing is that they know that there are treatments available for this disorder and they must not give up. Families can also play a very important role in helping these patients.

Behaviour therapy helps patients deal with and manage the anxiety arising from their obsessions as well as to reduce or eliminate compulsive rituals. This sort of treatment requires a lot of trust and cooperation on the part of the patient, as it is something they themselves do with the guidance and support of a trained professional.

The other form of treatment is with medications. These medications specifically affect the chemicals in the brain, which are thought to contribute towards obsessions and compulsions. Many times, both forms of treatment are used in combination to get the best result.