

# Coping with Obsessive Compulsive Disorder

**Professor Kevin Gournay** is Emeritus Professor at the Institute of Psychiatry (Kings College, University of London). In his clinical work he treats OCD, phobias and other anxiety disorders, and post-traumatic stress disorder. He has worked in areas of general medicine including pain management, cardiovascular disorders and multiple sclerosis, and has researched on CBT, violence, suicide, schizophrenia, medication, phobias, body image disorders, epidemiology, health economics and primary care. He is the author of 300 books, chapters and papers. He is President and founding patron of the charity No Panic, and is a frequent contributor to the media. In 2004 he was elected as 'Psychiatric Nurse of the Year' by the American Psychiatric Nurses Association. He lives in Hertfordshire and has four children.

**Rachel Piper** is a wife, mother, employee and artist with a very vivid imagination, who is fully aware of the incapacitating nature of OCD. In trying to overcome her own OCD and clinical depression, she has learned to channel her imagination in a positive way by capturing the beauty of the world through her camera. She strongly believes that an obsessive mind can also bring gifts, such as creativity. Rachel was first diagnosed with OCD in 1989, but diagnosis took several years. For this reason she eventually discovered a determination to be more open, and she acknowledges all those who suffer from OCD and the families who support them. In sharing her experiences she hopes to help others find the courage and determination to confront their own fears.

**Professor Paul Rogers** qualified as a psychiatric nurse in 1989. He later trained in behavioural/cognitive behavioural therapy and worked as a clinical nurse specialist in CBT at the Caswell Clinic Medium Secure Unit in South Wales, specializing in people traditionally considered not amenable to psychological therapy. For his PhD he studied the association between command hallucinations and violence, and was then awarded a post-doctoral research fellowship to study suicidal thinking in prisoners. In 2004 he was appointed Chair of Forensic Nursing at the University of Glamorgan. Throughout his academic training he has continued to see clients weekly for CBT (specializing in OCD and PTSD). He has published over 100 professional and peer review papers, research reviews and book chapters.

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# Coping with Obsessive Compulsive Disorder

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PROFESSOR KEVIN GOURNAY

For Sam – with memories of sorbet in the American Colony

RACHEL PIPER

For David

PROFESSOR PAUL ROGERS

For Allison, Clara and Hannah – thank you

PUBLISHER'S DEDICATION

For Soulla Thalís, who first suggested the idea of this book



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Over the years, Professor Gournay has been inspired by the privilege of working with a number of leading authorities on OCD. In particular, his collaboration with Dr David Veale in the early part of the 1990s was both fruitful and enjoyable in their study of a very close relative of OCD, body dysmorphic disorder (BDD). This included in-depth interviews with and assessments of some 50 individuals, as a result of which they conducted a pilot study of treatment and developed a model for cognitive behavioural treatment. Dr Veale has gone on to pursue this work further and has become a leading authority on OCD and BDD. This work has left an enduring impression, and the lesson learned is that complex cases demand patience, thought and the need to continually refer to the evidence available. People with OCD and BDD can sometimes be very difficult to treat and often do not respond to the first methods that one employs. If one does not achieve a suitable response to treatment, it is essential to reflect on the reasons why and to set new objectives with new methods, or a different mixture of methods, and then reassess outcomes. In the case of the most difficult-to-treat people, this process may go on for some time.

Professor Gournay is indebted to all those involved with No Panic, the self-help charity with which he has been involved for the past 20

## **xii Acknowledgements**

years, in particular, the founder and chief executive the late Colin Hammond, who sadly died in November 2011. With his wife Marion, Colin led the work of this charity since it was founded. The UK's largest self-help organization for anxiety disorders, No Panic has won numerous national awards, including the Queen's Award for Voluntary Service (in 2004) and the Charity of the Year Award (in 2003) and has a primary focus on people suffering from phobias and panic. Of the more than 70,000 calls a year received by No Panic, there are many from people with OCD, because of the acute anxiety engendered by the condition.

Professor Paul Rogers has been practising as a CBT therapist for nearly 20 years and has had the privilege of working with many close colleagues who have happily given advice during this time. He would like to thank the senior staff at the Caswell Clinic in Bridgend who originally seconded him to undertake the 18-month nurse therapy training at Professor Isaac Mark's unit at the Maudsley Hospital.

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Most importantly, Professor Rogers is indebted to all the clients he has seen with OCD (and BDD) over the last 20 years for letting him into their private worlds. So often, clients are ashamed or embarrassed about their obsessive thought or compulsive behaviours, and he never fails to be impressed by clients' honesty, sincerity and determination in overcoming their problems.

Rachel Piper would like to thank her family, in particular, David, Naomi and Rebecca, for always loving her and helping her to learn; living with somebody else's OCD is not always easy. She would also like to express her appreciation of the special people for whom she has great admiration: Professor Gournay, together with Professor Rogers and all those who work towards helping people overcome this incapacitating disorder.

# Introduction

## Why a self-help book on OCD?

It is true that there are already a number of very good self-help books on OCD. However, some of these books do not lend themselves particularly to a UK readership, as they are written with a USA audience in mind. Second, some of the self-help books that we have seen, good as they are, appear to us to be daunting to many potential readers because of their length and, at times, the excessive technical emphasis, which may be off-putting to many people.

We have set out to produce a book that is relatively short, easy to read and, at the same time, contains advice based on evidence from the highest-quality research studies so far carried out. We offer advice based on solid scientific evidence. In doing so, we make no apologies for concentrating on the psychological treatment approach with the best supportive evidence – that is, cognitive behavioural therapy (CBT). However, at the same time we accept that the cognitive behavioural approach does not have all the answers. We know, from our shared experience and from our reading of numerous scientific studies, that some people show little or no benefits from CBT, that some people respond well to medication alone, and that, sadly, a small proportion show no response to either approach. As our knowledge advances, it is becoming clear that OCD is not a single condition, but rather an umbrella term that covers a number of related conditions. In this book we attempt to describe the main forms of OCD and provide advice on how to deal with its various manifestations.

Although in the very recent past the UK government has made attempts to improve the training of health professionals so that they are better able to deliver treatment for conditions like OCD via the Improving Access to Psychological Therapies (IAPT) programme, it is still a sad fact that, for the foreseeable future, most people will never receive the evidence-based treatments that they need, delivered by an

appropriately trained professional, because of the shortage of such suitable professionals. Thus, as with other anxiety states, self-help in its many forms will continue to be a necessity. However, this picture is not as gloomy as it sounds. We know that self-help can be very effective and, indeed, our experience from working with self-help organizations tells us that many people with anxiety states appear to obtain excellent results when using methods based on self-help. We also know that self-help materials, such as this book, may be used very effectively as an aid to professional treatment.

### **NICE guidelines**

Throughout this book, we refer to the 2005 NICE guidelines for OCD and BDD. NICE (National Institute for Health and Clinical Excellence) is an independent organization set up by the government to be responsible for providing national guidance on promoting good health and preventing ill health. NICE has several functions, one of them being the production of clinical guidelines.

These clinical guidelines are based on the best available evidence at that time. NICE guidance assists health professionals in their work by setting out the treatment approaches to clinical conditions, which are supported by evidence from high-quality research studies. Such guidance is now recognized as the very best way to proceed, and if anyone recommends a treatment that is not based on NICE guidance, they need to be able to justify very clearly why they have done so. It is now accepted that not following NICE guidance may be deemed negligent.

NICE guidelines are reviewed at approximately five-yearly intervals, and the NICE website contains a huge amount of information concerning each and every guideline. The website is relatively easy to navigate and you will see that guidelines come in several versions, including a very helpful one for the general public, written in plain English. These versions are by no means 'dumbed down'; a great deal of work goes into translating technical language into a form that may be understood by the intelligent lay person. These versions usually consist of 20 to 30 pages. Interested members of the general public may, of course, download the more technical information, which is provided for health professionals.

## Structure of the book

Essentially, the book comes in two parts. The first provides information about OCD in its various forms, including case histories based on real people. We know that case studies help readers identify with their own problems, and over the years we have often been told that such descriptions help people to feel greatly comforted. Often for the very first time, people with OCD realize that they are by no means alone and that their problems are not unique; and, perhaps more importantly (particularly with OCD), that they have no reason to feel shame or guilt because of their condition. We also describe the treatments available, so that people with OCD who read this book have the necessary knowledge when dealing with a health care system that may place obstacles on the pathway towards receiving appropriate care and treatment. This part of the book concludes with Rachel's account of the way in which OCD has affected her, the benefits of professional treatments and the strategies she has adopted in order to lead a productive and fulfilling life. Rachel also describes 'Oscar', a character she has developed as part of a novel self-help strategy.

The second half of the book is devoted to a self-help programme, set out in a very practical way. The book concludes with a list of resources, books, organizations and references for further reading.



Part 1

OCD: The facts



# 1

## Defining OCD

Professionals define OCD principally through the two classification systems used in the English-speaking world: the *Diagnostic and Statistical Manual*, published by the American Psychiatric Association (APA) and currently in its fourth edition (DSM-IV), and the International Classification of Diseases, published by the World Health Organization, currently in version 10. Nevertheless, OCD is quite difficult to define because it can present in a number of ways. The principal manifestations of OCD are in the form of:

- Obsessions, which are also commonly known as obsessional thoughts and/or ruminations. These terms mean exactly the same thing.
- Compulsions, which are also known as compulsive actions or rituals. These terms mean exactly the same thing.
- A combination of obsessions (ruminations) and compulsions (rituals).

### **Obsessions (ruminations)**

The NICE guidance, published in 2005, defines an obsession as ‘an unwanted or intrusive thought, image or urge that repeatedly enters the person’s mind’.

If you ask people with obsessions, they will tell you that they realize that these intrusive thoughts or images are irrational, and are, as we shall demonstrate in some of the case examples in this book, alien to their nature. Obsessions, by definition, cause considerable distress and anxiety and can severely affect day-to-day functioning.

In the vernacular we use the word ‘obsession’ to describe something someone thinks about all of the time, and it is not uncommon to hear phrases such as an obsession with football, or an obsession with Elvis Presley. Such ‘obsessions’ usually give the person a great deal of pleasure and they have at some point decided that they would rather

