Chapter 1
OCD Is Treatable!

Jonathan, a forty-one-year-old carpenter, loved running ever since competing on his high school track team. Now, however, he jogged thirty minutes each morning because he knew exercise was one of the best ways to keep his anxiety in check. After a good workout, his day generally went much smoother. But one autumn morning he noticed something on the road in front of a neighbor's house just a block from his own home. The lawn was covered with dried fallen leaves and on the street where he was running there was a small patch of broken glass. A few steps past the glass Jonathan stopped. He was sure he had stepped on the glass. He quickly became certain that as he ran over the glass his shoe had kicked a shard into the leaves on his neighbor's lawn. In the space of a few seconds, Jonathan constructed a frightening scenario that he couldn't get out of his mind. He imagined the sun shining through that shard, being focused and magnified until the leaves caught on fire. The fire spread, catching his own home on fire, killing his children.

Although Jonathan knew that scenario was highly improbable, he spent the next half hour searching his neighbor's lawn for a piece of glass that wasn't there. He was *obsessed* with thoughts of danger and *compelled* to take action in order to reduce his fear. These types of intrusive and frightening thoughts were daily occurrences for Jonathan. He spent most of the day fighting against his compulsions to protect himself and others from highly implausible dangers that existed only in his imagination. His thoughts and actions seriously impacted his relationships with his wife and children. His wife was the only person he confided in until the problem became so severe that she insisted he seek professional help.

Obsessive-compulsive disorder (OCD for short) is a form of anxiety that comes in a variety of types and intensities. It is defined by repeated, intrusive, unwanted thoughts, called obsessions, often (but not always) about frightening things that are very hard to get out of one's mind. These thoughts are followed by actions—either physical or mental—that are intended to reduce the uncomfortable, anxious feelings. These are called compulsions because people feel compelled to do them to relieve their anxiety.

Most people with OCD don't know what it is or that they have it. To make matters worse, many health care professionals are not trained to ask the right questions that will lead to diagnosis and treatment. To compound the problem even further, people with OCD are usually so confused or embarrassed by their symptoms that they don't tell anyone. This all adds up to a lot of unnecessary suffering.

If you think you might have OCD, there are three very important things you need to know right away. The first is that OCD is highly treatable! Let that sink in for a second or two. Yes, OCD is treatable with or without medication. This means that you really can feel better than you do today. If you're like a lot of people with OCD, you may have given up on feeling better or worry that you'll have these same problems for the rest of your life. Second, some people are

even afraid that because they have OCD it means they're crazy. That's just plain wrong! *People with OCD are not crazy.* OCD is highly treatable.

REWIRE YOUR BRAIN AND FEEL BETTER

Third, you need to understand that getting better comes down to rewiring a part of your brain that only learns by doing. That's why the exercises in this book can be more effective than taking medicine to control your OCD. (We'll talk more about medications for OCD later because there are definite pros and cons to taking them.) But like reprogramming a computer, you need to know something about how your brain works in order to undo the part that doesn't work. And we're here to guide you in properly installing new and better instructions. Just remember, small steps lead to big results. As with programming a computer, it needs to be done in the right sequence. But don't worry, we'll lead you through the process step by step, and before long you'll start seeing your progress because you'll notice that you feel less anxious and more in control.

THE FIRST THING TO DO

Okay, let's get started with something simple that will begin building your repertoire of habits that will help you feel better. Simply stop for a few seconds and notice how anxious or uncomfortable you're feeling right now. What is your present state of comfort or discomfort?

Anxiety is measured in what are referred to as SUDs, which stands for "subjective units of discomfort." On a scale of 1 to 100, how anxious or uncomfortable are you? Imagine that "100" means you're jumping out of your skin, you feel as if you can't take it another second, and "1" means you're relaxed, as if you've just woken up from the most delicious sleep imaginable. Assess how you're feeling at this moment and rate it 1 to 100.

Later, when you get into your individualized treatment program, we'll ask you to make a habit of recording your SUD score. But for now, just noticing and coming up with a number to measure your discomfort is enough. This sounds easy to do, and it is. But many people with anxiety in general and OCD in particular don't want to reflect on their level of discomfort. On the one hand, it's natural to try to avoid something that might make us uncomfortable. On the other hand, however, avoiding things can make a problem bigger than it is. This is what happens with OCD.

Knowing what you are feeling is the beginning of your treatment. This ability is called "interoception," meaning to feel your body's inner sensations. It's important to know the reality of your anxiety rather than what you think it might be. Many people feel that they're at a 100 all the time, and when they start paying attention and recording their actual SUD scores they find things aren't nearly as bad as they thought. We all tend to remember the bad things more easily than the good. We'll return to the subject of SUD scores later with more instructions on how to use them to measure your progress. But if you haven't done so already:

1. Stop reading.
2. Close your eyes for a few seconds.
3. Sense how your body is feeling.
4. Rate your anxiety/discomfort from 1 to 100.

Excellent! You just began your treatment program.

HOW THIS BOOK CAN HELP YOU

You'll learn what OCD is and how you can treat yourself with a powerful treatment technique called "exposure with response prevention." I'll explain why this treatment works and teach you how to use it. You will learn which behaviors lead to success, as we share with you examples of treatment plans for problems similar to yours.

I'll lead you through a series of written exercises that will help you design a treatment plan that's customized to your needs. You'll be able to target what you most want to work on, at the pace you're comfortable with. By following the exercises described in this book, you will create a systematic, step-by-step series of activities that have a good likelihood of leading you to a life of substantially reduced OCD symptoms.

What you need to bring to this is the willingness to invest the time and energy to read and do the recommended exercises. Once you've developed your individualized treatment plan, you'll need the commitment to follow through. You probably can't make that commitment right now because you don't know what your treatment plan includes. But you *can* commit to reading this book and developing your treatment plan.

I encourage you not to suffer any longer than you need to. The sooner you begin, the sooner you'll experience symptom relief. Although your relief is unlikely to be 100 percent, it could well be substantial enough to dramatically improve your life. And with perseverance, you can begin to experience this kind of improvement in a matter of weeks.

Chapter 2
What Is OCD . . . and Do I Have It?

WHAT IS OCD?

OCD is a form of anxiety that involves unwanted, intrusive thoughts that can range from annoying to frightening to repulsive, and even disturbingly bizarre. Because these thoughts are so difficult to get out of one's mind they are called "obsessive" thoughts. At their core, obsessive thoughts often involve relatively normal concerns, reactions, worries, and fears that get blown out of proportion. An obsessing person loses track of the real-world likelihood of his or her thoughts coming true. Typically, the more one resists such thoughts, the stronger and more uncomfortable they become. Because obsessive thoughts are not easily dismissed, a person besieged by them cannot readily follow the advice of family and friends to "just think about something else."

Common topics that trigger obsessive thoughts are:

- Cleanliness, germs, contamination
- Safety, security
- Perfection, correctness, orderliness, exactness
- Need to save or collect things
- Aggression, violence
- Immorality, sexuality, perversity

These are subjects that everyone thinks about, hears and reads about, has been taught about, or has some personal experience with. Many require us to make daily decisions to ensure our health and safety. Others are less common. OCD, however, is an anxious response that is far more easily triggered, is vastly more intense, and lasts much longer than "normal" concerns. As we'll discuss in more detail later, these thoughts activate the brain and body's anxiety response. The reason anxiety is so uncomfortable is that it's our brain's way of getting us to do something to stop the feeling. It motivates us and focuses our attention on fixing the problem.

Actions taken to stop obsessive thoughts are referred to as "compulsions" or "rituals" because the person feels *compelled* to carry them out to neutralize the thoughts and reduce the accompanying anxious feelings. Compulsions can be thoughts as well as behaviors. The word *ritual* suggests a specific technique or sequence, a "correct" way of performing the compulsion, a fixed, inflexible pattern that the person believes is necessary for anxiety reduction. Compulsions are generally understood to be excessive even by the person doing them.

Common compulsions include excessive:

- Hand washing, bathing, grooming, housecleaning
- Avoiding "contaminated" objects

- Checking doors, windows, locks, stoves, other appliances
- Counting, praying, repeating words
- Retracing your movements or driving route to ensure that you didn't inadvertently hurt someone on the way
- Collecting, saving, stockpiling, hoarding

Compulsive behaviors are often related in a logical way to obsessive thoughts. That is, a person with an obsessive fear of germs or contamination may have hand washing and housecleaning compulsions. Obsessive thoughts about safety may be followed by compulsive checking of locks on the doors and windows. Obsessive thoughts about immoral behavior may be followed by compulsive prayer. However, sometimes there is no logical link between the obsession and the compulsion. This seems especially true with the compulsion to count things or repeat words or phrases until there is a sense of things being in order or feeling "just right."

One interesting characteristic of OCD that has been noted by some clinicians is that the worry or fear is frequently for the safety of others. For example, OCD sometimes first develops in women soon after having a child. Their obsessive thoughts revolve around the safety of their child. Of course, it's normal for a mother to be concerned for her child's safety. As most mothers (and fathers), especially those with young children, would agree, there is a near-constant thought process about where your children are; whether they are properly dressed, fed, or covered up; whether they have sunscreen on; whether their homework is done; whether they are eating too much sugar; and on and on. The difference, as we mentioned, has to do with how easily and frequently those fears get triggered, how uncomfortable they make you, how long the thoughts persist, and what you need to do to calm yourself.

Although compulsions seem to reduce anxiety in the moment and help you calm down, they are actually what keep OCD brain circuits activated and strong. The more you engage in a ritual, the stronger the brain circuits supporting this habit become. In the section on treatment, we'll discuss in detail how you can make use of this knowledge to weaken your OCD brain circuits while simultaneously strengthening healthier alternative circuits.

DO I HAVE OCD?

There is a wide range of OCD symptom intensity. Some people have such severe OCD that they spend many hours each day completely dominated by it. Other people have milder symptoms that don't require a lot of time and are easily hidden, even from people close to them. Not everyone who suffers from obsessions and compulsions would qualify for an "official" diagnosis of OCD. However, if you can relate to the kinds of thoughts and behaviors described in this section, then this book is for you.

Let's look at examples of the different types of OCD so you can identify which one or ones affect you. Often people who suffer from OCD have more than one form of it.

The main categories of compulsive behaviors are:

- Washing and cleaning
- Checking
- Repeating
- Counting

- Needing order and perfection
- Hoarding
- Engaging in thought rituals

Because behaviors are more easily categorized than thoughts, OCD is classified by the type of compulsion or ritualistic behavior used to diminish anxiety or discomfort. An exception to this is the "thought rituals" type, because there is no overt repeated behavior used to attempt to alleviate the anxiety. In this case, the repeated compulsive behaviors are all done mentally. Let's look at these types of OCD one at a time.

Washing and Cleaning

People with this form of OCD have a keen sense of where germs may be hiding and/or a heightened sensitivity to "contamination." It's not uncommon for people with this form of OCD to avoid shaking hands with others, and they may have developed clever ways in and out of public buildings to avoid the need to touch a door handle. Touching money is another frequent concern.

People with washing and cleaning compulsions often wash their hands, arms, or entire bodies after touching or believing they were contaminated by something.

Housecleaning rituals are also common, particularly among women, with this type of OCD. This often includes frequent vacuuming and excessive cleaning of the kitchen or bathrooms. Obsessive cleaners often frequently downplay this at first, just saying they like their home to be orderly.

Checking

Some people check things repeatedly to make sure that they, their family members, and others they came in contact with are safe. Stoves, irons, and locks on doors and windows are the most commonly checked objects. You might be thinking of course these things need to be checked. One difference between "normal" and OCD checking is that typically once is not enough. OCD often compels people to check three or more times before they're satisfied that things are secure. During the course of checking, people frequently have the sense that they are checking more than they need to but they just can't stop until they have done it the way that gives them a feeling of certainty.

Another common checking activity is retracing one's movements or driving route to ensure that no one has been harmed. Some people will watch the news to verify that they didn't cause harm, accidents, or a catastrophe during the course of their daily activities. Others will inspect their bodies to ensure no injuries or diseases are evident and may frequently visit the doctor or ask family members for reassurance that they are okay. Repeatedly asking for reassurance is a common behavior for "checkers" as well as people with other types of OCD.

Repeating

Repeating involves behaviors that are done multiple times, typically until the person feels that the action was done "just right." These behaviors are generally associated with reducing a sense of discomfort rather than fear. Commonly repeated activities include dressing and undressing, buttoning and unbuttoning clothing, stepping in and out of a room, opening and closing doors or cabinets, reading or writing things down several times, doing routine activities "the right number of times," such as turning light switches on and off repeatedly.

frequently used by laypeople to mean all kinds of things. Professionally, there is a very narrow band of disorders called psychoses that are characterized by being out of touch with reality. In psychotic states people cannot distinguish their thoughts from reality. And even these kinds of disorders can be controlled somewhat with medications.

This is different from OCD. Most adults with OCD know that their thoughts and behaviors are odd. They would prefer not to have obsessive thoughts or engage in compulsions but are at a loss as to how to control them. (This is not the case for children with OCD. They usually accept their thoughts and behaviors as normal.) During severe obsessive thoughts, people may be convinced that their fears are true. But in a calmer moment they know that they overreacted and would choose a different way of being if they knew how.

There is no reason for people with OCD to continue to suffer. The fear of "officially" being labeled "crazy" has prevented far too many people from seeking help. If you have been afraid to get help, you have made a good start by reading this far. Your greatest ally in getting healthier is to know as much as you need to about OCD and then take action to change it. (But don't let yourself get lost in an endless search for information and use that as an excuse to delay helping yourself.)

After reading and responding to the next section you'll be in a better position to know whether to continue with the self-help portion of this book, seek help from a mental health professional, or do both. Remember, knowledge is power, but active treatment is required to get your OCD under control.

Shame and Embarrassment

People suffering from anxiety are generally prone to avoid getting help for what bothers them because anxiety is their normal internal state. And because anxiety generates thoughts about how to protect yourself and others from potential threats, it's often difficult to distinguish between normal and abnormal anxiety.

People suffering from OCD are often very ashamed and embarrassed because their thoughts and behaviors are quite unusual. It's not uncommon for people to have grappled with OCD for many years before seeking help. In our experience, OCD is most often uncovered in a diagnostic interview when a person comes in for therapy for another problem, such as anxiety. That is, OCD is revealed during the process of asking questions and probing deeper into what a person says. Rarely does anyone volunteer information about their odd thoughts or behaviors, though once the topic is broached they are generally relieved to be talking with a clinician who understands. Most people who have OCD have wondered whether they have it, or know they have it, yet don't offer that information until asked about it directly.

It is sad but true; medical doctors are likely to miss this diagnosis. For one, they are not looking for it because they're not trained to. They are looking for physical causes for problems. Compound that with the reluctance on the part of an OCD sufferer to talk about it and a person can go for years without getting properly diagnosed. A medical doctor may detect the presence of anxiety but not be aware of the specific form of anxiety. Suggestion: Tell your health care providers, "I have OCD. Can you help me?"

Checking

I feel compelled to check:

- ☐ Doors and windows are shut or locked
- ☐ Appliances such as stoves or irons are off or unplugged
- ☐ Refrigerator door is closed
- ☐ Faucets are off
- ☐ Paperwork is complete and/or accurate
- ☐ News sources to see whether I caused an accident or hurt someone without knowing it
- ☐ My blood pressure, blood sugar, pulse, temperature
- ☐ My driving route or other action to see whether I harmed someone without knowing it
- ☐ Food (for hidden objects such as insect parts or poisons)
- ☐ My body, looking for signs of illness or injury
- ☐ List other things you check _____

_____

_____

_____

Repeating

I feel compelled to do things a certain number of times or until I feel "just right" or complete:

- ☐ Saying (aloud or silently) words, phrases, prayers, songs
- ☐ Humming, throat clearing, special noises
- ☐ Turning lights on and off
- ☐ Walking in and out of doors
- ☐ Zipping, buttoning, dressing
- ☐ Reading words, sentences, etc.
- ☐ Touching, knocking, tapping, rubbing something a specific number of times
- ☐ Asking for reassurance
- ☐ Other (specify) _____

Counting

I feel compelled to count:

- ☐ Words
- ☐ Steps
- ☐ Breaths
- ☐ Touches, taps, knocks
- ☐ Sounds
- ☐ Objects in pocket, purse, wallet
- ☐ Thoughts (number of times a word, phrase, or object occurs)
- ☐ People, cars, objects passed
- ☐ Types of things such as type of garment, make of car, or brand of beverage
- ☐ Random objects
- ☐ Ceiling tiles
- ☐ Other (specify) _____

Assessing the Impact Worksheet

Now estimate the average amount of time spent per day on each type of compulsive behavior and the obsessive thoughts that trigger your anxiety or discomfort. Jot down those estimates in the chart below. Then total those amounts and write that in the bottom row. You're only estimating the amount of time you spend, so you don't need to be exact. You just want to figure out whether you're spending minutes or hours. And if it's hours, approximately how many? If you feel like you're taking a wild guess, that's fine, but take the best wild guess you can. Then over the next few days you can monitor yourself to see whether your guess was about right or needs to be adjusted. This estimate will help you determine the severity of your symptoms.

Once you've completed the chart below, you can interpret your symptom severity level using the measures on the next page.

COMPULSIONS AND OBSESSIONS TIME CHART

	TIME SPENT ON COMPULSIONS	TIME SPENT ON OBSESSIONS
Washing and Cleaning		
Checking		
Repeating		
Counting		
Needing Order and Perfection		
Hoarding		
Engaging in Thought Rituals		
Total Time		

SYMPTOM SEVERITY CHART

SYMPTOM SEVERITY	TOTAL TIME SPENT	EFFECT ON DAILY FUNCTIONING
Mild	Less than 1 hour	Slight interference with social or occupational function
Moderate	1 to 2 hours	Noticeable interference with daily functioning
Moderately severe	2 to 3 hours	Substantial impairment
Severe	3 to 8 hours	Very substantial impairment
Very severe	More than 8 hours	Incapacitating

This assessment of your symptoms and their impact on your life will help you make the right decisions about the treatment recommendations in the following chapter. You're now ready to make those decisions and chart your route away from OCD.

Chapter 3
Treatment Options, Obstacles, and Readiness

This chapter will explain the different types of treatment that are available for OCD and the things you need to bear in mind when choosing the one that's right for you, based on the severity of your symptoms. Then I'll explain some frequently encountered obstacles and common problems that coexist with OCD. At that point, you'll have an opportunity to assess your readiness to proceed and the strengths and weaknesses you bring to treatment. After reading this chapter, you might discuss it with a close family member or friend to help you decide which option to take.

TREATMENT OPTIONS

You have several options for treatment. These can be done individually or in combination with one another. Each option has pros and cons. It's important to decide what's best for you. You deserve to be as close to symptom-free as possible. How you attain that depends on several factors. Personal preference plays a big role, but the realities of health insurance coverage, cost of private care, and factors such as fear, shame, and embarrassment all need to be considered. There are three main options. The third of these can be a supplement to the other two or the sole method. The three main categories of treatment are:

- Manage symptoms with medication
- Work with a psychotherapist
- Self-help therapy

You might make use of these options at different points in time. For instance, you might start with self-help and see whether you make the kind of progress you want. If so, great! If not, then you might decide you need the additional support of a psychotherapist to tackle your most difficult issues. Or you might start with medication, then find a psychotherapist to work with, and then utilize self-help to further extend your treatment gains. We'll give you some guidelines on how to choose among the options.

The most important thing, however, is that you begin some form of treatment and feel better as soon as possible. You may remember the first of the "three important things" we stated in this book: "OCD is highly treatable!" That statement is true, but only if you do things such as the exercises in this workbook. Although we would love for you to continue through our self-help recommendations and attain results that you cannot even imagine at this moment, the critical thing is to select the treatment that best fits your life circumstances. This section will help you consider your options so you can proceed with confidence.

To Medicate or Not to Medicate?

Some people prefer to control OCD with medication, others prefer no medication, and others are willing to do "whatever it takes." This decision should be based on the severity of your

generally also includes elements of *cognitive therapy,* meaning a focus on reducing the distorted thoughts that accompany obsessions. If your OCD symptoms are severe (as defined earlier), we encourage you to invest your time, effort, and money in finding a therapist experienced in OCD treatment.

If you choose to pursue this option, remember that you will need to find a therapist who has an expertise in treating OCD and is trained in cognitive-behavioral therapy. You can start by contacting your health insurer to find names of therapists covered by your insurance plan. If you're covered by an integrated health care system such as Kaiser Permanente you can simply call the psychiatry department for an appointment. The Internet or Yellow Pages are also good places to look for cognitive-behavioral therapists. The Obsessive Compulsive Foundation's website (www.ocfoundation.org) can help locate therapists, as well as provide a wealth of other information. It also lists current research studies, which if you are able to participate in them, may include free treatment.

Self-Help

This workbook, of course, is a manual primarily for people with mild to moderate symptoms. The treatment planning steps and methods here can help you significantly reduce the severity of your symptoms. Whatever your level of OCD, mild to extremely severe, this book will provide you with an understanding of the steps needed to feel better. This is accomplished in three ways. First, by understanding more about OCD, how common it is, and how it distorts thinking (especially risk/danger interpretation); you should feel less isolated and have a greater sense of control over your symptoms. Second, you'll learn three forms of treatment that work together to reduce your symptoms. Third, we'll help you create your own individualized treatment program to counteract OCD.

The three treatment methods you'll learn in this book are:

1. Cognitive therapy techniques
2. Exposure with response prevention (ERP)
3. The ORDER-ABC method

These methods play complementary roles in an integrated treatment program. We'll start by teaching you cognitive techniques. You'll identify thinking errors that amplify your discomfort and learn to correct them to reduce discomfort. This will help prepare you for ERP, a method of systematically confronting intrusive thoughts and images and getting control of compulsive behavior. The ORDER-ABC method teaches you to handle anxiety-provoking situations outside of your scheduled self-treatment sessions, or as you prepare to engage in ERP.

If you're inclined to give up or doubt your ability to do a self-help program on your own, hang in there and read this and the following chapter. In order to make a truly informed decision as to what treatment option is right for you, it's important that you know more about what the treatment entails and exactly what you need to do to put it into practice.

When it comes to the therapy for OCD described in this book, there's good news and bad news. The good news is actually excellent news. Of those who are able to commit themselves to therapy and see it through, 75 to 85 percent experience dramatic improvement. If you engage in the therapy we outline, you have an excellent chance of substantially reducing the discomfort you experience and the amount of time spent obsessing and ritualizing, which will significantly improve your quality of life.

The bad news is that in order to rewire your brain you need to activate the faulty circuits. That means therapy requires you to trigger the OCD, which will make you feel anxious or distressed. The idea of intentionally triggering OCD scares off about 25 percent of people who consider treatment. The result of that decision, however, is that they continue to feel anxious and suffer from OCD indefinitely. So the decision you face now is whether to be part of the group who are guaranteed to continue to suffer, or to be part of the group who get dramatically better.

Before we get to the specifics of treatment, however, there are some additional considerations that will help you be as well prepared as possible to engage in treatment. At the end of the self-assessment for treatment readiness, we'll have some specific recommendations depending on your readiness profile.

OBSTACLES TO TREATMENT

Severe OCD Symptoms

If your OCD is severe, your first line of treatment should be to talk with a psychologist or psychiatrist well versed in OCD treatment. Severe symptoms render daily functioning extremely difficult. It's advisable to attend the appointment with a support person, if possible, to help you remember and accurately report the level and intensity of your symptoms. People with severe symptoms should use this book as a supplement to therapy, but it shouldn't be your main form of treatment.

Alcohol or Drug Problems

People sometimes turn to drugs and alcohol to try to manage their OCD. This frequently leads to substance abuse and dependency. OCD sufferers who struggle with alcohol or drug abuse should seek professional help to overcome those habits while simultaneously getting help for their OCD. If this is your situation, it is highly likely that as part of treatment you would be offered an SRI only after abstinence. You may find that medication reduces the discomfort of OCD, which in turn helps lower the likelihood of relapse. Having both of these problems at the same time is likely to lead to depression. Fortunately, SRIs can help with that also.

Depression

It is common for OCD sufferers to experience some degree of depression. Estimates vary, but approximately one-third of people with OCD struggle with severe depression, and up to 90 percent may have some level of depression. As you might imagine, it would be difficult, if not impossible, to engage in ERP while severely depressed. ERP requires energy, perseverance, and force of will, characteristics typically lacking in depression.

The following questions can help you determine whether you are depressed. If so, getting professional help is imperative to being able to proceed with OCD treatment.

Depression Symptom Self-Assessment

During the past two weeks, which of the following symptoms have you experienced more than half the days?

- Feeling down, depressed, or hopeless most of the day
- Lack of interest or pleasure most of the day

- Feeling guilty or like a failure
- Sleeping too little or too much
- Feeling tired and fatigued
- Eating too little or too much, or unexplained weight loss or gain
- Poor concentration
- Being fidgety or restless, or the opposite, being slow or sluggish
- Thoughts of death or hurting or killing yourself

Generally, a diagnosis of "major depression" would be indicated if you answered "yes" to a total of five questions, including one or both of the first two questions. "Major depression" is a fairly serious degree of depression, though depression of even lesser severity can be debilitating.

Although OCD can also generate some of these symptoms, the first three and the last one on the list are highly indicative of depression. (A notable exception is that some OCD sufferers are also plagued by thoughts that they might harm or kill themselves. The big difference between OCD and depression is that depressed people find the idea of death appealing, while people with OCD are *afraid* they might find it appealing.) If you are thinking of suicide, we strongly advise you to seek professional help NOW. Do not see how it goes. If there's any question as to whether you are generally depressed, a visit to a psychiatrist, primary care doctor, or psychotherapist would be a good place to start.

Depression is easier to treat than most people imagine, and it is enormously common. There are behavioral treatments for depression as well as treatment with the same SRI medications that can help control OCD symptoms.

Other Forms of Anxiety

Many OCD sufferers have an additional anxiety disorder. Brief definitions of the main forms of anxiety (other than OCD) are as follows:

- **Panic.** Intense, rapid onset of increased heart rate, shortness of breath, dizziness, and fear of passing out or dying, losing control, or going crazy. Symptoms are usually severe for ten to twenty minutes and then decrease back to baseline over the next half hour. People are often fatigued when the intense symptoms subside.
- **Social anxiety.** Fear and avoidance of being in groups of people due to feeling as though they are thinking about you and judging you negatively.
- **Agoraphobia.** Fear of being out in public due to concerns that something bad or catastrophic might happen to you. Often the danger is ill defined. People with this problem tend to travel only to familiar destinations, such as the homes of relatives, to work, and certain stores. New, unfamiliar destinations are avoided.
- **Specific phobia.** Fear of a particular situation, animal, or activity. Common phobias include spiders, rats, snakes, heights, air travel, small spaces, and needles.
- **PTSD.** Post-traumatic stress disorder can occur after a life-threatening event or one perceived as life threatening. Intrusive, fearful images occur during the day when triggered by a reminder of the event. Nightmares of the event are also common. PTSD is common after car accidents, robbery, assault, rape, domestic violence, living in a high-crime area or war zone, or experiencing combat.