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REVIEW ARTICLE

OBSESSIVE COMPULSIVE DISORDER (OCD) RECOGNITION. A REVIEW

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Abstract: OCD entails a recurrent and offensive thought or activity accompanied by a kind of mental compulsion. It mostly occurs among people with stricter selection criteria and low flexibility. It is considered as a prevalent disorder in the world and has afflicted 2-4% of world population. OCD severely affects their quality of life, communications with others and their adaptability to environment. Pervious research has indicated its correlation with other disorders such as depression, schizophrenia and other psychological disorders. The origin of OCD has not been definitely identified yet. It is produced as a result of several factors including hereditary and genetic factors, cognitive factors, personality factors and mental pressures. It has been viewed in two forms either mental or practical. In the majority of cases they co-occur. Obsessive symptoms do also appear both in mental and practical forms. In this study, it has been attempted to use the existent literature on OCD and recognize this concept from different perspectives.

Keywords: Obsessive Compulsive Disorder (Ocd), Recognition

INTRODUCTION

OCD is a recurrent and offensive thought, feeling or activity concerning such minor matters as order accompanied by mental obsession. According to the most recent psychological classifications, it belongs to anxiety disorders(1-5). An individual is unacquainted with the content of thoughts and has no control over them. Meanwhile he knows that those thoughts are his and are not imposed on him from outside. He, therefore, tends to resist against them (1,4). This disorder is considered as a chronic disease that disrupts one's mental balance and reveals itself (1,6). From the psychoanalytical point of view, OCD is a kind of suppressed and unconscious instinct which drowns a person in a paranoid and deceptive thought or belief and takes one's control away (1). OCD occurs among people who choose to have high and strict criteria and low flexibility in different fields such as morality. They are prone to anxiety and mental obsession. This obsession is created as a result of a pedantic review of past mistakes, a mental feeling of sin and remorse which would lead to recurrent behaviors in the individual (6,7).

OCD used to be considered as a not highly prevalent disorder. Today, however, it is considered as the fourth prevalent psychological disorder in the world. In European countries and the U.S., it was named as mental cancer and has afflicted about 2-4% of people in the world from different cultures. Such cultural divergence in societies can lead to the emergence of different symptoms. However, in fact all cases of this disorder share many similarities (1, 4, 8, 9). The pattern for OCD prevalence among men and women varies across different studies. Some research indicted a higher prevalence among men at teenage and youth, while in women it was showed to be higher in their adulthood. Some other research was indicative of a similar prevalence of OCD in adulthood (10, 11). OCD generally begins since childhood and teenage. It could be influenced by child's living context and his family's emphasis on cleanliness or order. This disorder has been witnessed more among the single than the married and more among the white than the black (1, 11). In a study conducted by SadeghiMovahhed et al., affliction with OCD was found to be correlated with educational level. People of higher education level showed to be more obsessive which might have been as a result of their higher awareness of such issues as health, germs, etc. (1, 9).

Due to the time-consuming nature of obsessive activities, an individual would spend too much time doing the same thing such as washing hands, checking the door or windows and so on. Moreover, lack of concentration, inability to do one's main responsibilities such as studying or working, mind exhaustion and inability to focus on life serious matters are among other effects of OCD on somebody's life. This would heavily influence the

quality of life and one's communication with others. World Health Organization has called it the tenth disability factor in the world which needs to be quickly diagnosed and treated. If not, it would harshly problematize one's personal and social life as well as his adaptability to the surroundings. It might even cause other psychological diseases(1, 5, 3, 12, 13). Different studies revealed a correlation between OCD and other diseases such as severe depression and anxiety, schizophrenia, addiction, etc. which are particularly more prevalent among women. They could be influenced by the change of sexual hormones at women's productive age. Some other research has indicated that changes in sexual hormones, estrogen and progesterone during menstrual period, pregnancy and postpartum can either begin or intensify OCD. By affecting the pressure of cerebrospinal fluid, these changes can begin or intensify obsession. In 1996, Likman et al. realized that an increase in the production of oxytocin in the third three-month of pregnancy and also the breastfeeding period is in fact the factor behind increasing the pressure of cerebrospinal fluid. This could affect one's affliction with OCD. Another study conducted in the U.S. found obsession to be more prevalent among women suffering from mood disorder and clinical-physical symptoms before their menstruation. Some other studies attribute obsession in these periods to the anxiety and stress produced within an individual since these periods are critical. It could as well lead to depression. In the postpartum period it can result in disordersin mother-infant relationship (1). Among other correlations, mention can be made of OCD and schizotypal personality disorder. Different studies were indicative of the occurrence of schizotypal personality disorder of varying degrees among people afflicted with OCD. It varies from the lowest degree (5%) to the highest (32%). In fact, the characteristics of schizotypal personality is a concomitant mental state which is prevalently observed in obsessive people. Among the cognitive basics shared by these two disorders mention can be made of magical thinking and autogenetic mental obsession. The former reveals itself in OCD as the fusion of thought and practice. That is, the probability of occurrence of an activity increases once one thinks too much about it. However, based on an investigation conducted by Mohamadzadeh on the correlation of a three-factor schizotypal personality model and mental obsessions, OCD can be considered in the range of schizophrenic or anxiety disorders. Even in some other research, the correlation of obsession symptoms and schizotypal personality was reported to be stronger than OCD and anxiety disorder.

However, so far the effect of schizotypal personality traits on mental obsessions has not been precisely determined. On the other hand, some other studies revealed a weakening effect of these traits on the treatment of OCD (14).

Despite a rich repertoire of previous research on OCD, no coherent investigation has been conducted with this regard in psychological sources, as compared to other psychological disorders (6). It has been attempted in this study to use the related literature on this issue to recognize the concept of OCD from different perspectives.

THE ORIGIN OF OCD

It can be produced as a result of various factors. However, there exists no definite information about its cause (1, 4). According to the existing research, these various factors include:

1. Hereditary and genetic factors: in some investigations, one key factor of OCD is introduced to be hereditary backgrounds. Usually a few of one'srelatives are also afflicted with this disease. One assumption is the presence of disorder in neurotransmitter serotonin. The first therapeutic step for these patients is to inhibit serotonin reuptake. In the past, the dominant belief was that micro-deletions in 22q11 cause the appearance of such psychological symptoms as schizophrenia and OCD within an individual. More recent research that observed symptoms of OCD in the majority of people with the micro deletion of 22q11 revealed that the presence of these micro deletions increases the chance of obsession.
2. Mental pressure: the primary factor in creating OCD is anxiety and stress produced as a result of an occurrence like an accident, illness or pregnancy (1). Findings of different research with this regard revealed that a half to two-third of people suffering from OCD were faced with an undesirable event before the outset of this disease (15).
3. Cognitive factors: these include factors related to cognitive psychology which concerns problem-solving ideas and methods (5). Studies which implicate this factor in production of OCD, recognize disturbing thoughts as the cognitive stimulus, and unconscious thoughts and beliefs as the cognitive response. In fact, cognitive factors, in response to disturbing thoughts, activate self-inefficiency beliefs by means of excessive attention focused on the self and alertness.

Such beliefs not only add to recurrent thoughts but also expand the scope of symptoms of obsessions with inner thoughts (16). According to various research, these factors include: thought analysis, inefficient beliefs, thought suppression, perceived ability of thought control, thought control solutions (15).

Thought analysis: a misleading interpretation of self-obsessions as well as attempts at controlling obsession followed by failure (15, 16)

Inefficient beliefs: the following beliefs affect affliction with obsession: 1. Excessive conscientiousness: this belief is more common among people afflicted with OCD (15) 2. Over-estimating risks: those afflicted with OCD overestimate hazards more than normal people (5, 15). 3. Over-valuing thoughts: from their perspective, the mere existence of a thought implies significance. 4. Need of thought control: those suffering from OCD view thought control as essential and see it as possible, practical and desirable (15, 16). 5. Perfectionism: this score is higher among those afflicted with OCD than ordinary people. 6. Intolerance of ambiguity: they expect unambiguity in everything.

Thought suppression: this tendency is stronger in people suffering from OCD.

Perceived ability of thought control: is negatively correlated with OCD (15).

Thought control solutions: anxiety and stress promote upsetting thoughts within an individual's mind. In normal people, only 50% of such thoughts exist. Their intensity is greater within people afflicted with mental-practical OCD. This divergence could be due to the different methods used by the obsessed to control their thoughts (1, 17). Wells and Davis categorized thought control solutions into five: attention diversion, punishment, worries, reevaluation and social control.The results of this research indicated that those afflicted with OCD, opted more for punishment and worries as thought control solutions as compared to normal people. Self-punishment can be seen as an effective solution to discriminate those afflicted with OCD from the healthy. The other solutionis worries according to which one replaces an unwanted thought by a worrisome state. Moreover, punishment and worries are correlated with the intensity of obsession. In a study conducted by Ghaffarikhan et al. participants afflicted with OCD were found to use punishment, worries, reevaluation and social control to fight against their thoughts. However, the healthy benefit from attention diversion solution more often. It is yet unknown whether OCD leads people to use these solutions or it is the other way round (17).

4. Personality traits: the Five Factor Model of personality was developed by McCrae and Kastaand takes into account five aspects of personality differences: extroversion, agreeableness, conscientiousness, neuroticism, and openness to experience. A number of studies indicated that people afflicted with OCD obtain a higher score of neuroticism and a lower score of extroversion.
5.

Different forms of OCD emergence

OCD emerges either mentally or practically (1). In 75% of cases, these two afflict people together (9). An obsessive thought such as counting numbers or repeating words silently is boring and annoying. An obsessive activity such as washing, cleaning, checking doors and windows is, however, a recurrent and unconscious behavior (4, 10). Mental obsession is a primary symptom of OCD in which the patient exits a merely mental state and behaves in a certain way (Wikipedia 9). In fact the existence of anxiety stimulators lead to the creation of upsetting thoughts within one's mind. Considering the solutions used by patients, it itself raises anxiety.That is, the patient performs the obsessive activity with the aim of reducing stress and not for joy or satisfaction. Resistance against doing the obsessive task increases stress within the person (1, 4). This disorder follows a long-term but varying trend. In some people it is fluctuating while in some others it tends to be stable (3).

Symptoms of obsession

There is a wide range of symptoms from mental obsession to obsessive activities. The form of emergence depends on internal factors such as age and gender as well as external factors such as religion, geographic position and social class.

According to previous literature, mental obsessions include:

1. Pollution obsession: excessive concerns about body wastes; fear of environmental pollutions, excessive concerns about animals or insects

2. Sexual obsession: forbidden sexual thoughts and imaginations such as those targeting children or intimate family members as well as homosexuality.
3. Religious obsession: fear of atheistic thoughts or taboos, too much obsession with the right and the wrong which is in fact the same as obsessive mentality centered on religious or moral content. Often it leads to compulsive behavior. According to an investigation carried out by Shameli et al., the mere feeling that whatever one does is monitored by a supreme source of power is stressful and the result would be the creation of obsession.
4. Symmetry obsession: this is observed among people who desire everything in their life to follow a geometric order. They feel the need for symmetry. This could be concomitant with magical thoughts. For example, one might feel that if everything around him is not symmetric some tragic event would await his close relatives. Or otherwise, this kind of obsession can be without magical thoughts.
5. Aggressive obsession: fear of injuring oneself or others either in the form of carelessness as in driving or in the form of unwilling momentums such as a tendency towards stabbing a friend, fear of uttering taboos or making embarrassing mistakes, fear of stealing, and frightening imaginations.
6. Physical obsession: worries about illness and disorders; too much concern about one's appearance of particular parts of body
7. Miscellaneous mental obsessions: excessive need for knowledge or recalling things, fear of losing one's stuff, recurrent nonsense words as music that is forced into one's ears, etc.

Practical obsessions include:

1. Washing and cleanliness obsession: excessive hand washing and other similar activities like brushing one's teeth in a special manner, excessive engagement in house cleaning
2. Checking and rechecking obsession: is observed in people who recurrently check everything, but soon doubt about it. For example, upon leaving home, they check the door to make sure it is closed, then recheck it. They want to make sure they do not hurt others or that they do nothing wrong.
3. Repetition obsession: entails rereading or rewriting
4. Calculation obsession
5. Order (organization) obsession: they heed too much to order, discipline, precision and correctness.
6. Storage obsession: this is not the same as being sensitive towards souvenirs or memorable things. One form is, as an instance, collecting useless materials from among the trash.
7. Miscellaneous practical obsessions: excessive enlisting, feeling the need of asking and answering or making confessions, self-injury, etc.

Moreover, these studies indicate that the highest frequency of obsessions belong to pollution type from among mental obsessions and checking-rechecking from among practical obsessions. The prevalence was found to be higher among women than men (5, 6, 9, 10, 13,18).

CONCLUSION

Considering the high prevalence of OCD in society and its great impact on one's life and communications, this disorder should be diagnosed and treated fast. As formerly mentioned, OCD can result in other mental diseases.

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