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Writing & Research 06

01 November 2011

Forever Checking

I remember in high school, there would be days I would arrive at school and could not remember if I had unplugged my straightner in the bathroom at home. I would worry and worry until my anxiety was so overwhelming I would leave class to call my mom. At first, my mom was appreciative for my calls, even when she would find the straightner unplugged. Soon though, my calls became so routine that my mom was no longer grateful. She was actually really annoyed. I couldn't help it though. The only way to calm my anxiety was to call my mom and hear her tell me she had checked to make sure I didn't leave anything plugged in that morning.

What I already know and don't know: That anxiety I felt those mornings in high school must be similar to the anxiety of a person who has Obsessive-Compulsive Disorder. When a person has OCD, he or she has a lot of anxiety and it makes him or her perform a ritual or specific action multiple times. From what I have seen on television, these rituals seem to be uncontrollable and have a negative impact on his or her life. From what I've already seen the rituals seem to be rather funny as well.

Even though I watched a program which showed some rituals a person with OCD can perform, there is so much about this disorder that I do not know. I have no idea how a person gets OCD or what kind of people this disorder affects. I don't know how serious it can actually get either. I am also clueless as to how a person can rid themselves of this disorder. I mean, it doesn't really seem to be that serious. How hard could it really be to stop a silly behavior?

Why I want to understand my topic: My mom not only thought my obsession with worrying about my straightner was getting out of hand, but she picked on some of my other habits as well. When I first got my ears pierced, my mom noticed I played with the earrings a lot. She simply thought it was because I was young and they were something new. Well, I later got my ears pierced again and again and again. I played with them all. Once I started touching and turning them, I couldn't stop. My mom constantly scowled at me. She would tell me that my piercings were going to get infected because my hands couldn't possibly always be clean. It was so annoying. She didn't understand that once I began touching them, my stomach became full of knots if I stopped too soon. I had to turn them all the same way, the same number of times. I couldn't tell you or my mom why I did it.

Growing up, my mom also noticed I had a hard time putting things away in bags or pockets. If I packed up my back pack the night before school, I would open it up ten to twelve times before morning just to make sure I put everything in there. I also would get so much anxiety if I put any piece of jewelry into my pocket. I would put my hand back into the pocket numerous times before I would be able to stop checking.

Eventually though, my mom was able to get through to me about the silly things I was doing on a daily basis. With my mom's help, I was able to learn how to control my habits and realize that all my checking was ridiculous. It wasn't that hard for me to change my habits, so I wonder if it's just that easy for someone who has OCD as well. I want to know exactly how a person feels with this disorder and if it was anything like what I felt.

Story of my Search: Before I could begin to understand Obsessive Compulsive Disorder, I figured I would need to learn a few basic definitions. These definitions are that of an obsession and a compulsion. I first turned to books and learned that obsessions "are persistent ideas,

thoughts, or images that are experienced, at least initially, as intrusive and senseless” (Cohen 1). The obsessions that run through the head of an OCD patient are always put there by the patient themselves; no one else. The other definition that was very important for me to understand was that of a compulsion. Compulsions “are repetitive, purposeful and intentional behaviors that are performed in response to an obsession, according to certain rules, or in a stereotyped fashion” (1). These behaviors are most often nonrealistic and the person performing them does not get any pleasure out performing the behavior.

From reading, I quickly learned that these compulsive behaviors are not something that a person with OCD enjoys, but it is the only way he or she is able to release the tension they are feeling. This tension builds up to be so powerful that the person dealing with this disorder has no other choice but to fall into a routine of compulsions. These compulsions are driven by the obsessions and the doubt that triggers them. In fact, years ago, OCD used to be known as the “doubting sickness.” The circular path that a person with OCD enters can be agonizing.

To my surprise, people suffering from OCD are very well aware that their thoughts are nowhere near logical, but they worry and obsess over them anyways. It all begins with an intrusive thought which leads to doubt, which brings about an answer that will not stick in the mind of an OCD patient. Then the person is back to the intrusive thought they began with. It does not matter how many times someone explains an answer to an OCD patient, if they have any doubt about it, the answer will never satisfy them. To a person without OCD, it is similar to the “chicken and the egg” question (Penzel).

This whole chicken and the egg thought is so puzzling to me. When I had a weird habit I knew what I was doing was stupid, so I just stopped. It’s so strange to that a person is unable to stop their silly thought. It’s also hard to understand where such thoughts come from in the first

place. To learn the answers to my questions, I continued reading Roy Cohen's book *Obsessive Compulsive Disorder: A Survival Guide for Family & Friends*.

In this book, it explained that once a person enters this doubting cycle, it is incredibly hard to break out of it. Another very interesting fact is no one actually knows why a person enters this cycle. As of right now, the most common and supported theories have a combination of environmental and biological factors involved. Recent research has revealed that OCD might come from low levels of a neurotransmitter called serotonin in the brain. There has also been evidence found that imbalances of serotonin can be passed down from a parent to their child, which means there could be a tendency for OCD to be inherited. Besides biological factors, there are also different types of environmental factors that have been shown to trigger OCD. The environmental conditions can also make the symptoms worse for a person who already has OCD. These factors include but are not limited to: abuse, illness, relationship concerns, changes in living situations, work or school changes or problems, or a death of a loved one. Even though doctors have pin pointed these factors as potential causes of OCD, they can never be positive about the actual cause of onset when diagnosing a person with OCD. It is impossible to do this because two different people can have the same symptoms but different causes or vice versa. I found this detail very frustrating because it's absurd to me that a doctor can tell a patient they have a disorder, but not be able to identify what caused it.

Learning about the symptoms of this disorder was the part of my search that overwhelmed me. I thought there was going to be a few things that were common to OCD but I soon realized there are twelve different categories of compulsions: decontamination compulsions, checking compulsions, hoarding compulsions, magical compulsions, perfectionistic compulsions, counting compulsions, touching/movement compulsions, self-mutilative compulsions, grooming

compulsions, mental compulsions, and protective compulsions. I figured I would never be able to become an expert on all of these categories, so I thought I would focus on the one I have seen most often; checking.

“Checking can be defined as compulsive, repeated, and often extreme attempts to make certain that a particular event has or has not taken place, or that some special state of affairs does or does not exist” (Penzel 36). Checking can be done as a single act, but more often it leads to a complex ritual. If anything ever interrupts this routine, the individual has to start over from the beginning, no matter how long it takes him or her. The only way for an individual’s anxiety to subside is if he or she checks in the routine order from start to finish. A person with OCD will do what ever it takes to clear the anxiety, even if the calmness only lasts a short amount of time.

While watching MTV’s True Life: I Have OCD, I was able to see someone who suffers from a checking compulsion and how it was impacting his life. Ryan, who is a musician, had an extreme amount of anxiety if he did not check his car doors. It did not matter how many times he began to walk away from his car, if he had even the slightest bit of anxiety still, he would go back. Ryan went back more times than I could count while watching the show, and it really put into perspective how much of an impact it was making in his life. He was unable to arrive on time to appointments or shows, and it did nothing but hurt his chances at a career in music. The disorder was truly taking over his life, which was incredibly sad to watch.

After learning about the disorder in general and watching True Life, I really wanted to learn about it first hand from someone who suffers from OCD. This is where I turned to a telephone interview with Michelle Szybowicz, a special education teacher who has OCD. As I spoke with her, she really could not pinpoint exactly where her OCD began. When Szybowicz was about four or five years old she had a very odd habit. Whenever she was in the car with her

family she would ask, “Are we there yet? Do we have enough gas?” (Szybowicz). It did not matter where the family was going or if they had just stopped for gas, she would ask this question multiple times while in the car. Even though her parents found this strange, they thought it was their daughter acting cute. As Szybowicz grew older though, she began developing intense checking habits. Then, as college was winding down and she was preparing for her wedding, Szybowicz’s anxiety levels sky rocketed and her odd habits were increasing. She personally decided to seek help at this point. She was aware that her family had a history of anxiety disorders, so she knew seeing a doctor was the best choice. When she did see a doctor, they put her on a medication. She quickly stopped taking her medication though because it made her feel “loopy.” She did not return to her doctor about this (Szybowicz).

Szybowicz continued on with her life with intense anxiety and growing checking habits. Checking made her feel that she had control. Before Szybowicz could leave her home, she had a lengthy routine that would subdue her anxiety. She would check the stove, the freezer, the water heater, and the toilet, along with a few other things. She would have to check the items multiple times and count things along the way. If any of her routine was interrupted, she would start over from the beginning. She could never pick up from where she left off because it would only make her more anxious. Eventually, her OCD rose to a point where she could no longer handle it. At the age of thirty, Szybowicz returned to a doctor and was clinically diagnosed with OCD. Her doctor prescribed her Paxil, which is an antidepressant that helps restore the balance of serotonin in the brain (Szybowicz).

“Paxil is just about impossible to get off. I take it every day; always. I always will. I can’t see myself ever getting off of it” (Szybowicz). Despite the fact Paxil has helped Szybowicz control her OCD, it has led to a life long addiction. This is something she has come to realize and

accept, because it is the only way she can control her OCD. Paxil has helped Szybowicz return to an almost normal life. Her rituals have not fully gone away, but the medication helps. She still finds it hard to leave her home without checking things, and has some difficulties at her job. While working, she finds that her OCD keeps her from getting rid of things. She has boxes and boxes of papers that she'll never need again, but her OCD drives her to keep them. Szybowicz always has that "What if?" question running through her mind, medication or not. Granted her life is much better now that she is on Paxil, the symptoms of OCD will never fully escape her. She will always be cursed with awful anxiety (Szybowicz). Szybowicz's story is unusual to me, but very common in a sense. She faces obstacles every day that I can't even imagine going through. What's really scary is the fact there are over three million other people in this nation facing similar problems.

What Mrs. Szybowicz's told me about her medication made me wonder if there are any other treatment options out there that aren't so addicting. This is where I spoke with Nancy Edgcomb, who is an OCD therapist in a city near my hometown. Edgcomb informed me in many cases of OCD, unfortunately a medication is prescribed to the patient to help with their anxiety. There are, though, many types of therapies a person can go through to help them with their disorder. Edgcomb really made it a point to explain that each person with this disorder is completely different from the next and every therapy session has to be unique. She told me some patients are extremely miserable with their life and are willing to do anything possible to change their habits, while others are only in therapy because a family member or friend is forcing them. Another difficulty that Edgcomb described was the fact many patients can never escape their disorder. It was difficult to listen to some of the examples she told me. Some of her patients

spent months trying to rid themselves of a symptom, only to be burdened by a new symptom a few short weeks later.

What I learned: OCD is a disorder that completely takes over a person's life and places them in a world of endless doubt and anxiety. This disorder encompasses so much more than I ever imagined. When I began my I-Search, I thought I would find some fun facts and learn that my old habits were similar to habits of OCD. I never thought this disorder would be so serious or that there are so many people affected by it. What surprised me even more, was how serious some of the symptoms can become, and how this disorder can induce so many other disorders. I never thought "checking" and "counting" could be so severe.

All of these details made it easy for me to do my I-Search. I never became bored with my topic and was always interested to find out something new. Speaking with the therapist and Mrs. Szybowicz was by far the best part of my search. It was incredible learning about the day to day lives of these women and how OCD impacts their lives. I find it fascinating how this disorder can take on so many different forms, but still have the same underlying function. I only hope that researches can find a better way to treat this disorder. There are so many people in this nation with OCD and they need a cure.

Looking back at my silly habits, I've realized I can't even compare them to what someone with OCD goes through. Their anxiety is so strong that it controls their life and ultimately negatively affects their day to day life. These people deserve to live without constant fear and doubt. People with OCD know what they're doing is irrational and they have all the odds against them, but they continue to fight it. They battle doubt and anxiety their entire life, but if they are lucky enough to gain control of it, it feels as if they're on top of the world.

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