RELABELING WORRIES AND HABITS

This isn't me—it's OCD.1

Do you have thoughts that repeat themselves over and over? Are you plagued by repetitious habits that are getting out of control? If so, you may have a problem called obsessive-compulsive disorder (OCD). Just by distinguishing constructive worries from unfounded obsessions and healthy habits from unnecessary compulsion, you can start to change! Excessive concern about doing something wrong, being sick, hurting others, looking just right, saving things, being clean, orderly, or germfree, and preventing misfortune are common sources of obsessions and compulsions. Relabeling concerns and tiresome habits as obsessions and compulsions reduces their power and sets the stage for change:

I know my fear that dirt will infect me is just an obsession and that my hands aren't actually contaminated, even though I'm compulsively washing them.

DISTINGUISH OCD FROM RELATED DISORDERS

OCD is easy to confuse with related disorders. Misdiagnosis can cause additional worries and delay proper treatment. Knowing what OCD is not will help relabel what actually is troubling you or help you find additional needed treatment:

- Depression can cause people to have repetitive thoughts of being bad, defective, or unworthy. Excessive feelings of guilt, self-hate, and shame are a part of depression. In more severe cases, people may seriously consider suicide. Although, people with OCD fear that they may hurt themselves, they have no desire to do so. The stress of OCD can lead to symptoms of depression: decreased energy, interest, and desire to be with people and even crying spells.
- Panic disorder can cause people to have constant concern about dying, going crazy, or appearing foolish because of unnecessary concern about symptoms that result from a surge of adrenaline. When people with OCD are unable to (perform rituals that) ensure cleanliness, safety, and security, they may feel such intense anxiety that they panic.
- Trichotillomania causes people to repeatedly pull out their hair resulting in noticeable loss. Because low levels of the neurotransmitter serotonin may be a factor in trichotillomania, OCD, panic disorder, and depression, the same medications can reduce symptoms in each of them.
- Problems with impulse control can cause people to give in to urges. Yielding to cravings to overeat, have sex, spend money, or gamble temporarily relieves stress. People with OCD strive for perfection and are constantly battling the possibility of "undesired" impulse. Rather than indulging impulses, they are often overcontrolled.
- Personality disorders can cause people to act compulsively. They may clean, wash, check, or hoard unnecessarily. Instead of feeling exhausted, they feel good about their rituals or they place many demands on others. Their compulsions may help them avoid feeling worthless or having contact with others.
- Neurological tics cause repetitive movements and sounds. These happen automatically and have no thought or intention associated with them. Compulsions are purposeful and attempt to relieve anxiety related to an obsessive thought. Often, people with tics also have obsessions and compulsions. In both conditions, the part of the brain that controls muscle movement and error detection may not be properly regulated. However, obsessions and compulsions can fade when they are postponed, but the "urge" to tic increases when it is delayed. Therefore, each of these problems requires different treatment approaches.

¹ Jeffrey M. Schwartz identifies relabeling as one of the "4-R's of recovery" from OCD in his book *Brain Lock* (HarperCollins, 1996). The rhyme "This isn't me, it's my OCD" also comes from *Brain Lock*.

Sometimes, people can be trained to substitute an inconspicuous toe twitch for more obvious tics. "Practicing" a tic at a convenient time may reduce the need to produce it when it would be bothersome. The same medications are not generally used to treat tics and OCD.

| Tic Checklist | | | |
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| Directions: Help recognize repetitious behaviors that are tics rather than compulsions. Check any of the following that you do. | | | |
| Simple motor: Eye blinks Jaw jerks Arm movements Grimacing | Eye wideningHand jerksFinger movementTongue thrusting | NoddingShoulder jerksLeg movementsTensing body parts | Head turningStomach jerksOther: |
| Complex motor: Tapping Hopping Stomping Squinting | Hitting selfSlamming thingsPushing on eyesGrooming hair | Funny expressionsCracking jointsTouching body partsCounting | Obscene gesturesPicking at thingsOther: |
| Simple vocal: Coughing Hawking Squeaking | SnortingGruntingSquealing | Throat clearingGnashing teethBlowing across upper lip | "Aaaaaa" "Ttttuh" "Uh uh uh" Other: |
| Complex vocal: "Uh huh" "You bet" "All right" "Yeah, yeah" | Swearing Racial slurs Common insults Obscene noises | Repeating sentences after others | Repeating one's own sentencesOther: |

TOURETTE RESOURCES

Tourette Syndrome (TS) is a neurological disorder characterized by tics—involuntary, rapid, sudden movements, or vocalizations that occur repeatedly in the same way. The cause is genetic and may be related to how the neurotransmitters, dopamine and serotonin are used in the body. For further information see:

Http://members.tripod.com/~tourette13

www.fairlite.com/trich

alt.support.tourette—an online newsgroup dedicated to Tourette Syndrome.

Living with Tourette Syndrome by Elaine Shimberg, (Simon & Schuster, 1995).

Children with Tourette Syndrome, A Parent's Guide by Tracy Haerle and Eisenreich, (Woodbine House, 1992).