OCD

Freedom for the Obsessive-Compulsive

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Have you ever had a thought that was difficult to push from your mind? Have you ever gone to bed and asked yourself, "Did I lock the front door?" You're 99.9 percent sure that you did, but that last shred of doubt causes you to go downstairs and check, just to be sure. You find that, indeed, you did lock the door, so you trudge back to bed and quickly fall asleep, forgetting the incident. No problem!

This is a common and normal experience. But have you or anyone you know struggled in the following ways?

- After checking the door once, you lie in bed and wonder, "Did I absolutely make certain that the door was locked?" You fight the building anxiety, but eventually succumb to a cycle of checking and rechecking that continues until you fall asleep in sheer exhaustion at three a.m.
- You worry that your floors and household surfaces are not clean enough to prevent

contaminating your children. So, although you know your fear is irrational, you spend hours each day cleaning your house with Clorox.

- You stop driving for fear that you may hit and kill someone (although your driving record and skills are impeccable).
- You stop going to church because of an overwhelming fear that you will yell something blasphemous during the sermon.
- You feel unable to throw away the magazines and newspapers accumulating around the house. In fact, you can't bring yourself to throw out any piece of paper.

While these problems may seem extreme, as many as three percent of the United States population struggle in this manner to some degree. What causes this behavior? Is this primarily a spiritual or sin issue? Or is it principally a body issue in which a particular portion of brain circuitry fires in an endless loop, compelling you to carry out certain behaviors? These questions must be answered if we are to minister wisely and compassionately to those who struggle in this way.

This booklet will describe the experience

of what has been named Obsessive Compulsive Disorder, hereafter OCD. (I use this term for the sake of simplicity, though I disagree with the inference that OCD has a purely biological cause, as the word "disorder" might imply. That assumption ignores the spiritual aspect of our personhood.) I will discuss its possible causes, and suggest a biblical approach that does justice to the person as body and soul. Hopefully, you will gain greater clarity about how to approach your own (or another's) struggle with OCD.

What Is OCD?

The essential features of OCD include recurrent obsessions and/or compulsions that are severe enough to be time-consuming or to cause marked distress or significant impairment in a person's daily routine.[1]

Obsessions are "persistent ideas, thoughts, impulses, or images that are experienced as intrusive and inappropriate and cause marked anxiety or distress."[2] These ideas, thoughts, impulses, or images are not simply excessive worries about actual problems (with things like finances, work, or school). The individual with an obsession experiences anxiety and attempts

to suppress such thoughts or impulses or "neutralize" them with another thought or action (that is, a compulsion). The person with an obsession is distressed by its presence; it is an *unwanted* intrusion into his thought life.

Common obsessions include:

- Repeated thoughts about contamination. This fear is the most common obsession.
- Repeated doubts (wondering whether you turned off the iron or hit someone while driving).
- A need to have things in a particular order, or a need to do a task "just right."
- Aggressive or horrific impulses (to hurt one's child or to shout an obscenity in church).
- Sexual imagery (such as a recurrent pornographic image).
- An irrational, persistent fear of developing a life-threatening illness.
- Hoarding (the inability to discard things such as newspapers and magazines).

Compulsions are "repetitive behaviors or mental acts, the goal of which is to prevent or reduce anxiety or distress."[3] The person does not carry out these behaviors or thought

processes for pleasure. Rather, she feels driven to perform the compulsion to reduce the anxiety that accompanies an obsession. Someone with a contamination obsession might wash her hands thirty times a day. Someone with intrusive and unwanted aggressive impulses might count to twenty forward and backward for each aggressive thought. Compulsions are clearly excessive and are not connected in a realistic way with what they are designed to neutralize or prevent.

Common compulsions include:

- Repetitive behaviors (checking, washing, cleaning, requesting or demanding assurances, ordering and arranging, doing and undoing certain tasks in an exact sequence)
- Mental acts (counting, repeating words silently)
- Hoarding

The DSM description helps focus our attention on the experience of the sufferer and shapes the data-gathering questions that can help us determine the extent and severity of the counselee's struggle. At the same time, we must remember that a description does not explain *why* someone struggles with obsessive thoughts and compulsive behaviors. To answer

that, we need a biblical view of human nature that provides a foundation for a biblical counseling approach.

What Causes OCD?

A biblical view of human beings affirms the "inner" and "outer" aspects to our design, which function together as a unity of spirit and body as we live before God and others. One term that Scripture uses to describe the inner aspect of a human being is the word "heart."[4] In both the Old and New Testaments, the heart refers to the basic inner orientation of the person, who either lives in covenant obedience or disobedience before God. The term "heart" expresses the reality that, at our core, we are all worshipers of *something*, either of the Creator (in obedience) or of created things (in disobedience), as seen in Romans 1.

God has designed us to express the worship of our hearts through our bodies. Our thoughts, our emotions, and our behaviors are all expressed through our body, though they all originate in the heart and express our worship.[5] Our bodies do not have the "final say" in whether our thoughts, emotions, and actions honor or dishonor God, but the Scriptures rec-

ognize the profound impact that our bodily weaknesses and limitations can have on us. Obedience may indeed be more difficult in the midst of bodily weakness and we must take this into account in our counseling approach.[6]

In bringing wise counsel to those who struggle with OCD, we want to distinguish between potential bodily stressors and the active responses of the heart. Most of us tend to overemphasize one or the other, leading to unbalanced counsel that either addresses heart issues of faith, obedience, and disobedience exclusively or bodily issues exclusively. To avoid these extremes we must ask, "What are the potential brain-based influences and pressures and what are the potential heart (worship) issues in someone struggling with OCD?"[7]

Potential Brain-Based Influences

Familial and genetic studies of OCD have shown a higher incidence rate among identical twins than fraternal twins, suggesting that some predisposition to obsessional behavior might be inherited.[8] While no definite conclusions can be drawn, it should at least make us aware that a person *may* be born with certain physical predispositions to struggle in this way.

In addition, the worldwide influenza epi-

demic of the early 1900s provided some of the first evidence that obsessive-compulsive symptoms can be associated with specific regions of the brain. Some patients developed not only Parkinson's-like symptoms (muscle tremors, slowed movement), but psychiatric symptoms, including obsessive-compulsive behaviors. Autopsies showed damage in the basal ganglia, a set of structures deep within the brain.[9] OCD has also been observed following head trauma.

One of the more compelling reasons to grapple with the biological factors that may influence the development of OCD is the sudden onset of OCD behaviors in children who have had strep throat. Antibiotics not only resolve the strep throat but usually terminate the OCD behaviors as well.

These examples suggest that some types of OCD may be more biologically based. We must take that into consideration, just as we would acknowledge that certain medical conditions can precipitate depression, such as a low-functioning thyroid.

In addition, "live action" brain scans such as PET scans or functional MRIs show an overactivity in the basal ganglia and frontal regions in the brain of a person struggling with OCD. This hyperactivity decreases with treatment.[10]

Many scientists believe that the neurotransmitter serotonin is involved in OCD because of the effectiveness of medications like Zoloft for OCD symptoms.[11] While altered neurochemicals (serotonin and others) may indeed be part of the "bodily pressure" involved in OCD, there is no current way to prove this as "the ultimate cause." Because there is a unity of the heart and body, we know that there will always be—at the very least—a biological *correlation:* a visible, measurable (more or less) connection between the spirit and the body. The brain scans reveal this correlation, but they cannot confirm that changes in the brain *cause* the obsessive thinking and ritualistic compulsions. Pre-existing, altered neurochemicals and brain circuitry *might* pressure us to respond in certain ways, but isn't it equally possible that the reverse is true—that the state of our hearts—our thoughts and beliefs about God, ourselves, and the world around us—may affect the levels of neurochemicals in our brains?[12]

Potential Heart Issues

While it is important to consider the potential bodily influences in this struggle, it is absolutely critical to address the dynamics of

the heart that could lead to the experience of OCD. Did you ever wonder why someone struggles with anxiety in a more general way while someone else might struggle with OCD? Why is the first person's anxiety "reality-based" (worries about losing a job, caring for an elderly parent, etc.) and why is the second person's anxiety less "reality-based" (worries that I might throw my infant son through the window)? And why does the second person respond to this anxiety with ritualistic, compulsive behavior?

In part, the answer to that question can be traced to the motivations of the human heart. We are purposeful creatures made in the image of God, not merely robots responding to neurochemical events in our brains. We want, we desire, we hope, we yearn, we fear. Therefore, we must examine the spiritual dynamic behind OCD to offer hope for lasting change. As helpful as it is to ease the physical symptoms, the ultimate goal is for a person to forsake the sinful inclinations of his or her heart, to embrace the transforming hope of the gospel, and to grow in tangible ways to love God and others.

What are some spiritual (heart) issues that may generate this struggle? Not every person will have all of the following, but this overview