

FOREWORD BY ELIZABETH MCINGVALE

BEING ME WITH OCD

HOW I LEARNED TO
OBSESS LESS AND
LIVE MY LIFE

free spirit
PUBLISHING®

ALISON DOTSON

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For Peter: You've loved me as deeply in my darkest moments as in our shared moments of joy.

For Mom and Dad: The Fates conspired to give me two of the most loving, compassionate, and understanding people as my parents. I am me because I have you.

READ THIS FIRST

This book is about my personal experience with OCD (obsessive compulsive disorder), from my confusion to my diagnosis to my eventual triumph. I've had OCD for so long, and have read so much about it since being diagnosed several years ago, that sometimes I feel like I know everything there is to know about the disorder. I've become comfortable talking about my own experience, answering any questions people might have, and listening to others who are struggling.

However, I'm not an expert. I am simply a person who suffered from OCD for years and years, and I suffered enough that I want to help others who are in pain. When I was diagnosed at age 26 I was in a really low place. I took the advice of my doctor—I took prescribed medication and read the books he recommended, which outlined steps to take toward recovery and included successful case studies of people who never thought they'd get better. I share all of that in greater detail in the pages of this book. My hope is that you're inspired by my story and know that no matter how low you're feeling now you can still get better. Maybe some of the coping techniques that worked for me will work for you, too.

The book was carefully reviewed by a psychiatrist and a psychologist, both specialists in anxiety disorders, so I could feel completely confident about the information and suggestions I've included. But my story and the advice I share are not intended to replace medical expertise. This book is meant only as a complement to professional help.

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FOREWORD

by Elizabeth McIngvale, LMSW

At the age of 12 my life was turned upside down. I found myself overcome by obsessive thoughts. I worried so much about keeping my family members safe and many other things that I constantly engaged in rituals in an attempt to keep these obsessions at bay. I tried to hide my rituals because, like Alison Dotson, I was ashamed of my behavior. I was lost, scared, and alone.

Soon, I could no longer conceal what was going on, and I broke down and explained it all to my mom. With her help, I learned that I was living with obsessive-compulsive disorder, or OCD. Fast-forward three years later, and OCD had taken over my life. My OCD centered around scrupulosity (the religious form of OCD), contamination, color and number issues, and hyper-responsibility. I often got stuck in rituals such as washing or walking and re-walking over certain areas in my house. My rituals soon took up the majority of my days, and I was no longer the carefree girl everyone knew from three years before. I was homebound by this illness and couldn't find the help I needed.

Eventually, my parents found an inpatient clinic that specialized in OCD. Shortly after my 15th birthday, I was checked into this clinic, and once again my life was turned upside down—this time for the better. I learned how to successfully manage my OCD with cognitive behavioral therapy, specifically exposure and response prevention (the gold standard for OCD treatment). With hard work and dedication, I was able to regain my life and diminish my OCD symptoms. I was no longer scared and alone—I was hopeful and determined to manage my OCD.

Although I continue to live with OCD and have had ups and downs along the way, I now have the tools I need to manage my illness. Some days are harder than others, but I know I can live the life that I deserve to live by continuing my exposures with response (ritual) prevention. My experiences have inspired me to help others with this illness. Like Alison has done by sharing her story in this book, I have spoken publicly about my struggles with OCD and have opened my life for others to see. Sharing my story can be very difficult, but it has been well worth it if I have helped even one person.

As someone who, like me, has hit rock bottom and fought her way back up, Alison shares my dedication to helping others. In *Being Me with OCD*, you will find stories that may ring true to your experiences, stories that are surprising, sad, and heartbreakingly funny. You will find words of encouragement, tools to help you get through the day, a collection of helpful resources, and one important, life-affirming message: You are not alone. There is help.

In my work at the International OCD Foundation, the Peace of Mind Foundation, and the OCD Challenge, I am inspired time and time again by the stories of others who live with OCD. Telling your story is never easy, but I have seen the power of these stories to help others find the strength to fight their own OCD. I hope you will find hope and inspiration in Alison's story. I commend her for her courage and devotion to helping others living with obsessive-compulsive disorder.

Even after therapists told my family that my OCD was too severe to be treated, I found the help that I needed. My life was changed forever. No matter how hopeless you might feel at times, you can do the same. There is help, and there is hope.

Elizabeth McIngvale

Spokesperson for the International OCD Foundation

Founder of the Peace of Mind Foundation

INTRODUCTION

CLIMBING UP FROM ROCK BOTTOM

“Pain of mind is worse than
pain of body.”

—Publius Syrus

In my mid-20s I worked as a proofreader at a small graphic design firm. One day, I sat in my office with the sliding door pulled shut, holding my head in my hands, trying to use them as blinders against distractions.

I tried to force myself to concentrate, to keep proofreading and absorb what I was reading and not let an obsessive thought enter my mind. Instead, as usual, a fleeting but disgustingly graphic image appeared, an image that was so wrong and unwelcome that my stomach twisted. I clenched my fingers around my red pen as tears welled up in my eyes.

I was crying—again. At work. And anyone could witness it; all they had to do was knock on my door or open it and walk right in, and they would see me sitting at my desk crying, my face pink and streaked with tears. I couldn't let that happen because there was no way I could explain myself. So instead I composed myself as much as possible, walked through the office, and hurried down the main hall toward the bathroom, willing myself to keep it together for just a few seconds longer. I passed a woman from another office and I stretched a fake smile across my face, hoping she couldn't actually see the lump sitting so heavily in my throat.

I rounded the corner, pushed through the doorway to the stairwell, let out a single sob as I rushed down the stairs, quickly composed myself again, just in case, and then locked myself in a bathroom stall, where I collapsed on the toilet seat into a snotty,

convulsing heap. I let myself cry, giving it everything I had, trying to get it out of my system so I could go back to work and finish out the day. After a few minutes I blew my nose one more time, left the stall, and splashed cold water on my face.

This had become my life: I had had obsessions for as long as I could remember, and this wasn't the first time I had been depressed. But it was the first time I struggled so much with getting through each day. And it was the first time I seriously considered suicide.

I had hit rock bottom.

I didn't know I had a treatable disorder called obsessive-compulsive disorder (OCD). All I knew was that I had been plagued with unsettling, disturbing, and *very* unwanted thoughts off and on for years: In middle school and high school I obsessed over the idea that I might be gay; in college I had religious obsessions that made me think I was destined for eternal punishment; and now, as an adult, I couldn't shake the terrible fear that I would sexually assault someone—a relative, a child, a stranger, anyone I wasn't *supposed* to touch.

Somehow, though, I got out of bed every morning and went to work. I went through all of the day-to-day motions. When I became eligible to enroll in my company's 401(k) plan, I received a phone call from a retirement advisor. I listened to him talk about how important it was to save for the future, and I answered all his questions. (*If someone gave you 50 dollars for your birthday, would you spend it all, or save it all, or somewhere in the middle? If you had a retirement savings account, would you want access to it, or would you wait until you retired to withdraw any money?*)

I wanted to end the conversation, explain to the nice man that I didn't really care. I couldn't imagine living a few more months, let alone several more decades. It was overwhelming to even try.

If you're reading this book you've probably obsessed, too, and maybe you've performed compulsions so you can feel better, if only temporarily. Or maybe someone you care about has these symptoms, and you want to understand what that person is going through, or you want to help.

You're not alone: In the United States, about 1 in 100 adults and 1 in 200 kids have OCD. Other people have obsessed as you have

obsessed and performed compulsions just as you have. Some people (like me) have what is called “pure O,” meaning they obsess but don’t perform compulsions. Others have obsessions and engage in compulsive behavior in an attempt to ward off their fears or prevent bad things from happening.

Compulsions are easier to see than obsessions, so people often associate OCD with a person who washes his hands a lot or with someone whose house is always *just so*. It’s hard to know exactly how many people have “taboo” obsessions, because they often feel too ashamed to tell anyone, and it goes unnoticed.

And that’s a big problem. It can take years for someone with OCD to get the right help, and not because psychiatrists and therapists don’t know what to do. Rather, it’s because we *don’t seek it out*. I was so sure I would be judged that I didn’t make an appointment with a psychiatrist until I was 26 years old—and I had been obsessing for well over a decade.

I might not have gotten any help at all if I hadn’t found an article that gave me hope. Something told me I was *obsessing*, and I’d been looking up the word *obsession* in my work dictionary several times a day, reading and re-reading “compulsive preoccupation with a fixed idea or an unwanted feeling or emotion.” From there I researched OCD online and began to piece things together. Eventually I found the website for the International OCD Foundation, and an article called “Thinking Bad Thoughts.” It wasn’t written for me; rather, it was a piece for therapists who wanted to help their patients who had sexual obsessions. Fascinated and encouraged, I scrolled through the pages, reading about people who close or cross their legs in public to prevent inappropriate behavior, about therapy for adults who fear they will molest a child, about helping people face their worst fears.

The authors of “Thinking Bad Thoughts” didn’t judge their patients. They didn’t worry that these people were dangerous or perverted or capable of bringing harm to anyone. Instead, it was clear that OCD was the culprit and that therapy offered proven treatment methods.

For the first time in several months I felt lighter. Hopeful.

That night I went out to see a Neil Diamond tribute band and I actually had a great time. (There was something so endearing about

a big college-age guy swaying in time and passionately belting out “Sweet Caroline,” a ballad even older than he was.) When I looked around the room at other people, I didn’t feel jealous that they were “normal” and I wasn’t, like I usually did when I saw people having fun; I watched them laugh and smile and dance and felt that soon enough I could do all those things without a weight on my shoulders and in my gut.

I wrote this book because I don’t want you to wait to get help, like I did, because you’re ashamed or you think nobody will understand. It was only after I’d learned others had gone through what I was going through that I realized I wasn’t a monster or a deviant. I had a problem that had a name and a solution.

I wrote this book because I want you to have a resource meant just for you, more than a scholarly article written by a therapist for therapists.

Mostly, I wrote this book to help you find the courage and support you need to get help. That means finding a caring professional who can meet your unique needs, books that will really speak to you, and a community of like-minded peers.

I have had OCD for at least 20 years—maybe more. I’ve shared my deepest secrets with a psychiatrist, taken medication, dealt with social stigma, and done many of the everyday things you’re doing while experiencing OCD symptoms, like going to school, dating, and holding a job. I’m not a doctor or mental-health expert. I’m just a regular person with OCD, a person who wanted to live a fuller life. Armed with the knowledge and compassion of my psychiatrist, information in books by OCD professionals, and therapeutic techniques, I have pulled myself up from rock bottom. This book is the story of my journey. You’ll get a glimpse into some of the most personal and gut-wrenching experiences of my life, moments I’ve never shared with anyone else—not my husband, not my mom, not my best friend. I’m sharing them now because I hate the idea that others are hurting the way I was. It’s my hope that by reading how I began to save myself—with help from others—you will see how you can do the same.

But this book is more than just a story. It's also full of practical tools and resources you can use to help yourself—like how to venture into exposure and response prevention on your own (see page 65) and how to find the right doctor—as well as advice and reassurance that you can do it. And, because I'm only one person with my own experience, this book also contains the personal stories of eight teens and young adults, in their own words. (These stories are real, although in some cases the names have been changed for privacy reasons.) Kiersten (see page 73) was anguished as she struggled to find the right medicine for her OCD. Rachel (see page 91) checked herself into a residential treatment program to tackle her symptoms. Robert (see page 61) underwent exposure and response prevention sessions (see page 60 for more information). All these stories are unique, just like your own, and together they shed light on the many ways OCD manifests itself, how many treatment options there are, and how a strong support system and a positive attitude can go a long way toward helping you feel better.

Today, I still have bad thoughts, but I know how to deal with them. When I look back on the years of suffering I went through, I wish I could talk to that tormented person I was. If I could, I would tell her she was not a bad person. I would tell her that her obsessions did not define her—and I would tell her to hurry up and make an appointment with a professional who could help! Since I can't do that, I am telling you. You have the power to face your fears, to take them down a peg and put them in their place. Getting better won't always be easy, but it will be worth it. And I will cheer you on every step of the way.

I would love to hear from you, wherever you are in your journey. Let's keep learning from each other and building each other up.

Write to me in care of my publisher at help4kids@freespirit.com.

Alison Dotson

CHAPTER 1

OCD AND ME

“‘I am not OCD. OCD is not me.’ This way of thinking was foundational to my strategy in defeating OCD.”

—Shannon Shy, author of *It’ll Be Okay: How I Kept Obsessive-Compulsive Disorder (OCD) from Ruining My Life*

I grew up in a safe and loving home with trusting, understanding, and warm parents, two older brothers, and a West Highland white terrier named McDuff—or, less formally, Duffer. Mine was a comfortable existence, maybe even sheltered. I realized early on that not everyone’s life was as carefree as mine, and it didn’t sit well with me. How could I be so lucky while others suffered? It seemed to be only a matter of time before my luck ran out, that my life would take a turn for the worse. Irrational fears began to take over.

When I read *Deenie*, a Judy Blume novel about a teenage girl with scoliosis, I lay awake for several nights, convinced I had scoliosis, too, and would have to wear a cumbersome back brace, just as Deenie had. I pressed my back into the floor to see how straight my spine felt, and I tried to examine my back in my vanity mirror.

When I saw *The Ann Jillian Story*, a TV movie about an actress who survived breast cancer, I believed I must also have a cancerous tumor. Over and over I imagined myself poking a dinner fork through my flesh and pulling the growth out. I would lie in my bed and cry, asking God why I had to have breast cancer, why I had to die. One day, worried about me locked away in my bedroom at the end of the hall, my mom knocked on my door. Not wanting to devastate her with my “news,” I pulled myself together and opened the door a crack. “Are you okay?” she asked. I nodded numbly and told her it was my stomach—again. After she left, I stood at my bedroom window, watching my brothers, dad, and dog play in the front yard. Duffer was running around in joyful circles, over and over again, and I choked up, thinking, “He’s so full of life.” I felt incredibly jealous.

And, perhaps most terrifying, when I watched a TV movie about a boy whose father had set him on fire during a custody dispute, I believed I was destined to be horribly marred in a fire. I would sob in bed at night, begging God to reconsider. Before bed I'd inspect my heating vents, making sure there weren't pieces of paper or T-shirts covering them.

Every time I thought I was over one fear, a new fear managed to weasel its way into my psyche, making it nearly impossible to sleep or concentrate.

Despite all of these horrifying images and irrational destinies I imagined for myself, I never told a soul. I never let anyone see me cry, and if they happened to, I lied about why I was crying. If only I had told my mom something, anything. She would have pulled me onto her lap and held me close, telling me not to be afraid. Maybe she would have helped me see that the things I feared were baseless. Maybe she would have helped me work through my fears—my obsessions—so they didn't have so much control over me.

But I kept it all inside. Every panic-inducing fear I faced for nearly 20 years, I faced alone. Not because I had to. But, rather, because I somehow understood that as terrifying as these persistent and intrusive fears were, they weren't *normal*. They were so heavy. They felt insurmountable. What could anyone do to help me? What was the point in sharing my fears?

I was like a typical teenager in most other aspects of my life, talking with my best friend about how scared I was to be kissed for the first time, and how scared I was to *not* be kissed for the first time. I worried aloud about tests and homework and boys and girls and clothes, but I kept the dark stuff hidden where I thought it belonged—deep inside me until I could manage my own way out of the abyss. Years passed and obsessions intensified. The nature of the obsessions changed, but they never really went away. There were obsessive peaks and valleys, good days and bad days, even good months and bad months.

By the time I was 26 years old I was utterly exhausted. I had been fighting a particular type of obsession—my fear that I would harm a child—off and on for about five years. It intensified when I was in serious relationships, because marriage and family felt like

logical next steps. That fear remained in tucked-away corners of my brain even when I was single. It was becoming as stubborn as I was—it wasn't willing to leave, and I wasn't planning to tell anyone what was going on.

A mental showdown.

I won that showdown. But not before I hit rock bottom, a few months after I met and started dating the man who would become my husband. So I guess you could say I fell from cloud nine and slammed into rock bottom, an even more devastating experience than I could ever have anticipated.

Peter and I hit it off immediately, and we were soon spending as much time together as possible.

Our relationship quickly grew serious, which was exhilarating and frightening at the same time. You know the old nursery rhyme: First comes love, then comes marriage, then comes the baby in the baby carriage.

Love? Check. Marriage? Quite possibly. Baby? No way. The deeper I fell in love, the worse I felt about my life. What if Peter wanted kids? I told him how I felt, leaving out details about my obsessions: *I don't want kids, not now, and probably not ever*. Once he convinced me he was okay with that and being with me didn't mean he was giving up on any dreams of fatherhood, I felt a huge sense of relief.

The relief was short-lived. I had thought that if we could establish once and for all that I didn't have to raise children I would be better. But that's not how you overcome an obsession—avoiding it is just a less obvious type of compulsion. Rather than facing it head-on, I was trying to run in the other direction.

So it should come as no surprise that not only did I not get better, I got worse. I could decide not to create my own children who I would have to live with day in and day out, but kids still exist in the world. I began to fear I could hurt any child in my care, my future nieces and nephews and my friends' children—or even random children.

It became excruciatingly painful to be around children at all. I didn't even want to go to a mall or grocery store because I knew there would be children there. I would immediately panic upon

seeing a child, even one who was with a parent, because all I could do was obsess.

At night I would try to keep my eyes open until my eyelids were so heavy that I would fall asleep without ever having to be awake with my eyes closed. If I were awake beneath my lids there was no telling what images I would be bombarded with. If lying in bed didn't go well, I'd move to the couch and fall asleep in front of the TV. That way I never felt like it was just me and my thoughts. One night, though, I woke up to the words "Kids are everywhere." It was a commercial for a household cleaner that was safe to use everywhere, even on high-chair trays, but I felt taunted. It was just what I didn't want to hear: You can try to escape all you want, but kids are everywhere. What are you gonna do, refuse to leave your apartment? It was my personal hell's version of "You can run, but you cannot hide."

I felt so alone. I had friends and family and especially my boyfriend to lean on, but if I couldn't reveal the real reason for my depression, how could I ever really feel comforted? To say I was depressed is an understatement. Not only could I not have kids because I was afraid I'd cause them irreparable harm, but I couldn't function normally any longer because the thoughts were so horrible.

I had felt this miserable in years past, but I had always pulled through it well enough to go on living a fairly normal life. This time it became abundantly clear that I needed professional help, but it took me a while to reach this realization, and I tried to carry on with regular activities like going to the gym, going to work, and seeing friends.

One thing that had made me feel better from time to time was the small hope that it would all go away eventually, that things couldn't continue to get worse, or even stay the same. The trouble is that life most certainly can get worse, and the old adage "Whatever doesn't kill you makes you stronger" is laughable. Each time I emerged from a depressive period, I was weaker, more beaten down, wearier, and more afraid.

During the few months I struggled with these obsessive thoughts, there were several hopeful moments when I thought I might finally be okay. Unfortunately, those moments were just that—brief snippets

of time when my old self pushed itself to the surface and let me breathe. I was happiest when I was with Peter, but being with him felt unbearable nonetheless. I was able to cry up until he came over to visit; after that I would hold it in and try to be myself. Sometimes hugging him and cuddling with him made me feel better because I loved him so much and I felt how much he loved me, but more often than not it made me feel worse because I wanted our relationship to be so much more. I didn't want to just be happy enough to stave off soft sobs; I wanted to be truly happy, and I wanted Peter to be happy.

Many of my crying spells began because of the guilt I felt in dating him. I felt I was being utterly selfish; he didn't deserve to be with a crazy person, I told myself, and I considered breaking it off. The idea of letting him go was unbelievably painful, even though it held some possibility of relief. At least I could fully focus on my health if I didn't have to worry about how my problems were affecting him. But when I imagined our breakup scenario, I didn't see myself telling him the whole truth, so he would be left to wonder why I was ending things. If I told him I was depressed and didn't want him to be subjected to that, I knew he would insist on staying with me and helping me through it. I also believed that if I told him what was depressing me—my obsessive thoughts—he would be horrified and would never want to see me again. I couldn't stand the thought of him hating me, so I continued to keep it secret, all the while knowing he deserved to know everything about me if he were going to be with me forever.

One night Peter, a musician, had a gig at a boathouse and wanted me to watch him play. I worked on the book I was proof-reading until I couldn't sit alone on my couch any longer, and then I went to the show.

The drive felt long. Day had already given in to night, and I became hopelessly lost. I maneuvered my car along twisty, construction-filled roads, listening to an old mixtape a friend had made me in college. The songs spoke to my mood with their heartbreaking lyrics and melancholy tone. Elliott Smith's soothing voice came across the crackling speakers like an old friend as he sang a particularly moving song I had identified with during another obsessive period in college. But even though his words made me feel less alone, they

also reminded me of just how depressed I was. I felt that Elliott was directing everything toward me as he slowly crooned heartbreaking lyrics about images that get stuck in the head and won't go away no matter how much you try to push them out.

I felt better knowing there was someone out there who seemed to understand, but then I remembered the cold, hard truth—that this man, the one person who seemed to get me without ever having met me, had eventually killed himself. Not only that, hearing the lyrics “images stuck in your head” reminded me of my own persistent and ugly images. I turned off the music with a shaky index finger and continued to drive in silence. I briefly considered swerving off the road, but I was pretty sure doing so would only injure me and perhaps someone else. I didn't think I would ever be able to find Peter, but I was willing to try because going home alone was not an option. I needed to see him, to be among people.

I felt better when I finally reached my destination, but of course the change of pace wasn't enough to make me forget all of my worries. Before Peter's band went on stage, a band made up of family members, including a teenage boy, played. The boy was quite impressive, and his grandparents and other relatives watched him with joy and pride and hugged him afterward. Seeing this made me think again that I would never be normal, because these people effortlessly showed physical affection to a kid. They obviously weren't paralyzed by terrifying thoughts of harming him.

Later in our relationship, Peter and I went to lunch one day, and a bunch of kids were running around the restaurant. I said something to the effect of, “If I were a parent I'd be too worried to let my kids out of my sight,” and then said, “but I'm not, and I won't be, thank God.”

Peter frowned. “The only thing that bothers me . . .” He hesitated before going on, and when he did he sounded pained. “If you don't want kids, that's okay. I'm fine with that. But what bothers me is that you think you might not be a good mom.”

“I know, I know I would be,” I said as reassuringly as I could, but I wasn't convinced. I tried to brush it off, but we had both gotten a little choked up.

Finally, I was hurting enough that I reached out, just a little, for help. It was Peter's birthday and we were on our way to a bowling

alley to meet a bunch of his friends. I had tried hard to make his day special even though he had to work late into the evening, presenting him with a cake from our neighborhood bakery in addition to a gift. I also put on a happy face, trying to mask what I was feeling inside—a mixture of total despair and numbness. I felt guilty. I wished for at least this one day that I could actually be happy. I wanted to be peppy so I could really help him celebrate rather than just being along for the ride. Instead, I was dead weight.

“I’m sorry that I haven’t been happy lately,” I said.

“Oh, baby, it’s okay. I love you,” Peter reassured me.

“I . . . I wonder if I need to go on medication. People think I’m happy all the time, but I’m not.” A friend had nicknamed me “Ali Sunshine” in college; she even made me a key chain with an *A*, *L*, and *I* on each block and a yellow smiley-face sun bookending my name. When I was in a relationship with a guy who was depressed much of the time, my oldest friend thought we were mismatched: “You aren’t like that,” she said. “You’re a happy person.”

I liked that I was able to be nice to people and that they felt that I had a warm personality, but I often became frustrated when people refused to acknowledge that I was indeed sad sometimes, too. My bright exterior was a cover-up of the darkness I often felt inside.

“You aren’t suicidal, are you?” Peter asked.

“No,” I said, hoping my tone was convincing. I actually had considered suicide, but I wasn’t sure if I could call myself “suicidal.” How serious did one have to be in order to be classified as suicidal? The truth was that I had become so distraught that there were moments when I truly felt death was the only escape, but I wasn’t so far gone that I considered it a real option, and it wasn’t at all desirable. I *did* want to live, but only if my life didn’t have to continue as it had been going.

Important Note: OCD can cause depression, which can lead to thoughts of suicide. If you’re thinking about suicide, please talk to an adult you trust right away. You can also call the National Suicide Prevention Lifeline (1-800-273-8255) or go to their website for a live chat (suicidepreventionlifeline.org). A skilled, trained counselor will be there to help you 24/7.

WHAT IS OCD?

I know now that what I was going through is called obsessive-compulsive disorder, an illness that, as I noted earlier, affects about 1 in 100 adults and 1 in 200 kids, and usually strikes between the ages of 8 and 12 or the late teens and early adulthood.

Mental health professionals refer to the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, the bible of mental health diagnoses, to determine whether a patient has OCD. According to the most recent edition of the *DSM (DSM-5)*, a person with OCD is plagued by *obsessions*—recurrent, persistent, and distressing thoughts, impulses, or images—and *compulsions*—repetitive behaviors or mental acts the person performs in response to the obsessions. Engaging in the compulsive behavior usually stops the obsessions, but only temporarily. And unfortunately, this temporary relief reinforces the compulsive behavior because it seems to work.

An “OCD brain” actually looks different from the brain of a person who doesn’t have OCD. (Google “OCD brain scan” to see side-by-side images of different brains.) The brain of a person with OCD will look especially different in certain cortical and subcortical regions and will appear to be a hotbed of activity of rapidly firing neurons. Some scientists believe that too much activity in certain parts of the brain keeps obsessive thoughts from turning off. It’s pretty fascinating—and validating—to see a visual picture of our disorder.

While everyone has obsessive-compulsive tendencies every once in a while, if you’ve been diagnosed with OCD it’s because your obsessions and compulsions have taken over your life, interrupting and prolonging your daily activities, making routines take longer than they should, and taking the joy out of your favorite pastimes.

Prior to a formal diagnosis, you may be asked to fill out a checklist like the one that follows (I completed a similar checklist of obsessions and compulsions before my first appointment with my psychiatrist). See how many obsessions and compulsions you relate to, and consider how much they are affecting your daily life.

COMMON OBSESSIONS IN OCD*

Contamination

- Body fluids (examples: urine, feces)
- Germs/disease (examples: herpes, HIV)
- Environmental contaminants (examples: asbestos, radiation)
- Household chemicals (examples: cleaners, solvents)
- Dirt

Losing Control

- Fear of acting on an impulse to harm oneself
- Fear of acting on an impulse to harm others
- Fear of violent or horrific images in one's mind
- Fear of blurting out obscenities or insults
- Fear of stealing things

Harm

- Fear of being responsible for something terrible happening (examples: fire, burglary)
- Fear of harming others because of not being careful enough (example: dropping something on the ground that might cause someone to slip and hurt him/herself)

Obsessions Related to Perfectionism

- Concern about evenness or exactness
- Concern with a need to know or remember
- Fear of losing or forgetting important information when throwing something out
- Inability to decide whether to keep or to discard things
- Fear of losing things

Unwanted Sexual Thoughts

- Forbidden or perverse sexual thoughts or images
- Forbidden or perverse sexual impulses about others
- Obsessions about homosexuality

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- Sexual obsessions that involve children or incest
- Obsessions about aggressive sexual behavior toward others

Religious Obsessions (Scrupulosity)

- Concern with offending God, or concern about blasphemy
- Excessive concern with right/wrong or morality

Other Obsessions

- Concern with getting a physical illness or disease (not by contamination; example: cancer)
- Superstitious ideas about lucky/unlucky numbers, certain colors

COMMON COMPULSIONS IN OCD

Washing and Cleaning

- Washing hands excessively or in a certain way
- Excessive showering, bathing, tooth brushing, grooming, or toilet routines
- Cleaning household items or other objects excessively
- Doing other things to prevent or remove contact with contaminants

Checking

- Checking that you did not/will not harm others
- Checking that you did not/will not harm yourself
- Checking that nothing terrible happened
- Checking that you did not make a mistake
- Checking some parts of your physical condition or body

Repeating

- Rereading or rewriting
- Repeating routine activities (examples: going in or out doors, getting up or down from chairs)
- Repeating body movements (examples: tapping, touching, blinking)
- Repeating activities in “multiples” (examples: doing a task three times because three is a “good,” “right,” or “safe” number)