

# What Determines the Content of Obsessions?: The Changing Nature of OCD

## What Determines the Content of Obsessions? The Changing Nature of OCD

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### Washers or what?

- Currently up to 50% of OCD patients are concerned with contamination and associated washing and cleaning
- Prior to 1840, no cases of contamination OCD reported
- 1843 Oliver Wendell Holmes – puerperal fever due to spread from doctors and nurses to patients
- 1844 Semmelweis noted mortality differed between two wards and suggested that doctors and students wash their hands before starting ward work and before each examination
- Mortality dropped from 16 to 3 %
- HW became part of medical practice (after a delay!)

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## Defining OCD

- OCD has probably been around for thousands of years – the first writings date from the Renaissance
- Scrupulosity used generally now more specific
- Initially mainly religious forms, gradually from 19<sup>th</sup> century wider variety of symptoms
- Later developments include OCD as a neurosis, Freudian ideas and the rise of medications, behaviour therapy and DSM
- DSM 5 defines OCD as presence of obsessions and compulsions
  - Obsessions – intrusive thoughts or images
  - Compulsions – physical and mental actions to neutralise obsessions

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## Epidemiology

- Generally research shows 12m prevalence is 1.2%, lifetime prevalence 2.3% (Simpson et al, 2014)
- Symptom sub-types
  - Contamination/washing and cleaning
  - Harm/checking and reassurance seeking
  - Symmetry and exactness/ordering and arranging
  - Sexual intrusions/mental rituals
  - Loss/checking
  - Religious/checking, praying, mental rituals etc

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## History of OCD

Martin Luther (1483-1546)

- left university studies in law to join the priesthood
- Continual worry about whether he had performed mass correctly
- Multiple daily confessions, scourging with whip, confessions interrupted by "impure" thoughts lead to repetition
- Condemning as sin every natural appetite – their continuation confirmed his belief that he was "not among the elect, but among the reprobate"
- Cured self by belief that salvation is provided by God's grace not by one's actions

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## History of OCD

St Ignatius of Loyola (1491-1556)

- the founder of the Jesuit religious order. He suffered from scruples and described them in his autobiography
- "[Ignatius] began to have much trouble from scruples, for even though the general confessions he had made at Montserrat had been quite carefully done and all in writing, as has been said, still at times it seemed to him that he had not confessed certain things. This caused him much distress, because although he had confessed them all, he was not satisfied. Thus he began to look for some spiritual men who could cure him of these scruples, but nothing helped him...."

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## History of OCD

John Bunyan (1628-1688)

- an English writer and preacher best remembered as the author of the religious allegory *The Pilgrim's Progress*.
- Bunyan also wrote a spiritual autobiography, *Grace Abounding to the Chief of Sinners*, in which he describes his struggle with obsessive blasphemous thoughts.
- "then darkness seized upon me, after which whole floods of blasphemies, both against God, Christ, and the Scriptures, were poured upon my spirit, to my great confusion and astonishment. These blasphemous thoughts were such as also stirred up questions in me, against the very being of God, and of His only beloved Son; as whether there were, in truth, a God, or Christ, or no? And whether the holy Scriptures were not rather a fable, and cunning story, than the holy and pure Word of God?..."

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## History of OCD

- "Although he was practically convinced that those scruples did him much harm and that it would be good to be rid of them, he could not break himself off. Sometimes he thought it would cure him if his confessor ordered him in the name of Jesus Christ not to confess anything of the past; he wanted his confessor to order him thus, but he did not dare say this to his confessor."
- Quoted from *From Ignatius of Loyola: the Spiritual Exercises and Selected Works*, edited by G.E. Ganss (New York: Paulist Press, 1991), pp. 77-8 as described on [www.ocdhistory.net](http://www.ocdhistory.net)

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## History of OCD

A range of other OCD syndromes were described in the 18<sup>th</sup> and 19<sup>th</sup> centuries:

- An obsessive fear of contamination – mysophobia
- Fear of stealing, committing errors and checking – reasoning monomania
- Obsessive fear of contracting syphilis
- Fear of harming others especially her own child
- Fear of “committing an indiscretion” with a man
- Harm and responsibility fears/concerns eg

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## History of OCD

- *Vignette #1*: Miss Hortence G., twenty-four years old, a musician of high reputation, gave music lessons in a large city. She is intelligent, active, punctual, conscientious, and enjoys the good opinion of all who know her. When she is by herself in the street, she has preoccupations of the following sort: "What if somebody falls from a window up above and lands right at my feet? Would it be a man or a woman? Would the person be injured or actually die? Would there be blood on the sidewalk? If the person were to die from the impact, would I be able to tell this? Should I call for help, flee the scene, or rectify right then and there a *poter noster* or an *ave*? Might others accuse me of having been responsible for the occurrence? And then would my pupils all quit me? Or perhaps people might realize I was innocent." All these thoughts would crowd her mind and affect her emotions. She would begin to tremble.
- From Henri Le Grand du Saulle, 1875

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## History of OCD

DB (1975- )

- Professional footballer, married with 3 sons
- Acknowledged his OCD before 2004 World Cup
- Arranges items in straight lines – furniture, paper, vacuuming
- Items in fridge must be arranged symmetrically and even nos.
- Buys specific numbers of items when shopping
- Teammates would sneak into room and disrupt order on trips!

*David Beckham*

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## How OCD has changed recently

- Contamination OCD changes – fear of syphilis to gonorrhoea to HIV to Hep B/C
- Contamination OCD – fear of illness and transfer to others → disgust and “yuk”
- Harm OCD changes – from directly committing violent acts → offending others, bullying others, causing others to commit suicide
- Loss OCD changes – loss of electronic security, cloud storage, hacking of bank accounts, computer systems, paywave
- Certainty/NJR changes – checking of social media, email, phones, apps etc
- Hoarding – changes in content eg hoarding of emails, with the multiplicity of devices, endless data storage

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*showed  
up  
August 2007*

## How OCD has changed recently

Sarah, 26 had severe OCD that responded to ERP when focused on fear of contamination from bins, public restrooms, and close contact with others.

Symptoms shifted to preoccupation with being connected on social media. Began tracking her frequency of using social media over meals, on waking, when on a date, in the theatre or prior to going sleep driven by the need to know where, what her friends were doing, how long before responding – experiencing catastrophic rejection.

Applying YBOCS criteria of time occupied, interference with functioning, distress, resistance, control and insight showed this as her primary symptom

Are we capturing technology driven OCD in assessments?

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## How OCD has changed recently

- Henry – age 31, single Australian man, works as an engineer
- Age 4 – doubt over whether hands properly dried
- 6-12 – fears of loss and checking, harm/burglary and checking
- Moved to Australia for university (18) and developed fears of others gaining access to credit card details and personal information over net via hacking, scamming etc
- Worsening fears lead to reassurance seeking from friends, checking info when entering it, deleting songs and downloads and repeating process, worried about cookies from sites
- Spread to fears he would give away info when writing notes, letters or even when reading books, magazines

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## How OCD has changed recently

- Jack is a 38 year old teacher whose OCD became disabling following a bullying episode when he was threatened and jostled by a group of teenage students on a suburban rail platform. He avoided on city journeys in case this gang was on the train.
- Concerned his image would displayed on the net or be photographed randomly in public places.
- Asked therapist to put a tape on computer camera in office in case he was recorded or photographed during the session.
- Stopped using social media, ATM's, frequenting places with security cameras, smartphones, ipads for fear of being exposed to scrutiny or identification. Using hoodies to cover face and head when out.

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## Henry (cont)

- Ironic given his job as engineer checking documents frequently
- Self-diagnosed OCD (over the internet)
- Additional symptoms – cont/wash, harm by fire, flood and burglary/check, "car killer" fears, order and symmetry/arranging
- Treated with SSRIs and ERP – writing a numbers on computer screen or on paper and discarding quickly, accepting uncertainty

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## Cultural changes in OCD

- Culture factors seem to influence the expression of OCD rather than the occurrence. An overall similarity in prevalence and specific forms of OCD across continents (Barlow, 2002).
- Specific obsessive fears are predictable about AIDS, bird flu, Ebola and other diseases in affected countries. Cleaning rituals in India or Egypt might reflect religious issues.
- Interesting cross-cultural study by Shams et al (2013) has a two factor model of disgust sensitivity (contagion & animal remainder) that suggests this stable construct and other culturally specific variables affect the subjective experience of OCD symptoms.
- Future functional analysis of the cultural, cognitive and social/familial environment on symptom expression and therapy. <sup>17</sup>

## The future – some suggestions

- Climate Change
- Developmental issues as babies tap and slide before walking and talking, and most are using mobile devices by age 2.19
- Security and safety (broadly)
- Computers, phones, social media
- New illnesses, drugs and medical concerns
- Schools and bullying
- Issues relating to ageing
- Migration and refugees
- Dietary worries, restrictions, controls on eating, supplements, vitamins, "natural" remedies
- Religious issues – tolerance and intolerance

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## Other Religious issues

- Obsessions re unwanted blasphemous, immoral thoughts or errors in observance.
- Guilt about past, intolerance of ambiguity, seeking reassurance and 'need to know' will be persistent OCD phenomena ... for eternity.
- The massive shifts of peoples across the globe, the influence of religion increases the likelihood of persistence of scrupulosity, seeking real truth and getting things 'just right'.

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## Changes to practice

- Assessment to take into account of new content
- ERP needs to look at Contamination "disgust" issues rather than fear of illness/transfer. More focus on repeated ERP and habituation and improving tolerance of anxiety/NJR feelings, less on CT for appraisals of overestimation of threat, cost
- Keep up with trends in social media, telecommunications
- Consider other cultures and their own special concerns, worries
- What trends will become vital, important in the next 10, 20, 50, 100 years?

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Programming about young people  
germs in school  
creating more OCD

## The Future

- What will be important in the future?
- The evidence suggests that the content of obsessions closely parallels the fears of society as a whole and can change very rapidly eg contamination by blood and HIV, asbestos
- What role will the media play? And what (new) forms of media and technology?
- Influences from other parts of the world? And the USA?
- More co-morbidities eg with eating disorders

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Comments and questions  
please!

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Classic Pattern  
OCD stays in 1 area  
or broader + new things come up  
need to become expert  
on managing anxiety  
OCD is a bully!  
ERP better than meds  
(+ is reversible, work hard at it)