



By Shai Friedland
Clinical psychologist
Johannesburg
shai@shaifriedland.co.za

OBSESSIVE- COMPULSIVE DISORDER (OCD) AND COVID-19

During a pandemic and especially one revolving around germs, a virus, getting sick and death it would be remiss not to discuss Obsessive Compulsive Disorder (OCD).

OCD is a mental health disorder that can affect anyone no matter their age, sex, race, sexual orientation, walk of life, etc. It occurs when an individual gets caught in a cycle of obsessions and compulsions that cause significant distress and/or impairment in their daily functioning.

Obsessions are intrusive, unwanted and repetitive thoughts, images and/

or urges that for the individual feels out of their control and significantly disturbing. These are accompanied by significant feelings of intense distress in the form of anxiety, fear, doubt, disgust, an uncomfortable feeling and/or a feeling of needing things to be “just right”.

Common Obsessions in OCD are:

- Contamination (e.g. fear of germs and/or getting a disease (such as HIV/Herpes))
- Losing Control (e.g. fear of acting on impulse such as blurting out obscenities and/or insults)
- Harm (e.g. fear of harming

oneself or someone else such as thoughts of stabbing a loved one)

- Unwanted sexual thoughts (e.g. forbidden or perverse sexual thoughts or images such as disturbing thoughts of having sex with children and/or family members)
- Religious thoughts/images (scrupulosity) (e.g. excessive concern with morality or right and wrong and/or concern with blasphemy or offending a higher power)
- Perfectionism (e.g. concerns with things being even or “exactly how they should be”)

- Other obsessions Sexual Orientation OCD (SO-OCD) a concern with one's sexual orientation; magical thinking which has to do with superstitious ideas of lucky/unlucky numbers or colours; fear of getting physically ill such as getting cancer)

Interestingly, research suggests that most, if not all, people have intrusive, unwanted thoughts, images and urges. This doesn't mean that everyone has OCD. For the average person these only cause momentary minor concern (if any) and are fleeting. For those diagnosed with OCD these thoughts, images and urges "get stuck" and become repetitive causing significant, intense distress for that individual.

Compulsions, unique to people with OCD, are repetitive behaviors and/or thoughts the individual feels compelled to have or does for two reasons. Firstly, to reduce the intense distressing feelings the obsessions bring. Secondly, to make sure that the feared event doesn't occur (even if the person logically knows the chances of this

occurring are minuscule and/or are out of their control). Compulsions can also include avoidance of situations and thoughts that may trigger obsessions. Compulsions are however temporary ways of coping with the obsessions and the intense distress, but the client feels compelled to do them despite them being extremely time-consuming and often getting in the way of their daily activities and their values. Compulsions are not done as pleasurable activities or ways to help the person with their daily living. They more than often get in the way of the person's daily living and the individual would rather not have to do these time-consuming compulsions.

Common compulsions are:

- Washing and cleaning (e.g. excessively showering and/or washing hands; or cleaning themselves/personal items in a certain way)
- Checking (e.g. not locking doors or leaving the stove on; checking they didn't harm someone)
- Repeating (e.g. Rereading, rewriting, repeating body

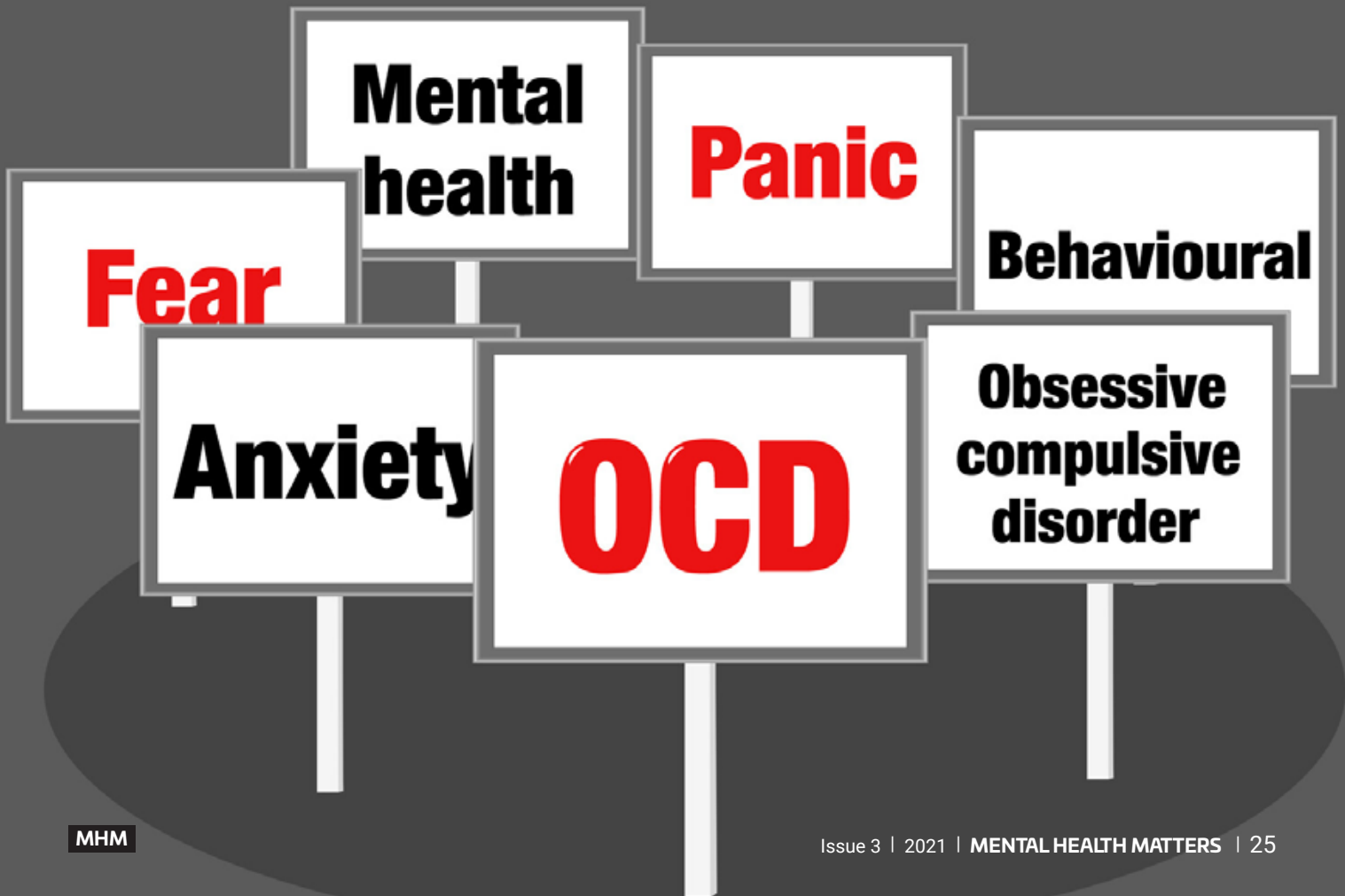
movements like tapping or touching, or repeating activities often a preferred amount of times)

- Mental compulsions (e.g. praying or counting)
- Other compulsions (Seeking reassurance, avoidance of triggers/thoughts, or doing or putting things in a certain place until it feels "just right")

Research suggests that OCD could be genetic. Research of the brains of people with OCD suggests problems in communication, through neurotransmitters called serotonin, between the frontal lobes of the brain and the deeper structures of the brain.

OCD can present at any age however it commonly occurs initially in two age ranges namely between the ages of 8 and 14 or the late teenage years and early twenties. It's estimated that OCD affects between 2-4% of the population.

It's commonly known that heightened levels of stress can increase and worsen OCD symptoms and this has happened with the COVID-19 pandemic. So someone may develop symptoms



of OCD during this time or if there's a diagnosis their symptoms may be exacerbated.

The common subtypes of OCD that may be impacted during this pandemic are Contamination OCD, Harm OCD and/or Perfectionism OCD. However, any subtype of OCD can be exacerbated or present itself during times of heightened stress.

If the individual is seeing a GP, psychiatrist or a therapist they should continue with their treatment provider(s). However, if someone isn't getting treatment for their OCD symptoms it's important they seek out treatment from a trained professional. The gold standard in treatment for OCD currently is a combination of medication in the form of a Selective Serotonin Reuptake Inhibitor (SSRI) and psychotherapy in the form of Cognitive Behavioural Therapy (CBT). The CBT the person receives should include Exposure and Response Prevention (ERP). ERP is where the person is gradually encouraged to face situations that cause them fear while at the same time refraining from engaging in compulsions. The therapy may also include components from Acceptance and Commitment Therapy (ACT), which includes accepting the uncomfortable feelings and thoughts a certain situation brings, while at the same time committing to behaviour that's in line with the person's values even if those behaviours bring about or increase their uncomfortable emotional feelings in the short-term.

If the person can't see a professional due to lockdown, or having been in contact with someone who tested positive for COVID-19 or they're too afraid to go to a healthcare center then they should be guided and informed that they can make contact and continue with treatment via an online platform (e.g. Zoom consults).

It should be noted that ERP can be complicated during the time of the pandemic so here are some guidelines that can be useful:

- Struggling with contamination fears
 - Wash hands for 20 seconds with soap and water if they leave the house and are returning or if they've been in contact with someone from



- outside, but not for longer
- If they don't leave the house or have contact with someone from outside then only wash hands (as above) at certain times:
 - Before eating
 - After going to the toilet
 - After sneezing and blowing their nose
- Only clean and disinfect surfaces that are regularly in contact with hands
- Clean surfaces for a few minutes once a day.
- If surfaces are not in contact with hands or the person has not left the house and nobody has entered the house then cleaning or disinfecting the surfaces should be avoided
- Struggling with harm OCD
 - Be mindful that these thoughts can be exacerbated as the OCD can take the fears of COVID-19 and tell a person they might have infected someone or they are going to infect someone.
 - Accept that these thoughts occur to everyone during this pandemic and that they can only control what's in their control, such as the health and safety guidelines. They can't control doubt. They should view these intrusive thoughts and feelings and see them as fleeting.
- Struggling with perfectionism
 - Remind them it may be impossible to protect

- themselves "perfectly" from COVID-19. It's better to use common sense than to go to extremes of perfectionism.
- It might be helpful to talk to a trusted friend, family member or mental health worker to help figure out what health and safety behaviours are appropriate with covid-19.
- A therapist can help a person understand how to apply COVID-19 health guidelines in a way that meets the health standards but that won't worsen their OCD symptoms.

An individual suffering from OCD should also be encouraged to allow themselves to think about the coronavirus and any other intrusive thoughts they may have. Forcing themselves to not think of these thoughts can have the opposite affect and increase the frequency of these thoughts. The individual should dedicate a time in the day they call "worry time" (10 to 20 minutes) and purposefully think of these intrusive COVID-19 or any other intrusive thoughts during this time.

Lastly if they feel their stress and general anxiety levels have increased due to lockdown they should also try to incorporate physical exercise, breathing and relaxation techniques into their daily routine. It's also helpful to keep contact with family members and friends even via Zoom, Skype or phone. **MHM**

References available upon request