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Spring 2009



*Living Obsessive-compulsives Another Lifestyle*  
**THE G.O.A.L. POST**

The Newsletter of the Philadelphia Affiliate of the  
National Obsessive-Compulsive Foundation

*to familiarize the public with OCD and OCD spectrum disorders, to educate and to encourage those affected, and to promote understanding among their families, colleagues, and friends*



## Scrupulosity— derived from the Latin *scrupulus*, a sharp stone, implying a stabbing pain on the conscience

*by an anonymous member of the G.O.A.L. Group*

The anguish of OCD can pierce the soul. At 14, I was a shy girl with a solemn commitment to spiritual life. I had the thought that God wanted me to be a minister, which seemed impossible because of my shyness and yet desirable because the role could embolden me. The minister has no doubts, right? The week before my confirmation, I made my "confession of faith" in front of the congregation. My mother tape-recorded my words, and it was the first time I heard my voice, outside of myself, and it sounded like a stranger speaking, but the words were still mine. I was scared, yet exhilarated, to be behind the pulpit, saying what I believed.

Then came Confirmation Sunday. In a white satin dress that magnified my self-consciousness exponentially, I knelt to receive the blessing, the outward confirmation of my faith that I entered into at baptism, and felt my heart recoil at the obscenity scrolling through my mind. I had never uttered a curse word in my life—and yet here was one in my head, center stage, staccato, and insistent. I wanted to expunge every word, make the intrusion go away. I latched onto it, struggling to figure out where it came from and why I couldn't get it to go away.

I was angry at myself for contaminating a holy and special occasion. The older ladies at church told me how wonderful that a young girl was so strong in her faith, but if they knew my thoughts, they would've been disgusted. The obscenity was painful, but the other attributes of my scrupulosity were more insidious—analyzing whether I felt the "right" feeling during prayer or said the "right" words to convey my faith to others, and whether I needed to do this each and every moment of the day.

I wrote spiritual poetry and liturgies, and then worried I loved the writing process more than God, making an idol of it. And because I knew intellectually that perfection was impossible, I

berated myself for expecting it from myself, and tried to be "perfectly imperfect."

At age 30, the thought of becoming a minister returned with urgency. Even though my mother and stepfather had become ministers when I was in college and I knew it was not a life I would enjoy, I felt compelled to go to seminary. I spent hours ruminating on what my purpose was, what my calling was, trying to get certainty that I was doing the right thing. I found my first class fascinating, and my professor wanted to know if I was doing a PhD in theology, and suddenly I wondered if this is what God wanted me to do. But what if I enjoyed theology too much and my original thought to be a minister was the true calling and God would punish me for deviating from this? I had a headache that persisted for months as I worked this out in my mind. I had flashes of clarity where my own voice would surface and ask, "Do I really believe in a God that will damn me to hell for enjoying scholarly theology rather than pastoral ministry?" But then the intense fear created by OCD would crush my whisper of a voice.

I was intent on being the perfect church member, the perfect student of theology, the perfect spiritual woman. In addition to attending seminary, I was concurrently: teaching adult Sunday School, going to church every Sunday, attending the Women's Group, volunteering to lead prayer, writing liturgy, organizing the church archives, partaking of Wednesday communion, attending all Lenten services, meeting with the minister each month to talk, going on spiritual retreats, leading workshops on poetry and spirituality, reading a constant stream of books on theology, and belonging to a spiritual direction group.

And all the while I was terrified that what I believed in my heart about the accepting love of God was wrong and that I was going to hell. Scrupulosity is not confined to Catholics or to fundamentalist Protestants; my denomination was known, and at times derided by more conservative Christians, for its liberality. Many people have thoughts about whether they are a good enough believer, but my OCD latched onto these thoughts with a vengeance and I desperately wanted to make them go away, and I cleaved to the idea that if I read enough theology, I would figure it out and banish my anxiety. Leading the poetry workshops was excruciating. I would talk about letting the images unfold, finding God in the process of discovery, following where the words led, being oneself in front of God, even if angry or confused or doubtful, and about



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**The Philadelphia  
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FAX: (610) 667-1744

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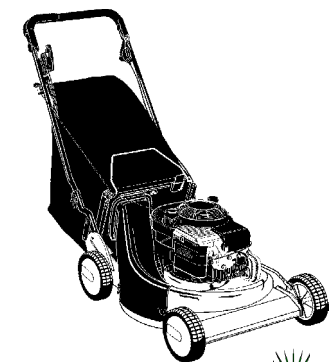
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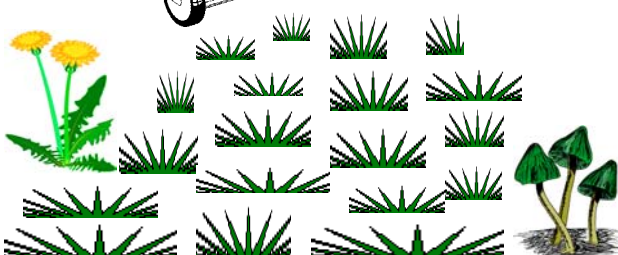
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**LIVING  
WITH OCD**

*by Owen Kelly, PhD, About.com  
January 9, 2009  
courtesy of Paul Stetler, G.O.A.L. Group  
Member*



**Obsessive-Compulsive  
Disorder is a Chronic  
Illness**

Living with OCD is similar to living with other types of chronic illness, like diabetes, asthma, or heart disease; it requires courage, support from friends, family, and co-workers, as well as a strong partnership with both medical and psychological primary supports.

As with all chronic illnesses, your focus should be on day-to-day management of your symptoms, rather than a final cure. This does not mean, however, that you have to be miserable or that you should give up on your goals. With good coping strategies and proper treatment, the majority of people with OCD live normal, fulfilling lives.

Becoming an expert on your own condition is the key to living with a chronic illness. Unlike an acute illness like a heart attack, where you can rely on health professionals to take care of you, living successfully with a chronic illness like OCD means learning the triggers that make your OCD symptoms worse, as well as discovering which coping strategies reduce your suffering and allow you to get the most out of life.

Learn as much as you can about OCD and don't be afraid to ask your healthcare provider questions. Many people find it helpful to make a list of questions before their appointment so that they don't forget their questions once they get there.

**Reducing Stress is Essential**

Stress often triggers symptoms of OCD. One way of thinking about the effect of stress is to imagine a "stress bucket." Each of us has a stress bucket; some of us have deep buckets, while others have buckets that are quite shallow. The stress that you experience each day is like water being poured into the bucket, and because we all have different-sized buckets, some people's buckets fill up more quickly than others. If your bucket overflows, you get wet, which can be unpleasant.

If you have OCD, your bucket might be smaller than other people's, leaving you more prone to "overflows" when stress levels become high. When your stress bucket overflows, you might experience an increase in your OCD symptoms. An important part of successfully coping with OCD is to keep an eye on how full your stress bucket is and to empty it when the water level gets too high.

There are good ways and bad ways to empty your stress bucket.

*(continued on page 5, column 2)*



# Therapy Beneficial for Dysmorphic Disorder

by Rick Nauert, Ph.D.  
Senior News Editor  
Psych Central  
January 24, 2009

We all have problems in worrying about the small stuff from time to time. A bad hair day or idly wishing for a more-perfect profile are common concerns.

However, people suffering from body dysmorphic disorder go far beyond that, obsessing over exaggerated or even imaginary physical defects, to the point where it affects their ability to work, attend school, or have ordinary social contacts.

Now, a new review finds that both drug therapy and psychotherapy, alone or in combination, can effectively treat the condition. Moreover, treatment can bring long-lasting relief, according to the South African research team.

The key finding that treatment effects were maintained over a 4.5 month follow-up [period] after 12 weeks of cognitive-behavioral psychotherapy indicates that such therapy may be effective in preventing remission over the longer term, said lead reviewer Jonathan Ipser.

In body dysmorphic disorder, a person typically focuses the obsession on the face, hair, or body odor. Sufferers often pursue plastic surgery to change the perceived defect. Since the condition is primarily psychological, such procedures rarely help and often lead to symptoms growing worse.

In the United States, body dysmorphic disorder received formal recognition as a mental disorder in 1997.

The review appears in the latest issue of *The Cochrane Library*, a publication of The Cochrane Collaboration, an international organization that evaluates medical research. Systematic reviews draw evidence-based conclusions about medical practice after considering both the content and quality of existing medical trials on a topic.

The investigators analyzed five studies: two drug studies (96 people) and three psychotherapy studies (83 people).

Results from a single study of fluoxetine (Prozac) versus placebo showed that Prozac-treated subjects had three times the effective clinical response compared to placebo-treated subjects.

In the other included drug study, symptom severity declined significantly with clomipramine (Anafranil) treatment compared to desipramine (Norpramin); both are older tricyclic antidepressants.

The authors excluded studies that involved some newer, though commonly used, antidepressants due to a lack of a control or untreated group of patients in these studies.

In two of the three psychotherapy studies, researchers compared

12 weeks of cognitive-behavioral therapy to a waiting list comparison group. Both studies reported significant improvements in symptoms among treated patients. In one of these studies, a follow-up examination at 4.5 months after treatment showed recovery from disorder symptoms in 20 of the 26 participants.

The third psychotherapy study looked at the effect of six months of maintenance psychotherapy following a six-week course of behavioral therapy. While overall ongoing symptoms did not differ between those who had or had not received maintenance therapy, significant reductions in anxiety and depression occurred among people in maintenance treatment.

This review reinforces the value of psychotherapy, along with medications, in treating people with psychiatric disorders, said Eric Plakun, MD, an American Psychiatric Association spokesperson. People are not just receptor sites for molecules and can make significant and enduring changes through therapy alone or in combination with medications.

Plakun, the director of admissions and professional relations at the Austin Riggs Center in Stockbridge, Mass., said that the new review suggests that clinicians are properly identifying the condition as an obsessive-compulsive disorder, since BDD seems to respond best to medications and therapies that have been found to work with these disorders.

The reviewers concluded that future studies need to include a focus on adolescence, where the disorder often first emerges, and include the use of other, newer antidepressants and various modes of psychotherapy. ¶

## Oppositional Defiant Disorder (ODD)

from a pamphlet, by Jim Chandler, MD, FRCPC



"Children and adolescents with ODD will find the weakness in the family system and exploit it. Is there tension between father and mother? They will aim to worsen this. Trouble with the in-laws? These children and adolescents will try to exploit this. Are you out of shape and exhausted after work? That's when they will be most trying. Are you worried or depressed about something? They will try to figure it out and torment you. Dealing with a child with ODD is very exhausting and trying. It will take about 1/3 to 1/4 of all your emotional, mental, and physical resources. If you knew that you would be chopping wood for four hours every day, you would make sure you got enough rest, a good diet, and had plenty of time to relax. The same holds double for dealing with ODD in the long term. You have to take care of yourself in ways you would not have to if your child did not have ODD."

# WHAT IS ACCEPTANCE AND COMMITMENT THERAPY?



by Owen Kelly, PhD,

March 3, 2009

About.com

courtesy of Paul Stetler, G.O.A.L. Group Member

Acceptance and Commitment Therapy (ACT) is relatively new psychological treatment that has shown promise in the treatment of anxiety disorders including OCD. ACT's central philosophy is that anxiety is part of life and that it is our *reaction* to the experience of anxiety (and not the anxiety itself) that can be the real problem. For instance, to keep from experiencing anxiety many people avoid certain people, places, or activities at the expense of leading a rich and fulfilling life. According to ACT, trying to live a life free from anxiety is impossible and only leads to isolation, frustration, and disappointment.

ACT works to build flexibility in thinking rather than trying to eliminate distressing thoughts like obsessions using a variety of mindfulness techniques, metaphors, and life enhancement exercises. Like cognitive-behavior therapy (CBT), ACT makes use of exposure techniques, but within a totally different framework. ACT uses exposure to facilitate people moving towards the values and goals that are important to them, rather than reducing symptoms.



For example, in ACT, you would be encouraged to drive to a friend's house to watch a movie despite experiencing a distressing obsession about hitting someone with your car while driving. According to ACT, it is not helpful (or realistic) to wait until you are free from anxiety (or, as in this case, an obsession) to do the things you want to do; anxiety is a part of life and will always be there to some extent. If you wait forever, life will pass you by. Thus, ACT encourages you to face your fears—not in the service of reducing your anxiety, but to allow you to live the life you want to live.

In general, the available research suggests that ACT is an effective treatment for anxiety disorders including OCD as well as the distress associated with chronic physical conditions such as multiple sclerosis or epilepsy. ACT usually takes place over 10 to 15 one-hour sessions, although your therapist may recommend extending treatment.

*(Dr. Kelly is a researcher at the University of Ottawa Institute of Mental Health Research as well as an adjunct research professor and lecturer in the Department of Psychology at Carleton University in Ottawa, Canada.)* ¶

## HOW TO CATCH SCARLETT'S FEVER

*from the Allie Is Wired Entertainment Blog*

*December 18, 2008*

During Scarlett Johansson's appearance on *The Tonight Show* with Jay Leno, she blamed her cold on *The Spirit* co-star Samuel L. Jackson, saying she caught the cold from him.

She believed that for this reason, her cold had some "value." During the interview, she blew her nose into a tissue . . . and now they are selling the snotty rag on ebay.



## MY DRAGON AND ME

by Pat

from [understanding OCD.tripod.com](http://understanding OCD.tripod.com)

I was told it was a "disorder."  
I said "I'm just different." That's not what they thought.  
So here is my story of no little importance  
And a view of the dragon I fought.

I saw it as a dragon to be wrestled  
Or at the very least to be controlled.  
I felt this dragon chase me and it scared me;  
I spent a lot of time just running away.  
They said I had a problem and named it  
Discussed it, explained it, said it could be handled.  
They taught me to fight it, gave me tools to do so.  
Now armed with swords to fight my labeled dragon  
They told me "Kill it; find it and destroy it."  
For years it scared me, too much to face it—  
Until a few years back, when I did.

I stopped my running, to let the dragon find me.  
It did, one night, and I drew my sword.  
But something stopped me from attacking: its stare.  
I saw an image in its shining gaze that pierced me,  
A thing that made me drop my sword and weep—  
It was my reflection staring back at me,  
My image mirrored in its glistening eyes.  
And suddenly I saw everything clearly—  
All this time I was fighting with myself,  
Which was a battle I could never win.  
I saw that its frightful claws were only as sharp  
As the terrible hate I felt for it all of these years,  
And my Dragon only had as many teeth  
As the number of times it was ignored or slighted.  
That night I dropped my armor and reached out with trust.  
I leaned against my Dragon and could feel its strength.

So now I know it didn't want to hurt me—  
It wasn't out to get me, but needed my love.  
It was never trying to kill me, because it was me,  
A crucial part that could heal maybe more than hurt.  
I see of course it's not always easy to handle,  
And sometimes don my armor against the pain,  
But I've resisted temptation to use my sword.  
It's the Best of me, the Worst of me, combined.  
I need it as much as it is needed by me.  
I found the good times better, the hard times less hard  
The day I found a myself in my Dragon.

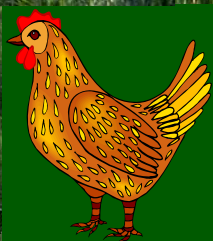
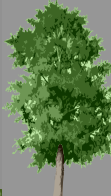
Though to some I am unique in my thinking  
There is little I truly have to hide.  
We all have our dragons though some don't have labels,  
And it's good to have a Dragon on your side.

THE PHILADELPHIA AFFILIATE SERVES AS A CLEARINGHOUSE FOR INFORMATION ON THE OBSESSIVE-COMPULSIVE DISORDER (OCD) AND PROVIDES THE FREE PROFESSIONALLY-ASSISTED SUPPORT GROUPS LISTED BELOW FOR THOSE WITH THE DISORDER.

THOSE SEEKING TO ENTER THE G.O.A.L. SUPPORT GROUP MUST FIRST CONSULT WITH THERAPIST JON GRAYSON. THIS GROUP MEETS AT 8 PM EVERY OTHER WEDNESDAY IN THE ANXIETY AND AGORAPHOBIA TREATMENT CENTER, 112 BALA AVENUE, BALA CYNWYD. THE F.O.C.U.S. FAMILY SUPPORT GROUP IS MEETING IN THE CENTER AT THE SAME TIME. FOR MORE INFORMATION ON THE G.O.A.L. GROUP TELEPHONE THERESA COHEN AT 215-676-3238. FOR MORE INFORMATION ON THE F.O.C.U.S. GROUP TELEPHONE SALLY ALLEN AT 610-525-1510.

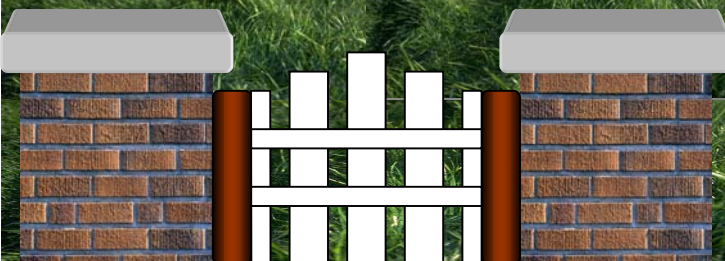
SPRING 2009 MEETINGS OF THE G.O.A.L. AND THE F.O.C.U.S. GROUPS

MARCH 25, APRIL 8, APRIL 22, MAY 6, MAY 20, JUNE 3, JUNE 17



A SUPPORT GROUP FOR YOUNG PEOPLE IS MEETING EVERY OTHER THURSDAY FROM 7 TO 8 PM IN SUITE 9 OF THE ROSEMONT PLAZA APARTMENTS, 1062 LANCASTER AVENUE, ROSEMONT. FOR MORE INFORMATION TELEPHONE JUDY KOLMAN AT 610-525-1510.

THE TRICHOTILLOMANIA SUPPORT GROUP IS MEETING EVERY OTHER WEDNESDAY FROM 6:30 TO 7:45 PM IN SUITE 9 OF THE ROSEMONT PLAZA APARTMENTS, 1062 LANCASTER AVENUE, ROSEMONT. FOR MORE INFORMATION TELEPHONE SALLY ALLEN AT 610-525-1510.



There are good ways and bad ways to empty your stress bucket.

Good ways of coping with stress include:

1. Proper sleep—an average of eight hours a night will do for most people.
2. Frequent exercise—30 minutes of aerobic exercise three times a week can help reduce anxiety.
3. Social support—support groups can reduce feelings of isolation. Supportive friends and family can also provide a welcome source of distraction from symptoms.
4. Meditation—meditation and deep breathing exercises calm the mind and body, allowing it to recuperate from the effects of stress.
5. Sticking to your treatment regimen—you'll get the best results by coping with your symptoms every day, instead of putting things off until they are really bad.

Poor ways of coping with stress include:

1. Using alcohol or other drugs—although your symptoms might feel better temporarily, they often become worse when you stop using.
2. Sweeping problems under the rug—they aren't going anywhere and will only return stronger.
3. Isolating yourself—you need the support of your friends and family to cope with OCD. Also, consider joining a support group in your community.
4. Blaming yourself for your OCD—are you harder on yourself than you would be with a friend who had this illness? Practice being kind to yourself.
5. Trying to control things that you can't—control what you can and let the rest take care of itself. This can be hard, but it can relieve the pressure of solving all of life's problems.

## Coping With Stigma

If you have OCD, you know that the stigma attached to mental illness can make it difficult to cope. Even though it is clear that OCD, like other chronic illnesses such as diabetes, asthma, or heart disease, has biological roots, there are people who continue to believe that people challenged with mental illness should be able to "snap out of it." This attitude can be particularly hurtful when it is held by friends, family, and intimate partners.

Because mental illnesses like OCD cannot be diagnosed with a blood test or seen by others, you may have experienced the doubt that people can have about the legitimacy of your symptoms and their effect on your life. You may have even experienced discrimination at work for taking time off to cope with your illness.

Thankfully, these harmful and hurtful attitudes are starting to change. Slowly, society is accepting that mental illness is real and that its effects can be devastating not only for the person who is suffering but for their family and friends too.

It is also important to remember that you are not alone; millions of North Americans, many of whom are successful, intelligent people, suffer from anxiety disorders, including OCD. It may be helpful to consider that well-known individuals such as Howard Stern, Howie Mandel, and Justin Timberlake have made great accomplishments despite suffering from OCD.

Joining a support group or participating in group therapy can be an excellent way to get the social support you need. You are not the only one experiencing these symptoms however strange or distressing they may seem. Support groups can also provide a safe place for you to discuss your illness and its challenges. People with OCD often understand the challenges you are facing in a way that few others can. ¶

God's redemptive love. But I couldn't claim these things for myself, and I hated my hypocrisy, my double life. I hated myself. Each time someone would thank me for my words, my poems, or my prayers, I would flinch, because they didn't really know me, know my agonizing doubts, or my fears of going to hell.

I started therapy with a pastoral psychotherapist. She didn't know much about OCD, but she believed in a loving God. I caught glimpses of hope. Mostly, though, I was trying to be good, perfectly good. Scrupulosity can extend to all aspects of moral life, not simply religion. I was already a vegetarian, but then gave up eggs and dairy products, and then gave up sugar and searched out organic produce because of intrusive thoughts about animal suffering and worker exploitation. I was unable to think clearly because I was hungry all the time. Every purchase turned into a labyrinth of conditions to be met. Is it organic? Is there sugar in it? Is there any trace of animal product involved in processing? Have I researched the company? Have they done anything immoral? The more I researched, the more my dread increased because everything was contaminated by wrongdoing. I wanted to be certain I made all the right choices because one wrong choice would undo any goodness in my actions. I was doing less and less work at work and more research on the web about products and where they come from.

In my search for reassurance that God could love me, I found a bottomless well of sites that scared me even more. There were so many ways I could be damned, ways I'd never even thought of. Churches that believed only members of their denomination would be saved. Churches that believed musical instruments were the devil's tool if used in worship, or that women couldn't teach adult men in Sunday school (which I was doing), or if you didn't have children (which I didn't) you weren't truly married in the eyes of God. Or that you could lose your salvation—it was never guaranteed.

I spent hours exhausting myself, going over theology in my mind, asking questions without answers. Sermons (quite mild ones, no fire and brimstone) could set off hours or days of futile "figuring out." In bookstores and libraries I gravitated to the religion section and stood transfixed furtively reading about yet more ways I was damned. Finally, the pain of constant existential questioning about why we are here and what our moral duties are was so overwhelming that I told my therapist the only way to get relief was to decide that God didn't exist. She told me that God would understand if I needed to do this because of the pain I was in. This both infuriated me and left the door open to hope.

I stopped my mental compulsions, my spiritual strivings for complete and perfect understanding. But I also dropped out of church, stopped going on retreats, ceased reading theology. I replaced my ritualizing with avoidance, which feeds the OCD just as effectively. I wanted to avoid any thoughts about God or the church. Whatever experiences of transcendence I had as a young girl were crushed by my OCD. My own voice was a stranger to me. But there was a part of me, even the midst of my fearfulness, who saw the futility of perfection, who didn't believe in a capricious God. In my compulsive theology reading, I came across the idea that God sees us in our entirety—remembers us in wholeness. Those of us who suffer with OCD surely know the fragmenting nature of this disorder—the reduction of our complexity to insistent obsession. Spirituality is the hope that there is more to us than our OCD. ¶

## MAKING OBSESSIVE-COMPULSIVENESS WORK



by Solomon Jones  
philly.com  
March 21, 2009

I am obsessive-compulsive. It's the reason I don't drink alcohol or smoke cigarettes. It's the reason I'm gonna have to swear off Dunkin' Donuts coffee . . . again. It's the reason I can spend days editing a single sentence when I've got a whole book to write.

My obsessive-compulsive disorder—OCD for short—has gotten me into trouble in the past. Most of the time, it was because I focused my undivided attention on the wrong person, place, or thing. I've learned valuable lessons from doing that. If you don't mind, I'll share a few of them now.

- Lesson 1:** If you meet a young woman and she talks with her father like he's a bum on the street, she's probably going to do the same thing to you.
- Lesson 2:** If it feels really good, but the aftermath feels really bad, you probably shouldn't be doing it.
- Lesson 3:** When your mom tells you to leave something or someone alone, she's usually right—even if she says it when you're 30.

Having learned those lessons through hard-won experience, I entered Phase 2 of my OCD: making my disorder work for me. Over the years, my obsessive tendencies have helped me to master computer-aided design, because I'll work on a piece until whoever is sitting next to me turns into a pile of dust. Since becoming obsessed with my lawn, I have made a real difference in my community, too, primarily by forcing my neighbors to unwittingly enter the annual "best lawn on the block" contest.

The unfortunate thing about OCD is that once you've finished obsessing over a project (since I have about 50 jobs, there's always something to obsess over), you fixate on how the world will respond to your work. I think that's why I'm going crazy about my latest novel, *Payback*.

Don't let anyone fool you. Writers care what critics think. And nowadays, with comment sections on every Web site allowing people to trash others anonymously, there are critics everywhere. Unfortunately, many of them have not mastered the fine art of dropping a kind word or two between the insults so they at least look impartial.

I miss the days when critics were professionals—people who actually got paid to look down at you. Sadly, when media outlets downsized the highbrow art critics whose ascots and poison pens kept writers in line, things changed.

Nowadays, we writers don't have a lot of professional critics by which to measure ourselves. We've been reduced to tracking our Amazon sales rankings like they're symbols on the New York Stock Exchange.

Last time I looked, *Payback* was up 10,000, and I was waiting for a review from a guy named Maddog2020, whose greatest insights are usually delivered between belches.

Don't get me wrong. I can deal with shadowy Internet posters if I must. But I'd much rather put a face to the guy who's trashing me. I like to know I'm being insulted by some guy who's at least tried and failed to do what I do; a guy with an address, a mailbox, and a phone.

I hate to imagine that the anonymous Internet critics are lonely folks with laptops and grudges, at home posting 50,000 criticisms a day. That image makes me sad. Not just for them, but for all of us.

If we measure each other's worth with fake screen names and unattributed criticism, we have to do better. If we'd rather be anonymously angry than openly supportive, we've got to do better. If we get wrapped up in the opinions of people we don't even know, we've got to do better. Because when it comes to measuring our worth, the only opinion that truly matters is our own. If we are to be obsessed with anything, we should be obsessed with learning that.

Then again, for a writer like me, with OCD, it's kinda fun tracking sales numbers on Amazon. Especially when it's accompanied by angry criticism from a guy named Maddog2020. ¶

The views expressed in the articles of this newsletter are those of their authors and do not necessarily represent the Philadelphia Affiliate.

# Avoiding Avoidance

by Charles H. Elliott, Ph.D.

April 3, 2009

courtesy of Paul Stetler, G.O.A.L. Group Member



Real estate agents are fond of saying that their field can be distilled into three words: location, location, location. When it comes to anxiety and obsessive-compulsive disorder (OCD), we turn to three words to capture much of the problem as well: avoidance, avoidance, avoidance. People with all types of anxiety disorders generally feel driven to do everything they can to stay away from events and thoughts that tend to trigger their anxiety. In doing so, they hope to keep their anxiety and distress at bay.

And this approach works. So what's the problem? Although avoiding what disturbs you provides relief, that relief is fleeting. And that short moment of relief ends up making you feel even more desire to avoid feeling anxious the next time. An example may help.

Ralph is a twenty-four-year-old computer technician. He's had contamination OCD since he was a teenager. His OCD started with worries about becoming ill from touching doorknobs. So he developed strategies for avoiding such germs; he would wear gloves, spray knobs with disinfectant, or use his shirttail to open doors. Each time he used one of these avoidance techniques he experienced brief relief. But then he started to worry about contamination from faucets, toilets, and steering wheels on cars. He used similar strategies for these new worries and felt momentary relief each time he succeeded in avoiding contact with his fears. But as the years went by, his relief experiences encouraged him to look for more sources of conceivable contaminations to avoid. His life became unglued when his concerns turned to computer keyboards, mice, and touch screens. Without treatment, Ralph's future looks worrisome as he becomes more and more avoidant.

That's what avoidance does to you. It makes your world smaller and fosters your fears. The more you avoid, the worse things get.

That's why successful treatment for OCD (and other anxiety disorders) rests largely on the antithesis of avoidance—exposure and response-prevention (ERP). ERP gradually guides people to come into direct contact with the things that disturb them or arouse their anxiety. At first exposure escalates feelings of distress. But with continued work, that anxiety decreases.

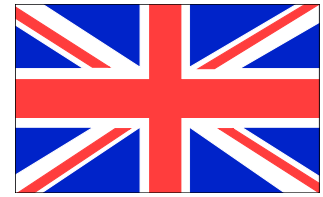
*Charles H. Elliott, PhD is a clinical psychologist and a Founding Fellow in the Academy of Cognitive Therapy. He is also a member of the faculty at Fielding Graduate University. He specializes in the treatment of adolescents and adults with obsessive-compulsive disorder, anxiety, anger, depression, and personality disorders. ¶*

# Trich in the UK

by Claire Ellicott

[dailymail.co.uk](http://dailymail.co.uk)

April 7, 2009



When Robina Hutchings started pulling her hair out as a child, doctors said it was just a passing phase. By the age of 13, however, she was nearly bald.

And 27 years later, she still cannot stop herself even though it causes her huge embarrassment.

"Your hair is such an essential part of who you are as a woman and it's the first thing people see when they look at you," she said.

"I don't think people understand how awful it can be to lose it. It completely destroys your self-confidence."

Miss Hutchings, a mother of four from Northamptonshire, suffers from trichotillomania, a disorder characterised by the uncontrollable urge to pluck out the hair, usually from the scalp but also sometimes eyebrows and eyelashes.

The syndrome, for which there is no known cure, is thought to affect anywhere between 2 and 4 per cent of the population and its sufferers are overwhelmingly female.

Miss Hutchings, who recently lost her job as a customer care worker, says she first pulled out her hair at the age of 11 while sitting on the sofa at home, watching television.

By 13, she said, she resembled a monk, with a huge bald patch, and was tormented by the children at school as a result.

She blames her disorder for the breakdown of her marriage and has since broken up with two other partners. Miss Hutchings, who has two sons and two daughters aged from seven months to 18, says that no doctor has ever been able to deal with her problem.

But she now feels better able to face the world, having turned to an authority on trichotillomania who fitted her with hair extensions which transform her appearance.

Based in West London, Lucinda Ellery set up the first UK clinic specialising in female hair loss and has treated hundreds of women with similar problems.

She said: "It's a humiliating, devastating syndrome and it affects clever, beautiful women. Half my clients are lawyers, doctors, journalists, and politicians."

"Twenty-five years ago, when I first started doing this, I was seeing women in their fifties and sixties. But now I see children who are younger and younger because there's more recognition of the syndrome."

## COMMENTS

Here's what readers have had to say so far.

*I do sympathise with Robina. I've started pulling my hair out after my second child was born and still do it 23 years later but I've only ever had a small bald patch. It's such a habit I do it automatically and it's very hard to stop especially when I'm stressed.*

--Elaine, Bournemouth, UK

*I suggest she tries NLP ( Neuro Linguistic Programming). A skilled practitioner I think would be able to help her. It changes the way we think about things by re-wiring the brain. Bit like re-programming the software. It is not a quack therapy but a scientifically proven treatment and helps thousands of people.*

--Bren, Victoria, Canada (ex Devon, UK) ¶



*Except where noted otherwise, the graphics in this issue of The G.O.A.L. Post are courtesy of Art Explosion Library, Print Artist, ISMI, Hemera, and Broderbund.*

# COLLECTING CLUTTER

*an interview with Jeff Szymanski, PhD,  
executive director of the Obsessive-  
Compulsive Foundation (OCF)  
by Mary Kearn, Assistant Editor at AOL  
Health*



## **AOL Health: Can you explain the difference between a packrat and an obsessive hoarder?**

**Szymanski:** The difference between a packrat and a hoarder is functioning. A packrat has a cluttered house, a filled garage. There is disarray in some rooms of the house. A hoarder is spending money on lockers or additional storage space, has a hard time getting around the house, and is filling up the car with possessions because they've run out of room in the house. There is a continuum in degrees of difference among hoarders.

## **AOL Health: Would you say that packrats have a mental health condition the way obsessive hoarders do?**

**Szymanski:** Packrats aren't necessarily keeping people out of their house because of their clutter. People who are packrats say, "I just don't have the time to go through this and get rid of it." There is avoidance—they recognize that it's a problem, but they ignore it. Hoarders, they love all their stuff, and they have no plans to get rid of it. Packrats don't really need any treatment—it's more of a preference—they just like to have a lot of stuff, but it doesn't affect their lives. Hoarders say, "I am unable to socialize, unable to get to my job. I'm not living my life in the way that I'd like to."

## **AOL Health: Are people born compulsive hoarders, or do they become them?**

**Szymanski:** We do think there is probably some difference in how their brain works, with how they organize information. Hoarders report that when they walk into a room, they have to respond to all sorts of different inputs at once, [because they see] value in everything, so their attention is drawn to everything at once. They want to attend to everything so it has its proper time. They see things in a vacuum, where everything has equal value. Their wedding ring is a recyclable bottle is a sleeping bag from 1943 is anything.

To get them to acknowledge that there is a difference, you set up "pro" and "con" lists. Hoarders end up living in these houses that are fire hazards. They're no longer able to use parts of their houses in the way they are intended. So you do this kind of pro and con analysis by rank, ordering these things. Ask, "What's the value of being able to eat at your dining room table again?" Or say, "A coffee cup can't really be as valuable as your wedding ring." You say to them, "Although this is important, it may be less important than something else." You have to go through this process of how important something is in the overall scheme of things.

## **AOL Health: Do hoarders tend to collect different things, or are there commonalities among hoarders?**

**Szymanski:** Probably the most common things are newspapers, magazines, books, clothing, receipts, bills, and we're seeing a lot of people getting caught up in having lots and lots of e-mails and junk mail in their in-boxes.

## **AOL Health: So there's hoarding in the virtual world too?**

**Szymanski:** Exactly.

## **AOL Health: Do people ever go back and read the newspapers or magazines they've saved?**

**Szymanski:** What they typically say is, "I'm going to put this magazine aside and go through rest of the mail." Then maybe two weeks later, they'll come to the magazine and say, "Oh, I want to read that; let me put it aside." It's called churning. They pick things up and say, "This is valuable," then they put it down and put it aside. Eventually, they'll have 200 magazines that they're behind on reading. They would spend three hours reading through one magazine making sure they didn't miss anything important. How can you do that if you're behind 200 magazines?

## **AOL Health: Can you describe the treatment?**

**Szymanski:** Treatment typically involves going into their houses. It's going to be hard to de-ward someone's house from an office—you can have them bring boxes into your office. The first thing that you do is to sit down and talk with them: "Are you living your life the way you want to?" It's about building some motivation to see that the hoarding is really a problem. In some ways they might not have thought about this. And then it is just about looking at what are the kinds of things they collect. Then going into their homes, seeing how bad it is. Are beds filled with things, bathrooms filled with things, tables filled with things—is it pervasive or just some areas of the house? Then start with one area, maybe the office, [focusing on] the desk in the office. Then go through a system of deciding what to keep and what to discard. You want to start with just a very specific area. You might say, "There are a lot of bills here. Let's go back and figure out how many years back you want to keep things for." You might tell them how long the average person keeps things for. Once you get them on board with that, you say, "Let's set up a folder system. Let's get them into a filing cabinet." It's about making choices, encouraging them to get rid of things, setting up guidelines, and then putting things where they belong. Suggesting, "When you go through your mail, get your bills, pay them and then put them in these folders." It sounds like a complicated process, which is why you go with one thing at a time. A cardinal rule when you're helping hoarders is that you never really touch their stuff.

## **AOL Health: Is there medication people can take in conjunction with this therapy?**

**Szymanski:** What the de-hoarding process does is provides a hoarder with decision-making skills and organization skills, but it can also provide coping skills and stress-management skills and replacement activities. People who hoard may also be compulsive shoppers, so you can find other things for them to take pleasure and value in. Some of it might be that they just might be socially anxious—since they've been away from human contact for so long. We had one patient at McLean who was overwhelmed by all the interaction, since he'd been isolated so long. You can provide social-skills training to get them out to socialize more. For someone who is a hoarder, medication will help them access these forms of therapy better. They may go off the medication in the future at the recommendation of their psychiatrist to see what happens.

## **AOL Health: Do hoarders usually acknowledge they have a problem, or is it the case that a family member or friend urges them to seek help?**

**Szymanski:** Most often a family member or loved one encourages it. On average the hoarders are not seeing it themselves. Typically there is a lot of conflict. Family members think that going in and throwing out people's stuff while they're out of town or in the hospital, or clean-

*(continued on page 10, column 2)*

Not all trash is worthless:

# Ancient Shoe Soles Found in Trash Pile

by Robert Roy Britt  
from *livescience.com*  
March 8, 2009



A batch of well-preserved shoe soles have been found in an ancient trash dump in Lyon, France. They date from the 13th to the 18th centuries.

Older shoes have been found, including one from 2,000 years ago discovered in 2005 in a hollow tree trunk in southwest England. Sandals from 10,000 years ago were found in a cave in Oregon and are said to be the oldest footwear ever found.

Humans began wearing shoes about 40,000 years ago, a study last year revealed.

The newfound leather soles, buried in mud, will improve understanding of how leather can be preserved and help scientists restore other leather artifacts, the discoverers said.

Michel Bardet and colleagues at the French Atomic Energy Commission detailed the findings in the American Chemical Society journal *Analytical Chemistry*.

Bardet explained that leather consists of collagen, a tough protein that is in human bones, too, and which can remain intact hundreds of thousands of years under ideal conditions—such as the oxygen-deprived environment in the mud. An examination of the soles found that tannin, which helps to preserve leather, had been washed out and replaced by iron oxides that leached into the leather from surrounding soil and helped preserve the soles in the absence of the tannins. ¶

Hello,

I am a clinical psychologist who specializes in the treatment of OCD, TTM, and related disorders. I have recently begun to host a local TTM support group and was wondering if you could assist in spreading the word about our offerings. Please feel free to visit my website at [www.thecenterforemotionalhealth.com](http://www.thecenterforemotionalhealth.com)

Thanks,

Marla W. Deibler, Psy.D.  
Director, Licensed Psychologist  
The Center for Emotional Health of Greater  
Philadelphia, LLC  
385 N. King's Highway  
Suite 205  
Cherry Hill, NJ 08034  
(856) 220-9672  
[www.thecenterforemotionalhealth.com](http://www.thecenterforemotionalhealth.com)

Hi,

My name is Beth and I volunteer to help spread the word about a new free obsessive-compulsive disorder online support group.

As I know this falls within your interest I thought that you might want to help us in the quest to reach as many people as possible (the more people know about the group the better help they will get). You can support us in many ways (not financially): telling people you know, linking to it, writing a blog or forum post and participating in the group discussions.

Your help is much needed and any support will be most appreciated.

You can check out the group at:  
[mdjunction.com/obsessive-compulsive-disorder](http://mdjunction.com/obsessive-compulsive-disorder).

Sincerely,  
Beth Green,  
POB 200067, Pittsburgh, PA

My name is Elizabeth Sadock and I am a research assistant at the Massachusetts General Hospital. My lab is currently working on a **FAMILY GENETIC STUDY OF TOURETTE SYNDROME, OCD, AND ADHD**. We are enrolling families to participate in our study and we believe that support groups might be a good place to find families who are willing to contribute.

I saw your contact information on an internet support group site. If you feel it is appropriate, we would greatly appreciate if you could share information about our study with your support group participants

If anybody wishes to participate, they may contact us privately through our website at

[www.ts-adhd-ocd.org](http://www.ts-adhd-ocd.org)

or via email at

[familycontact@pngu.mgh.harvard.edu](mailto:familycontact@pngu.mgh.harvard.edu)

or phone at

(1-800-471-2730, option 2).

All information will be kept confidential. We have a tentative datacollection trip to the Philadelphia area scheduled from April 6th to the 13th. We hope to see as many interested families as possible.



## Collecting All Of Life's Details

by Steve Hartman  
Assignment America  
CBS Evening News  
March 6, 2009



Thirty-nine-year-old electrical engineer Andrew Novick has one of the country's largest of collections of ... collections.

CBS News correspondent Steve Hartman reports Novick saves everything you can think of, like sleeping bags and photos from Thanksgiving relish trays. And, some things you can't—like cereal dust from the bottom of a box of cereal.

Most of it is stuff he should have probably thrown away.

"I even have my old retainer," Novick said.

And some of it, well, he never should have picked up in the first place.

"This is a dead bat in a jar," said Novick as he shows Hartman one of his treasures. "A friend of mine's cat brought it in."

Eight-thousand items, and they are all part of a new cultural exhibit in Denver called "The Astounding Problem of Andrew Novick"—a show meant to make people think about the things we save and why.

"Does anyone else just really want to wash their hands?" asked one visitor to the Denver exhibit.

And this isn't even the half of it. At home, Novick's got 2,000 more items and, most astounding of all, a wife.

"He's a lucky guy, because most women would not put up with it," said Janene, his wife.

So far Janene has survived six years of marriage—partly by rationalizing that there's got to be a worse collector to be married to.

Hartman told Janene he wasn't sure there *is* a worse collector.

"I don't know," she said. "People collect bellybutton lint."

Like Steve Hartman. Along with his first beer, and his wisdom teeth.

But there's a little bit of Andrew's problem in all of us—and more than a little in some of us.

Hartman brought his retainer to show Novick.

"In my defense though, unlike Andrew, I only save my own junk," Hartman said. "I don't covet other people's."

"That's amazing. We're going to have to do some trades," Novick said.

To most people, that's his problem—his sentimentality knows no bounds. But Andrew sees it differently.

"To me the problem is how to display everything," he said.

The way he sees it, all he needs is a bigger house—and perhaps, more friends like Hartman.

Novick collects airline safety cards—and so does Hartman.

"I write captions on them," Hartman said. "I fly a lot. It keeps me occupied. Actually, I'll trade you my retainer for this card."

"That would be amazing," Novick said, making the trade. "I'll do it." ¶



## PUNGENT EXTRACTS

This either a forgery or a damn clever original. –Frank Sullivan

Money is just the poor man's credit card. –Marshall McLuhan

My luck is so bad that if I bought a cemetery, people would stop dying. –Ed Gurhol

What do you say when God sneezes? –Henny Youngman

I've had a wonderful evening—but this wasn't it. –Groucho Marx

You can observe a lot just by watching. –Yogi Berra

In general my children refuse to eat anything that hasn't danced on television. –Erma Bombeck

Our doctor would never really operate unless it was absolutely necessary. He was just that way. If he didn't need the money, he wouldn't lay a hand on you. –Herb Shriver

He who throws mud loses ground. –Adlai Stevenson

I live in terror of not being misunderstood. –Oscar Wilde

I have a memory like an elephant. In fact elephants often consult me. –Noel Coward

Ouch! –Isaac Newton

## COLLECTING CLUTTER (continued from page 8)

ing out the entire house [is the way to solve the problem]. Instead, people come back feeling very, very angry and end up filling the house all over again. They have to want to solve the problem on their own. There was a judge in Cincinnati overseeing a case where a hoarder's house was being condemned. When the hoarder agreed to seek treatment, the judge said we'll stay the eviction. This is happening over and over again where people's houses are being condemned and taken away from them.

### AOL Health: So is there a "cure" for hoarding?

**Szymanski:** It's an ongoing thing, which is the case for OCD in general. If you've learned something and you've been doing it for a long time—the analogy I like to use is, if someone was a smoker for 20 years and now hasn't smoked in 20 years, do they still get cravings for cigarettes? The impulse doesn't go away.

### AOL Health: How are people's family and social lives affected by hoarding?

**Szymanski:** They don't like people going through their things, so they tend to not have people over. Because they get so preoccupied with their stuff, they tend to not go out. If you're living with them, they're always encroaching on your space. So there are lots of disagreements. If they're living alone, family members might begin to worry that their living conditions are unsafe. ¶



## RESEARCH SURVEY ABOUT REPETITIVE BEHAVIORS IN CHILDREN WITH OCD

Researchers at the University of Alabama Psychology Department are conducting a study of repetitive behaviors in children and adolescents with obsessive-compulsive disorder (OCD). This project is being conducted as part of a graduate student dissertation. We are interested in families with children between the ages of 7 and 17 years of age.

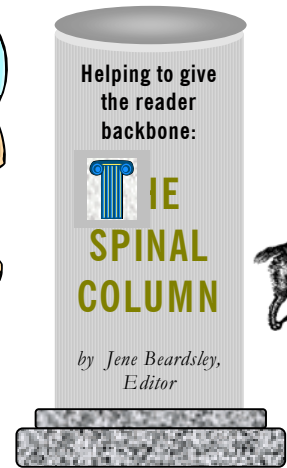
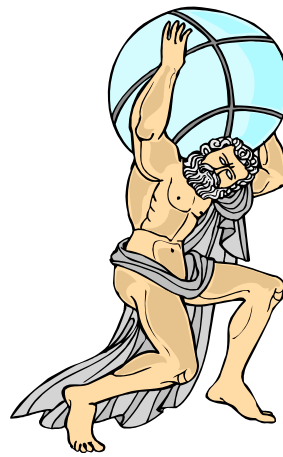
This study examines repetitive behaviors, social interactions, and fears or worries in children and adolescents with OCD and will provide valuable information for future research and clinical interventions with families of children with OCD.

Children will not be contacted by the researchers. A parent will provide all information for this study. Information for this study will be collected in two stages. First a parent will complete a 45-minute interview by telephone. Next parents will complete a survey, which will take approximately 45 minutes to complete. Parents may complete an internet-based version of the survey or a paper-and-pencil version of the survey. Following completion of the survey participants will receive a \$5 gift certificate to a major bookstore in their area.

If you are interested in participating in this study, please contact Michelle DeRamus, a graduate student supervised by Dr. Laura Klinger, at (205) 348-9312 or by email at:

[repetitivebehaviors@gmail.com](mailto:repetitivebehaviors@gmail.com)

for more information.



Helping to give  
the reader  
backbone:

**THE  
SPINAL  
COLUMN**

by Jene Beardsley,  
Editor

My younger daughter has a black Labrador retriever named Shelby. I visit that household once a week and every time I do, I bring Shelby a can of gourmet dog food. She's come to expect it. She greets me excitedly at the door, then is head-down into the dog dish before I can empty the contents of the can into it.

I once saw a cartoon in which dogs dressed as sailors were in a life raft, their sinking ship some distance behind them. Standing in the prow of the boat, the alpha dog as captain was addressing the others through a megaphone, saying, "All those in favor of eating the food all at once raise your right paw." Every right paw was raised.

You may remember the Biblical story of the fraternal twins Jacob and Esau. Jacob was what in folklore is called a "male Cinderella." That is, he stayed in the tents with the womenfolk doing women's work. Esau loved hunting and was an outdoorsman. One day he came home exhausted and hungry and found that Jacob had been cooking a lentil stew. Hunger and the savory aroma of the meal overwhelmed his judgment so that he sold his birthright to Jacob for a portion of it.

One of the qualities that distinguish humans from the lower animals is the ability to defer our appetites and to restrain our impulses. So important is restraint to being human in the good sense that at the end of *The Waste Land*, the poet T. S. Eliot lists restraint (in the sense of self-control) along with giving and sympathizing as one of the cardinal necessities to recovering the world from its modern degeneration. One needs only to listen widely and carefully to today's news to realize just how often animal self-indulgence breaks through the civilized-ness of the contemporary world and how much that world needs self-control.

We hear so much about the behavioral exposure and response-prevention or ERP that it seems the cognitive part of cognitive-behavioral therapy is not given the same importance. Yet I know a number of OCD sufferers who are locked chronically into little daily exposures but never recover their lives from the disorder because they have an inferior image of themselves. In light of this, it might help the obsessive-compulsive motivationally to know that when he exercises self-restraint against the impulse to dispel anxiety through rituals, he is exercising a uniquely human capacity. One should never make eternity of a bad moment. Make the anxiety wait in the waiting room until it loses interest in its appointment with you and leaves. It might be very useful to the cognitive part of CBT to see that holding out like this is an act of faith that our human lives are more than just "momentary." ¶



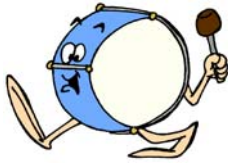
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*Editor:* Jene Beardsley

*Contributing Editor:* Brian McClugh

*Regular Staff:*

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# The OCD Funnies



JEB

"If you're unhappy and you know it, wash your hands..."



JEB

"Porkie, what are you doing to yourself!?"

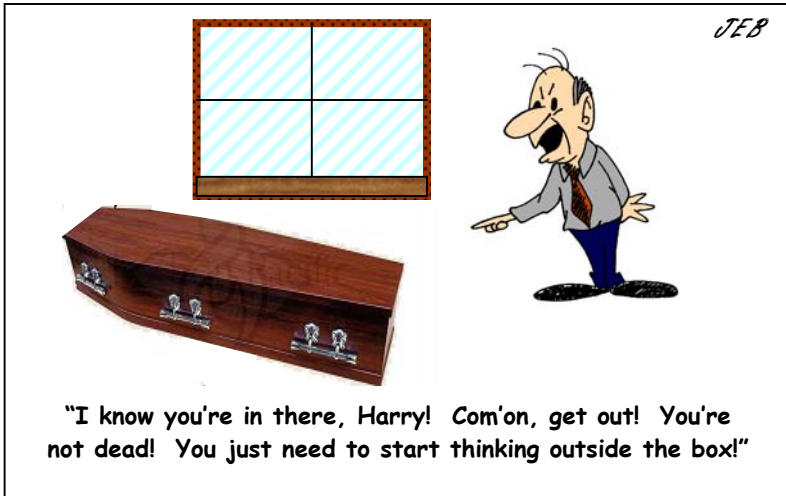


JEB



JEB

OBSESSIVE-COMPULSIVE AVOIDANCE IS LIKE LYING DOWN YOUR WHOLE LIFE FOR FEAR OF FALLING.



JEB

"I know you're in there, Harry! Com'on, get out! You're not dead! You just need to start thinking outside the box!"



"If I put a gun to your head and said I'd shoot you if you re-checked your stove, what would you do?"



JEB

"I'd ask you if you had cleaned the gun first!"