

THE G.O.A.L. POST

Volume 1, Issue 1

Spring 1999

Some Introductory Remarks

This is the first newsletter of the Philadelphia Affiliate of the National Obsessive-Compulsive Foundation. The Affiliate serves as a clearing-house for information on the obsessive-compulsive disorder (OCD) and provides free professionally assisted support groups (including the nationally emulated G.O.A.L. group) for adults and children with OCD and their families.

The objective of the newsletter is to familiarize the public with OCD and OC-spectrum disorders, to educate and encourage those affected, and to promote understanding among their families, colleagues, and friends.

As signaled by the periods following its letters, the word "goal" in the name of the newsletter is an acronym for "Giving Obsessive-Compulsives Another Lifestyle." The word "post" refers not only to the newsletter as mail but also—and more importantly—to the metaphorical goalpost over which one is encouraged to kick his or her obsessive-compulsive habits and win victory over the disorder.

The flag or nameplate of the newsletter is designed symbolically. The words of the name itself are structured to suggest subtly a goalpost. The dark background suggests the negative overcast in which the obsessive-compulsive disorder traps its victim, whereas the light area in the middle suggests the way out of this trap—by setting and achieving confrontational goals which little by little advance the victim into a brighter existence. Close examination will show that the light area is not perfectly clear—deliverance from the obsessive-compulsive disorder is not an entrance into heaven but a freeing of a human life so that among other things it may with greater success and fulfillment work out the problems of life on earth outside of the disorder.

It is customary in newsletters to use a symbol of some kind to mark the end of an article so that the reader may know it is finished and does not continue in another column or page. The symbol used in this newsletter is the Greek letter printed at the end of this paragraph, both because it resembles a goalpost and because it is the sign for the mathematical number pi with its implications of constancy and transcendence. Π

Beginning on January 13, 1999, the free G.O.A.L. support group of Philadelphia is meeting at 8 PM every other Wednesday in the Anxiety and Agoraphobia Treatment Center, 112 Bala Avenue, Bala Cynwyd. A free family group meets in the Center at the same time. For more information on the G.O.A.L. group, telephone Gayle Frankel at 610-660-0549. For more information on the family group, telephone Sally Allen at 610-525-1510.

What Is OCD?

OCD is the fourth most common chronic neurobiological disorder, in the United States afflicting 1 in 40 adults and 1 in 200 school-age youngsters with unwanted thoughts (obsessions) and repetitive actions (compulsions). Some common OCD and related (OC-spectrum) symptoms are:

- preoccupation with contamination
- repetitive checking, cleaning, or ordering
- excessive hoarding
- chronic hair-pulling.

Individuals with OCD are aware that their obsessive thoughts have no basis in reality, but the severe anxiety that is a part of OCD makes them feel unable to stop the thoughts and to resist the urge to perform compulsions in response to them. Left untreated, OCD can lead to severe depression, marital conflict, school drop-out, and job loss. Π

What Is Trichotillomania?

Currently trichotillomania is classified in psychiatry as a disorder of impulse control, along the lines of pyromania, kleptomania, and pathologic gambling. . . . its definition is:

- A. Recurrent failure to resist impulses to pull out one's own hair, resulting in noticeable hair loss.
- B. Increasing sense of tension immediately before pulling out the hair.
- C. Gratification or a sense of relief when pulling out the hair.
- D. No association with a preexisting inflammation of the skin, and not a response to a delusion or hallucination.

Trichotillomania is not a new disease, rather it is "coming out of the closet" due to new treatments and recent publicity about the topic. It was actually described as far back as the late 1800s. . . . Until recently it did not receive much attention because it was thought to be so rare. The condition was described in psychology and psychiatry teaching programs as an oddity that one was unlikely ever to encounter in practice. Individuals were as likely to seek help from dermatologists as psychiatrists in the recent past. Those seeking help often could not bring themselves to explain that they were causing their own hair loss because of the shame of feeling "crazy" or out of control.

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The Spinal Column

Helping to Give the Reader Backbone

[In the spring and summer of 1998, I wrote for therapist Jon Grayson an essay in which I told of my suffering from the obsessive-compulsive disorder and of my recovery up to this point in time. He was agreeable to my breaking up this document into installments for appearance in the newsletter. The following is the first of these installments. --Jene Beardsley]

Foreword

We lose our balance and we fall. Falling, we break, and through the break our life runs out.

Somewhere in my disorganized early files, there is an observation--I believe from an essay entitled "The Nature of Creativity" by the psychologist Rollo May--that clinical data shows that people see more accurately when both their objectivity and their subjectivity are involved. At the risk of appearing simplistic, I have long believed that the mind is sound to the degree to which it establishes a creative poise between these two states. The obsessive-compulsive disorder upsets this poise by locking its subject at intervals into one remove from the objective world, a remove that in the variant of the disorder confounding my life is composed of subjective rituals--not unlike those of superstition--invented to give me the illusion that I have defeated the normal uncertainties of daily existence as these uncertainties are represented abnormally to me by feelings swollen with subjective dread.

How OCD Affected My Life

There were parts of me that had never grown because I had done away with the dirt they would have grown in. My obsessive-compulsive specialty is cleanliness, and I can bear witness that after a certain point, it is anything but next to godliness. Its devilry so claimed me that with the sarcasm which is the only sense of humor left to the feeling of impotence and defeat, I dubbed myself "The Janitor of the World." I avoided or procrastinated buying anything lest on my examining it after the purchase, it appear in some way defiled and I be compelled to dispose of it as I did once with a \$200 sports coat simply because as I left the store holding it by a hanger, the March wind blew the plastic bag protecting it against the frame of the exit door that so many public hands had touched. Fear of losses like this made me shy away from the marketplace. Consequently my apartment was as spare as a monk's cell and a stranger viewing it would never guess that the disposition of its tenant, when left to itself, was fundamentally sensuous and passionate. Entry into my apartment or car or office by anyone, particularly maintenance, drove me afterwards into a panic of open-ended cleaning that sometimes lasted as long as twelve continuous hours or more. Each year the end of August was the deadline for the state inspection of my car. The seizure of cleaning that followed was in stress and duration so terrible that I began feeling the anxiety of its approach as soon as daylight-saving time began at the start of the preceding April. The dread of triggering a disorder capable of this degree of impact, of embarrassing myself by its display even to the most intimate friend, and of incurring the hostility and/or censure of those who were likely to misunderstand it--this threefold dread progressively constricted the circle of my daily motions, reducing me to a monotony of relatively safe times and places and activities and to prolonged desolations of loneliness that were nearly unbearable, as I am by nature a delighter

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Trichotillomania (continued from page 1)

The prevalence of trichotillomania is unknown. It was considered to be rare until very recently because of the secretiveness of people suffering from the disorder who rarely sought help. Epidemiologic studies . . . indicate that trichotillomania is common. Certainly media attention often brings about hundreds of people asking for help for this disorder.

Even if behavioral or medical treatments are successful in stopping the hair-pulling and a full re-growth takes place, . . . psychological complications . . . still require healing with group and/or individual psychotherapy. Groups can be an especially helpful method of relieving the shame and isolation of this type of illness.

--Carol E. Novak, M.D.

(Excerpts rearranged and printed from a pamphlet published by the National Obsessive-Compulsive Foundation) **II**

Beginning on January 13, 1999, a free trichotillomania group is meeting at 7 PM every other Wednesday in Suite 9 of the Rosemont Plaza Apartments, 1062 Lancaster Avenue, Rosemont. For more information, telephone Sally Allen at 610-525-1510.

Strategies

(The following observations have been reprinted from the July 1997 newsletter of the Ontario Obsessive-Compulsive Disorder Network.)

Unfortunately many people feel helpless if they aren't constantly focusing on their problem. For some, enjoying themselves is underserved [sic]. Too many people occupy themselves with unproductive busy work rather than taking time off to play. When you shift your attention away from your "problem," you give yourself an opportunity to find new solutions.

--Lynn Bernfield, M.A., M.F.C.T. *When You Can You Will.*

The secret to my success is ATTITUDE—going after it as much as it goes after me. Being the master instead of the victim. "It" being anxiety, distressful thoughts, fears (and everything else that goes with this disorder). . . . I accept it for what it is. Not real, just thoughts. "Go ahead, thoughts, anxiety, whatever, come and get me." Once I feel anxious, I accept it and actually play a role. My role is to keep acting normal, keep doing what I am doing, even though I may not feel like it at the time. Keep going, keep striving. I actually say: "All right, anxiety, if you want to come and get me, well come on and get." You will be surprised how soon your distressful feelings dissipate.

--Karen M. Curran, OCD sufferer

Critical to making a recovery is the acceptance of the principle that we must endure the pain. Pain will be inevitable as we are resisting the desire to act on anxiety-evoking obsessive thoughts. When we endure and face pain and anxiety, we are already involved in the successful process of getting better. We should always reassure ourselves that the amount of anxiety and pain we endure will be less than we might have expected. Pain and anxiety that we need to endure to get better will NOT go on for an indefinite period of time even though it sometimes feels like it.

--Paul Griesbach, Behavioral Therapist at the Behavioral Therapy Institute. **II**

in human company. In my self-imposed exile, I sometimes was overcome to tears by a love and longing for people that had backed up to an intensity behind the restrictions of my disorder. This grief became particularly severe during the winter holidays, which year after year I spent entirely alone in my undecorated apartment, sometimes unrelieved by even a single telephone call, as my family, who did not have a satisfactory understanding of and tended to shun my condition and whom I no longer lived with in any case though I loved them dearly, were gone from their nearby homes visiting other relatives and the melancholy of my suffering seemed an intrusion on the merrymaking of my friends. For all the scarcity of personal human contacts, as though I had such contacts to spare I often drove family and friends from me by an irritability and anger proceeding from the humiliation I felt from my disfiguring behavior and from its frustration of the natural flow of my life. Yet, if for no other reason than the wealth they admitted I had given their minds out of my own, the disorder itself, I felt, did not justify their desertions. Nonetheless, anxious circumspection and avoidance and, where these preventions failed, the torment of ritualistic checking and cleaning or trashing the uncleanable was, taken collectively, one significant factor in the dissolution of my marriage and behind the flight of many friends.

In the painful aftermath of such rejections, two thoughts loitered in the foreground of my consciousness. One was that nothing will show more the common shallowness of our civilized-ness than a disorder society is not familiar with so that those who encounter it, not knowing its true nature, will give it meanings ready-made in the failures of their own human development. As if loss of family and friends were not enough to impress me with this bent toward misjudgment in our civilization, on the day after I moved into new lodgings to accommodate my exile from all those I had loved and lost, the superintendent of my apartment building had to summon a local plumber to fix a long neglected leak in the pipe below my bathtub drain. In a high state of alarm from the sudden notice and thinking I might reduce considerably the fury of cleaning I would surely enter after he left, I stayed close to the plumber during his work so I could see what he touched and did not touch. He assumed that he was being watched for theft, and saying as much, he fired at me the warning that if I got in his way he would "throw" me "out of my apartment." With a self-possession that surprised me because inwardly I was cumulonimbus with anger, I confronted him on his rudeness but took the matter no further not only because my sanity knew that the neurotic basis for my tailgating him was both insupportable and undeclarable but also because I was badly shaken by my recent uprootings and it seemed the better part of valor not to get into something that might put me on a bad footing with my new landlady whose disposition I was not yet familiar with. However, the coarseness of this ignorant man rubbed to a new rawness my sense of dislocation, and with an overwhelming sadness I wondered if as I dragged my afflicted life around this planet I would ever outmaneuver a chronically attendant sense of homelessness.

The other post-mortem thought was that I am far, far more than my disorder and yet, in what I call "perverse synecdoche," those that abandoned me demonstrated a facile willingness to make it, in effect, the whole of me. In this regard, I sometimes thought of words Hamlet spoke while waiting for the appearance of his father's ghost on the battlements of the castle at Elsinore. Hearing the sounds of carousal coming from another part of the castle, he says of the Danish people:

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The Children's Group

There is a free therapeutic support group for young people with obsessive-compulsive disorder. Beginning on January 7 of this year, it meets every other Thursday from 7 to 8 PM at the following address of the Rosemont Counseling Associates:

Rosemont Plaza, Suite 9
1062 Lancaster Avenue
Rosemont, PA 19010.

The purpose of this group is to bring together young people with obsessive-compulsive disorder. In a safe and caring environment, these youngsters will see clearly that they are not alone. Under the guidance of a professional, they can share their struggles, strategies, and feelings. Some expected outcomes include increased self-acceptance and self-appreciation along with a boost in motivation to continue the difficult battle of gaining control over OCD. As the group develops cohesiveness, small individualized therapeutic goals will be solicited. In all areas, individuals will be encouraged to share and move at their own pace and level of comfort.

Participation is open to youngsters ages 10 years and up. If enough older and younger children are involved, a second group of older children will be formed.

The group is facilitated by Judith Kolman, Ph.D., who is also a certified school psychologist. Dr. Kolman has many years of experience in the diagnosis and treatment of OCD and has participated in support groups for teens and for adults with OCD.

For further information, contact Dr. Kolman at 610-525-1510. Be sure to call in advance if your child is considering attendance.

The following four contributions to the newsletter were written by children from this support group.



When a lot of kids hear things like OCD and ADD [attention deficit disorder] they think the person may be retarded. But they're not, even though it's a mental problem.

Sometimes it can be very hard to control. But if you calm down and just admit that you have what you have, it will be easier to handle and you can go on with your life.

--John, age 12



I think that OCD is very stressful. Having to open and close things three times, blowing your hands when somebody touched you. Also having to count the number of stairs that there are--if it is not a good number, I have to do one step two times. I feel as if I am stupid because I do this a lot and not just act like other kids. I'm always embarrassed to do this around other people, except my family. A lot of kids at camp don't understand what I'm doing when I blow my hands or blow anywhere else. OCD can also cause a lot of anger in

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The Spinal Column (continued from page 3)

This heavy-headed revel east and west
Makes us traduc'd and tax'd of other nations:
They clepe us drunkards, and with swinish
phrase
Soil our addition; and indeed it takes
From our achievements, though perform'd at
height,
The pith and marrow of our attribute.
So oft it chances in particular men,
That for some vicious mole of nature in them,
As, in their birth--wherein they are not guilty,
Since nature cannot choose his origin--
By the o'ergrowth of some complexion
Oft breaking down the pales and forts of reason,
Or by some habit that too much o'er-leavens
The form of plausive manners, that these men,
Carrying, I say, the stamp of one defect,
Being nature's livery or fortune's star,--
His virtues else--be they as pure as grace,
As infinite as man may undergo--
Shall in the general censure take corruption
From that particular fault: the dram of e'il
Doth all the noble substance often dout
To his own scandal. (1.4)

Shakespeare's vocabulary is not entirely accessible to the modern English-speaking reader, but a careful reading of this passage with the help of annotations from a scholarly edition of the tragedy it is from will show how well he understood the obsessive-compulsive predicament.

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(To be continued in the next newsletter.)

Civilizing Anger

[Editor's Note: Undisciplined anger often triggers or intensifies an obsessive-compulsive attack. It needs to be managed away from abuse, not repressed. Encouraging to this end is the following excerpt from an article appearing in the April 9, 1998 issue of *Never Say Never*, the newsletter of the Michigan Affiliate of the National Obsessive-Compulsive Foundation. It was written by the newsletter's publisher, Greg Sheppard.]

Sometimes I need to express my anger if it's going to be heard or not. But I need to express it in a constructive, calm way. I was in bed one morning last summer when a neighbor decided to trim his lawn with a power edger—at 6 A.M. I figured that anyone brassy enough to do such a crazy thing was not about to listen to reason. But the longer I lay there, the more I knew I had to do something. I threw on some clothes, went out and told him that there were such things as courtesy and neighborliness and that his actions were totally unreasonable. He told me that he didn't care, which I figured he would, but at least I had voiced my opinion without resorting to screaming or name-calling. And, whether they acknowledge it or not, I think people do hear and do care what others think. I went back to bed and when the noise subsided, was able to go back to sleep because I had done something constructive in my mind. Otherwise, I would have lain there for hours even after the noise had stopped. (He hasn't done it again—so he did care on some level and is basically a good neighbor.) Π

👁️ Watch for our tag sale on May 24. We are seeking donations of articles for it—not too large, not too small. For more information, call Gayle Frankel at 610-660-0549.

The Children's Group (continued from page 3)

your sisters or brothers, even in your mom and dad. My sisters hate it when I blow my hands. It annoys them. When I found out that I had OCD, I got a chart, an OCD log. I had to fill out all of the things that involved blowing my hands or doing one, two, three. When I got that log, I thought about OCD more. I did it more and more every time. That's when I got very stressful. But I know that my OCD will go away some day.

--Anonymous



STRENGTH

Last year I found out I was diagnosed with obsessive-compulsive disorder. It was scary and frustrating at first. Nobody could understand me. It was as if I was speaking a different language. But luckily I got the best psychologist an eleven-year-old girl could possibly have.

I struggled and struggled to get free from the OCD taking over my mind. Then, only a few weeks ago, the words came out of my psychologist's mouth, the words I was longing to hear: "I think you've beaten it."

I think people with OCD are stronger than those without it because those without it don't have the experience of using and building more strength to beat it.

Then the OCD began to creep up again. It really gets hard. I didn't give up though. No way was OCD going to take over my life—no way.

I worked and worked and I am still working but I am never going to give up.

For every one who has OCD I want to say "You can do it. Don't give up! It is your life and you control it."

If you don't give up, then I won't either. Make it your goal.

--Anonymous Π

Spring Speakers 🌸🌸🌸

March 24: Jonathan Hoffman, Ph.D., will speak on factors of readiness for treatment of OCD, relapse-prevention, and what the family can do. Dr. Hoffman is the Associate Clinical Director of the Institute for Bio-Behavioral Therapy and Research and the consulting psychologist of the North Shore University Hospital on Long Island, New York. He has written articles and lectured widely on OCD and related conditions. He is the author of *Understanding Obsessive-Compulsive Disorder and Addiction* (Hazelden, 1994).

May 5: Mark Freeston, Ph.D., will speak on "Understanding and Treating Obsessive Thoughts." Dr. Freeston is from the Fernand-Seguin Research Center at the University of Montreal in Quebec, Canada. He helped to pioneer a systematic approach to solving many of the problems which previously had made difficult the treatment of obsessive thoughts. His current research interests include testing the efficacy of group therapy, trying to understand the mechanism of change during treatment, and increasing the efficacy of cognitive-behavioral treatment when behavioral rituals are also present.

Both presentations will occur at 8 PM at the AATC. For more information, telephone Gayle Frankel at 610-660-0549.

Pungent Extracts

Obsession is the single most wasteful human activity, because with an obsession you keep coming back and back and back to the same question and never get an answer.

--Norman Mailer (b. 1923), U.S. author. *American Way*, interview with Divina Infusino.

It is only when we no longer compulsively need someone that we can have a real relationship with them.

--Anthony Storr (b. 1920), British psychiatrist. *The Integrity of the Personality*, ch. 9 (1960).

Brave men are all vertebrates; they have their softness on the surface and their toughness in the middle.

--G. K. Chesterton (1874–1936), British author. *Tremendous Trifles*, "The Prehistoric Railway Station" (1909).

Procrastination is the art of keeping up with yesterday.

--Don Marquis (1878-1937) American writer and columnist, author of *archy and mehitabel* (1927).

Probably the only place where a man can feel really secure is in a maximum security prison, except for the imminent threat of release.

Germaine Greer (b. 1939), Australian feminist writer. *The Female Eunuch*, "Security" (1970).

What lies behind us and what lies before us are tiny matters compared to what lies within us.

--William Morrow.

Do not complain that roses have thorns—rather be grateful that thorns have roses.

--Seen in passing on a roadside sign. ¶

Nicholson Film Criticized

As a psychotherapist specializing in the treatment of obsessive-compulsive disorder, it was interesting to see the . . . movie "As Good as It Gets" featuring Jack Nicholson as an individual with this disorder. While the movie was entertaining, I worry that it perpetuates some misconceptions about the disorder.

- 1) While Nicholson's character exhibited a number of behaviors typical of obsessive-compulsive disorder, he also had an obnoxious and abrasive personality, which is not associated with it. Individuals with the disorder are average people, and for the most part are kind, caring, and compassionate.
- 2) The compulsive behaviors displayed by Nicholson's character, such as repeatedly checking door locks and carefully stepping over sidewalk cracks, were presented in a humorous manner. While the compulsions of obsessive-compulsive disorder are often perceived as bizarre and unusual to others, they cause the victim tremendous pain and suffering. People with the disorder are usually tormented by their compulsions which they perceive as irrational and senseless.
- 3) In the movie, Nicholson's character decreased his compulsive behavior as he fell in love with his co-star. While love and kindness are powerful healing forces, unfortunately in the real world, they do little to alleviate the symptoms of obsessive-compulsive disorder. Family members and loved ones might mistakenly conclude that enough love must not be present if the sufferer is unable to change his compulsions. Effective treatments now exist to treat this frequently devastating disorder.

--Robert Milan
Clinical Social Worker

(Reprinted from a February 1998 issue of the *Greensboro News and Record*, Greensboro, North Carolina)

[Editor's Note: Dr. Milan was the guest speaker at the Philadelphia Affiliate's support group last April 22.] ¶

Call for Submissions

This newsletter can be a strong shot of adrenalin in the circulatory system of the local support group. *The G.O.A.L. Post* would like to receive your submissions. It is looking for stories, poems, essays, questions for its professionals, and artwork. Subject matters may relate personal victories, personal defeats dealt with meaningfully, insights, strategies, sources of strength, humor, etc. Writings submitted should be literate (correct grammar, spelling, punctuation, etc.), legible (typed, preferably), and of a reasonable length. All submissions accepted for publication are subject to editorial changes and must be properly attributed to their creators, who will be identified in the newsletter unless they request otherwise. No submissions will be returned. Address them to:

The G.O.A.L. Post
C/o AATC
112 Bala Avenue
Bala Cynwyd
PA 19004

