



Living Obsessive-compulsives Another Lifestyle

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

THE WAVE OF THE HAND

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

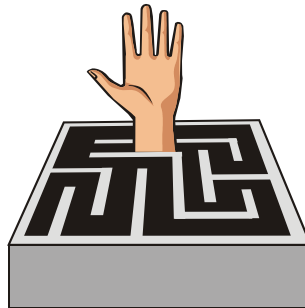
Stop Being Such a Perfectionist!

Have you heard this before? I had a therapist tell me to “join the human race.” But it wasn’t that I believed myself to be “above” the human race, but that anything short of perfection meant I was worthless as a human being.

OCD can override a sense of “enough”—the moment of feeling “finished” and one can walk away, or let it go—and when OCD colludes with perfectionism, the synergy is a fearsome thing. Dr. Dr. David Veale, an OCD specialist, talks about the OC pursuit of a “just right feeling” that most people reserve for decisions like who to spend the rest of one’s life with. We each get one life—and mine was mortgaged to a search for certainty that I had made the right decision, the perfect decision in every aspect of my life. The consequences of deviating from this quest were intense anxiety and a crushing sense of my wretched worthlessness.

With OCD, I am always paying interest, never principal, and the interest compounds endlessly. The debt is overwhelming, and OCD is alluring in its promise that if you do what it demands, it will cancel your debts and set you free. In the financial world this is called “predatory lending.” OCD is predatory. It feeds on what is most important to you, gains energy from the painful and broken places in your heart, and promises to heal you.

When I was 15, my father left, and my heart was broken, and my father said “Well, you were going to leave for college in a few years anyway.” With a child’s mind, I assumed something was wrong with me for feeling angry. My very existence seemed defective—I had just lost my father’s presence, the house I grew up in, my familiar neighborhood, financial and physical safety, all



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

the routines of family life—going to the library with my father, eating ice cream at the food court on the way to my flute lesson, going grocery shopping and getting to push the cart. I lost all this, and my father expected, demanded that I feel happy for him in his new life with his new family.

I have a stack of journals full of analysis of my thoughts and feelings—mental rituals of “figuring out” and “retracing”—did I say the right thing? Did I feel the right way? Then a layer of “Why am I trying to be perfect? I know it’s impossible to be perfect. This is yet more proof of how messed up I am.” To just be myself was terrifying. In the midst of this, my father asked where this perfectionism came from—that I should just stop it if it was causing me to suffer. Have you heard this before? Just stop.

I hated the exhausting state of reconstructing conversations, and the pervasive dread that the obsessing would never cease—which then led to my attempts to figure out whether the dread was really gone, checking my feelings, my state of mind. I would’ve objected to the idea that the analyzing was giving me relief from anxiety, that it was a ritual, because the state was so corrosive. Yet I couldn’t “just stop”—to move on without the reconstructions, research, and analysis meant free-falling panic. What I was trying to perfect in my mind did nothing to make my father love me or stay, but to let it go meant debilitating anxiety. In the long run, the rituals were not giving me relief—they made the anxiety worse and more persistent—but oh how immediate was the first hit of relief when starting a ritual.

I had years of therapy, which added yet another layer of analysis of my thoughts and feelings. “Talk therapy” can cause a lot of damage in people with OCD—obsessing and compulsing is a perpetual motion machine and can fill as much therapy time as is available. To stop the cycle of rituals, the obsessive thoughts need to be faced head-on, by exposing oneself to them, abandoning the ritual, riding out the anxiety, cutting off OCD’s fuel. But if you are a perfectionist, getting to the point of doing exposures requires talking about the beliefs that make any action seem impossible.

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**A
NEW
BILL
OF
HEALTH**

*by Robert Pear
The New York Times
October 5, 2008*

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

WASHINGTON—More than one-third of all Americans will soon receive better insurance coverage for mental health treatments because of a new law that, for the first time, requires equal coverage of mental and physical illnesses.

Representative Patrick J. Kennedy speaking at a rally in March on Capitol Hill. Mr. Kennedy and Representative Jim Ramstad . . . led the fight in the House for mental health parity. The requirement, included in the economic bailout bill that President Bush signed on Friday, is the result of 12 years of passionate advocacy by friends and relatives of people with mental illness and addiction disorders. They described the new law as a milestone in the quest for civil rights, an effort to end insurance discrimination and to reduce the stigma of mental illness.

Most employers and group health plans provide less coverage for mental health care than for the treatment of physical conditions like cancer, heart disease, or broken bones. They will need to adjust their benefits to comply with the new law, which requires equivalence, or parity, in the coverage.

For decades, insurers have set higher co-payments and deductibles and stricter limits on treatment for addiction and mental illnesses.

By wiping away such restrictions, doctors said, the new law will make it easier for people to obtain treatment for a wide range of conditions, including depression, autism, schizophrenia, eating disorders, and alcohol and drug abuse.

Frank B. McArdle, a health policy expert at Hewitt Associates, a benefits consulting firm, said the law would force sweeping changes in the workplace.

"A large majority of health plans currently have limits on hospital inpatient days and outpatient visits for mental health treatments, but not for other treatments," Mr. McArdle said. "They will have to change their plan design."

Federal officials said the law would improve coverage for 113 million people, including 82 million in employer-sponsored plans that are not subject to state regulation. The effective date, for most health plans, will be Jan. 1, 2010.

The Congressional Budget Office estimates that the new requirement will increase premiums by an average of about two-tenths of 1 percent. Businesses with 50 or fewer employees are exempt.

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Holidays and ANXIETY



The following questions were posted by visitors to the Better Health Channel in Victoria, Australia. Their experts provide the answers.

Q. I have had obsessive compulsive disorder for over 30 years, but I am doing okay at the moment after a few years of treatment. However, I am starting to feel very stressed as my husband and I have planned a holiday—our first trip away for many years. My fears seem to be resurfacing as I worry about leaving our home for 14 days. I know I am going to feel very distressed when the time comes, and don't know if I will be able to enjoy the holiday at all. Can you give me any advice so that I don't spoil this holiday for us both?

For many people with obsessive compulsive disorder (OCD), their compulsions and obsessions are stronger and more intrusive in the home environment. This is most common where compulsions are triggered by safety concerns about the family and home. Some people with these types of compulsions find that a holiday away from the home actually gives them a break from these worries, because being away removes the extreme sense of responsibility they feel for "something bad" happening.

Other people with OCD carry their fears and compulsions with them wherever they go. In either case, it is very common for anxiety, compulsions, and fears to increase before a holiday.

Some pre-holiday strategies

One way of tackling your anxiety would be to sit down with a pen and paper and write down a list of reasons to go on holiday and reasons not to go. It is likely that all the reasons about not going will be to do with your OCD fears. Write them all down—be explicit. Don't let them hide behind feelings of shame and guilt. It is much easier to confront fears when you face them directly. Next, write down a list of all the strategies and supports that you have available.

Think about how you might apply them to deal with your fears. Work out a plan to use these strategies and supports over the next few weeks and during the holiday. Most importantly, memorize and repeat often the reasons you wrote down for wanting to go on the holiday. Here is your motivation for facing and challenging all your fears about going on holiday. Keep your motivation strong. Resist your compulsions whenever you can and challenge your fears with realistic appraisals of harm.

Allow yourself to express your anger and frustration at your OCD and, when you can, laugh at it as well. When the time for your holiday arrives, you may still feel afraid, but know that your fear is OCD and don't let it hold you back.

Q. I have suffered from anxiety disorder for some time now. My worst situation is coping with the shopping—just walking into a shopping center can set off anxiety for me. So far nothing has helped. I am trying to cope with it but find it very difficult.

Though you haven't stated which anxiety disorder you suffer from (there are several types, all with different symptoms), I will assume that you suffer from panic attacks. These are a common anxiety symptom experienced in shopping centers. Whether or not you experience the extreme physical and mental anxiety reactions that occur with panic attacks, hopefully some of the ideas below will be helpful to you.

With Christmas coming up, you—like most other people—will presumably be doing quite a bit of shopping. The noise, rush, and feeling of pressure at being in a crowded place seem to be quite stressful for many people. For people who have panic attacks, shopping at any time (but especially at times when there are large crowds) can be extremely distressing and overwhelming.

Go with a friend—in the short term, it may help to have someone you trust with you when you go shopping: someone who understands, to some extent, what you have to cope with. In the long term, it is important to remove all the safety nets, including having a support person along in any fearful situation.

Distraction—try to take your attention away from the physical anxiety symptoms and any associated thoughts. Shift your attention to something neutral or positive—it's easier than shifting it away from something negative. Simple distraction techniques include counting backwards from 100 by threes, recalling the words of a song, timing how long it takes you to get from one shop to the next, listening attentively to random conversations, or feeling and focusing on the various textures of items in a shop.

Don't rush out and go home—if possible, don't rush out and leave the shopping center when you feel anxiety or panic coming on. If you can, try to remain inside the shopping center, but take a seat and use a distraction technique.

If you feel you cannot stay in the shopping center, try to find somewhere to sit outside the center or sit in your car. When you feel you can, go back and continue your shopping.

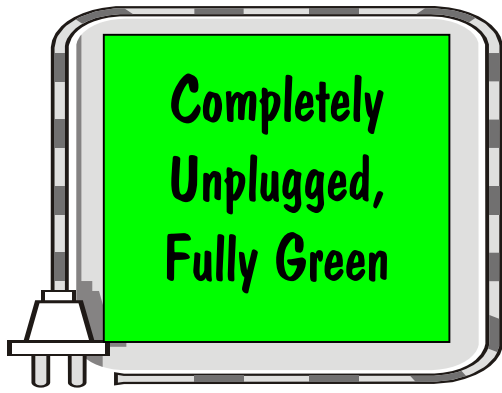
People who have panic disorder often leave situations or avoid them in order to decrease or avoid anxiety symptoms. Unfortunately, while this makes sense at one level, it is one of the reasons why anxiety symptoms continue to rule a person's life.

If you leave a situation and your anxiety decreases, you will be reinforcing the ideas that the situation is dangerous, that you are unable to cope with the situation or the anxiety, and that avoidance is a good way to deal with anxiety.

In reality, the situation does not cause the fear. It is a cycle of physical, emotional and mental anxiety reactions that are the source of rising panic. Avoiding the situation will only increase fear, not reduce it.

Remind yourself that, although what you feel is very frightening and uncomfortable, anxiety is not dangerous or harmful. Tell yourself: "Anxiety is NOT dangerous—just uncomfortable. I've survived feeling like this before, I can be anxious and still function effectively, and "Anxiety is just large amounts of adrenaline rushing around my body and, since adrenaline always leaves the body eventually, these feelings will pass." Also, try not to add to your panic by thinking about what might happen. If you find yourself thinking "What if...?" tell yourself "So what!" You will notice that when you stop thinking fearful thoughts, your anxiety will start to decrease. ¶

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



by Joanne Kaufman
NY Times
October 17, 2008
courtesy of Paul
Steller,
G.O.A.L. Group
Member

Simon Woods, who is 6, would like to play on a baseball team. His mother, Sharon Astyk, is sympathetic but is also heavily committed to shrinking her family's carbon footprint. "We haven't been able to find a league that doesn't involve a long drive," she said. "I say that it isn't good for the planet, so we play catch in the yard."

That is one way that Ms. Astyk, a mother of four, expresses her concern for the environment. She has unplugged the family refrigerator, using it as an icebox during warmer months by putting in frozen jugs of water as the coolant (in colder weather, she stores milk and butter outdoors). Her farmhouse in Knox, N.Y., has a homemade composting toilet and gets its heat from a wood stove; the average indoor winter temperature is 52 degrees.

Many people who can comfortably use "carbon footprint," "global warming," and "energy offset" in a sentence will toss a bottle or can into a blue recycling bin and call it a day. Those who are somewhat more committed may swap incandescent bulbs for compact fluorescents, rely on cloth shopping bags, and turn to mass transit.

Then there are people like Ms. Astyk, 36, a writer and a farmer who is trying, with the aid of a specially designed calculator, to whittle her family's energy use to 10 percent of the national average. She and her husband, Eric Woods, a college professor, grow virtually all their own produce, raise chickens and turkeys, and spend only \$1,000 a year in consumer goods, most of which they buy used. They air-dry their clothes, and their four sons often sleep huddled together to pool body heat.

They began this regimen in 2002. "My husband and I started to talk about climate change, and oil prices were going up," Ms. Astyk said. "The other factor was a justice issue. There was a great disparity between the resources used by the third world and by us, so we decided we had to cut back."

Some people may view Ms. Astyk and her family as role models, pioneers who will lead us to a cleaner earth. Others may see them as colorful eccentrics, people with admirable intentions who have arrived at a way of life close to zealotry. To others they come across as "energy anorexics," obsessing over personal carbon emissions to an unhealthy degree, the way crash dieters watch the bathroom scale.

Ms. Astyk has heard such talk but says her neighbors' attitudes have softened as energy prices have risen. "People have moved gradually from 'Sharon is a fruitcake' to 'Sharon is a fruitcake who might make some sense,'" she said.

Jay Matsueda, who might also answer to the name energy anorexic, or carborexic, has neither heat nor air-conditioning in his condominium in Culver City, Calif.

He runs his car, a 1983 Mercedes SD Turbo, on waste oil from a

Los Angeles restaurant. When he gives a gift, it is usually an organic cookbook, a copy of Al Gore's book "An Inconvenient Truth," or reusable bamboo flatware. "That way, people don't have to accept plastic cutlery at takeout places," said Mr. Matsueda, 35, who wrote in an e-mail message that he occasionally relieves himself on his lawn in order to "save a flush."

Although he concedes that there is "sometimes an impracticality" to habits like filtering vegetable oil for fuel, people do view him as part of the mainstream, he said. "I'm not perceived as a very radical guy," said Mr. Matsueda, the marketing director for a company that manufactures compact fluorescent bulbs. "People will say, 'Jay's doing it, and he's normal.'"

How normal? Mr. Matsueda lives the sort of life that the public relations firm Porter Novelli recently called "dark green."

The company conducted a poll of 12,000 people, examining their commitment to various environmental practices—reducing energy use at home, buying energy-efficient appliances, boycotting companies with bad environmental records. Seven percent earned the top designation, dark green.

Some people who organize their lives around carbon emissions do so in a private way, aiming to help the planet, and secondarily to influence friends and relatives. Others want to prove a point in public, including several who are pulling stunts.

David Chameides, a cameraman in Los Angeles, is collecting all the waste he generates in a year in his basement, and keeping a blog that describes his detritus. A sample entry (from Oct. 6, Day 279 out of 365) includes "1 bag of hair from haircut—put out on lawn for birds," "1 plastic wrapper from ice cream—garbage" and "2 aluminum tuna cans—recycle. Crazy"

Similarly, Colin Beavan, a writer in New York City, is working on a book and movie, "No Impact Man," about the efforts that he and his wife, daughter, and dog are making to spend a year without harming the planet. "In other words, no trash, no carbon emissions, no toxins in the water, no elevators, no subway, no products in packaging, no plastics, no air conditioning, no TV, no toilets ..." he has written on his blog.

Not even Al Gore recommends such privations.

The former vice president, who is cited as an inspiration by some carborexics, is the founder of the Alliance for Climate Protection, a nonprofit group that sponsors the We Campaign. On that campaign's Web site—wecansolveit.org—the advice is fairly prim: turn down the heat and air-conditioning when you aren't at home, wash your clothes in cold water, pump up your tires, car-pool at least once a week.

The utility company Con Edison goes a bit further, offering more than 100 tips on its Web site. Among the less intuitive: take showers rather than baths, replace light switches with dimmers or motion sensors, don't preheat your oven when you broil or roast food, cover liquids in the refrigerator ("uncovered liquids make the refrigerator work harder," Con Ed says).

But nobody recommends reusing the same plastic Ziploc bag for a year, as Anita Lavine and Joe Turcotte, a Seattle couple, have been doing. When their two toddlers come home from preschool, Ms. Lavine scrubs the Ziploc bags that hold their soiled clothes and biodegradable diapers, and uses them the next day. She does the same with the plastic bags that hold her children's apples "and random lunch stuff," she said.

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PUNGENT EXTRACTS

Which painting in the National Gallery would I save if there was a fire? The one nearest the door, of course. **—George Bernard Shaw**

Dear *Reader's Digest*, we hardly know each other, yet I have been selected from so many millions to enter your free contest in which I may win \$38,000. You have made me very happy. **—Miles Kington**

Work is the curse of the drinking classes. **—Oscar Wilde**

I took a speed-reading course and read *War and Peace*. It's about Russia. **—Woody Allen**

Eat at this restaurant and you'll never eat anywhere else again! **—Bob Phillips**

When I came back to Dublin I was court-martialed in my absence and sentenced to death in my absence, so I said they could shoot me in my absence. **—Brendan Behan**

The dawn is a term for the early morning by poets and other people who don't have to get up. **—Oliver Herford**

Never go to bed mad—stay up and fight. **—Phyllis Diller**

It's been so long since I had sex I forget who ties up whom. **—Joan Rivers**

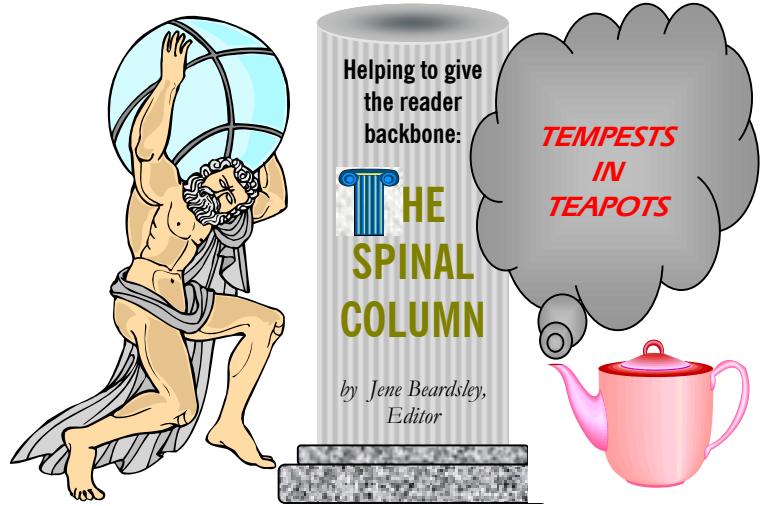
Television is very educational—every time it comes on I go into another room and read a book. **—Groucho Marx**

An editor is one who separates the wheat from the chaff and prints the chaff. **—Adlai Stevenson**

I was under the care of a couple of medical students who couldn't diagnose a decapitation. **—Jeffrey Bernard**

The bagpipes are an instrument of torture consisting of a leaky bag and punctured pipes, played by blowing up the bag and placing the fingers over the wrong holes. **—Dick Diabolus**

The Irish gave the bagpipes to the Scots as a joke, but the Scots haven't seen the joke yet. **—Oliver Herford**



This past summer and fall, I had to take my car to the garage three times and visit the dentist three times, all within weeks of one another. The only thing that troubled me about these visits was their very high cost at a time when the country's economy was in peril. What a relief it was to have only financial concern!

One of the bonuses of recovery is that now when some emergency like these occurs, I usually get to the matter right away and by doing so avoid the nag of anxiety that feeds on procrastination. I am able to do this because I am no longer compelled to go through dishearteningly complicated cleansing rituals afterwards. There is no dread to cause procrastination.

There are in life certain imperatives, like keeping in good physical and psychological health, that we cannot ignore without endangering ourselves. When we feel that the real engagements of life that serve these imperatives are out to make our inadequacies or our mortality painfully clear to us, we run away from them. But as sometimes dramatized in our nightmares, there is a law of psychological physics that says the more we run from unreasonable fear, the closer it comes up behind us. There is no anxiety worse than this over-the-shoulder kind.

It is not a germ-ridden doorknob or an unlocked car or some strange substance we've stepped in that frightens us. What frightens us, rather, is not outside but, (of all places!), an outlandish or outrageous feeling *inside* of us. For various reasons perhaps too complicated for our all-thumbs mind to sort out the interplaying causes of, we have attached this feeling to mundane or what I call "household" or "street-level" things as a way of exorcising it. We opt to fight the raging bull not with a sword and a cape but with the kitchen fork and a washcloth. We choose to deal with such things for the very reason that they are mundane and handy, they are known in our familiar world, whereas the threatening matters of true import we are avoiding are—at least as far as our experience of them is concerned—unknowns that seem to promise our annihilation by insanity or death—and even moreso because we have turned our vulnerable backs to them. Whatever we fear gains power when we turn our backs to it because then we don't see it with our eyes but with our imaginations. Our eyes happen to be in the front side of us. Sometimes we need them to correct our imaginations and that is why we need to turn our fronts to, or *confront*, unreasonable fear.

Life instinctively knows whether we are attending to it or not and places that attention before us as an obligation. Failing that obligation generates anxiety that only intensifies our anxiety over what

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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.

OBSESSIVE-COMPULSIVE DISORDER LED MAN TO EAT 23,000 BIG MACS



Treat It, Don't Repeat It: Break Free From OCD

excerpt from the *Anxiety Disorders
Association of America* web site
March 13, 2008
courtesy of Paul Stetler, G.O.A.L.
Group Member



by Russell Plummer, writer for *The Reporter*,
Fond du Lac
Gannett Wisconsin Media
September 8, 2008
courtesy of Paul Stetler, G.O.A.L. Group
Member

[The Anxiety Disorders Association of America] has launched the "Treat It, Don't Repeat It: Break Free From OCD" campaign, a new [national] initiative to educate Americans about the signs and symptoms of OCD and provide information about how to talk with a health-care professional about treatment options.

"Our research indicates nearly one-third of all people with OCD delay treatment for 10 years or more following the appearance of their first symptoms," said Jerilyn Ross, MA, LICSW, President and CEO of ADAA. "We also know that about half of adults who are not being treated believe that more information about the benefits of the different treatments would make them more likely to seek treatment for their OCD. The goal of our campaign is to provide education and resources to help those with OCD gain a greater understanding of this disorder and find effective help."

The "Treat it, Don't Repeat It: Break Free from OCD" initiative includes notable spokespersons: Howie Mandel, host of the popular game show *Deal or No Deal*, who has spoken publicly about living with OCD; David Hoberman, the co-creator and executive producer of the award-winning USA Network series *Monk*, who based the show on some of his personal experiences with OCD; and Tony Shalhoub, who stars as Adrian Monk, a private investigator with OCD on the series *Monk*. These spokespersons, along with Jerilyn Ross, are featured in a series of television and radio public service announcements (PSAs) about OCD, which will begin airing nationwide this week.

"We are honored to have the involvement of Howie Mandel, David Hoberman, and Tony Shalhoub as we work to help those affected by OCD break free from the disorder and get the help they need to live fulfilling, productive lives," Ross said.

A new Web site, www.treatocd.org, serves as an information resource for people with OCD, family members, and health care professionals. The site provides a wealth of information about the disorder, including videos featuring OCD experts and people who are managing their symptoms and recovering from OCD, as well as the campaign's PSAs and free educational materials. ¶

TREATMENT "VERY ENCOURAGING" FOR OBSESSIVE-COMPULSIVE DISORDER

*Associated Press, November 12, 2008
courtesy of Paul Stetler, G.O.A.L. Group Member*

NEW YORK—The same kind of deep brain stimulation used to treat some patients for Parkinson's disease also helped a few people suffering obsessive-compulsive disorder, French scientists reported.

Their study involved only 16 patients, but in four of them, symptoms nearly disappeared. However, many patients had serious side effects, including one case of bleeding in the brain.

The treatment involved an experimental brain pacemaker. And overall, symptoms were reduced more than 25 percent, the researchers said.

The results are "very encouraging," said the study's lead author, Luc Mallet of Pitié-Salpêtrière Hospital in Paris.

In an e-mail, he said the procedure should be used only in medical studies at the moment because of the possible side effects.

Fully understanding Fond du Lac's Big Mac Daddy takes more than sorting through every box of memorabilia, wrapper and proof-of-purchase cluttering his home.

Don Gorske, 54, hit his latest milestone when he ate his 23,000th Big Mac last month. He vows to continue even when the Military Road McDonald's—where his lips first met two-all beef patties, special sauce, lettuce, cheese, pickles, onions on a sesame seed bun—closes for renovations. But the physically fit husband, father, traveler, and author has more layers than the sandwich he adores.

It's an obsession that began May 17, 1972, when he got his first car. Inside a safe box, he has all his receipts. Inside his head, however, are distinct memories of how his obsessive-compulsive disorder mixes with numbers, dates, and facts in a way his wife, Mary, just chuckles at.

"People might as well know how things like (OCD) get started," Gorske said. "I shouldn't say my parents fought a lot, but they did. My dad was constantly on my mom to penny pinch. If she would leave the faucet on, he'd yell at her. If she left the stove burner on, he'd yell at her."

"When I was really small, one of the first things I remember is she would say, 'Donny, can you make sure, before dad gets home, that the refrigerator is shut and the burners and everything are off?' I literally touched everything in the kitchen. I would go to the bathrooms to touch everything to make sure everything was off and the doors were shut."

The bond between mother and son was so strong he skipped a Big Mac the day she died upon her request.

Gorske became fascinated with numbers before he entered school. His mother helped him track odometer readings from family cars and he used subtraction to determine average miles traveled in a week. Now, he is employed by Waupun Correctional Institution and deals with dates and numbers daily.

For Gorske, seeing McDonald's track its number of customers served only motivated him to track his share eaten.

His desire to keep records has even trickled into the 205-page book titled *22,477 Big Macs*.

The book—which Gorske typed using one finger and double-spaced between every word—was published May 2. He started the book Jan. 4, 2006, the day after Mary's father passed away.

"I started the book the next day because he was the last grandparent of my kids," Gorske said. "Now I am the grandparent. Her dad had a lot of memories he wished he had written down. I was not going to do that. [His death] was a motivator for me."

Mary said she helped delete every extra space in the book and assisted in shortening it for non-family members.

Asked if her husband's OCD bothered her when they first met, Mary Gorske said she didn't care, she was in love.

Asked if he thinks people think he is little crazy for eating 23,000 Big Macs, Don Gorske said he doesn't care, he is still in love.

"I promised myself I would eat a Big Mac every day no matter how bad things got," he said. "The best thing of the whole day was the Big Mac." ¶



Serotonin Levels Related to Sense of Fairness

from *About.com Guide to Depression*
courtesy of Paul Stetler, G.O.A.L. Group Member

If life feels unfair, your serotonin levels may have something to do with that perception, say scientists.

In a new study reported in the June 5 [2008] issue of *Science*, people were asked to play the Ultimate Game, which is a game widely used in psychological and neurological studies. In the Ultimate Game, one player proposes a way to split a pot of money. If the other player accepts, both get paid. If the other player refuses, neither gets paid.

When the researchers had some players deliberately make an unfair offer—such as I get 80% and you get 20%—they found that players who had been given a chemical to lower their serotonin levels were more likely to reject an unfair offer.

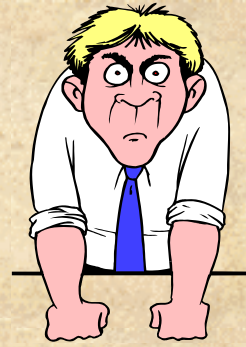
Serotonin levels lead to this behavior because serotonin is involved in the activity of the prefrontal cortex region of brain related to emotion, said study author Molly J. Crockett, a doctoral student at the University of Cambridge in England. Low serotonin levels would lead to feelings of resentment, so an unfair offer would be more likely to be rejected. Higher serotonin levels, however, would dampen these feelings and make players less upset about what could be perceived as an unfair offer.

This effect may explain why antidepressants which increase serotonin levels in the brain help depression. Higher serotonin levels might help people feel happier living in a world that isn't always fair. □

THE IRONIES OF GERMAPHOBIA

(edited blog posts from *Wired.com*)

- One of my co-workers insists on spraying germ killer on the keyboard, mouse, and screen of any and all computers he has to work on, even new out-of-the box stuff. Doing callout support he has to put a sheet of paper on a user's chair before he'll even sit on it. Then he wipes his hands down with alcohol swabs after he's finished. If someone takes a call in his office, he sprays and wipes his phone down—hand piece, cable, and base, the whole lot. He won't even put his glasses on if they've been sitting on his desk without being sprayed and wiped; he still does this even though he's mixed up the order a few times, putting the glasses on then, in a blind panic over what he's done, spraying the germicidal spray on to them and into his eyes. Ironically he's the one who gets the most and the worst cases of flu and colds.
- One day at work, I entered the rest room and out of habit looked for feet under the doors of the stalls. Not seeing any, I assumed I was alone. However I kept hearing movement coming from the stall next to me. Within moments, a co-worker of mine emerged from the stall that had appeared to be empty, and explained how she doesn't like to stand and "squat" over the dirty toilet seats. Rather, she stands ON the toilet seat and squats! Wonder where her shoes have been.



by Bruce Kluger

from *Psychology Today*, November/December 2003

- **Orderline Personality Disorder (OPD)** The inability to stop calling 1-800 numbers in pursuit of last minute holiday sales.
- **North-Polar Disorder (NPD)** The chronic fear that someone is on the roof.
- **Calendar Countdown Condition (CCC)** An unyielding obsession with how many shopping days are left until Christmas.
- **Angoraphobia (AP)** A chronic fear that cousin Harriet from Omaha sent you another homemade sweater for Christmas.
- **OCD-AAA: A variation on obsessive compulsive disorder.** in which sufferers are constantly on the verge of panic for fear that they forgot to buy triple-A batteries for their kid's Game Boy.
- **Tongue-Tied Terror (TTT)** The inability to speak normally in the presence of one's in-laws at the holiday dinner table.

When a Precision Airport Security Ritual Works Too Well

by Laura Masse, executive vice president for marketing at the Hallmark Channel
as told to Joan Raymond
NYTimes.com

September 15, 2008

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

As a marketing executive with offices in New York and Los Angeles, I've had to devise a system that gets me from my home to my plane to my offices with very little hassle and in as short a time as possible.

Recently, however, the system failed me, resulting in the most traumatic travel experience I have ever endured.

This system involves setting things on the conveyor belt in a particular way. The goal is to get through the security line as quickly as possible. And I've come to realize that the little things can make a big difference.

(continued on page 10, column 2)



Predictions for a Past New Year, OCD Style

by Julia Kite
5th February 2006
from bbc.co.uk/ouch

(Ouch! is a website from the BBC that reflects the lives and experiences of disabled people. It has articles, blogs, a very busy messageboard and an award-winning downloadable radio show—The Ouch Podcast).

It's the new year! I will take any excuse to celebrate, but I have always liked January 1st. Horrible clichés aside, it's the chance to start fresh, to slough off all the mistakes of the past twelve months and truly resolve to try harder this coming year. Yeah. Sure. If only that worked.

I wish I could count all the times I have told myself, that's it, I'm going to stop, I'm not going to maintain these silly thoughts and habits any longer. It doesn't have to be New Year for me to make a resolution—and break it ... but it's a great focus.

Like everyone else, I am curious as to what this year will bring to our world. On the other hand, I really don't want to know. When you think about it, 2005 was pretty horrible. We started off reeling from an unfathomable tsunami. The Iraq death toll climbed, earthquakes hit Pakistan, terrorism hit London, and hurricanes devastated the southern United States. Re-reading those headlines, it seems silly—no, it seems absolutely ridiculous—for me to try to guess what will happen between this January and the next. But just because it's silly, doesn't mean I'm not going to do it.

So in honour of a brand new year, and to commemorate the faulty reasoning so often seen in obsessive-compulsive disorder, here are Magical Thinking Julia's predictions for 2006.

Prediction 1: The world's population will not be decimated by an avian influenza outbreak

It's taken a lot of nerve for me to actually write that sentence. I don't have access to any top-secret information, nor have the pigeons been telling me anything, but I still feel reasonably sure about this. Several months ago, government and media started scaring us. I reckon that if anything catastrophic was going to happen in the UK, it would have gone beyond one dead parrot in an Essex quarantine centre by now. Wouldn't it?

Of course, I've now gone and scared myself. Knowing my luck, it will happen after all. I do watch the news. A global pandemic. Mass hysteria. I really shouldn't think about this, knowing my propensity to worry about every slightest possibility. So if it turns out I'm wrong, there will be no need to punish me—trust me, I'll be doing that to myself!

Prediction 2: My kitchen is not going to clean itself

Down to earth with home stuff now, and I need to give you a little background on this: I share a flat with four other people in New York, and I'm currently taking a university course. None of us are particularly tidy (although if I had that type of OCD, it might actually serve a useful purpose instead of just making me anxious all the time). Our kitchen in particular has taken the

brunt of the abuse—just last week, while attempting to make cheesy nachos in the oven, we set the thing on fire. Fortunately, one of my flatmates grabbed the fire extinguisher before the smoke alarm noticed.

Thankfully there was no lasting damage, but we now have an oven full of chemical foam. Naturally, I don't want to touch the stuff. I would rather just not use the kitchen, but this can't continue. Eventually, someone is going to have to mop the cooker, pick the ever-present eggshells off the floor, and figure out how to deal with the cheesy reek emanating from the refrigerator. To be fair to me, the mess is not really mine. I honestly don't use the kitchen much, and it's not my leftover tuna and spaghetti clogging the plughole.

I know that just about every surface is teeming with germs. It's mortifying. Still, communal living, by necessity, involves taking care of things for which you were not responsible. You make sacrifices for one another because, after all, when it comes time for the university housing office to make damage assessments, we're all in this together. In short, I am going to have to just deal with it. Furthermore, I want to enjoy living in every square inch of this flat, not just the safe zone of my bedroom.

My New Year's resolution: I will buy rubber gloves. I will wear nose plugs if necessary. I WILL MAKE THIS KITCHEN HABITABLE. Someday.

Prediction 3: The US and UK will still be in Iraq in January 2007

How can anyone not be constantly thinking about the Iraq situation and how it is going to come back to haunt us here at home forever? Remember back in May 2003 when George Bush declared the war was over? Well, to put this in perspective, I was in my last year of secondary school at the time. I am now looking for employment prospects for when I graduate from university.

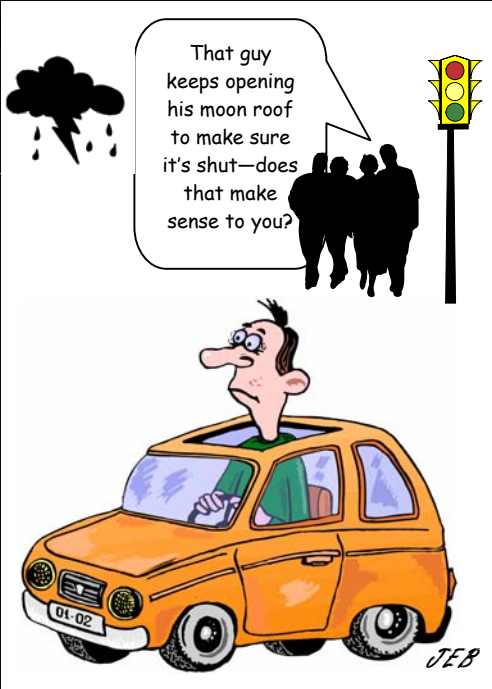
Things were a lot different back in secondary school, when I lived in Chicago and obsessively worried that our Sears Tower—formerly the tallest building in the world—would be the next terrorist target. I acknowledge that terrorism is still a very real threat, but now, in January 2006, I can sleep at night. I attribute this to a healthy diet of cursing out the radio whenever George Bush invokes September 11th to rationalise yet another questionable policy.

I fully expect that the city in which I now live will be hit by terrorism again. When? I have no idea, and quite frankly I don't want to think about it. But for my sake there's no use in losing any more sleep wondering.

I'm guessing that by this point, you're not too keen on hiring Magical Thinking Julia for your next office party. Congratulations! You've learned something about obsessive-compulsive disorder that has eluded me for years: just because I say it, does not necessarily mean it will happen. Which is a good thing ... or is it? Oh my God, not again ... Π

Meetings of the G.O.A.L. and the F.O.C.U.S. Groups Winter 2009	January 14, 28 February 11, 25 March 11, 25
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The OCD Funnies



OCD FAIRY TALES



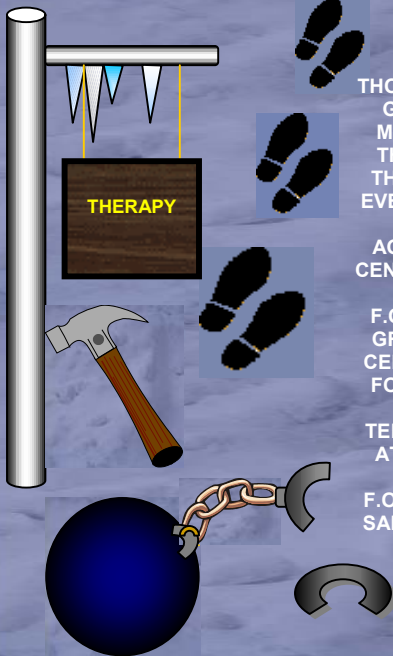
THE PHILADELPHIA AFFILIATE SERVES AS A CLEARINGHOUSE FOR INFORMATION ON THE OBSESSIVE-COMPULSIVE DISORDER (OCD) AND PROVIDES THE FREE PROFESSIONALLY-ASSISTED SUPPORT GROUPS LISTED BELOW FOR THOSE WITH THE DISORDER.



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.

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.



When a Precision Airport Security Ritual Works

Too Well *(continued from page 7, column 2)*

First go the shoes and belt. Next, it's my carry-on. The last item is my purse. That way, once I get through the metal detector, I can slip on my shoes and belt while the suitcase and purse are being scanned.

Keeping things in this order has become a ritual.

The one time I set another bag on the conveyor belt after my purse, I left without it. And I didn't realize it was missing until I was halfway across the country. Worst of all, I had to repurchase all of the items in that bag when I arrived in Los Angeles.

On a recent trip from Kansas City, Mo., to New York, the system worked too well. I went through the usual steps to get through security and did so in such a timely fashion that when I made it to my gate, I was able to get a seat on an earlier flight to New York.

I was originally scheduled to leave at 6 p.m., which would put me back in New York at 9 p.m. Now I would leave at 4 p.m. and get home at 7 p.m.

It was literally too good to be true, as I soon found out.



After takeoff, we were informed that weather conditions in New York were causing all inbound planes to either circle La Guardia or be diverted to another city. My flight was rerouted to Baltimore.

Once we landed in Baltimore, we sat on the tarmac for more than two hours. The beverage carts were barren. The passengers were cranky. And the flight attendants were frustrated.

That was bad enough, but then we learned that we weren't going to make it to New York on the plane at all that evening. We were going by bus, and we were scheduled to leave at 3 a.m. for the four-hour ride. This was not a luxurious coach bus, but rather more like prison transport. However, the trip was uneventful and most of us tried to sleep or read.

Eventually I saw the skyline of New York, and it looked as if we were only about 20 minutes from La Guardia. But the bus driver took a wrong turn, and the next thing I knew we were careering down the cobblestone streets of Lower Manhattan.

At this point, everyone was awake. And almost no one was happy. Some of the passengers lived in Lower Manhattan. But the driver would not allow them off the bus, saying that he was hired to take us to La Guardia and that was what he was going to do.

We finally made it to the airport. And I finally got home nearly 15 hours after my journey began.

The following day, I learned that my original flight, which I had abandoned in the hopes of getting home early, made it to New York with only a slight delay. At this point, I was damning the system that I had perfected.

So now I have added a new element to my obsessive-compulsive behavior: stick to my original travel plan. Even if I'm offered an earlier flight. **II**

A NEW BILL OF HEALTH

(continued from page 2, column 2)

The goal of mental health parity once seemed politically unrealistic but gained widespread support for several reasons:

- ❑ Researchers have found biological causes and effective treatments for numerous mental illnesses.
- ❑ A number of companies now specialize in managing mental health benefits, making the costs to insurers and employers more affordable. The law allows these companies to continue managing benefits.
- ❑ Employers have found that productivity tends to increase after workers are treated for mental illnesses and drug or alcohol dependence. Such treatments can reduce the number of lost work days.
- ❑ The stigma of mental illness may have faded as people see members of the armed forces returning from Iraq and Afghanistan with serious mental problems.
- ❑ Parity has proved workable when tried at the state level and in the health insurance program for federal employees, including members of Congress.

Dr. Steven E. Hyman, a former director of the National Institute of Mental Health, said it was impossible to justify insurance discrimination when an overwhelming body of scientific evidence showed that “mental illnesses represent real diseases of the brain.”

“Genetic mutations and unlucky combinations of normal genes contribute to the risk of autism and schizophrenia,” Dr. Hyman said. “There is also strong evidence that people with schizophrenia have thinning of the gray matter in parts of the brain that permit us to control our thoughts and behavior.”

The drive for mental health parity was led by Senator Pete V. Domenici, Republican of New Mexico, who has a daughter with schizophrenia, and Senator Paul Wellstone, the Minnesota Democrat who was killed in a plane crash in 2002. Mr. Wellstone had a brother with severe mental illness.

Prominent members of both parties, including Betty Ford, Rosalynn Carter and Tipper Gore, pleaded with Congress to pass the legislation.

Representatives Patrick J. Kennedy, Democrat of Rhode Island, and Jim Ramstad, Republican of Minnesota, led the fight in the House. Mr. Kennedy has been treated for depression and, by his own account, became “the public face of alcoholism and addiction” after a car crash on Capitol Hill in 2006. Mr. Ramstad traces his zeal to the day in 1981 when he woke up in a jail cell in South Dakota after an alcoholic blackout.

The Senate passed a mental health parity bill in September 2007. The House passed a different version in March of this year.

A breakthrough occurred when sponsors of the House bill agreed to drop a provision that required insurers to cover treatment for any condition listed in the *Diagnostic and Statistical Manual of Mental Disorders* published by the American Psychiatric Association.

Employers objected to such a requirement, saying it would have severely limited their discretion over what benefits to provide. Among the conditions in the manual, critics noted, are caffeine

intoxication and sleep disorders resulting from jet lag.

Doctors often complain that insurers, especially managed care companies, interfere in their treatment decisions. But doctors and mental health advocates cited the work of such companies in arguing that mental health parity would be affordable, because the benefits could be managed.

Pamela B. Greenberg, president of the Association for Behavioral Health and Wellness, a trade group, said providers of mental health care typically drafted a treatment plan for each person. In complex cases, she said, a case manager or care coordinator monitors the patient’s progress.

A managed care company can refuse to pay for care, on the grounds that it is not medically necessary or “clinically appropriate.” But under the new law, insurers must disclose their criteria for determining medical necessity, as well as the reason for denying any particular claim for mental health services.

Andrew Sperling, a lobbyist at the National Alliance on Mental Illness, an advocacy group, said, “Under the new law, we will probably see more aggressive management of mental health benefits because insurers can no longer impose arbitrary limits.”

The law will also encourage insurers to integrate coverage for mental health care with medical and surgical benefits. Under the law, insurers cannot have separate cost-sharing requirements or treatment limits that apply only to mental illness and addiction disorders.

The law comes just three months after Congress eliminated discriminatory co-payments in Medicare, the program for people who are 65 and older or disabled.

Medicare beneficiaries pay 20 percent of the government-approved amount for most doctors’ services but 50 percent for outpatient mental health services. The co-payment for mental health care will be gradually reduced to 20 percent over six years.

The mental health parity law was forged in a highly unusual consensus-building process. For years, mental health advocates had been lobbying on the issue.

Insurers and employers, which had resisted earlier versions of the legislation, came to the table in 2004 at the request of Mr. Domenici and Senators Edward M. Kennedy, Democrat of Massachusetts, and Michael B. Enzi, Republican of Wyoming.

Each side had, in effect, a veto over the language of any bill. Insurers and employers, seeing broad bipartisan support for the goal in both houses of Congress, decided to work with mental health advocates. Each side gained the other’s trust.

“It was an incredible process,” said E. Neil Trautwein, a vice president of the National Retail Federation, a trade group. “We built the bill piece by piece from the ground up. It’s a good harbinger for future efforts on health care reform.” ¶

The G.O.A.L. Post is looking for stories, poems, essays, questions for its professionals, and artwork. Subject matter 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. Send them to NEMuscoot@aol.com.

THE WAVE OF THE MIND

(continued from page 1)

If I believe that any mistake, or imperfection, any movement forward without feeling “just right,” means I am defective, worthless, and unredeemable, I am not going to do exposures. Or I strive to do them “perfectly” through analysis, research, and avoiding doing anything, because action could lead to making a mistake. Challenging the beliefs that bind me, in the understanding that these beliefs are causing me pain and are not a sign of my worthlessness, was a critical step in getting better.

When I hear “stop being such a perfectionist,” my heart sinks as I add yet another way I am imperfect to the list—if I was perfect I could stop being a perfectionist. Or I want to be perfectly imperfect when I see fully how destructive perfectionism is, and I want to rid myself of it right now, perfectly annihilate it. To do my treatment means doing things even if I don’t have enough research, enough certainty, enough reasons—this is scary, and can feel haphazard, like I’m randomly guessing, muddling through, but there is no way to repay OCD—it will keep you in its debt, the ultimate loan shark. When I wait until it feels “right” to choose a box of cereal, or decide where to eat lunch, or decide my feelings are justified, my life is not my own, and I am captive to the threat of intolerable anxiety. ¶

THE SPINAL COLUMN (continued from page 5, column 2)

what we fear in the first place. By the very fact that they are mundane and finite, doorknobs and unlocked cars and a soiled spot on the sidewalk are not able to handle being used as implements for driving out what often seems to be an infinite horror from another world. Like a resistor before an electrical current, they can only heat up to the degree of torment what we are ritualistically trying to discharge into them and thereby they become part of what they are expected to dispel. ¶

HAPPY WINTER HOLIDAYS TO
OUR READERS!



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Completely Unplugged, Fully Green

(continued from page 4)

Whatever the weather, Mr. Turcotte, who is 40, rides his bicycle 16 miles a day (round trip) to his job at a health care foundation. Ms. Lavine, 35, who works for a company that makes DVD games, keeps the thermostat at 60 and is about to acquire three chickens. They’ll be welcomed for their eggs, their willingness to eat food waste and for their ordure—a nice addition to the family’s compost heap.

“My friends,” Ms. Lavine said, “think I’m the craziest person they know.”

Not everyone thinks that Ms. Lavine and her ilk are crazy. “What these people are doing is fantastic, needed, and catalytic,” said David Gershon, the author of the book “Low Carbon Diet” and founder of the Empowerment Institute, a consultancy that helps people and communities reduce energy consumption. “Some people are in the vanguard and show what it’s possible to do,” he said.

When one half of a couple is less zealous than the other, it can be a strain.

Mr. Matsueda, the Los Angeles marketing executive, said he once broke up with a girlfriend who owned a Ford F-150. “It drove me nuts,” he said. “It was this big truck she took all over town with nothing to haul—she just didn’t get it.” The relationship, he said, ended for other reasons, but her choice of vehicle “didn’t help.”

To some mental health professionals, the compulsion to live green in the extreme can suggest a kind of disorder.

“If you can’t have something in your house that isn’t green or organic, if you can’t eat at a relative’s house because they don’t serve organic food, if you’re criticizing friends because they’re not living up to your standards of green, that’s a problem,” said Elizabeth Carll, a psychologist in Huntington, N.Y., who specializes in anxiety and obsessive-compulsive disorders.

Certainly there is no recognized syndrome in mental health related to the compulsion toward living a green life. But Dr. Jack Hirschowitz, a psychiatrist in private practice in Manhattan and a professor at the Mount Sinai School of Medicine, said that certain carborexic behaviors might raise a red flag.

“The critical factor in determining whether something has reached the level of a disorder is if dysfunction is involved,” he said. “Is it getting in the way of your ability to do a good job at work? Is it taking precedence over everything else in your relationships?”

People who adhere to a strict carbon diet say there are some sacrifices they are not willing to make. Ms. Astyk acknowledges that she sometimes buys new books and toys for her children—and that being the mother of four might even, to some, call her eco-credentials into question.

To her detractors, she points out that her children still receive Popsicles, Cheerios, and the occasional new toy. “We let them have sugar and we let them watch television,” she said. And while she mainly shops at yard sales, “I do buy some new books. I’m not pure. I use Amazon.”

In part, she said, her family is living out a sort of futuristic experiment. “What does a life with less energy look like?” she said. “It’s fun to try to get the most out of the least. It’s like a party game.” ¶