



Basic Cognition and Misunderstanding of Obsessive-Compulsive Disorder

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Abstract. Obsessive-compulsive disorder has become one of the common psychological diseases in society, which seriously affects the cognition and daily life of patients with obsessive-compulsive disorder. This article is a general overview of obsessive-compulsive disorders. First of all, the study defined the definitions of obsessive-compulsive disorders and the main symptoms. The history of obsessive-compulsive disorders is also mentioned. The cause of obsessive-compulsive disorders is noted in two aspects: genetic inheritance and psychological factors. The impacts are stated in two parts: the negative effect on the patients themselves and patients' normal life. Finally, the treatments and suggestions are also pointed out for obsessive-compulsive disorders patients. This study focuses on society's understanding and misunderstanding of obsessive-compulsive disorder and hopes that people will have a clearer understanding of obsessive-compulsive disorder through detailed explanations.

Keywords: Obsessive-compulsive disorder · Etiology · Cause · Social impact

1 Introduction

According to DSM-5, an obsessive-compulsive disorder is a kind of mental disease that is characterized by a general pattern of concern with orderliness, perfectionism, excessive attention to details, mental and interpersonal control, and a need for control over one's environment, at the expense of flexibility, openness, and efficiency. Obsessive-compulsive disorder (OCD) is the most prevalent personality disorder in the general population, representing about 7.88% [1]. Many OCD patients were struggling to survive due to the huge impacts brought by OCD. A bunch of studies has indicated that OCD causes both mental and physical pain to patients. Victims have to deal with depression anxiety and abnormal pressure brought by OCD, and some physical issues like headaches and insomnia. A series of problems can lead to a decrease in patients' life qualities. What's more, the unusual picky personalities of OCD also make it difficult for patients to integrate into normal life. To help people who suffer from mental diseases like

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OCD, many scientists made lots of effort in it. This article serves to view and summarize related studies from all over the world to help people with OCD and change public misunderstanding of OCD. First of all, a basic introduction to OCD would be provided in this article. Including hypothesis of etiologies of OCD in both biological perspectives (which include fertilized eggs, family inheritance, and the study of different mind structures) and social perspectives (which include patients' experiences of trauma); diagnosis from DSM-5 and major treatments (Psychotherapy, cognitive behavioral therapy, medications (antidepressants, SSRIs) and surgical brain enhancement procedures); differences between OCD and obsessive-compulsive disorder; symptoms complications and history of it. However, there are some limitations left by the previous studies. For example, the causes of obsessive-compulsive personality disorder are still unclear now; discriminations and misconceptions about OCD and obsessive-compulsive personality disorder haven't been eliminated yet. Due to the issue listed above, preventing OCD efficiently is still a problem. To sum up, this article makes a brief introduction to obsessive-compulsive disorder and provides some limitations and suggestions for future studies.

2 Literature Review

2.1 Definitions of OCD

2.1.1 The Main Symptoms of OCD

The main symptoms of the obsessive-compulsive disorder include obsessive-compulsive behaviors and obsessive thoughts, which are also accompanied by anxious, distressing emotions. Obsessive-compulsive disorder is a relatively common, chronic, long-lasting disorder. People with OCD will engage in repetitive behaviors in response to OCD thoughts. Some common obsessive-compulsive behaviors include repeated hand washing, repeated checking of doors and windows, carrying keys, and repeated counting of numbers. Some obsessive-compulsive patients also experience repetitive physical movements, such as brief shoulder twitches, blinking eyes, or repeated throat clearing [2]. Many people without OCD will have more distressing thoughts or repetitive behaviors, and in people with OCD, these thoughts are persistent. The patient's ritualistic beliefs and thoughts can cause them distress and anxiety, and the patient may realize that the thoughts are irrational, excessive, but give them temporary relief by repeating the behavior or distracting themselves by other means of force [3]. Obsessive-compulsive disorder usually begins in adolescence, and symptoms may even become apparent in childhood. The level of stress experienced by each person can lead to different symptoms of obsessive-compulsive disorder. Obsessive-compulsive disorder is also often regarded as a lifelong disease, which is more difficult to cure and can lead to suicidal tendencies in more severe cases [4]. Some patients with obsessive-compulsive disorder may also cause other serious psychological problems, such as; Depression—no longer interested in things that are usually interesting, decreased enthusiasm for things around them, and low mood. Generalized Anxiety Disorder—the inability to concentrate, feeling restless and anxious about something. Hoarding Disorder—Stores a lot of worthless things, leading to the point where it ends up being disorganized and unmanageable.

2.1.2 The History of OCD

From the 14th century to the 16th century in Europe, people who profane, sexual or obsessive thoughts were believed to be possessed by the devil, and the cure at the time was to cast the evil out of the possessed person. In 1594, an English woman who was considered a good wife was nearly burned at the stake because of her constant urge to murder her family. The English term obsessive-compulsive comes from the German translation of “Zwangsvorsrellung”. In early 1910, Sigmund Freud attributed obsessive-compulsive disorder to an unconscious conflict over symptoms. The desire to touch objects, these obsessive-compulsive symptoms enter the patient’s subconscious, causing the patient to become obsessed with this behavior. Until the mid-1980s, Freud still considered psychoanalysis to be the primary treatment for OCD, and since then this approach has changed, with more specialists finding that medication and practical management can better help OCD patients [5].

2.2 Cause of OCD

2.2.1 Genetic Inheritance

In the early days, people believed that obsessive-compulsive disorder was caused by individual personality defects, but through later research, it was found that most of the causative factors of obsessive-compulsive disorder were due to genetic factors. Although the cause of the obsessive-compulsive disorder has not yet been determined, some experts believe that it is very likely to be caused by genetics. Identical twins are more likely to be affected than fraternal twins. According to the survey and statistics of relevant researchers, the results of monozygotic twins indicate that the co-morbidity rate of patients with obsessive-compulsive disorder is 63–87%; The incidence rate is 10–22.5%, and the incidence rate is significantly higher than that of normal people. The incidence of dizygotic twins after the investigation is 27–49% [5]. The disorder is more likely to have stronger family ties than cases that develop the obsessive-compulsive disorder in adulthood. Childhood trauma may also contribute to morbidity. Among these is the controversial hypothesis that some cases of rapid-onset OCD in children and adolescents may be caused by a syndrome associated with group A streptococcal infection.

2.2.2 Psychological Factors

People are more likely to experience OCD in stressful situations, which occurs when a person feels they have a responsibility to prevent unwanted events from happening. In the context of childhood trauma, a person may have compulsive responses that they believe will prevent these events from happening. Due to the rapid physical development of most adolescents, many adolescents have too much cognition about the competitiveness of the current social development, which makes them feel uncomfortable and leads to obsessive-compulsive disorder. Or long-term pressure, such as family disharmony, which leads to a long-term poor mental state, which gradually leads to obsessive-compulsive disorder. The trauma brought on by major blows can also lead to the onset of obsessive-compulsive disorder. The misfortunes suffered in childhood cause an inevitable blow to the patient and cause the patient to experience fear, tension, and anxiety. This shows that mental trauma can directly lead to the symptoms of obsessive-compulsive disorder.

2.3 Impact

What about the impacts? The harm of obsessive-compulsive disorder to the human body can be large or small. Some people may make their life more regulated and orderly because of obsessive-compulsive disorder, but many patients with obsessive-compulsive disorder affect their normal life because of severe obsessive-compulsive disorder. There are two major impacts that obsessive-compulsive disorders gives on an individual: the negative effect on the patients themselves and patients' normal life [6]. Obsessive-compulsive disorders may easily cause anxiety and anger in patients. They have to make a lot of efforts to avoid psychological depression, like having trouble falling asleep or cannot focus on studying or work, these disadvantages will make their life harder. And also, physical issues are shown in some obsessive-compulsive disorders patients, like chest tightness, headache, muscle tension, and other physical symptoms. The negative effects of obsessive-compulsive disorders on patients' normal life may cause a decrease in their life quality. They are more likely to have trouble making friends with others, having trouble having normal relationships with colleagues or strangers in society, and having trouble with a close relationship with people, like family and their close friends. The reason why patients with obsessive-compulsive disorders have more possibilities of having trouble with others is because of their specific requirements regarding the location of items and the cleanliness of the family environment, it's easier for them to have a row with close relationships with people. Even if the close relationship people could bear all their behaviors, they still have a strong pressure on doing something wrong to quarrel with this again. If things kept going on like this, their normal life is easier to break up. And OCD also has a big impact on their jobs. Some patients with serious conditions even come all way home when they doubt themselves if they locked their doors when they were already in the office. All of these unfavorable behaviors on obsessive-compulsive disorders patients just cause society to give them negative opinions back.

2.4 Treatments

There are now four main treatments for obsessive-compulsive disorders- psychotherapy, cognitive behavioral therapy, medications, and surgical brain enhancement procedures. Obsessive-compulsive disorders patients are encouraged to have psychotherapy first to see if this worked, for example, exposure and response therapy. Patients preferred the more gradual approach, such as confronted less distressing situations first and then gradually enhanced [7].

And then should be cognitive behavioral therapy, like CBT. CBT is a social psychological intervention intended to reduce mental health symptoms [8]. CBT focuses on challenging and changing cognitive distortions and related behaviors to improve emotional regulation [9] and develop personal coping strategies aimed at solving current problems, to alleviate possible OCD symptoms.

If all these are not working, then comes the medications, Patients are suggested to use medications that treat the depression first. In the past 20 years, the application of serotonin in the treatment of obsessive-compulsive disorder has attracted extensive attention In adult controlled trials, it was found that clomipramine (CMI) was always better than placebo; Similar results were obtained with selective serotonin reuptake inhibitors

(SSRIs) fluvoxamine, fluoxetine, sertraline and paroxetine [10]. Antidepressants and SSRIs are more to be used nowadays.

The final step is surgical brain enhancement procedures like DBS and TMS. Deep brain stimulation (DBS) is a neurosurgical procedure involving the placement of a medical device called a nerve stimulator, which sends electrical pulses to specific targets (brain nuclei) in the brain through implanted electrodes to treat motor disorders, such as obsessive-compulsive disorder (OCD). Although its basic principle and mechanism are not completely clear, DBS directly changes brain activity in a controlled manner [11]. OCD might accompany the patients throughout their whole life, the use of these psychotherapies and medications are just to help control the symptoms of OCD not too serious, control these symptoms to be minimum to stop it from ruling patients' life.

3 Limitations and Future Implications

So far, the cause of OCD is still unclear. In the current social context, people attribute it more to the personality disorder caused by the family environment. For example, Thomsen mentioned in 1994 that the parents of children with obsessive-compulsive disorder are significantly more in the highest social class, while the number of children with the obsessive-compulsive disorder from broken families is significantly reduced. Compared with the control group, the parents of children with obsessive-compulsive disorder entered mental hospitals less often and had fewer abuse problems [12].

In addition to overcoming the tremendous mental and physical suffering caused by the disease itself, people with OCD have to face the malice of society. A large portion of the Chinese population, especially the older generation, is prejudiced and opposed to mental illness. Moreover, this closed and conservative attitude is a result of misunderstanding and insensitivity to mental illness. Sometimes people can not realize that they have a mental illness. They regard the chronic stress of work as an opportunity to exercise and the frustrations and hardships as an inevitable part of their lives. When they find that their temper is always angry, frustrated, life has lost its joy and meaning, they begin to look for the object of venting (usually it's someone close). These victims receive negative energy while taking on a lot of stress, and the likelihood of them becoming mentally ill increases. If unfortunately, the target of this vent is a child, then he/she will receive a serious impact on his/her life. Another area that is very indicative of discrimination is the way people treat people with mental illness. Many people fear mentally ill people because they believe that mental illness is contagious and that mentally ill people are highly aggressive. This stereotype causes many mentally ill people to suffer in several ways. For just one academic, OCD puts additional pressure on him/her, which makes it likely that the patient will have a distinctive behavior and get isolated and discriminated against by classmates as a result; if this classmate openly states that he/she has a mental illness, she/he is likely to face extreme isolation, discrimination, and extreme sympathy, which is not nice for. For adults, mental illness is likely to keep them from getting a job, even if it is only a mild anxiety disorder that could be controlled through effective treatment. In recent years, many people have put Mental illness is used as a form of bragging rights. Younger students, in particular, see this illness as a way to be different; unbeknownst to them, real patients are suffering physically, mentally, and from outside

discrimination. For this reason, the normalization and scientific nation of mental illness is a pressing challenge to overcome.

In Chinese society, the word obsessive-compulsive disorder is very colloquial and is often used as a joke or self-deprecating. But they don't understand that the real "obsessional disorder" is a mental illness, and often think, act, or feel against their will, which is accompanied by anxiety, fear, anxiety, and other uncomfortable emotions. The compulsion they think and the real compulsion are two concepts, such as just excessive love for cleanliness or neatness, but it has not yet reached the level of obsessive-compulsive disorder. People who have obsessive-compulsive disorder will not talk about obsessive-compulsive disorder. Patients generally do not let others know that they have obsessive-compulsive disorder. They will behave very normally to the outside world, but they are very tortured inside. It's because they don't know how painful OCD is. It's a cancer of mental illness. The people who get sick are all neurotic personalities. It's hard to fundamentally change a person's suspicious personality, so OCD is incurable. We can only accept the existence of this disease and finally coexist peacefully. Everyone has obsessive-compulsive thinking. To become a disease takes more than 1 year of disease course, and it can be called a "disease" if it affects life unbearably and painfully.

4 Conclusion

This article focus on certain aspects of OCD, like symptoms of obsessive-compulsive disorder, the definition of OCD, complications (usually accompanied by depression, generalized anxiety disorder, and hoarding disorder), history of obsessive-compulsive disorder, causes of OCD (from both Genetic Inheritance perspective and Psychological perspective); impacts of OCD on both patients themselves (including mental aspect and physical aspect) and the society (which include patients experiences of trauma); and introduction of 4 major treatments used in scientific obsessive-compulsive disorder (Psychotherapy, cognitive behavioral therapy, medications (antidepressants, SSRIs) and surgical brain enhancement procedures). This article connects the research above to form a relatively comprehensive overview of obsessive-compulsive disorder. What's more, the article also points out the limitations current obsessive-compulsive disorder has (which include unclear causes, attributing the causes of personality disorder to family environment mistakenly, putting less attention on precautionary measures, social discrimination). In this study, the clinical symptoms, causes, treatment, and intervention programs of OCD were sorted out to provide preliminary guidance for patients with obsessive-compulsive disorder.

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