

*One Person's Story of Living
and Thriving
With Obsessive Compulsive Disorder*

HOPE FOR OCD

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Author's Note

This book describes one person's experience with Obsessive Compulsive Disorder (OCD) and some of the most current treatment methods. It is meant to serve as a complement to conventional therapy approaches (such as cognitive behavioral therapy, exposure and response therapy, or exposure and ritual prevention). The contents of this book cannot replace a qualified mental health professional's opinion. It is not intended to be used to make a diagnosis or to recommend a specific OCD treatment.

The case I refer to in the following pages is a first person account written by a patient of mine, Michael G.S. Halkitis. It is his hope that someone who is going through the challenges associated with OCD, or one of their loved ones, will read this book and find hope, reassurance, and a small measure of relief.

If you are currently experiencing OCD, I encourage you to consider therapy despite your shame and embarrassment. Treatment for OCD is not simple and, while it can take a long time, therapy is generally effective for most individuals who suffer from this condition.

When looking for a therapist, please be sure to seek out one who specializes in treating Obsessive Compulsive Disorder (OCD). If you don't have access to a therapist near you, be assured that you can complete therapy online or over a video application, such as Facetime or Skype.

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CHAPTER 1

Obsessive Compulsive Disorder Overview

Most people either know someone or have heard of people who have unusual compulsions or behaviors. They might not be able to leave their home unless they have checked repeatedly to ensure all doors are locked or they might wash their hands over and over until their skin is raw. This type of behavior can often be classified as obsessive compulsive disorder (OCD).

OCD is an anxiety disorder. It is characterized by unwanted and uncontrollable thoughts (obsessions) and the repetitive, ritualized behaviors (compulsions) that a person feels compelled to perform in order to get relief from their anxiety.

The disorder affects approximately 1.2 percent of Americans (that works out to about 1 in 40 people). It tends to affect women more than men and has no proven cause, although researchers suspect there may be a genetic component since the disorder can run in families. Other scientists wonder if reduced serotonin levels in the brain might contribute to the disorder. For this reason, medications that help regulate serotonin levels play an important role in the treatment of OCD.

There are several categories of OCD, including:

- Washers – These people are afraid of contamination and often engage in cleaning or hand-washing compulsions. This can develop because of a fear of germs or can stem from a fear of contaminating others they come in contact with.
- Checkers – These individuals repeatedly check things they associate with harm or danger. This could mean going over locks and windows excessively to ensure they are secure or constantly seeking updates from loved ones to be sure they haven't fallen into harm's way.
- Doubters and Sinners are afraid that something terrible will happen if they don't perform certain actions just right. These compulsions often revolve around religion – maybe they fear they will be punished if they don't carry out a religious ritual perfectly or are certain that performing a particular religious ritual will prevent a negative event.
- Counters and Arrangers are obsessed with order and symmetry. They tend to be superstitious about numbers, colors, and arrangements. Their compulsions can include tapping, counting, repeating certain words or doing other seemingly trivial things to reduce their anxiety.
- Hoarders fear that something bad will happen if they throw anything away. They accumulate excessive amounts of unnecessary items, such as old newspapers, magazines, or empty food containers, based on the concern that they might need them in the future.

Because many people do not understand what drives these compulsions, people with obsessive-compulsive disorder (OCD) are often subjected to demeaning looks or disparaging comments that focus on the particular rituals they perform as a part of their disorder (think of the television show, *The Big Bang Theory*, and Sheldon's ritual of knocking on a door three times).

The truth of the matter is that this particular anxiety disorder represents a very serious condition that fills the person's mind with fear. In a very real way, OCD controls their lives.

How Do Intrusive Thoughts Fit In?

At the heart of most anxiety disorders are obsessive, intrusive, catastrophic thoughts. These are scary thoughts and/or images that “take over” and pop into the individual's mind, over and over again. Oddly, the more the person tries to stop them, the more they persist. It's sort of like trying *not* to think of a purple dinosaur – once you try to avoid it, that's *all* you can think about!

People who do not have OCD will have a random thought and then dismiss it because it has no meaning. Those who have OCD, however, attach deep meaning to these random thoughts and may spend countless hours searching for absolute, one-hundred-percent assurance that the thought is or is not true.

These intrusive thoughts don't go away, either. Once an intrusive comes into the mind of someone with OCD, it sets up a cycle of doubt and questioning that repeats over and over again. Eventually these thoughts can become paralyzing, panic-provoking, and unrelenting.

An individual with OCD typically understands that their thoughts and compulsions are irrational, however they are unable to stop themselves. In an effort to get rid of the thoughts, they will create a set of behavioral “rules” (compulsions) that must be repeated several times over. These self-imposed rituals generally only manage to dissipate the fear for a short time, at which point the intrusive thought comes back and the cycle begins again.

***IT IS IMPORTANT TO REMEMBER** that just because you have an intrusive thought *it does not mean you must pay attention to it*. A thought is only an idea and not every thought needs to be analyzed in depth.

Treatment for Obsessive Compulsive Disorder

Treatment should be pursued if an individual's obsessions begin to rule their life. A person who suffers from this condition often spends the majority of their day repeating their rituals over and over. They have little time left for anything else because they're so gripped by the need to obey compulsions they feel powerless to ignore.

Without treatment, the person with this high level of intrusive thoughts can eventually find themselves cut-off from their friends and family. With treatment, however, they usually can return to a normal life.

Treatment may include:

- Medication support: Selective serotonin reuptake inhibitors (SSRIs) like Prozac, Paxil, Celexa, Lexapro, Zoloft, and fluvoxamine can be very effective, generally easy for patients to tolerate, and are not addictive.
- Psychotherapy modalities: To treat OCD, psychotherapists use cognitive behavior therapy in conjunction with exposure and ritual prevention (EX/RP). The first part of the therapy – exposure – happens when the individual allows themselves (with the help of their therapist) to encounter the triggering object, image, or environment that begins their cycle of intrusive thoughts. The idea is to confront what they fear, but to refrain from using their compensating compulsions (ritual prevention). By resisting the urge to complete a ritual after the exposure and then finding that what they fear doesn't occur, the person builds self-confidence and begins to retrain their brain. This leads to learning to trust that their thoughts are simply thoughts. Over time, consistently avoiding the use of compulsions helps break the cycle of doubt.

Variations of OCD

OCD is a broad disorder that encompasses many subgroups. The most common OCD subcategories are:

- Hoarding
- Health anxiety
- HOCD (homosexual OCD)
- Hypersexuality (sex addiction)
- Religious OCD

CHAPTER 2

Hope For OCD: One Person's Story

One of my long-time patients, Michael G. S. Halkitis, has lived with OCD for most of his life. A few months ago, he approached me with his story and asked if I thought it might help others to understand how life can be when you live with this anxiety disorder.

This book is the direct result of his efforts to help others. By telling his story, he offers hope to those with OCD or other emotional disorders, as well as insight for their family and friends.

The following story is written in Michael's own words.

MY LIFE WITH OBSESSIVE-COMPULSIVE DISORDER (OCD)

CHAPTER 1 - Life Before OCD

I had a very normal, happy childhood. I loved playing and watching sports. As a child and into my early teens, I had no symptoms of Obsessive-Compulsive Disorder (OCD).

I played in the dirt and on the front lawn like any other young boy. I loved going to school and playing with my friends. I was popular largely because of my cheerful, friendly disposition and athletic ability. I even sang in a band in high school.

Being very athletic, I played a number of team sports, especially soccer as a goalkeeper and played on my country's National Team at the age of nineteen.

CHAPTER 2 - High School (Late Teens)

I was in my late teens when I first noticed that I was doing "weird" things. Even though I recognized that these behaviors were not normal, I could not rest until I had carried out a specific action or ritual.

I developed an obsession with the number '5'. I had an unwanted compulsion to count to five or to carry out an action five times. This compulsion led to me tapping an object five times. Even today, I do things in fives and five is my favorite number.

I also developed an obsession when driving. I drove ridiculously slow. I would also look into the rearview mirror to make sure that I had not hit a parked car or a pedestrian. I would even turn around and go back to the "scene" just to be sure.

During my final examinations in high school, I would spend much of the allotted time tracing over every word that I had written, thereby wasting much of the time allotted for reading through my answers, to check for grammar, spelling, etc.

I also developed an obsession with "checking". Upon leaving the house, I would go back to check that I had locked the door, hadn't left an appliance on or left a light on. Sometimes, I would do this as many as five times.

After playing sports, I would wipe down the steering wheel and interior knobs, buttons and handles of my car with a tissue. I would even wipe down my keys and any money I had on me because they had been "contaminated".

Hand washing and showering also became a major source of anxiety. I would take 30 minute showers and wash my hands for up to two minutes. For both of these activities I developed a ritual where everything had to be done in a certain way or I would start again.

Around this time I avoided touching objects. I was particularly anxious about touching door knobs, handles and light switches, as they were supposedly "contaminated". I kept a tissue in my pocket, which I would use for touching these objects.

CHAPTER 3 -College Years (Late Teens / Early Twenties)

During this period, I studied at university in Canada and England. These were the best years of my life, even though I continued to suffer the same symptoms. In fact, my need to avoid "contaminated" objects got worse, as did my hand washing.

I would open and close doors with my feet. I continued to use tissues to avoid door knobs and light switches. I used large amounts of tissue to wipe down anything that I had touched. I was obsessed with thoughts of trying to completely sterilize and sanitize my environment. It was like fighting an endless battle that I could not win. I also left doors ajar and did not lock my dorm room, so I that I didn't have to use my keys to get in or out.

I also avoided touching money, which had been used. I would leave money on top of a table in my dorm room because it was "contaminated".

My roommate became understandably annoyed and confronted me about my “habits”. I would become defensive, even though I had no logical reason and could not explain why I did these strange things.

School books, pens, pencils, rulers (school supplies) became “contaminated” and were wiped with a tissue after each use. Friends and classmates would ask why I did these things. I knew that these actions were not normal but could not explain why I performed these ritualistic behaviours.

Hand-washing was perhaps the most serious and most debilitating of my compulsions. I would not only wash my hands a ridiculous number of times, but washed them for a very long time and gave them a good scrubbing, including under my fingernails. During the winter months in Canada and England, I would wash my hands until they were cracked, red and painful. To make matters worse, in my ritualistic hand-washing, I had to scrub my hands in a certain way. If any washing was not performed in a particular order, I would start over, taking a ridiculous amount of time. This was also true of my showers. I would wash each part of my body in a certain order, and if not, I would start over. My showers were taking as much as 30 minutes.

I became very self-conscious and spent a great amount of time and energy trying to disguise and hide these behaviors from others. If, for some reason I could not perform these rituals, I would become anxious, irritable and distressed.

In spite of my peculiar and weird behavior, I still had a pretty normal and healthy social life. I had plenty of friends and all of the good things associated with college. I did a lot of studying and socializing and even played on the university soccer team. Most importantly, I successfully earned a B.A. degree and a Post-Graduate Certificate in Education.

CHAPTER 4 - After College (Early Twenties And Thirties)

The source of my “contamination” was myself. I became obsessed with the belief that my body was “contaminated”. I feared that I would spread the “contamination” through contact with myself.

I was particularly anxious and distressed with body fluids, including perspiration, urine, semen and feces, yet I was fine with blood.

I avoided hand-shaking, hugging and any form of physical contact with others. I can remember shaking hands with people and then pulling out a tissue from my pocket and wiping my hands right in front of the person. I could see the look of confusion and curiosity on their faces.

I also avoided resting my hands in my lap or by my side, touching my face or my hair or touching my shoes. Although I tried to hide these behaviors, they were clearly noticeable to other people.

I became a teacher and at first, I was able to disguise my behaviors. I travelled plenty in Europe and North America and played a lot of sports. I had what seemed to be a normal, healthy, happy and fulfilling life in spite of my strange obsessions and compulsions.

I did not realize how much my rituals interfered with normal daily life. Eventually, I came to realize that I was leading a double-life that was dictated by my obsessive compulsive lifestyle.

Still, I got married at the age of 32 and my symptoms became overwhelming. Disguising my behavior was now impossible. And no longer did it just affect me, but also caused a great deal of anxiety and distress to my young and loving bride.

During my twenties and thirties, I was a member of the local musical theatric society and appeared in nearly twenty productions, in roles ranging from the chorus to cameo roles and also principal roles.

CHAPTER 5 - Married Life (Thirties)

I met my wife through a mutual female friend. The three of us were teachers and we hung out together. During the year that we dated and courted, I must have been able to hide my strange behaviors from my future wife.

We had a beautiful wedding on Easter Monday at the Methodist church that we attended. It was a large wedding of approximately four hundred, including many of our teaching colleagues and church family as well as many friends and family. Many of our guests travelled from abroad to share our special day.

The reception was held in the beautiful garden of some friends from church. My father arranged for the entire wedding party to be carried from the church to the reception in horse-drawn carriages. We felt like celebrities as we returned the waves from absolute strangers along the route to the reception. It was the happiest day of my life! We made a cute couple.

We celebrated our honeymoon in Cancun, Mexico. It was not long, before my wife began to notice some of my strange behaviors. I don't believe that I said anything or offered my explanation at the time.

After the honeymoon, things got even worse. My lovely, young bride would ask why I did such strange things and I again became defensive. Not only would I wipe down with tissue anything that I touched, but also anything that she touched.

I would not let her drive my car for fear that she would "contaminate" it. I also reluctantly touched her and avoided hugs and kisses or holding hands.

She was hurt and confused as to why I was physically distant, but I could not help myself and I became even more defensive. I even avoided physical contact in public. The irony is that I thought of myself as the source of "contamination" and I thought of her as a "spreader".

My anxiety and obsessions were made worse after physical intimacy. Though our times of physical intimacy were pleasurable, they were followed by avoidance and excessive wiping with a tissue. I would also limit our love-making to just weekends when I would have more time to perform my rituals afterwards. After making love, I would insist that we showered immediately and wash the sheets to avoid “contaminating” the rest of the house.

I would wash towels every day and wore clothes only once before washing. And when I did laundry, I would wipe down the inside of the dryer and dust off the clothes with a tissue before putting them away.

One can only imagine the hurt and disappointment my wife experienced when she realized that she had married and promised to spend the rest of her life with a man who professed to love her, but avoided touching her!

CHAPTER 6 - Teaching (Twenties And Thirties)

During my bachelor days, I was a very good and popular teacher. I loved being in the classroom with my students and was involved with much of the after school activities, especially sports. My strange behaviors were manageable and I was able to lead a productive and mostly normal life.

However, after my marriage, I began taking my obsessions and compulsions to work. In the classroom, I began to dust off things that had touched the floor. This included my teaching aids as well as students’ notebooks, textbooks and school supplies. I usually did this when I had taken notebooks home to check students’ work. I also did this in front of a whole class, knowing they were aware of what I was doing. I often wondered what the students were thinking, but could not help myself.

This was not only embarrassing, but it also meant that I spent much of my time and energy trying to avoid “contamination” or trying to disguise my obsessive behaviors. I was “chasing my tail”, trying to sanitize and sterilize my environment. Oddly enough I did not fear germs.

The checking, washing, dusting and wiping led to frustration. Everything became difficult and time-consuming, as well as energy draining.

Eventually, my wife suggested I see a psychiatrist. I agreed to do this. After I described my behaviours, he immediately diagnosed OCD and gave me a passage to read from a psychiatry text, which described some of the obsessions and compulsions that resulted from this disorder.

The psychiatrist also prescribed an anti-depressant called Anafranil, which was used to treat Obsessive Compulsive Disorder as well as depression. Over the years, I have had doctors prescribe anti-depressants such as Prozac, Zoloft and Paxil for treatment of OCD and depression, resulting in only little improvement of my OCD.

CHAPTER 7 - Married Life (continued, Thirties and Forties)

Eventually I snapped, having a nervous breakdown at school. This was brought on by sheer exhaustion at not being able to control and disguise my obsessions and compulsions. I also suffered because of my high level of anxiety and depression.

One day while in my classroom, I burst into tears and was rushed to the Deputy Principal's office by the school's Guidance Counselor, who arranged for me to see my psychiatrist. I was diagnosed with severe depression and sent home to rest. I never returned to the classroom. It was the end of my teaching career.

My depression became so severe that I could barely function. I sat or laid around the apartment with the curtains drawn, allowing very little sunlight in. My wife took time off from her teaching job to look after me.

The psychiatrist felt that my depression was so entrenched that he recommended electroconvulsive therapy (ECT), also known as "shock treatment". This form of treatment is rarely used today, but can be effective. This was done on an outpatient basis at the local mental health hospital.

My father would drive me to and from these treatments. I had seven treatments a few days apart over a couple of weeks.

The treatment involved being placed under general anesthesia, having electrodes attached to my head and having an electric current passed through my head. His method of treatment was popular during the 1950's, but is used today as a last resort. I was still taking a high dose of Anafranil for depression and OCD.

I was house-bound for about six months, while I recovered. The Anafranil had a few side-effects such as twitching, dry mouth and constipation.

Over the next decade or so, I was given Prozac then Zoloft and then Paxil. These anti-depressants were relatively new and had fewer side-effects. These drugs are known as selective serotonin reuptake inhibitors or 'SSRI's'. They apparently work by helping to increase the level of serotonin in the brain and are effective in treating depression, anxiety and OCD. Serotonin is a chemical in the brain that affects mood and pleasure.

My condition improved to the point that I was able to function again, but the depression and OCD persisted. My wife was extremely understanding and supportive. She did everything within her power to help me return to some form of normalcy.

On a trip to San Antonio, Texas, I came across and purchased a book entitled, "The Boy Who Couldn't Stop Washing: The experience and treatment of obsessive-compulsive disorder", by Judith L. Rapoport, M.D., who was apparently a pioneer in the treatment of OCD.

In this book, Dr. Rapoport describes in layman's terms, the nature and treatment of OCD, with real-life accounts of patients' symptoms and behaviors. These symptoms varied greatly, but I

was relieved to discover that I had many of the same obsessions and compulsions. The sense of relief came from knowing that I was not alone, that millions of people suffered from OCD, and many of us did so in silence and frustration. Since then, I have read several books and articles on OCD.

My wife did some research and found a center in Florida which specialized in treating anxiety disorders, including OCD. It was here that I met two doctors who saved my life. One is a psychologist and the other a psychiatrist who treated me for depression and OCD.

I had a couple of sessions in person, which were followed by sessions on the telephone. This was before Skype, Face-time and Zoom. However, my depression and OCD were so entrenched that inpatient care was recommended.

I spent about a month in treatment at a mental hospital in Florida, just a couple blocks from my doctor's office. Here, I met several more doctors and mental health professionals and was treated around the clock.

The care that was given during this time was exceptional. I was evaluated and treated by psychiatrists, psychologists, nurses and other specialists. I received medication and was given a number of physical and mental tests, including an IQ test, cognitive tests, career suitability test, etc. The food and accommodations were excellent!

There were about 30 or 40 patients on the floor. We were locked down, but had a television and many activities to keep us stimulated. We also had a couple of hours outdoors each day for exercise and sunshine.

Most of the patients were there for depression or substance abuse. Several were placed on suicide watch.

After we had been there a couple of weeks, were well-behaved and started to improve, we were rewarded with trips to the mall, bowling alley, the beach and the local Walmart.

Upon my discharge, I had made good progress. My depression and OCD was manageable. I felt prepared to start normal life again. However, I was not "cured".

With the help of my father and supportive wife, I was given a job at an insurance agency. I remained there for twenty years.

My wife and I talked about having a baby and we even picked out a name for a boy and one for a girl.

After a while, my OCD began to rear its ugly head again and had a negative effect on our marriage. I once again avoided physical intimacy with my wife, except in the bedroom. At her urging, I joined the OC Foundation, which offered support and a newsletter for members. We also went for counseling at the Christian Counseling Centre and later with another psychiatrist.

Finally, I became tired that OCD controlled my life and gave up. I guess the same could be said for my wife, and we drifted apart. Twice she went to stay with friends, but I was able to convince her to come back after about a week. She told me that she could not bring a baby into our chaotic and dysfunctional home.

Eventually, she left me and returned to the country of her birth. Her mind was made up and she refused any attempts that I made towards reconciliation. I was devastated. We had been married for about six years.

After about six months, she filed for divorce and another six months later, we were divorced.

My OCD and depression became unmanageable again and my doctor in Florida felt that I needed two weeks of intensive therapy. One of the most effective treatments for OCD is Exposure and Response Prevention (ERP). With the blessing of my employer, I spent two weeks in Florida at a hotel with members of my family.

ERP involves getting the patient to face his fears, that is the objects or actions which brought on anxiety (obsession) and postponing the action or behaviour, which the patient had developed to reduce or remove the anxiety (compulsion). This is usually done with a therapist or facilitator and eventually unsupervised.

During this time, I saw the doctor every day, mostly in his office, but he also came to the hotel to supervise my ERP.

My exposures included being limited to two minute showers, digging around in the garbage and doing laundry, all without washing my hands immediately after. Basically, I was in my mind at least, deliberately “contaminating” myself and trying to go as long as I could without washing my hands, which was my way of dealing with the anxiety. I was not allowed to carry or use a tissue at any time.

As I also avoided anything sticky on my hands, we were encouraged to go to the movies and have buttered popcorn without wiping hands with a napkin or washing. I could wipe my hands on my clothes. My young niece thought that this was all a fun game and would join in and encourage me!

I made excellent progress in that short time and, although I was not “cured”, I felt that I could function relatively normally. My main motivation was the hope that I could convince my wife to come back.

Upon returning home, I was in good spirits, with a handle on my OCD. I was able to contact my wife by telephone. She was happy for me and I thought there was hope that she would return. She said that she wasn't sure she could trust me. I lost my temper and told her that she was the one who couldn't be trusted. She hung up on me and that was the last time we spoke.

Fortunately, I did not have to attend the divorce proceedings. We owned little between us and had no children to consider. I did have to retain a lawyer to represent me. This lawyer and one of his associates were very supportive and charged me a nominal fee.

I initially wanted to contest the divorce, but was advised by my lawyer, pastor, therapists, as well as friends and relatives that it made no sense to pursue that route. She was not coming back!

We had a beautiful dog that we both loved and of course, I got the dog in the settlement. We had very little that we owned, and my lawyer contacted me to say that she would accept a small, one-

time payment. I was advised to send the cheque before she changed her mind. My parents gave me the money to make this payment.

By this time, I was seeing a local psychologist who was into cognitive behavioral therapy (CBT) and he treated me with a combination of CBT and medication.

I thought my wife was staying with her sister and I flew to that city and waited in her sister's driveway until she got home. I told her that I would like to speak with my wife, who apparently lived nearby. Her sister called her and told her that I was there and wanted to speak with her. She refused to see me. I at least got to meet the very kind lawyer who was representing me.

A few years later, I made another trip in an attempt to surprise her on her birthday. I went to a hotel near her sister's house. Thankfully, before I showed up at her sister's house, I did some research and discovered that she had remarried. I was devastated again and changed my flight to come home early. My parents met me at the airport and took me directly to my therapist's office.

CHAPTER 8 - Forties and Fifties

I threw myself into my work and studied for my insurance qualification. I also read a lot and went to movies after work, to avoid going home.

Eventually I started to heal. One of my friends was instrumental in getting me out of the house, to socialize more. We went out every Friday night and sometimes on Saturday nights. We would go to Happy Hours, dinners, host barbeque parties and play darts. I was smiling and gaining confidence once again. However, these activities involved a lot of drinking.

My father had passed away and my elderly mother had had a breakdown and became quite dependent. My job had also become quite stressful. I spent most of my time between work and helping to look after my mother until we found a full-time care giver.

I also had some bad luck with romantic interests, and eventually I snapped again. I walked off my job and "retired", making a scene and vacating after 20 years with the company. I had already written my resignation letter and only had to date and sign it. I didn't have much to gather up, as I had cleared my office and desk of personal items in anticipation of that day.

I enjoyed being "retired" for about six months and then attempted to find a new job. This was a very humbling and frustrating exercise, as no one seemed interested, being well into my 50's and having a "history".

I was eventually offered a job in retail by a long-time friend, as warehouse supervisor. I resigned after a year or so, as the hours proved long and involved too much lifting for someone in their 50's.

My anxiety and depression became worse and my primary physician prescribed Xanax and Paxil. Things eventually got worse and my doctor suggested that I return to Florida for inpatient treatment.

CHAPTER 9 - Late Fifties And Sixties

Things not improving, I began to self-medicate with alcohol at home, alone. I went through a period when I could not sleep and would lay in bed all night and all day with a bottle of scotch. I would take a drink in the morning to calm my nerves.

My sister dropped by one day and found me in a drunken state. She made me pack some clothes and moved me to my mother's house, where the caregiver could watch me.

The psychiatrist who had been treating me had stopped practicing but I was fortunate to find another local psychiatrist who is very competent and has been treating me for about four years.

I finally admitted that I had a drinking problem and told my primary physician. He had suggested that I join Alcoholics Anonymous. I was reluctant at first, but eventually agreed to give it a try. He knew there was a meeting that evening and made a phone call, arranging for a member of AA to meet me. When I walked into the meeting, I saw a number of people I knew. I was a shaking, nervous wreck, who could barely function. That was over five years ago.

About three and a half years ago, I was not doing well at all. It was just before Christmas and I was depressed and shaking with anxiety. I felt alone and helpless. With the approval of my psychiatrist, I allowed myself to be admitted to the local mental hospital. I was desperate and this seemed preferable to spend the Holidays alone. Two friends from AA went with me to the hospital. Although the staff of doctors, nurses, etc. were well-intentioned, it was like being in prison, as we were locked down on the ward. Fortunately, after only seven days, my psychiatrist agreed to discharge me on Christmas day. Another friend from AA picked me up and drove me home.

I was still struggling and had lost a lot of weight. My sister arranged for a caregiver to spend the day time hours with me and to prepare three good meals a day. This gentleman was excellent. He was a male nurse and an exceptional cook! Thank you, Archie!

Realizing that I was still not well and not knowing what else to do, my sister 'Googled' and reached out to the psychologist who had first treated me in Florida almost 30 years ago and again, 25 years ago.

Fortunately, he was still practicing just a couple blocks from his old office, and he remembered me. He and my sister and her partner arranged for me to spend one month in outpatient treatment, in Florida. This action saved my life! It took a few months for me to get well enough to travel. During this time, we spoke regularly on 'Face-time'.

My sister and her partner travelled with me to Florida and set me up in a hotel near the Center. My other sister came down from Canada and spent a week with me. This time I was not alone. I felt loved and supported.

During the month in Florida, I spent every day, excluding the weekends at the Center, where I saw a host of specialists. In the evenings and on weekends I had time to do my “homework”, which involved journaling, physical exercise and therapy, such as the exposures mentioned earlier.

I was given a full medical examination; saw the psychiatrist for evaluation of my medication, a nutritionist and a number of specialists in anxiety, depression and OCD. They worked with me on weekdays, and I was on my own at the hotel on weekends.

The improvement I made in only one month was remarkable. I felt so much more hopeful about the future, because I had the support of my family and a whole team of specialists, at home and in Florida, who really cared and encouraged me. Nearby friends and family in Florida would pick me up on evenings and weekends to enjoy a meal out.

After a month I returned home unaccompanied, and was met by my sister and her partner. I am forever grateful to my family and doctors who supported me on this journey.

I started going to AA meetings again upon returning home, and am pleased to say that I have not had a drink of alcohol in well over three years. The support and encouragement from my family, mental health specialists and AA made all the difference!

I am so grateful to my sisters and their families. The love and concern they have shown has brought us even closer together and I love them dearly!

Thank you Melanie and Cindy! Thank you Tasha and Richard!

CHAPTER 10 - Sixties

For the last couple of years, I have had good days and bad. The mornings are difficult for me. I usually experience anxiety immediately upon waking. I have discovered that if I lay in bed, the anxiety gets worse. If I get up and shower and get moving, my anxiety decreases and I can have a pretty “normal” day. Some mornings the anxiety is great, but for the most part, it is manageable.

I am still on medication and I see my local psychiatrist every three months, mainly to check in and get my prescriptions renewed. Occasionally, he will call to see how I’m doing and will always take my calls. Thank you, Dr. Christie!

Speaking of checking in, I still have a brief ‘Face-Time’ session with my psychologist in Florida every two weeks. I have known this doctor for about 30 years; he and his associates have helped me to lead a “normal”, productive life on at least three occasions.

He has taken such an active interest in my case and insists that I text every day to let him know how I am doing and to keep me accountable. Yes, every day!

He monitors my progress or lack of same, and has given me not only his professional expertise, but also hope and encouragement. He has become my friend and counselor, giving me my life back on several occasions. I don't know why he has taken such a great interest in my case, but I love him like a brother! Thank you Dr. Rosen!

About a month ago, when I was not doing well, I had a Face-Time session with Dr. Rosen's associate, who is a psychiatrist and has been managing my medication. He made a small adjustment to my medication and within a couple of days, I was feeling better. Thank you, Dr. Gross!

Also, my local primary physician, who is also a friend, manages my physical wellbeing. He not only will take my calls on his cell phone, but also calls on occasion to see how I am doing. Thank you, Dr. Kelly!

I cannot forget the local psychiatrist who first diagnosed and treated me. Thank you, Dr. Neville!

Finally, I appreciate the psychologist who treated me with Cognitive Behavioral Therapy, (after I learned my wife had remarried), albeit has since deceased, I so appreciate Dr. Thompson!

EPILOGUE

I have attempted to write a full and honest account of how OCD affected virtually all aspects of my life, trying to give an accurate chronology of the stresses and emotional suffering, resulting from this insidious mental disorder.

I could not however, tell an honest story if I did not include the effects of anxiety and depression and my attempts to self-medicate, with alcohol.

I have tried to describe how these mental illnesses collectively contributed to much emotional distress and regret.

In this final section, I will attempt to include, chronologically, much of the physical pain and suffering endured due to surgical operations I have had, largely as a result, but not limited to sports injuries.

In my mid-teens and early twenties, I had my seriously inflamed appendix removed after two painful nights in the hospital, accompanied by nausea and vomiting.

This was followed a few years later by surgery on my left knee to remove a torn medial meniscus (cartilage), which caused my left knee to "lock", the result of playing a variety of sports.

Other sports injuries around this time included having my head sutured on three different occasions, as well as suffering a fractured rib, which made any movement, including breathing, painful.

In my early thirties, multiple injuries to my left knee led to the reconstruction of a torn anterior cruciate ligament (ACL). This was a particularly painful surgery. For several days, I was given Demerol for the pain. I was placed in a full length leg cast for six weeks followed by almost a full year of painful rehabilitation.

I had so much difficulty regaining my range of motion that I had a physiotherapist sitting on my knee or placing weights on my leg in order to get my knee to bend, while I hollered and even shed tears from the pain. Eventually, I was taken to the operating room and anaesthetized while my knee was forcibly “manipulated” in order to break through the scar tissue. A few hours later, I was sent directly from the recovery room to the physiotherapist for more manipulation, without anesthesia or anything for the pain. This was the closest thing to torture that I have ever endured.

Several years later, I passed a kidney stone, after being driven to the hospital in the middle of the night by a neighborhood friend, in excruciating pain.

When I was in my forties, I had another kidney stone, which was surgically removed under anesthesia after several days of extreme pain, nausea and vomiting. Thank you, Dr. Roberts!

At the age of forty-nine, I had my third operation on my left knee. Once again, I was referred to the same orthopedic surgeon, who had reconstructed my anterior cruciate ligament (ACL), in Florida. This time it was done with arthroscopic surgery, as an outpatient. This surgery was initially nowhere near as painful as my previous operations. I then used crutches for about three days, after which I could walk virtually pain-free.

However, an MRI taken prior to the surgery revealed severe deterioration of the joint. The orthopedic surgeon said that this was the result of multiple sports injuries and surgeries. My knee was “locking up” again. The surgeon then “cleaned up” the knee with arthroscopic surgery, which was quite successful.

I was told that both knees were arthritic and that I would eventually require knee-replacement surgery on both knees, but at the age of forty-nine, I was rather young for knee-replacement surgery. He said that if possible, they generally like to wait until the patient reaches their sixties.

I returned home after a few days recovery in Florida and was doing very well. Unfortunately, after about a week my knee became swollen and extremely painful. Apparently, it had become infected.

My local orthopedic surgeon drained the fluid from my knee with a needle syringe. She admitted me to hospitalization for 10 days, while I received a powerful antibiotic, ‘Vancomycin’, intravenously, twice a day.

I was also taken to the operation room and anaesthetized again while the local surgeon performed a ‘flushing’, using eight litres of saline to wash out the worst of the knee infection.

What started out as a routine outpatient and relatively pain-free arthroscopic surgery, became a trying and painful ordeal for months. After being discharged from hospital, a nurse came to the house in the morning and at night to administer the Vancomycin.

As soon as I was able, I had to endure another three months of physiotherapy, which I would not have needed if not for the setback of the infection.

I am now sixty-five years old and am pleased to report that I have not required knee replacement or any other treatment for my knees. I am unable to run, but I can walk pain-free! Thank you Dr. Selesnick and Dr. Hestmo!

At the age of fifty-three, I was experiencing what I thought were symptoms of an enlarged prostate. My Prostate-Specific Antigen (PSA) test revealed a level of 3.7, which was still in the normal range. However, it had increased steadily from 1.7 to 3.7 in several years. I was concerned that it was increasing somewhat rapidly, and would soon be above the normal, which is 0-4.

I consulted with an urologist, once again in Florida, who gave a thorough examination. He said that my PSA was a little elevated, but still within the normal range, and suggested we closely monitor my PSA for a year, noting the only way to be sure it was not cancer would be to perform a biopsy.

I followed my instincts and rather than wait another year, I requested that he arrange for the biopsy, which was done the next day. I only wanted to eliminate cancer. The procedure was rather unpleasant, and my results came back positive for early stage-1, prostate cancer. This was a shock for me.

I was sent for full body and pelvic area scans to ensure that cancer had not metastasized or spread to other parts of my body. These scans showed that the cancer was limited to my prostate, which was great news! Thank you Dr. Marks!

I was then referred to a radiation oncologist who, upon examining me and my records, said that I had a ninety four percent chance of complete recovery. This was also very good news! He recommended that I have a treatment of external beam radiation, followed by Brachytherapy. Usually, the patient is given one or the other therapy, but my oncologist recommended the dual approach to improve my chances of complete recovery, as I was still quite young.

I elected to follow his advice and began treatment in Florida a couple of months later. I had 25 treatments in total, once a day over five weeks, Monday to Friday. I was able to fly home for the weekends to take care of things at home and to maintain as normal a routine as possible. I even went into work on weekends.

I was fortunate to have an uncle and cousin in Florida. I stayed with them and they drove me to and from my appointments. This was a blessing, as they both helped to keep my spirits up and we enjoyed the time together. I was calm and in good spirits throughout my treatment! Thank you Uncle Blaise, Terrie and Frances!

Several weeks after completing the external beam radiation, I underwent the Brachytherapy. This was a little more discomforting. I was anaesthetized in an outpatient surgical facility and the radiation oncologist inserted strategically placed tiny radio-active “seeds” into the prostate, which would hopefully kill off any remaining cancer cells.

Eleven years later, my PSA level is still miniscule and there are no signs of prostate cancer. Thank you Dr. Kaplan and staff!

CONCLUSION

As previously mentioned, I am sixty-five years old. I have had a rather eventful life. Like most people, I have experienced much joy and great sorrow. I have received many blessings and experienced many disappointments. I have accomplished much of which I am quite proud and done some things I truly regret! I have been blessed with many gifts and talents and been created with considerable flaws, faults and weaknesses.

I have experienced many of the wonderful aspects of life and (along with it,) have endured long periods of pain and suffering, both physical and emotional. Life has revealed great highs and great lows. My heart has been broken many times.

Although I have experienced life, I sometimes like to say that I “survived” life! I also believe that we can learn from our experiences and help each other along this journey, called life by sharing them. It is often said that we only learn and grow from pain and suffering. I have often prayed for a little less growth!

If I could share with those who read this story, just one piece of advice, it would be, “Don’t ever give up”! To anyone who feels helpless and hopeless, I urge you to find someone who is genuinely willing and able to help. I have been blessed to have encountered many such people in my life.

Conclusion

OCD is not going to go away by itself. If you or a loved one are experiencing OCD's intrusive thoughts, please seek out a therapist who specializes in treating people with Obsessive Compulsive Disorder (OCD).

Taking that first step toward better mental and emotional health is empowering. And the best part is that you can start on your positive path to growth and well-being today!

About the Author

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Center Founder/Director
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Dr. Andrew Rosen received his doctoral degree in clinical psychology from Hofstra University in New York in 1975 and completed an additional six years of psychotherapeutic and psychoanalytic training at the Gordon Derner Institute in New York, where he earned his certification as a psychoanalyst in 1983. In 1984, Dr. Rosen founded the Center for Treatment of Anxiety and Mood Disorders in Delray Beach, Florida, where he continues to serve as Director and to work as a board-certified, licensed psychologist providing in-person and telehealth treatment options.

With an impressive clinical career spanning over four decades, Dr. Rosen has helped countless individuals with a wide variety of mental health issues in both inpatient and outpatient settings to reach an improved overall quality of life, to manage daily life stresses, and to restore their relationships with partners, families, and friends. Coupling his psychoanalytic background with more modern schools of psychology, he brings a unique understanding and perspective to the patient's situation, which results in more comprehensive and thorough treatment planning. In addition to his clinical successes, he has written numerous articles and books and appeared as a professional authority on several television radio shows concerning anxiety and personality disorders and substance-related issues and addiction.

Dr. Rosen is Board Certified by the American Board of Professional Psychology (ABPP). He is also a Clinical Fellow of the Anxiety and Depression Association of America (ADAA) and a Diplomate and Fellow in the American Academy of Clinical Psychology (FAACP). He is an active member of the American Psychological Association (APA), the National Register of Health Service Providers in Psychology, the Florida Psychological Association (FPA), and the Adelphi Society for Psychoanalysis and Psychotherapy. He has previously served as president of both the Palm Beach County Psychological Society and the Anxiety Disorders Association of Florida.

Also by Andrew Rosen PH.D., ABPP, FAACP

HOCD: Everything You Didn't Know - *A Primer for Understanding & Overcoming Homosexual Obsessive Compulsive Disorder*

Getting to Know Anxiety (with David A. Gross M.D., DLFAPA)