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If you wash your hands a lot, it doesn't mean you're 'so OCD.' Here's what it's really like to have it.



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If you're like everyone else, you're probably washing your hands frequently now. You're afraid to touch things when you're out of your house. These are logical responses to the [coronavirus](#) pandemic.

It's common to hear people who are being extra careful these days joke around and say things such as, "I'm so OCD!" If you're joking about [obsessive-compulsive disorder](#), chances are you don't have it.

I do have OCD. Let me tell you a little bit about my experience.

As a teenager, I spent most mornings on the floor of my closet crying, trying to get dressed for school. I'd put on a pair of jeans, then I'd have an obsessive thought about the jeans. A common one was that my mom would die or that I'd kill my sister if I wore them. Panicked, I'd take them off and sit paralyzed in my closet.

This cycle would continue until most of my clothing was off-limits. To make my anxiety go away, I would stuff the "tainted" clothing deep into my dresser, because if those jeans weren't on my body, my mom would live another day and I wouldn't kill my sister.



Lindsey Sitz and her middle school English teacher, Deena Barlev, on a field trip in 2000. This is around the time that Lindsey's OCD started to take over her mornings. (Family photo/FTWP)

When I was 14, I was sitting in my bedroom in Montgomery County, Md., reading Teen Vogue and, sandwiched between the tips and quizzes, was an article about obsessive-compulsive disorder. The article described what it's like to have OCD, and I saw myself clearly in it. I finally had a name for my debilitating anxiety. There were others like me — so many that Teen Vogue wrote an article about us. It gave me hope.



Lindsey Sitz at age 16. (Family photo/FTWP)

Throughout my teens and early 20s, my obsessive thoughts evolved into things such as “What if I am not who I think I am?” “What if I’m a bad person?” and “What if I abuse a stranger or someone I love?”

I felt so much shame. I thought that I must be a monster. I became very skilled at hiding my compulsive behaviors (behaviors performed to lessen my distress) from my family. I would have an obsessive thought (“If I open the microwave door once, my mom will die”), followed by a compulsion (opening the microwave door twice). Other times my compulsions happened in my head. I would have an anxiety-inducing thought — “I will hurt that stranger” — followed by an anxiety-lessening thought (the compulsion) — “I will help that stranger” — that would “cancel out” the scary one.

I wasn’t diagnosed with OCD until I sought help from a professional in my early 20s. Today, at age 32, I can happily say that (knock on wood) my OCD is mostly dormant. I attribute that to the tools I picked up in cognitive behavioral therapy and to sharing my stories with others, so it’s not weighing on me as a heavy secret. I feel lucky it hasn’t reared its head lately, especially during this global pandemic.

He said that anxiety in average doses is not a disorder and that it exists to protect us from a real threat.

“When it is working well, anxiety is healthy and might even help to keep us alive,” he said. “OCD is obsessive-compulsive disorder. Anxiety disorders happen when your anxiety system in your brain is not doing its job well.”

Here are five myths about OCD, as explained by Chamberlain.

OCD means being very orderly or tidy.

A common misconception is that if you are orderly, tidy, careful about not getting sick, particular about your surroundings, you have OCD. In fact, OCD is a psychological disorder that is painful, distressing, often debilitating. If you are able to toss it out casually and laugh about it, and move on with your life without distress, you don't have OCD.

People with OCD enjoy performing rituals.

OCD is when the anxiety center goes off the rails. It's when you have this scary bully in your head that is telling you that bad things are going to happen and that you need to do certain rituals to keep the bad things from happening. In reality, you don't really need to do those rituals because the bad things are not really going to happen.

OCD sufferers are mostly concerned with cleanliness.

Obsessions can be about religion. For example, a worry that you are going to anger God. Or you might think that you are going to impulsively kill somebody. You might think that you're not the sexuality that you identify with. You might fear that you're a pedophile even though the idea of sexual contact with children is repulsive to you. A particularly tragic thing about OCD is that sufferers can fear they will commit heinous acts, such as murder or pedophilia, and the idea is so horrendous that they won't talk about it because they think others will suspect them of being actually capable of committing these acts — when the opposite is actually true. OCD goes far beyond fearing contamination or messiness.

Only those with OCD have intrusive thoughts.

What distinguishes between OCD and non-OCD sufferers is that OCD sufferers' thoughts tend to stick. They keep going back to it. They keep arguing with it. They keep trying to dispel it.

People without OCD have what I call the "Nah response." Those people might think, "Maybe I have cancer," and instead of that thought sticking in their brains, they will probably respond with, "Nah, it's probably nothing."

OCD sufferers now feel more comfortable because everyone is hand-washing a lot.

OCD thrives on uncertainty. It is often referred to as "the doubting disease," and if ever there was a time when we had uncertainty about something that we needed to have certainty about, now is it. Before the coronavirus pandemic, clients who suffer with contamination OCD had been working really hard to wash their hands less. Now they are being told to wash their hands with great frequency. This has been a very confusing thing for people with contamination OCD. We spend a lot of time in session trying to figure out what's rational and what's not. Trying to figure out what's a necessary precaution and what's an extreme precaution and trying to figure out what public health information we can trust. The bottom line is, this is NOT a good time to have OCD. It's never a good time to have OCD.

If you think you have OCD, there are [resources that can help](#).