A Newsletter Dealing with Obsessive Compulsive Disorder

NEVER say NEVER

In the midst of the seemingly endless storm,
look to the promise of the rainbow -
the rain shall not prevail!

Spring 2016

That's OCD, too!?

When we read or hear of Obsessive-Compulsive Disorder, it is most often represented in its most common forms: washing, checking, counting, hoarding, symmetry and organization, intrusive thoughts, and so on. But, as we know, OCD is much more complex than that, and it can manifest itself in many different - and unexpected - ways. Some of these may be unfamiliar to us, but whatever form it takes, the struggle is certainly the same. Sufferers' thoughts are fraught with fear and doubt, and their lives are disrupted by the rituals and behaviors seen as necessary to relieve the anxiety.

In this issue of ***Never Say Never***, we will look at some of the lesser-known forms of OCD. On page 4, Jennie Shanburn tells us about Health Anxiety, also known as "hypochondriasis." On page 5, British writer Helen Barbour introduces us to the notion of "OC Spartanism." On page 6, we will read about "Just Right OCD," and on page 7, we will learn about "intrusive music," a surprising OCD manifestation.

International OCD Foundation

IOCDF CONFERENCE IN CHICAGO
JULY 29-31, 2016

The International OCD Foundation (IOCDF) is holding its annual conference in Chicago this year. This is an opportunity for those of us who have never attended the conference (and for those who have and know they want to go again) to participate in this truly extraordinary event. We encourage our members to look into this and seriously consider making this worthwhile investment. Go to ocd2016.org for information.

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NEVER say NEVER

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a 501(c)(3) non-profit organization.

To submit articles or letters, write or e-mail the OCDFM at the above addresses.

LIST OF SELF-HELP GROUPS

ANN ARBOR:
1st Thursday, 7-9 PM
St. Joseph Mercy Hospital Ann Arbor
Ellen Thompson Women's Health Center
Classroom #3
(in the Specialty Centers area)
5320 Elliott Drive, Ypsilanti, MI
Call Bobbie at (734) 522-8907 or (734) 652-8907
E-mail OCDmich@aol.com

DEARBORN:
2nd Thursday, 7-9 PM
First United Methodist Church
22124 Garrison Street (at Mason)
In the Choir Room (enter under back stairs)
Call Bobbie at (734) 522-8907 or (734) 652-8907
E-mail OCDmich@aol.com

FARMINGTON HILLS:
1st and 3rd Sundays, 1-3 PM
BFRB Support Group
Body-Focused Repetitive Behaviors
Trichotillomania and Dermatillomania
(Hair-pulling and Skin-picking)
Beaumont Hospital Botsford Campus
Administration & Education Center, Classroom C
28050 Grand River Ave. (North of 8 Mile)
Call Bobbie at (734) 522-8907 or (734) 652-8907
E-mail rslade9627@aol.com

GRAND RAPIDS:
Old Firehouse #6
312 Grandville SE
Call the Anxiety Resource Center
(616) 356-1614
www.anxietyresourcecenter.org

Anxiety Disorders
Meets every Wednesday, 4:30 to 5:30 pm and
7 to 8:30 pm (two groups offered at this time to keep group size smaller)
A weekly support group open to anyone who has an anxiety problem (including trichotillomania and Obsessive-Compulsive Disorder).

Teen Anxiety Disorders
Meets every Wednesday, 5:45 to 7:00 pm
(Please call ahead)
A weekly support group open to teens aged 14-18 who have an anxiety problem.

Yoga
Every Wednesday, 5:30 to 6:30 pm
A gentle yoga class. No experience is necessary.
Schedules do change, so please call ahead to reserve a spot.

Open Creative Time
1st Wednesday, 6:00 to 7:00 pm
Take your mind off your worries by being creative.
Bring a project to work on or enjoy supplies that are available at the ARC.

Social Outing Groups
Offered once a month.
Dates and times change.
Check the ARC website for current listings.

LANSING:
3rd Monday, 7-8:30 PM
Delta Presbyterian Church
6100 W. Michigan
Call Jon at (517) 485-6653

LAPEER:
2nd Wednesday, 7:30 - 9 PM
Meditation Self-Healing Center
244 Law St. (Corner of Law & Cedar Streets)
Call Mary at (810) 441-9822

PETOSKEY:
2nd Tuesday, 7-9 PM
The John & Marnie Demmer Wellness Pavilion
820 Arlington Ave.
Petoskey, MI 49770
Call Kevin at (231) 838-9501
E-mail Runocd@gmail.com

ROYAL OAK:
1st Wednesday, 7-9 PM
Beaumont Hospital, Administration Building
3601 W. Thirteen Mile Rd.
Use Staff Entrance off 13 Mile Rd.
Follow John R. Poole Drive to Administration Building
Park in the South Parking Deck
Meets in Private Dining Room
(If the building is locked, press the Security button next to the door, tell them you are there for a meeting, and they will buzz you in.)
Call Terry at (586) 790-8867
E-mail tmbrusoe@att.net

OCD as Health Anxiety

By Jennie Shanburn, MA

Why is my left ankle sore? I didn't injure it...that I can remember. It's only sore if I push on it or bend it a certain way. Hmmmm. Maybe it's ankle cancer? Is there such a thing as ankle cancer? Maybe I should Google it.

Yes, the above was meant to sound comical, even though it represents a typical thought pattern I have noticed in myself pretty much over my entire life. I remember when I was a kid, feeling for my heartbeat while lying in bed to make sure it was beating properly. I've always been worried about my health. And I've had OCD since early childhood, so I know they go hand in hand. The thought patterns with my health anxiety are very similar to my thought patterns for my other OCD symptoms (checking, washing, intrusive thoughts, etc.)

Interestingly, one of the best definitions of health anxiety I've seen comes from a British website, www.anxietyuk.org.uk:

> Health anxiety is an anxiety disorder that is often housed within the Obsessive Compulsive Disorder (OCD) spectrum of disorders. Those affected by health anxiety have an obsessional preoccupation with the idea or the thought that they are currently (or will be) experiencing a physical illness. The most common health anxieties tend to centre on conditions such as cancer, HIV, AIDs, etc. However, the person experiencing health anxiety or illness phobia may fixate on any type of illness. This condition is known as health anxiety, illness phobia/illness anxiety or hypochondriasis.

Those who are affected by health anxiety/illness phobia are convinced that harmless physical symptoms are indicators of serious disease or severe medical conditions. For example, if a person experiencing health anxiety or illness phobia feels that their chest is getting tight, they may believe that they are having a heart attack. Those with health anxiety frequently misinterpret physical symptoms of anxiety as a sign of an impending physical health problem.

It is important that this definition points out that sometimes the physical symptoms that we worry about with health anxiety are actual, real physical symptoms caused from anxiety. Heart palpitations, trouble swallowing, frequent urination, etc. (the list is seemingly endless), can all be anxiety symptoms, but when coupled with health anxiety suddenly become harbingers of an impending cancer or heart disease (or some other disease) diagnosis.

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LESS IS MORE

by Helen Barbour

Recently, I came across a term in the context of OCD that was new to me: obsessive-compulsive spartanism.

Spartanism is, essentially, the opposite of hoarding: people exhibiting this behaviour can't tolerate any kind of clutter. They seek to live with the fewest belongings possible, often choosing to keep items only in specific quantities and/or if they fall into a particular category. As a result, they're driven to have ruthless clear-outs, even getting rid of things they still need.

And, in spite of reducing their possessions to the absolute minimum, they may still find their environment unbearable.

Although the article I read defined spartanism as a form of OCD, my subsequent research revealed that this does not yet appear to have been classified as a psychiatric disorder, let alone one relating to this condition.

However, this research did confirm my initial suspicions that I'm prone to spartanism, and that it ties in closely with my ordering compulsions.

Often, I look around my flat and wish I had less stuff, although I know I have very little compared with most people: I hate clothes' shopping, don't buy the latest gadgets and don't even retain books once I've read them.

The feeling of discomfort at having too many things around me can be overwhelming. Sorting and rearranging helps a little, and getting rid of just one or two things can also temporarily alleviate the feeling.

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MATERIAL WORLD

by Helen Barbour

I'm often surprised at which of my posts generate the most interest and comment: frequently it's those that are about something I'd thought to be a 'niche' area of mental health.

A prime example is 'Less is more', a post about obsessive-compulsive spartanism (OCS) that appeared in February 2014, and which is by far the most frequently viewed on my blog.

Spartanism is the opposite of hoarding, in that sufferers can't bear any clutter and continually seek to dispose of their possessions, often including items they actually need. This can be detrimental both to them and their families.

Having stumbled across an article on the condition, and recognised mild spartanistic tendencies in myself, I decided to investigate further. This was all new to me and so I didn't expect the flood of feedback that followed publication of my own piece on the subject.

Some readers described vividly how they felt when they had too many things around them:

'I get a physical sensation as though I'm being crushed.'

'It literally feels like gears grinding in my head.'

Others talked about the losses they'd suffered: *'I've even left stuff behind when I've moved - on purpose. I've lost some good things that way.'*

One spoke of the battle between her minimalism and her husband's hoarding, and another of the devastating impact of her husband's spartanism: *'He recently gave away the last few sentimen-*

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INTERNATIONAL OCD FOUNDATION

"Just Right" OCD Symptoms

What is "just right" OCD?

- "Just right" obsessions are thoughts and/or feelings that something is not quite right or that something is incomplete. For example, a "Just Right" obsession would be a person feeling that their hands are not quite clean when washing them. An example of a "Just Right" compulsion is a person washing their hands until the sense of "incompleteness" goes away.
- On average, those with "just right" symptoms experience more problems in their day-to-day lives than those with more typical OCD symptoms.
- Those with "just right" symptoms are also more likely to have other ("co-morbid") conditions like tic disorders or skin picking that can make treatment more difficult.

How "Just Right" OCD is Different than More Typical OCD

"Just right" OCD symptoms involve more of a sense of "incompleteness" rather than the need to "avoid harm" seen in more typical OCD symptoms. "Just right" symptoms are more likely to be experienced as discomfort or tension rather than anxiety.

How "Just Right" OCD is Similar to Other Kinds of OCD

- Both "just right" and other kinds of OCD involve an overwhelming sense of doubt that leads to compulsions.
- People with either "just right" or other kinds of OCD both know that their thoughts are unwarranted, but can not shake the nagging feeling that 'perhaps they are wrong.'
- In both "just right" and other kinds of OCD, doing the compulsion reduces anxiety, making the person more likely to seek relief through their compulsion the next time the feeling happens

How can you tell the difference between "just right" OCD, disruptive behavior and tic disorders?

In children, it may be difficult to tell the difference between "just right" OCD symptoms and disruptive/ oppositional behaviors. For example, if a child with OCD has a temper tantrum because a classmate sat in 'her' chair, it is because he or she feels an overwhelming sense that something is 'not right.' This reasoning is usually not recognized by others. Limited communication in children can add to the confusion.

Because 'urges' in "just right" OCD and tics feel similar, it can also be difficult to tell them apart. While "just right" obsessions are less evident than in other OCD subtypes, the urges tend to be more thought-based than tics. In other words, an individual with "just right" symptoms may say that something does not 'feel right' –

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I've Got the Music in Me
A Look at Intrusive Music and OCD

by Harold Pupko, M.D.

Musical Hallucinations (MH) are defined as the experience of music without any coexisting external stimulus. Not restricted to simple tunes or melodies, they can include the experience of rhythms, harmonics, or timbre depending on the musical appreciation level of the "hallucinator." This being the case, diagnosis may depend on the musical-appreciation talents of the diagnostician. The medical literature describes the phenomenon of MH as rare, more commonly occurring among those with unilateral or bilateral deafness (transient or permanent), and those with brain disease. As the elderly are more prone to both conditions, MH is more commonly reported in this age group. As a clinician whose practice includes many patients with Obsessive-Compulsive Disorder (OCD), I am surprised that a diagnosis of intrusive music, a form of OCD, is rarely entertained by the psychiatrists and neurologists who write about MH in the scientific journals.

When I ask my OCD patients about intrusive music, I find that the phenomenon is quite common, with its expression ranging from mildly irritating to sometimes debilitating. More importantly, sufferers are relieved to finally have an opportunity to talk about these "unusual experiences" openly (as is the case with most OCD symptomatology). Because questions regarding intrusive music are not part of standard OCD inventories, such as the Y-BOCS symptom checklist, I hope that this article will stimulate my professional colleagues to start asking these questions so that OCD patients can be assured that they are not "loony tunes."

This article is based on a review of the scientific literature, my clinical experience, and letters I received in response to a letter published in this newsletter this past summer.

What is the experience like?

The experience of intrusive music covers a wide spectrum. A common analogy is that of a radio in one's head; the volume can be high or low, ranging from low-level background music to feeling as if a "boombox" is blasting in one's brain. The music may be clear, with rich detail, or jumbled. Some patients report that they can experience two or more songs playing simultaneously (e.g., ragtime on top of a rock and roll). The music may consist of a bar, a phrase, or even an entire piece, followed by other pieces, in what may seem like an endless musical procession. The intrusive tunes are commonly familiar ones (e.g., religious hymns), although new compositions may erupt spontaneously. Intrusive music is usually triggered by hearing music, from the bells of the local ice cream truck to popular music on the radio. Advertising jingles as well as television and radio signature tunes are notorious triggers. Once heard, the music repeats over and over, lasting anywhere from

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The Monster in My Head

OCD just go away,
I haven't time for you today,
Tomorrow doesn't look good either,
Of your obsessions and compulsions I want neither.

You're a monster in my head,
Causing me pain, and each day I dread,
I spend so much time obeying your demands,
I don't enjoy life or the moments at hand.

You distort my thinking making me believe,
That unreal thoughts are real, how you deceive,
And the time consuming rituals you convince me to do,
Show just how deeply I'm enslaved to you.

So I must not believe the thoughts you put in my head,
Nor do those compulsions I so dread,
And then I'm told you will fade away,
And no longer infect my life each day.

Begone you monster, get away from me,
I no longer want to be imprisoned, I want to be free,
To my own thoughts and my actions too,
To be responsible for me, not controlled by you.

By Nancy W.

To our readers and members: *We welcome your contributions. Please tell us your personal experience with OCD, using words - poetry or prose - or pictures. Your individual stories are important and should be shared. Send them to us at the addresses on page 2, either snail mail or e-mail.*

One rule of thumb I will point out, and that I follow myself, is that if you have a NEW or worsening symptom - that you haven't already had checked out by a doctor - it's a good idea to go to your doctor to get it checked out. This does NOT mean that something is seriously wrong with you. However, that being said, another part to health anxiety is needless trips to the doctor and unnecessary testing. Doctors these days seem all too willing to order tests "just to make sure." Therefore we as the patients will go along with it, get the tests, which almost always come back normal. I suppose there is not too much harm in getting tests done even when not necessary, unless this causes or adds to extreme financial or mental strain. And when a doctor orders a test, it almost feels to the person with health anxiety as if he/she is validating that you do indeed have something seriously wrong with you (even if he/she doesn't believe this at all). This has the potential to make your health anxiety worse.

A key characteristic of OCD as health anxiety is the thought, *I know I've worried about having cancer [or AIDS, ALS, MS, etc.] before, and all the tests ruled it out, but THIS time, it's different. I just know I have cancer this time.* This is classic OCD. It's the OCD trying to trick you into thinking that it's not OCD this time.

The following are common compulsions that go along with OCD as health anxiety:

Seeking reassurance from others:

"Do you think this symptom points to cancer?"

"What would you do in my situation - would you go get another medical test?"

"Does this symptom seem different than last time I had it?"

Checking the symptom:

Performing self breast exams 20 times a day just in case you missed a lump

Looking in the mirror at a (harmless) rash over and over to see if it has changed

Checking your pulse repeatedly to see how high it is

The list of examples goes on and on

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Googling the symptom. Typing in:

"ankle sore cancer"

"do MRIs miss bone cancer?"

"headache aneurysm"

Calling your doctor repeatedly to ask about the same symptom

A note about Googling (or using any search engine): Google/the internet is not your friend when you have OCD. You can find stories about anything and everything online: stories and "information" confirming your fears, disputing your fears, and everything in between. DO NOT GOOGLE if it has to do with an OCD symptom.

So how do you treat and manage health anxiety? The same way you treat other forms of OCD: cognitive-behavioral therapy (CBT), particularly exposure and response prevention (ERP). This therapy should ideally be undertaken with a therapist experienced in treating OCD with CBT. A high level overview of CBT/ERP is: allowing yourself to experience the anxiety-provoking symptoms and/or thoughts without engaging in the compulsions.

For example, with OCD thoughts such as: *Why do I have these bruises on my legs? I didn't run into anything. I've heard that unexplained bruising can mean cancer. Maybe I should Google it. Maybe I should ask my parents what they think it is. I need to catch it early so they can start treating the cancer right away.* (this is essentially the "exposure" in this case)

Cognitive restructuring: *But wait...I remember that I had the same thing a few months ago and went to my primary doctor and she said that unexplained bruising is very common; she wasn't worried about my bruises at all.*

Response prevention: *Okay, I will not Google it or ask for reassurance for the next 3 hours. I will do something else and wait for my anxiety level to go down.* (reassess after 3 hours)

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OCD as Health Anxiety
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If you recognize yourself in this article, you are not alone. For many of us, our OCD fixates on health worries. Please seek help, and attend one of the OCD Foundation of Michigan's self-help groups if you are able. You can get better and find relief! Many of us have. My own health anxiety has actually improved a lot over the years.

Also, the following are books about treating health anxiety. I have not read them, so I cannot give a personal recommendation but they seem to offer good information from a CBT standpoint.

Overcoming Health Anxiety, by Rob Willson and David Veale

Overcoming Health Anxiety: Letting Go of Your Fear of Illness, by Katherine M.B. Owens and Martin M. Antony

Treating Health Anxiety: A Cognitive-Behavioral Approach, by Steven Taylor and Gordon J. G. Asmundson

Jennie Shanburn has her MA in Counseling, and completed a graduate school internship at St. Louis Behavioral Medicine Institute under its director, Dr. C. Alec Pollard.

Words of Wisdom

"I'm tired of being inside my head. I want to live out here, with you."
– Colleen McCarty

"Fear is a darkroom where negatives develop." - Usman B. Asif

"If you are distressed by anything external, the pain is not due to the thing itself, but to your estimate of it; and this you have the power to revoke at any moment."
- Marcus Aurelius

"The cave you fear to enter holds the treasure that you seek." - Joseph Campbell

Less is more
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I can see how this could get out of hand, though. Throwing away out-of-date food products has, in the past, escalated unintentionally to the disposal of multiple other items around my flat. On occasion, I've even toyed with the idea of getting rid of my photos and boxes of things I've kept for sentimental reasons - I only managed to hold back, because I knew I'd regret it later.

Being an anxious person, prone to imagining all kinds of catastrophes, I've often imagined how I would cope if I lost everything I owned, for example, in a fire. I know it would be traumatic; probably the equivalent of a bereavement, necessitating the same grieving process. Yet, part of me whispers, 'Think how liberating it would be to start over with nothing.'

Of course, I don't want to put this to the test, but the idea of a clean slate - at least in terms of material things - is appealing. My instinct is that I would accumulate much less second time around.

Spartanism is characterised by organising, counting, arranging, rearranging and purging. There is a clear fit, therefore, with my need for order, and a mirroring of my desire for control.

I'm glad to have read about this and to have recognised my own latent spartan tendencies. Under the wrong circumstances, these could easily develop into a real problem. Forewarned is forearmed.

Material World
(Continued from page 5)

tal items I had left. I don't know how to move forward since they're not replaceable. I understand his mind and empathise with him, however, it feels like basic trust is gone.'

Yet another expressed a sentiment common to many with mental health disorders: *'It's comforting to know that others do similar things.'* In fact, from this anecdotal evidence - from an international readership - it seems that a lot of people are affected by this condition.

This set me wondering whether this kind of behaviour is on the increase as a natural, and inevitable, reaction to the rampant consumerism and materialism of most first-world countries. Perhaps 'stuff is the new stress' for many of us? As one reader commented: *'I find that it's just too much for me to keep up with and take care of.'*

A Canadian journalist recently asked me to contribute to a feature on OCS. It seems that, across the pond, decluttering has become a massive phenomenon. The gist of her piece was that, as a result, those with spartanism often find it difficult to make others understand that this is a real problem.

The UK frequently adopts US trends, so I'm sure it's only a matter of time before we follow suit with decluttering. I for one would welcome that societal shift, as I feel much the same as one of my blog readers, who wrote: *'Clearing the physical space has created some much needed mental space and clarity...I didn't feel that I needed the possessions to be happy and the idea of a simpler life was so attractive and liberating.'*

We'll have to find a balance between materialism and spartanism, though, or we'll only end up exchanging one problem for another!

Helen Barbour is a writer based in the UK. These writings are from her blog "The Reluctant Perfectionist ... life as a writer with obsessive-compulsive disorder." These posts can be found at her website: helenbarbour.blogspot.com. Reprinted with permission.

and that he/she performs certain rituals to try and get rid of that feeling, whereas a person with tics would tend to show less voluntary control over his/her actions.

How are "just right" symptoms triggered?

A list of possible triggers could be endless. But, the following are some general categories of common triggers:

- **Sight**. Example: A person feels that his/her comb is not in 'quite the right place' on the dresser, and might proceed to pick it up and put it back down – repeating until the feeling of incompleteness is gone.

- **Sound**. Example: A person practicing piano feels that a certain note is 'off', and needs to play it over and over until it sounds right – even though tuning of the note has not changed in any real way.

- **Touch**. Example: After touching a table, a person feels a sudden need to touch it again (and again) until a feeling of tension/distress goes away.

- **Personal Expression**. Example: A person might need to express himself/herself 'precisely' in written or spoken words (even in his/her own head) – 'working through' wording until it meets their own standards of being 'just right'.

How much do "just right" symptoms interfere with life?

How much "just right" symptoms impact a person's life can vary from person to person. The following are some common ways that "just right" OCD can cause problems:

- Daily Life: Those with very specific triggers might find interference with daily life to be minimal. However, people with more severe "just right" OCD can become 'stuck' in every step of their day – from turning the alarm off in the morning (... 'I didn't turn it off right; I need to do it again...and again...and again') to getting out of bed (...'that felt 'wrong'...I'll have to do it another time'); walking out the door; picking up objects, etc., etc., etc.

- Academic/Work Life: Again, those with more severe "just right" OCD may become stuck in many activities – for instance, writing messages (may need to reword – or rewrite, if individual letters seem 'off'); organizing tasks (i.e., unable to begin, because required objects are not in quite the right place); etc. Productivity can be greatly affected – as can attention (e.g., if the individual is more focused on the sound quality of a speaker's voice, or the rhythm of the words being spoken, than the content of a presentation).

- Social Life: The compulsions needed for a sense of 'completeness' can take up a lot of time – leaving little for social interaction in more severe cases. As well, the oddity of one's compulsions (e.g.,

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picking up an object and putting it back down, over and over again) may make friendships difficult. Or, as with academic/work life, divided attention can greatly impact performance.

What is associated with "just right" symptoms?

Over 50% of those with OCD experience "just right" obsessions or compulsions. Those with "just right" OCD symptoms are likely to have:

Treatment of "just right" symptoms:

- perfectionism (e.g., concern over mistakes)
- 'obsessional slowness' (i.e., loss of time due to obsessional 'loops')
- a need for control/predictability
- ordering/arranging/symmetry behaviors/evening-up
- a sense that the mind does not rest (i.e. a mental 'broken record')
- greater difficulty making decisions
- reassurance-seeking (i.e., comparing notes with others, to determine whether their sense of something being 'off' is valid)
- counting rituals
- repetitive behaviors
- checking behaviors
- procrastination (i.e. "putting off" tasks)
- trouble delegating tasks
- general inflexibility

Cognitive-behavioral therapy (CBT), with exposure and response prevention (ERP), is a first-line treatment for OCD. Antidepressant medicines can help, either together with CBT or before starting CBT (to reduce overall levels of anxiety). However, "just right" symptoms can make treatment more difficult for two reasons:

- First, it is often more difficult to address obsessions of "incompleteness" because they are less concrete than those of "harm avoidance."

- Second, complete response prevention may be difficult for those with severe/very generalized "just right" symptoms. More typical OCD symptoms are triggered by specific things, while "just right" symptoms can be affected by virtually every part of the day.

Authors: Jeannette Reid, M.S., Eric Storch, Ph.D., and Adam Lewin, Ph.D., University of South Florida OCD Program

This IOCDF Fact Sheet can be found at iocdf.org/wp-content/uploads/2014/10/Just-right-OCD-Fact-Sheet.pdf

seconds to hours to days, and in extreme cases, months.

A key point to keep in mind is that OCD sufferers maintain insight into the source of the music, knowing that it emanates from their own minds, and cannot be heard by others (i.e., they are aware that they are not psychotic).

A common feature of this condition is that, like nature, musical OCD abhors a vacuum. Patients report that when they are highly focused on some outside task or conversation, the symptoms diminish, only to reappear when their minds are not actively engaged. However, when less focused, the music tends to compete, and often draws the attention away from the preferred target.

Intrusive music may also be triggered by feelings, thoughts, or words that can, in turn, trigger associations. This is not to be confused with synethesia, where one sensory modality is experienced as another (e.g., tasting colors), although there may be an overlap between the processes at work in the OCD sufferers and synesthetics. For example, the color blue may trigger the title "Blue Suede Shoes," which, in turn, may automatically trigger the experience of a random song from one's internal Elvis collection.

In some cases, intrusive music may "leak" out in the form of humming at inappropriate times. This may lead to embarrassment for the sufferers and/or people close to them, and the individual may not even be aware that this is occurring. This is not to say that humming or hearing music in one's head is abnormal in any way; but rather, that its inappropriateness to the situation makes it pathological. Intrusive music, like other forms of OCD, can truly detract from the quality of one's life, preventing even the enjoyment of the simplest of pleasures, such as a sunset savored in perfect silence. Even when the music stops, the resulting mood can linger on in a person's mind, often to the sufferer's detriment.

It is important to note that unilateral musical hallucinations which appear to emanate from one's ear may be a sign of neurological disease.

What triggers it?

Musical OCD, like other forms of OCD, thrives under certain conditions. Stress, depression, or any other condition that deprives one of sleep, resulting in fatigue, certainly aggravates it. Intrusive music can also cause insomnia and poor sleep quality, thus perpetuating itself in a vicious cycle. Sufferers often note intrusive music to be their first experience upon wakening in the morning. There is one report in the literature of intrusive music resulting from a single head injury. I also received one letter reporting on such a case. Interestingly, both cases were well controlled by medication (Anafranil in the former, Paxil in the latter). OCD can be seen in some cases as the result of a susceptible brain being further compromised, with resultant symptomatology. For example, a case

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is described of a patient with "basal ganglia pathology" who developed repetitive musical intrusions secondary to having a low-blood calcium and phosphorus levels. Correction of this metabolic deficiency eliminated the intrusive music.

Prescription drugs, especially stimulant drugs, or the withdrawal of sedative drugs (with the resultant stimulation of the cortex) as well as those that lower blood pressure, can precipitate MH, especially in those already at risk (e.g., the deaf, etc.). For example, Anafranil was described in one case to trigger musical hallucinations.

It is interesting to note that there is some evidence that representation of musical information shifts with musical training from the non-dominant to the dominant hemisphere of the brain. As OCD is considered by some to be an information-processing problem, it may, for purposes of speculation only, be possible that a flawed transfer of musical information between the hemispheres of the brain contributes to the problem.

Treatment

So what's a sufferer to do? Avoidance of music in our daily lives is virtually impossible. Behavior therapy (BT), although potentially useful, is not that impressive, based on my clinical experience. Nevertheless, techniques such as visualizing the music as coming from a tape recorder and then hitting the pause button, or manipulating the volume control as a form of thought-stopping, should be considered. "Cranking the volume up" as exposure therapy has been suggested by some behavioral therapists as an effective technique, but I have yet to hear of a successful treatment with this approach, specifically for sufferers of intrusive music.

Once underlying conditions, as discussed above, are eliminated, medication should be seriously considered for those with significant impairment. This form of OCD can be responsive to the traditional medications for OCD (i.e., Anafranil, Prozac, Paxil, Zoloft, Luvox). There is no specific drug preferred for this condition, and finding the right one and correct dosage os still a matter of trial and error. The goal should be the elimination of symptoms, but realistically, sometimes all one can achieve is alleviation. If medication fails or severely aggravates the symptoms, one diagnosis that should not be overlooked is temporal lobe epilepsy, as it too can produce hallucinations. Consultation with a neurologist who is competent in this area should be considered.

In summary, intrusive music is common, can be debilitating, and is often overlooked in the management of OCD. I hope this brief review will stimulate discussion about this topic for the increased well-being of OCD sufferers everywhere. Comment on this article would be greatly appreciated. Please write to me at (author's address). I would like to thank all of the readers who took the time to share their experiences with me.

(From the ***OCD NEWSLETTER,*** Volume 11, Number 2; April, 1997, published by The OC Foundation (now known as The International OCD Foundation, www.iocdf.org)

PARTIAL HOSPITALIZATION PROGRAMS

There is a treatment option available for adolescents and adults in many areas that is often not known or considered by individuals who are struggling with OCD, anxiety, or depression. Partial Hospitalization Programs (PHP) are intensive programs offered by hospitals and clinics, and can benefit those who need more help than traditional outpatient settings can provide. They typically run five days a week, from 8 or 9 am to 3 or 4 pm, and can include group therapy, private time with a psychiatrist, art or music therapy or other activity time, and education programs. They usually include lunch, and some include transportation. Here, we list some of these programs for your information.

St. Joseph Mercy Hospital, Ann Arbor, MI

Adult Partial Hospitalization Program, 734-712-5850
www.stjoesannarbor.org/AdultPartialHospitalizationProgram

Adolescent Partial Hospitalization Program, 734-712-5750
www.stjoesannarbor.org/AdolescentPartialHospitalizationProgram

Beaumont Hospital, Royal Oak, MI, 248-898-2222
www.beaumont.edu/centers-services/psychiatry/partial-hospitalization-program

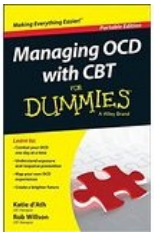
St. John Providence Hospital, Southfield, MI, 800-875-5566
www.stjohnprovidence.org/behavmed/referral/

Oakwood Heritage Hospital, Taylor, MI, 313-295-5903
www.oakwood.org/mental-health

Allegiance Health, Jackson, MI, 517-788-4859 or 517-789-5971
www.allegiancehealth.org/services/behavioral-health/services/partial-hospitalization-program

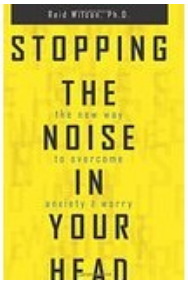
New Oakland Child-Adolescent & Family Center, 5 locations in tri-county area, 800-395-3223
www.newoakland.org/mental-health-services/face-to-face-day-program.html

SUGGESTED READING



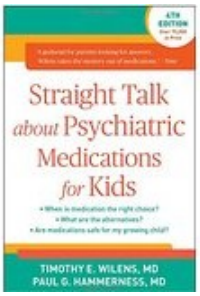
Katie d'Ath
Rob Wilson
Managing OCD with CBT for Dummies
Publisher: For Dummies, 4-25-2016
ISBN: 978-1119074144

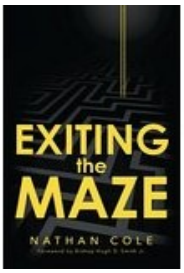
Gail Steketee, PhD
Randy O. Frost, PhD
Treatment for Hoarding Disorder: Workbook
Oxford University Press, 2013
ISBN: 978-0199334940



Reid Wilson, PhD
Stopping The Noise in Your Head: The New Way to Overcome Anxiety & Worry
Health Communications, Inc., 2016
ISBN: 978-0757319068

Timothy E. Wilens, MD
Paul G. Hammerness, MD
Straight Talk about Psychiatric Medications for Kids
Fourth Edition
The Guilford Press, 4-2016
ISBN: 978-1462519859





Nathan Cole
Exiting the Maze
Next Level Press, 2014
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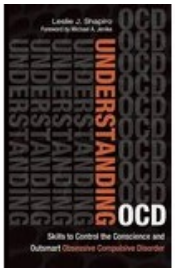

Leslie Shapiro
Understanding OCD: Skills to Control the Conscience and Outsmart Obsessive-Compulsive Disorder
Praeger Publishing, 2015
ISBN: 978-1440832116

Gail Steketee, PhD
Randy O. Frost, PhD
Treatment for Hoarding Disorder: Therapist Guide
(Treatments That Work)
Oxford University Press, 2013
ISBN: 978-0199334964

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6/2016

Please Don't Throw Me Away

You've finished reading me and don't need to keep me anymore. Or worse (boo-hoo), you don't need me and don't even want me. In either case, please take me somewhere where I can help someone else. Take me to your library. Take me to your doctor, therapist, or local mental health clinic. Take me to your leader. But please, please, don't throw me away.

The OCD Foundation of Michigan
Mission Statement

- To recognize that Obsessive-Compulsive Disorder (OCD) is an anxiety-driven, neurobiobehavioral disorder that can be successfully treated.
- To offer a network of information, support, and education for people living with OCD, their families and friends, and the community.

IF YOU WOULD LIKE TO BE ADDED TO OR DELETED FROM THE MAILING LIST PLEASE CONTACT US

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