

Developing Empathy Paper

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### Abstract

Obsessive-compulsive disorder is a chronic mental health disorder associated with intrusive obsessions and compulsions which impacts the day to day functioning of many individuals. There are several ways in which this disorder might change and affect an individual's functioning over time including the fluctuation of the severity of symptoms depending on a variety of factors within an individual's environment. A biopsychosocial-spiritual approach allows for an in-depth analysis of Obsessive-compulsive disorder and can help one to better understand the multiple dimensions of this disorder. When developing empathy for an individual living with Obsessive-compulsive disorder, it is necessary to adopt a strengths perspective and remember that they are not defined by their diagnosis.

Obsessive-compulsive disorder is a mental health disorder associated with impaired psychological functioning which can cause frequent and persistent thoughts, images, or urges known as obsessions (Pomeroy & Wambach, 2003). In response to these intrusive and unwanted obsessions, one might feel an overwhelming need to perform repetitive mental acts or behaviors also known as compulsions in an effort to control or silence the thoughts (Pomeroy & Wambach, 2003). These obsessions and compulsions cause clinically significant distress on the individual and can greatly inhibit one's ability to function in their day to day life (Pomeroy & Wambach, 2003). OCD is a chronic disorder, but with lifestyle changes and treatment most individuals can manage their symptoms and live full, fulfilling lives (Pomeroy & Wambach, 2003).

No two individuals living with Obsessive-compulsive disorder will experience life the same way. Many factors exist which might influence the manifestation of OCD and the contents of an individual's obsessions and compulsions. For example, gender differences have been found to affect the symptoms and presentation of Obsessive-compulsive disorder (Pomeroy & Wambach, 2003). Studies have shown that males living with OCD typically display symptoms earlier in life and often experience more significant levels of impairment (Pomeroy & Wambach, 2003). Additionally, women living with OCD are more likely to experience obsessions and compulsions related to cleaning or contamination, while men more often report having religious or sexual symptoms that are aggressive in nature (Pomeroy & Wambach, 2003). The treatment of individuals with Obsessive-compulsive disorder might also transpire differently across varying racial and ethnic groups (Pomeroy & Wambach, 2003). As is the case with many mental health disorders, the overall prevalence of OCD is fairly comparable worldwide and across all racial and ethnic groups (Pomeroy & Wambach, 2003). Despite this truth, research has shown that ethnic and racial

minorities are often underrepresented in clinical trials and are less likely to receive treatment for their OCD, putting them at a higher risk for lifelong impairment (Pomeroy & Wambach, 2003).

For most people living with Obsessive-compulsive disorder, the presentation of symptoms will remain consistent throughout their entire life and it is rare that their obsessions or compulsions will change dramatically or disappear entirely (“Obsessive-Compulsive Disorder”, n.d.). For example, if an individual living with OCD displayed symptoms of sexual obsessions and related compulsions, it is unlikely that their symptoms would shift entirely to contamination or cleaning related obsessions and compulsions. While the manifestation of the disorder typically remains the same over the course of one's life, the severity of OCD symptoms often fluctuate depending on a variety of factors including the individual's environment, stress level, and treatment outcomes (“Obsessive-Compulsive Disorder”, n.d.). There is no known cause of OCD, but some potential risk factors for the disorder have been discovered including having a family history of OCD and other related disorders and a history of trauma such as childhood physical or sexual abuse (Pomeroy & Wambach, 2003). Individuals living with related mental health disorders like depression, substance abuse disorder or other anxiety disorders may also be at a greater risk to develop OCD in their lifetime (Pomeroy & Wambach, 2003).

Obsessive-compulsive disorder, regardless of the severity, can impact many aspects of an individual's life. To better understand the multiple dimensions of this disorder, it is beneficial to analyze OCD from the biopsychosocial-spiritual perspective. Although OCD has not yet been fully understood from a biological point of view, research has found evidence that links the development of OCD to genetics as well as biological changes in an individual's brain functioning (Lack & Pelling, 2008). Depending on the ways that a particular individual's Obsessive-compulsive disorder manifests, one might experience other biological symptoms as a result of their OCD such

as contact dermatitis due to frequent hand and skin washing. Additionally, if one's OCD is so severe that it prevents them from being able to leave their home for long periods of time, they will likely experience a weakened immune system and may be unable to receive necessary medical assistance if they do become sick because they cannot leave their home to go see a doctor or get medication. A variety of psychological influences exist for individuals living with Obsessive-compulsive disorder that may impact one's ability to function within society. High rates of comorbidity with other mental health disorders, memory defects and overall reduced confidence in one's memory are all psychological factors that produce barriers to an individual's emotional functioning (Lack & Pelling, 2008). Obsessive-Compulsive disorder often negatively affects an individual's social functioning within society. One's ability to develop and maintain relationships, employment, education, and community involvement are all important factors to consider when analyzing the social functioning of someone living with OCD (Lack & Pelling, 2008). Obsessive-compulsive disorder, along with all of its rituals, behaviors, and compulsions, can inhibit these social processes and can be incredibly challenging to understand and cope with, even for the loved ones of someone living with this disorder. For this reason, as well as the shame and stigma that often accompanies this disorder, OCD can greatly impact an individual's ability to develop and maintain relationships, and many people living with OCD live in social isolation with low quality and quantity of social relationships, often in an attempt to hide their disorder from others. Despite this adverse reality, a large number of studies, as well as the lived experiences and stories of many individuals with OCD, have expressed just how crucial social support is in the treatment and everyday life of someone who has Obsessive-compulsive disorder (Lack & Pelling, 2008). Spirituality can be a positive way to find purpose and understanding within one's OCD diagnosis. Unfortunately, individuals living with Obsessive-compulsive disorder may have an especially difficult time

finding faith in the midst of what can sometimes be an incredibly complex and debilitating disorder (Lack & Pelling, 2008). Additionally, some people living with OCD display aggressive religious obsessions and related compulsions which will likely greatly influence their ability to maintain a positive spiritual outlook (Lack & Pelling, 2008).

Many misconceptions about Obsessive-compulsive disorder exist within society today and only contribute to the shame and stigma that is often felt by those living with this disorder. It is important to remember that not everyone with a diagnosis of OCD is the same, nor are they always like the characters portrayed in movies or television. Each person's disorder will likely manifest in different ways and an individual's ability to function may fluctuate over time. The first step in developing empathy for someone living with Obsessive-compulsive disorder is understanding; not just understanding the disorder as a whole, but understanding what effect their OCD has on their life and how you can support them on their journey. Ensuring that you are doing what you can to create a supportive and reassuring environment for them can be crucial to their treatment. Another necessary factor in developing empathy for individuals with Obsessive-compulsive disorder is having the ability to prioritize the strengths and abilities that they do have control over rather than focusing on the areas in their life where they may lack control, such as with their obsessions or compulsions. Focusing on an individual's strengths will empower them and help them bring light to their immense potential for success. Of all the things to consider about Obsessive-compulsive disorder, the most important thing to remember about this diagnosis is that OCD, along with the many rituals and behaviors that accompany it, may be a huge part of someone's life, but their diagnosis is not all that they are.

## References

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