

Must I? Obsessive Compulsive Disorder Today

by [Paul Illidge](#) (January 2024)



Obsession— Wojciech Weiss, 1899-1900

I *must*. How many times a day do I hear that question in my head, always answering the same way in my subconscious, if not to myself out loud: I *must*!

The *musts* dominate my life, as they do the lives of the millions of people living with obsessive-compulsive disorder which, according to the American Psychiatric Association, has become “One of the leading mental health issues of our time.”

What is OCD, as it’s called in the *Diagnostic and Statistical Manual of Disorders*? It’s the irresistible voice inside our heads telling us *we must, we have to, we should, we need to*. Necessity, obligation, obedience, facilitation, with whatever the small but authoritative, commanding voice inside is

telling us to think, to feel, to accept, to believe, to do or to say. We *must* comply. It's imperative. There is no choice. We *must* do what we're told in response to a fear of consequences that could be harmful to us or others if we don't comply.

Obsessions and compulsions of mine over the years have included fear of contamination or infection from germs, poisons, toxins, performing washing and cleaning rituals to stay safe. Panic that when I go out I've left appliances on, doors unlocked, cupboards open, taps running. Fear of things being out of order, not arranged properly (making sure, for example, that all the labels in the refrigerator or in cupboards are facing forward, that cutlery on the table, dishes, glasses are spaced evenly). Fear of embarrassing or humiliating myself by what I'm saying, doing, wearing. Being fanatically superstitious about unlucky numbers, colours, clothes. Not stepping on lines in the sidewalk, only the spaces (something I first became aware of watching Jack Nicholson playing an obsessive compulsive in *As Good As It Gets*). Saying prayers to ward off bad things happening. Holding on to old clothes, books, ordinary objects (keepsakes) that I invest with sentimental value, a kind of hoarding. Catastrophizing when I'm driving or on a subway platform that something horrible is going to happen.

This isn't an exhaustive list by any means, but I've learned over the years that it's indicative of obsessive-compulsive behaviour: things I *must* control, or else—

Or else what? Obsessive-compulsives fear the consequences of *not doing, not having, not going along, not complying* with inner instructions, *not saying* what we want to say, what we *should* say or think, but can't, don't even dare, to the point that we build within our minds what psychologists and psychiatrists call *catastrophes of imaginary peril*: a sense of danger, of guilt, a fear of being ostracized, nervous and upsetting (often called intrusive) thoughts, our inadequacies

exposed, interior, disturbing and frightening thoughts paralyzing our will, our self-confidence, making us afraid of what we believe to be the personal calamities that will result if we ignore the *musts*, the *shoulds*, the *have to's* inside our heads that threaten us with what we fear will be horrible consequences.

Though we rage against the directives, call up innermost courage and attempt to ignore or suppress these thoughts, these inclinations, these premonitions of ruin and humiliation—trying our best to neutralize them with relieving defensive thoughts, or actions that we hope will reduce our anxiety, distress and confusion—most of the time we fail, resistance proving to be futile. Once again we find ourselves surrendering to the insidious thoughts or actions and end up giving in or giving up, shamed and defeated by the power our obsessive compulsions have over us.

The *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition, points out that the behaviours or mental acts we devise for ourselves to stop or reduce the distress of being unable to prevent dreaded events or calamities befalling us, are either not connected in a realistic way with what they are designed to neutralize or prevent, or are clearly exaggerated, excessive, overly complicated, or simply silly. I knew a woman, for example, who could not make a left hand turn in her car for fear she'd cause an accident. Her solution? To drive miles out of her way making only right turns until she reached her destination, usually late, even though she had left home extra early.

Our obsessions and compulsions taken collectively in the course of a day can be time consuming, anti-constructive, embarrassing, mentally fatiguing to the point they cause such frustration and upset they can force us to seek clinical treatment, or result in social, occupational complications, or impairment in other areas of day-to-day functioning. Sufferers

can become so debilitated by the *musts*, the *shoulds*, the *have to's* of obsession and compulsion that they contract disturbing symptoms of more serious mental disorders such as the pathological worrying of generalized anxiety disorder, physical disorders that stem from obsession and compulsion such as excessive preoccupation with appearance, as in body dysmorphic disorder, the inability to discard or part with possessions (hoarding), hair pulling, as in trichotillomania, skin picking (dermatillomania), stereotypic movement disorder (body rocking, finger tapping, head moving), ritualized eating (anorexia, bulimia), gambling, drug and sexual addictive disorders, delusional behaviour, schizophrenia and other psychotic disorders where a person loses complete contact with reality.

Such are the devitalizing and sometimes deadly results that can stem from obsessive-compulsive disorders if they're not recognized, admitted as problems, understood, controlled and treated so that we can free ourselves from their control and achieve a healthier and happier quality of life.

How do we do that? *Can* we do that? The answer comes from obsessive-compulsive disorder itself: we *must*.

The solution, it seems to me, can be found in self-awareness. In looking at ourselves, being honest and realistic and accepting that many, if not most people today, are living with obsessive-compulsive disorder which, at habitual levels, becomes addiction. That's right. Most of us are addicts these days.

No, we protest, that can't be!

In fact it can be, once we understand what an addiction actually is: a behavioural habit that we can't break or stop ourselves from doing, one which takes us over to such an extent that our lives revolve around it. We depend upon our habit obsessively, compulsively, so much so that most of us

can't imagine our lives without the habit.

As an example: when asked what they would do without it, these days almost everyone has the same desperate answer: *I'd die without my smartphone!*

A habit that we depend on, that we can't get rid of, that we rely on in many cases every waking hour, is an addiction. Those with a drug habit are referred to as *users*. Those with a smartphone habit are *users*. Addicts can't stop using. They need their daily, their hourly, their regular fix. Smartphone users depend on their fixes the same way drug users, alcoholics and gamblers do. Life without a smartphone habit is unimaginable to most of us.

Do we take our smartphones into the bedroom at night?

Most of us do.

Do we put our phones on the night table beside our bed, or on our dresser?

We do.

Do we leave them on?

We do.

Why?

We must.

Does this make us obsessive-compulsive?

No, this makes us smartphone addicts, though there's not a word about smartphones, let alone smartphone addiction in the *Diagnostic and Statistical Manual of Disorders, Fifth Edition* which was published in 2013, even though smartphones had been on the market since 1994, and billions of them were already in use around the world.

Indeed, the U.S. National Library of Medicine has declared that smartphone addiction goes far beyond the effects of obsessive-compulsive disorder, and now classifies it with the most well-known of what are called “behaviour addictions”, the most severe of which are gambling disorder, substance (drug) disorder, and Internet gaming disorder.

Some of the more obvious symptoms of smartphone addiction include constantly reaching for and checking your phone. Spending much of your time on the phone. Waking in the night to check for notifications. Feeling negative emotions such as anger, sadness, anxiety when you don’t have your phone, or can’t check your phone, or receive no notifications. Using your phone to text while driving. The amount of time on your phone affecting your professional, employment, educational or personal life. Trying to limit or avoid using your phone, only to end up relapsing in a short period of time and resuming addictive use.

Will the *Diagnostic and Statistical Manual of Disorders, Sixth Edition*, recognize that “smartphone disorder” as researchers have termed it, goes well beyond obsessive-compulsive disorders, and thus needs to be recognized and fully explained in the manual’s next edition? That it was excluded from the manual’s fifth edition in 2013 set off a storm of controversy that called the omission akin to malpractice, since global smartphone “penetration” even then was leading to unprecedented addictive behaviours. The need for diagnostic criteria to treat one of the most dangerous mental health emergencies of our time has never been higher.

We will have to wait and see, in the meantime growing our awareness of, and learning how to manage and control the *shoulds*, the *have to’s*, the *musts* in our lives.

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Paul Illidge's most recent book is the true crime financial thriller *RSKY BZNS* (New English Review Press, 2022), a "fascinating story" (Frank Abagnale, Jr., author of *Catch Me if You Can*), a "gripping and intricate read" (Conrad Black). His book *THE BLEAKS* (ECW Press), was a *Globe & Mail* Best Book of 2014. Books in his *Shakespeare Novels* series *Hamlet*, *King Lear*, *Othello*, *Twelfth Night*, *Midsummer Night's Dream*, *Macbeth*, *Romeo and Juliet*, are all available internationally at www.kobobooks.com

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