Obsession-Compulsion

A condition characterized by **intrusive thoughts** that are often accompanied by a need to perform **rituals to lessen distress**

related emotions and behaviors: anxiety, worry, fear, panic, delusions

What it is

All of us have intrusive, unwanted thoughts sometimes. This is different from having **obsessive–compulsive disorder (OCD).** OCD is a condition where a powerful relationship develops between our distressing **thoughts** (**obsessions**) and our **actions** (**compulsions**).

Intrusive thoughts lead to distress - and **our responses** to that distress **become patterns that are difficult to interrupt** or change. It can begin to interfere with doing the things we want to do.

What it feels like

When you have OCD, distressing **thoughts** (**obsessions**) take on extra power and significance.

We **interpret** our thoughts as having **special meaning** and **importance**. We think the thoughts are evidence that **something bad will happen** or that **we are bad** - and that we need to do things to intervene and make things better.

So we create **rituals** (**compulsions**) - things we think, do, say, or repeat - to keep the bad things from happening.

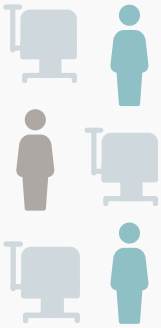
OCD can feel like having a bully in your brain that no one else hears.

What it looks like

It's understandable to feel anxious and distressed in the NICU. If our responses start to become a problem it might look like:

- **avoiding holding** or **touching our baby** when we've been encouraged to
- **staying away** because we're worried we will hurt our baby or get them sick - even though we're healthy and we want to be with them

How common is It?



About **2% of women** and **1% of men** will have OCD at some point in their life. We know **OCD can appear for the first time** - or **get worse** - **around pregnancy**. We also know the risk of developing it is higher for NICU parents.

In one study, **67% of NICU parents reported intrusive thoughts and compulsions** 1-2 weeks after their baby was admitted - and at **4-6 weeks, 94%** did.

What you can do

One of the most difficult things about unwanted thoughts, uncomfortable feelings, and compulsions is that **they can show up at exactly the moments when we need to nurture and protect our babies the most**. But it's important to have **compassion for ourselves**.

We can reassure ourselves and others that having intrusive thoughts that you or someone else might **intentionally or accidently hurt your baby does not mean that you intend to** - **or that it will happen**.

We can **be patient with each other** when we have questions and **support each other** when we need **reassurance**. Because sometimes people with OCD may question others repeatedly about the nature of their own thoughts and experiences as a way of **checking if they make sense**.

Things that help

- having **a safe person to talk to** about how we might be feeling
- learning that **unwanted thoughts are normal** - and not dangerous
- knowing that **having intrusive thoughts that feel immoral** or that violate our integrity (or our sense of self) are **not evidence that we are bad**
- thoughtfully and patiently **confronting situations** that we've been avoiding

Medications and therapies that can help

- serotonin reuptake inhibitor (SSRI)
- Cognitive-Behavioral Therapy (CBT)
- Exposure and Response Prevention (ERP)
- peer-to-peer support groups

Talking about OBESESSIONS and COMPULSIONS

There are a lot of **misconceptions** about what it's like to have obsessive-compulsive disorder. **If what you're feeling is getting in the way** of enjoying your baby and family, there are therapies that can help. When you're struggling, it helps to begin to **talk about** and **imagine how working with someone who is trained in interventions for OCD could help**.