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## S1C5. Types of presentations in OCD

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Strictly from a clinical perspective, OCD is not broken down into its various subtypes. When psychiatrists diagnose a person with OCD, OCD is OCD. Neither more, nor less. Since treatment is not different for different types of OCD, the distinctions are moot. Even the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) does not recognize or list the different subtypes of OCD as separate disorders.

However, some common obsessions and compulsions have facilitated the creation of several sub-divisions, referred to as presentations. OCD affects different people differently. Even within a specific presentation of OCD, there may be elements of various other presentations present. Since it is possible that you may be suffering from some elements of other presentations of OCD as well, do pay attention to the various presentations discussed and see if you can identify traces of any along with your ROCD.

**Contamination OCD:** In Contamination OCD, the person may get intrusive thoughts about contamination through germs or becoming sick, or some fear about cleanliness through contact (Rachman, 2004). It could be an aversion to dirt, dust, chemicals, or bodily fluids - anything. It is estimated that 26.5% of OCD cases are of the contamination theme (Foa et al, 2005). In another study, Abramowitz et al., (2008) found that contamination fears are seen in 55% to 58% of the cases.

**Mental Contamination:** In Mental Contamination OCD, the person may get a thought that he may consider sinful or pervert or dirty, which may lead to shame, or guilt. He may then engage in washing rituals to make the thought go away (Coughtrey et al., 2012). The obsession may not be about physical cleanliness, but the compulsions may be physical. The thoughts could be about harm or they could be sexual in nature. But the compulsion may be to physically wash and clean until the thoughts go away.

**Checking OCD:** This is another common form of OCD (Rachman & Hodgson, 1980), with 28.8% of patients reporting checking as a compulsion (Foa et al, 2005). People with Checking OCD may obsess over making sure that they do nothing that may harm either them or others. They may check if the appliances are turned off, if the gas stove is turned off, if the lights are switched off, if the car is locked, if the door is locked, etc.

**Symmetry/Ordering OCD:** In this presentation, the person may obsess over symmetry and order (Radomsky, & Rachman, 2004); asymmetry or disorderliness may cause discomfort and anxiety (Abramowitz et al., 2008). Thus, if the person has an itch on one side of the face, he might scratch that and then, just to maintain symmetry, he may need to scratch the other side as well. Or, if there is a picture on the wall that is not properly centered, it may cause distress, until it is straightened.

**Just Right OCD:** In this, the person may need to repeat an activity until he feels 'just right' about it, or else he may feel uncomfortable (Coles & Ravid, 2016). He may need to open and shut doors, walk in and out of the room, read the same sentence in a book, or repeat some other activity multiple times. Unless he gets the 'just right' feeling, he may not be satisfied and may continue to do the compulsions.

These presentations of OCD have overt compulsions - compulsions that others can see. If you have observed any of these presentations in yourself, fill them in Worksheet 2, after discussion with your partner.

In the next chapter, we will explore a few more types of OCD of the Pure-O type where compulsions are not visible; where compulsions are mental.

**To-Do:**

**Fill WS2 - presentations of OCD experienced**