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## How Do Families Get Entangled in OCD?

You've undoubtedly picked up this book because in one way or another, your loved one's difficulties with OCD are affecting you and others in your household. This is a common occurrence for couples or families in which someone has OCD, and psychologists understand it well. Remember that for the person with OCD, the environment is full of triggers that prompt fear and distressing obsessional thoughts about seemingly dire and pressing threats. Your relative urgently turns to avoidance and rituals to reduce the apparent risk. It's his struggle to control the environment to maximize perceived safety and certainty that imposes on you or others in your family and sows the seeds for getting pulled into the vicious cycle of OCD.

How does this happen? Why do you and others get pulled in? For one thing, it's difficult to see someone you love in so much distress. So it's only natural to do what's necessary to protect her from these feelings or to try to talk her out of feeling afraid. But you've probably noticed that even if this helps quell distress in the short term, the strategies you've tried don't work very well in the long run. Your loved one eventually starts obsessing again and is once more compelled to avoid, use rituals, and ask for reassurance. Your loved one's apparent inability to respond to logic can be frustrating, leading to arguments. Such conflicts compound the distress and dissatisfaction in your family, which further exacerbates your loved one's OCD symptoms.

I've conducted studies on these patterns in couples and families, and I've seen how they unfold in different ways depending on the types of obsessions and rituals involved. They also play out differently within different types of relationships. For example, if the person you love with OCD is a child, you

will feel and react differently than if she is an adolescent or an adult. If the person is your son, things will go differently than if it's your spouse or partner. In this chapter, I'll help you understand how these interpersonal patterns work, which will provide a foundation for using the strategies I describe later in this book to thoughtfully remove yourself from the OCD cycle so that you're able to normalize your life and provide a healthier kind of support for your loved one.

### **Accommodation: When Others "Help" with OCD**

When something happens to a loved one—your spouse, partner, sibling, child, or parent—everyone else in the household has to adjust so that the family or relationship can function as well as possible. Think about it: if your son broke his leg, you and other family members would step in to relieve him of some of his chores and responsibilities while he was immobilized. Hopefully, your family would also provide emotional support to let him know he is loved and cared for. Generally, this kind of adjustment makes good sense and is a healthy way for family members to react. But if you're not careful, it could also have some unintended negative effects. Let's say that to regain strength in his leg, your son now requires a lot of physical exercise. If family members have taken over his chores while he was inactive and they continue to do them for him, he might not have the opportunity to get the exercise he now needs.

The same thing can happen when a loved one has OCD. In one way or another, the family makes adjustments to help manage the obsessional fears, avoidance patterns, and rituals. A husband pays the bills so his wife doesn't have to worry about making mistakes. A mother leaves work early so she can drive her adult daughter to the hairdresser because of her obsessional fears that she'll hit a pedestrian. The rest of the family is ready to leave the house but waits around for one child when she gets stuck turning off light switches and checking that all appliances are unplugged. When a loved one gets anxious and you know what will lower the anxiety, the first instinct is to step in and do whatever is needed to keep this anxiety in check. It might be an important way to show your loved one how much you care about her. At other times, the person with OCD is so uncomfortable that she lets others know (sometimes in a demanding way) what she needs them to do to help minimize her anxiety.

Of course, protecting someone from situations that are *actually dangerous* is healthy and appropriate. But as you know, obsessional fears are based on exaggerated estimates of threat. Changing your routine to protect a loved one unnecessarily from obsessional fear, as if an actual threat existed, is what

we call *accommodation*. It is not only unnecessary but can have negative consequences.

## What Does Accommodation Look Like?

Let's look at the patterns of accommodation in the four people with OCD introduced in Chapter 1. In Eduardo's family, accommodation became a full-time job for his mother, yet his sister and father also made adjustments:

*When Eduardo was 12, his mother started cleaning the toilet for him every morning because of his fear of "toilet germs." And later, when he became afraid that other people could spread toilet germs anywhere in the house, his mother took to cleaning wherever Eduardo wanted to go. Eduardo's father and sister also had special instructions not to touch certain things, such as the remote control or refrigerator door, unless they first used hand sanitizer. It had become part of the family routine to keep everything super clean for Eduardo, including certain parts of the family car. When Eduardo noticed that his father and sister were sometimes breaking these "rules," he began retreating to his room for safety. This happened more and more until one day he refused to come out. At that point, his mother agreed to prepare all of his meals and bring them to his room—which Eduardo would accept only if she had used hand sanitizer first. His father also set up a computer and gaming system for Eduardo's room so he would be comfortable staying there all the time. His mom even quit her job so she could stay home and provide homeschooling. Eduardo only let his mother into his room if she had showered first. His mother also did Eduardo's laundry, cleaned his room, and made his bed every day.*

Ariel's situation was a little different since she was an adult with a spouse (Ben) and two kids:

*Ariel's worrying about break-ins, fires, and floods began shortly after she married Ben and moved into their new home. But when her daughters were born, her obsessions went into overdrive. There was a nightly ritual of sitting down to have Ben explain that he'd locked every door and turned off every faucet and electrical appliance. After a while, this wasn't enough, and she made Ben walk around the house with her to check everything. Ben knew he had to accompany Ariel on these*

*checks and even keep a written log of all the checking; otherwise Ariel would worry that he'd forgotten something and the ritual would have to be repeated. Occasionally, while at work, Ariel would call Ben at his job and beg him to run home to check that she'd locked all the doors or turned off all the appliances before she'd left the house. He complied because he knew it was the only way to calm Ariel down. After several of these episodes, the couple planned their daily schedules so that Ben would usually be the last to leave the house for work. This way, Ariel didn't have to feel anxious about being responsible for locking up and making sure everything was off.*

Xavier was an adult living at home with his parents. Here's how his father and mother accommodated his OCD symptoms related to religion:

*After 2 years of college, Xavier dropped out, worked in a furniture store, and lived on his own. That's when he started obsessing about God and calling his parents to ask questions such as "Do you think I'm faithful enough?" and "How do I know if I fully appreciate God?" Xavier's father spent a great deal of time on the phone every evening trying to reassure Xavier that everything was fine between him and God. Occasionally, the anxiety would be so intense that Xavier would spend entire days reading the Bible or searching online for answers to his questions. Eventually, he missed so much work (and had so much trouble concentrating when he was present) that he was fired. Xavier's parents reached out to help him find treatment for OCD, but Xavier insisted he didn't have any problems. His parents thought it was best if Xavier moved back home with them—that was 10 years ago, and Xavier has been living at home and completely dependent on his parents ever since. His parents provide everything Xavier wants and are happy to take time to discuss religion, sin, faith, and God. Nightly discussions in which they reassure Xavier that he hasn't done anything sinful last for several hours at a time. Xavier is technically employed at his father's hardware store but shows up for work only when he feels "up to it." Although this arrangement seems to work for everyone in the house, Xavier's parents would much prefer that Xavier get help so he can move out and be independent. But when they bring up this issue, Xavier gets angry and says that things are fine.*

Linda's husband, Nicholas, played a large role in accommodating Linda's OCD symptoms:

*Linda and Nicholas had a healthy marriage for over 30 years. They were excited to become grandparents for the first time when Emma was born. When Linda began having intrusive sexual thoughts, they didn't want to tell their son and daughter-in-law because of the embarrassment, so Nicholas started making up excuses for why Linda couldn't visit the baby and why Emma couldn't come to their home either. Nicholas also hated seeing his wife struggle with such terrible thoughts, so he went along with Linda's idea to avoid any reminders of Emma. Somewhat reluctantly, he agreed not to mention her to Linda and to remove all pictures of Emma from their home. Every time sexual thoughts about Emma did come up, he reassured Linda that she wasn't a pedophile and that he'd actually had similar thoughts but didn't give them any weight. When Linda insisted that the couple refrain from watching any TV shows or movies that were in any way sexually suggestive and stick to watching only things that Linda deemed "wholesome," Nicholas started to feel that things were going too far—although he never let Linda see his frustration. He went along with her wishes to protect her from the obsessions, even though it meant missing out on his favorite shows.*

Later in this chapter we'll delve more deeply into what drives accommodation and the negative consequences it has. For now, consider the three ways you might be accommodating your relative's OCD.

### **Getting Involved in Rituals**

At some point, most relatives who live in the same household with a person who has OCD find themselves participating in rituals to help their loved one control or avoid anxiety. A father might help his daughter with fears of making mistakes check all of her e-mails several times before she sends them. A wife might shower before having sex with her husband because she knows it reduces his fear of contamination. As you read, Ben was involved in Ariel's checking and reassurance-seeking rituals: sometimes he checked for her, and at other times he reassured her that she'd already checked.

It is also accommodation if you're facilitating rituals, such as:

- Driving a relative back home to use the bathroom in the middle of an outing to the mall
- Taking your child to the hardware store so she can seek reassurance

from an “expert” salesperson about the dangers of using a certain chemical

- Supplying your loved one with extra time or items needed to perform rituals.

A mother I once worked with would postpone her errands for hours while her son completed extensive tapping rituals before leaving the house. Some parents stock up on large quantities of soap, detergents, or toilet paper so their child can perform excessive washing, cleaning, or toileting routines. Similarly, giving an adult gas money to help offset the cost of rituals that involve extra driving fits into this category. A related form of accommodation is to provide excuses to other people for a loved one’s rituals, like when Eduardo’s mother would call school to say that Eduardo had the flu even though it was his lengthy showering and toilet rituals that kept him stuck in the bathroom for hours. It would be impossible for me to list *all* possible forms of accommodation—indeed the possibilities are endless. What’s important to know is that accommodation occurs when you make it easier for the person with OCD to perform rituals.

### ***Getting Involved in Avoidance***

Another common form of accommodation involves allowing (or putting up with), assisting, or supporting your family member’s avoidance behavior. This might involve directly helping with avoidance, such as when Ben agreed to leave the house after Ariel so that she wouldn’t feel accountable for locking up. It might also involve making it easier for a loved one to continue avoidance, such as when Nicholas would “cover” for Linda by telling their family that she was sick when in fact she was avoiding Emma because of obsessions. Couples may also avoid doing certain things together so that the partner with OCD doesn’t have to face feared situations or thoughts. A good example of this is Linda and Nicholas’s mutual avoidance of certain TV shows.

Here are some other examples:

- A family agrees not to go to a particular movie theater because one family member is afraid the seats are contaminated.
- A husband agrees to keep knives and other items that could be used as weapons (such as a hammer or baseball bat) out of sight so that they don’t trigger his spouse’s obsessional thoughts of violence.
- A mother makes her adult son’s bed and washes his sheets and

underwear every morning so he doesn't have to worry about contact with bedsheets or clothing he fears might be contaminated from wet dreams.

- A brother agrees not to have certain friends visit the house because his sister with OCD fears they will bring germs into the home.
- A family routinely ends their outings early (or cancels them altogether) so the daughter can avoid having to use public bathrooms.

In one of the more extreme examples that I've encountered, a husband switched jobs because his wife, who had obsessional fears of the herpes virus, once saw a woman with a cold sore enter the store where he had been working. The wife was constantly worried that her husband would "bring herpes home" if he continued to work there.

### ***Changing Up Family Routines***

Another form of accommodation occurs when family routines, schedules, plans, and other activity patterns or household responsibilities become dictated by OCD. Take Eduardo's family as an example. His mother quit her job so she could stay at home to take care of Eduardo. But this meant his father now had to work longer hours. Eduardo's parents decided this new arrangement was worthwhile because they felt they needed to minimize Eduardo's anxiety. Similarly, Xavier's parents accommodated by allowing Xavier to live in their home. They provided him with whatever he needed and stayed up late at night to give him reassurance. It was also accommodation to keep Xavier on the payroll at the hardware store and allow him to frequently miss work simply because he didn't "feel up to it." This truly inconvenienced his father, something most employers wouldn't put up with. Xavier was also permitted to shirk his responsibilities around the house, such as daily chores, if he was feeling too anxious. If the typical routines in your family—living or sleeping arrangements, social plans, child care responsibilities, homework, chores, family outings, trips, or just relaxing—are modified or put on hold because of OCD, it's considered accommodation.

Because of Linda's obsessional fears, she and her husband decided that their favorite television shows were off limits. They restricted their viewing to "wholesome" channels such as the Food Network or the History Channel. Another couple agreed that the husband (with OCD) would sleep in a separate room from his wife because of upsetting obsessional thoughts about impulsively harming her while she slept. Each evening, she complied with his

request to be locked in his room so he wouldn't "escape and do anything terrible" during the night. A family I worked with ate only at restaurants that had been given a perfect score on their health inspection due to one family member's fears of food poisoning. Finally, despite being perfectly happy with their church, Xavier's parents agreed to switch their place of worship because of Xavier's obsessional fear that it wasn't conservative enough for God's liking.

## Accommodation in Your Own Family or Relationship

Accommodation is so common that it's not so much a matter of *if* but rather *how* and *how much* it happens in your family or relationship. In what ways do you help your loved one avoid becoming anxious? What do (or don't) you do as a family just to avoid the anxiety? How have family members taken over tasks and responsibilities for the person with OCD? How do you and others participate in rituals? For many families, the problem is that accommodation becomes routine, so family members don't even think about it anymore. In other words, you might not even realize how you've fallen into these patterns. And if your goal is to end accommodation, you'll have a hard time if you don't know when and how it's happening. That's why in Chapter 8 of this book I'll help you take stock of the accommodation in your family or relationship.

For now, think about how you (and others) respond to your loved one's OCD symptoms. What do you do for him (or allow to happen) that you wouldn't do (or allow) if he didn't have OCD? Would you do these things for someone else in your family who doesn't have OCD? If the answer is no, then it's likely that accommodation is occurring. You can also ask yourself if you would prefer to stop the behavior in question. Most of the time, accommodation feels at least somewhat excessive or unnecessary. So, even though your intent is to protect your loved one, if there's a part of you that feels like you're pushing the limits of what's appropriate, it's likely that you've identified accommodation behavior.

## Accommodation: Protective but Ineffective

Isn't it the right thing to do to clean Eduardo's room for him if he's so anxious about germs? Shouldn't Ben help Ariel check at night if it calms and reassures her? Aren't Xavier's parents just being good caregivers by providing for their son and protecting him from anxiety? Isn't it just the compassionate thing to do for Nicholas to protect Linda from unwanted sexual thoughts? Anxiety,

after all, can seem unbearable. Uncertainty can seem agonizing. And isn't it dreadful to have upsetting intrusive thoughts running through your head?

We don't like seeing our loved ones in an anxious or distressed state, much less facing danger. So it's only natural to want to protect them if there's anything we can do to keep them safe or at ease. Accommodation, therefore, comes from a good place. Helping your family member with OCD avoid or reduce anxiety might be a way of saying "I love you" or "I'm concerned about you." These actions might have become patterns that you or your family just do because you care. At other times, the person with OCD might let you know when she needs help reducing obsessions and anxiety. Sometimes this takes on a demanding or threatening tone, and you know that if you don't help, your loved one will become angry. But whether it is out of concern or to avoid a negative interaction, accommodation helps alleviate distress in the moment. And it's easy to see some good in this.

But as the heading of this section suggests, despite being mostly well intentioned on your part, accommodation actually ends up working against you *and* your loved one with OCD in the long run. Let's explore how this happens in more detail.

**Accommodation fuels the vicious cycle of OCD.** Research shows that there's a link between accommodation and more severe OCD symptoms. This is true for kids, teens, and grown-ups living with their families, as well as within adult couples in which one partner has OCD. Accommodation plays into the vicious cycle I described in Chapter 2 in a few ways. For one thing, it doesn't matter whether the rituals or avoidance behaviors are being performed by your loved one alone or with help from others. When an obsessional trigger is avoided or a ritual is performed, it reduces anxiety in the short term but makes OCD stronger in the long run. That's because accommodation robs your relative of the opportunity to learn that (1) the disastrous outcomes she fears are unlikely and (2) she *can* manage the anxious feelings and unwanted obsessional thoughts.

To make matters worse, the more others accommodate, the more your family member feels that he's not capable of functioning without the accommodation. This is a vicious cycle of its own: if you consistently act on your loved one's behalf, handling difficult situations for him, he never gets the opportunity to learn how to handle such situations for himself. This reduces his self-confidence, and he'll feel like he can't do without the help. This is also how many families get stuck in accommodation patterns that snowball over months and years. Not only that, accommodation sends the (false) message that anxiety and obsessional thoughts are harmful and dangerous and that

avoidance and rituals are necessary to prevent catastrophe. Think about it: if those around you are always working to protect you from something you fear, it would only reinforce your belief that danger is present.

**Accommodation reduces the incentive to change.** Eduardo's parents were perplexed when Eduardo refused to get help for his OCD. Wasn't he sick of being afraid of germs (pun intended), being stuck in his room, and having to do so many compulsive rituals? Xavier's parents were also surprised that Xavier was so opposed to getting help. Didn't he want to overcome his scrupulosity, become more independent, and have a family of his own? I've counseled many couples and families in which the person with OCD is being pushed to seek treatment by the same caregivers who are accommodating their symptoms. The outcome is usually predictable: the person with OCD pushes back—often strongly—and rejects getting needed help. Let's look at why this happens:

When family members *without* OCD change their routines to accommodate OCD symptoms, it makes it easier for the person *with* OCD to live with the disorder. Think about it: although Eduardo had OCD, his life was actually quite comfortable. He didn't have to attend school, make his bed, clean his room, fix food for himself, or have other responsibilities and obligations that many 17-year-olds commonly have. He stayed in his room all day while his mother waited on him hand and foot. His parents even got him a computer and video games for his room! So in relieving Eduardo of the weight of OCD, his parents had taken on this burden themselves. Is it any wonder Eduardo had little desire to get help? Of course, the situation wasn't ideal, but it was good enough as far as he was concerned (although certainly not if you asked his parents!). Can you see how the same pattern developed in Xavier's family? Xavier didn't have to worry about working or other responsibilities since his parents took care of everything. OCD was really *their* problem. How much did Xavier have to gain by getting treatment?

Maybe you appreciate how much Eduardo's and Xavier's parents did to protect their sons from discomfort. But for all their hard work, they were frustrated by their sons' lack of motivation to get help. They didn't understand the dynamic here: the same accommodation that protected their sons from becoming anxious also kept them from wanting to put forth the effort to get help. That's one reason I want to help you reduce your accommodation. When you (and other family members) are no longer protecting your loved one from the pain of OCD, he has something to gain by getting help. In later chapters I'll give you the tools you need to change the ways you interact with your loved one around OCD. Don't worry, the aim is not to disrupt your sense of closeness. I

certainly want you to be emotionally supportive when your family member is feeling anxious; but I'll help you do so without accommodating.

**Accommodation harms relationships.** Sure, Ben didn't like seeing Ariel so worried about break-ins and fires, but do you think he was happy about all that he had to do to keep Ariel from worrying? Checking the doors and appliances every night—*after* giving Ariel loads of verbal reassurance—was extremely irritating to him. More and more, he found himself losing his patience and his temper with Ariel. He would snap at her, "What's wrong with you!? We go through this same routine every night! When will you get a clue that I care about safety too? I'm not going to leave the doors unlocked! Why don't you trust me?"

Similarly, even though Nicholas wanted to keep Linda from having sexual thoughts about Emma, he was annoyed about all the sacrifices he was making just to protect her from these senseless obsessions. He felt left out when his friends and their families would all get together and spend time sharing stories and pictures of their grandchildren. And although he never told Linda, Nicholas strongly resented her for making him miss out on what was supposed to be a joyful stage of life. He didn't feel emotionally close to her; and intimacy was out of the question.

Think back on all the time and energy you've spent trying to protect your loved one from anxiety. Maybe it's relatively minor adjustments that you've made, or maybe you and others have gone to great lengths to accommodate the OCD. But how much satisfaction do you really get from knowing how much you've put yourself out for your loved one? How much does your loved one appreciate your efforts? The truth is that accommodation is usually a "one-way street." You're doing all the hard work for your loved one and getting little or nothing in return. And unfortunately, that's a recipe for stressful and dissatisfying relationships.

## How Does Your Loved One Get You to Accommodate?

Perhaps you've recognized the futility of accommodation and refused to comply with your loved one's avoidance and rituals or his insistence that you follow the OCD-based rules he's imposed. But this can also lead to conflict.

*There were mornings when Eduardo and his mother would be screaming at each other in the bathroom because she wasn't cleaning the toilet and shower to Eduardo's satisfaction. She would try to explain, saying "I've*

*done the best I can, but we've been in here for almost an hour already. I'm going downstairs to make breakfast for your father and sister." Eduardo would become furious. "No! How can you just leave me here like this, you bitch!?" His mother would yell back at him, "Don't talk to me that way! You're not the only one who lives in this house, you know!" That's when Eduardo would play the suicide card: "You don't care about me! I swear, if you leave I'll take all my pills and kill myself." Then Eduardo's mother would throw in the towel. She simply couldn't stand the thought of her son in so much distress that he was thinking of suicide. What if he actually went through with it!? She would end up succumbing to Eduardo's demands every time he mentioned harming himself.*

Although not always to such extremes, this is a common pattern that unfolds in families and intimate relationships affected by OCD. It's also another reason that accommodation is so difficult to stop. Isn't it easier to just give in and accommodate than to put up with tantrums, intimidation, or emotional blackmail? That's what your loved one is banking on when she turns to threats and drama. Later in this book I'll give you helpful strategies for effectively responding to and getting out of this cycle.

It's easy to look at this kind of behavior and see it as controlling. And, yes, your loved one does it to get you to accommodate to her OCD. But before going any further, it's important to also see it from your family member's point of view. For the most part, her escalation in emotion, threats, or intimidation occurs because she's afraid something awful will happen if you don't help with rituals or other forms of accommodation. In other words, she's not just trying to get your attention, control you, or make you upset just for kicks. To her, the situation seems overwhelming or dangerous, and she's just doing what she thinks will get you to help her feel safe.

Research suggests that it's *mothers*, as opposed to fathers, siblings, or spouses, who are most likely to be targeted with this sort of coercion. Yet any family member can become a recipient, and I've come across a multitude of ways that people with OCD—both young and old—attempt to pressure others into helping with (or putting up with) rituals, avoidance, or other strategies for minimizing anxiety. Younger children are most likely to resort to tantrums, whereas older children and adults tend to use more creative approaches. These might include intimidation with threats of force or violence, the actual use of force or violence, verbal abuse or accusations (such as "you don't care about me"), and threats of recklessness, self-harm, or suicide.

Adults and older children might also engage in patterns of highly upsetting or disruptive behavior that pushes (or exceeds) established limits with the goal of coercing others into accommodating. Your adult son with obsessional fears of dirty laundry stops showering and changing his clothes (so that his body odor becomes unbearable) until you agree to wash his laundry separately from that of the rest of the family. Your teenaged daughter who is afraid of food poisoning refuses to eat because she disapproves of the way you clean the dishes and silverware. Your adult child continually deprives you of sleep by knocking on the bedroom door until you answer his reassurance-seeking questions. Your partner or spouse withholds sex or other forms of intimacy because of your reluctance to accommodate to her compulsive need for certain things to be organized just right. In later chapters you'll learn healthy and supportive ways to respond to these fear-driven behaviors so you don't feel as if your back is against the wall.

## What's Happening to Your Happy Home?

I probably don't have to tell you that living with OCD, and the stress of accommodating its demands, can transform your home from sanctuary to battle zone. Many families get caught in endless arguments over how OCD is affecting their routines and relationships. And OCD can take up so much time or curtail family activities to such a great extent that opportunities for enjoyable interactions are few and far between. Even if you're all too familiar with the negative impact OCD is having on your family, it's important to take a closer look at the ways OCD interferes, because it will provide you with avenues for change that can ease OCD's grip on your family. Here are the patterns that can result when OCD affects families and relationships.

**Passivity.** This means being ineffective at standing up for yourself. Eduardo's mother, for example, was passive when it came to saying no to helping Eduardo with avoidance and rituals. She knew that her accommodation went far beyond what parents typically do for their teenage sons but didn't know how to tell Eduardo no. When you become passive, you're likely to feel taken advantage of, as Eduardo's mother often felt. Eduardo could ask for almost anything, and she would usually agree. And if she didn't, he could raise his voice, call her nasty names, and make threats—and then she'd respond. What's more, Eduardo was never punished for his unacceptable behavior, so there was no incentive to stop his tantrums. Eduardo's mother was at her wit's

end but didn't have the skills to make the necessary changes. Does passivity lead to stress in your family or relationship?

**Avoidance.** In this context, avoidance is a communication pattern in which you shy away from sharing your opinions, discussing difficult topics, and solving problems in your relationships. Maybe you avoid conflict or tend to be indecisive. Perhaps you constantly struggle with wanting to please others. The problem with avoidant communication is that it often leaves you feeling like you've not gotten what you wanted, which can make you blame yourself. Then, when things finally come to a head, you boil over with anger at your loved one with OCD. Take Linda's husband, Nicholas. He avoided telling Linda how frustrated he was that OCD was dictating their lives until something would happen and he couldn't hold it in any longer. Then he'd explode in a fit of rage.

**Interdependency.** This refers to a relationship in which one person "needs" the other, who in turn needs to be needed. Take Xavier's relationship with his parents. On one hand, Xavier "needed" to be living with his parents because they took care of many responsibilities for him and gave him reassurance. Yet at the same time, his parents—especially his mother—also "needed" Xavier. Even though she wished he was free of OCD and off on his own, Mom also got some fulfillment from her role as his caregiver. A part of her was content to spend hours each day providing reassurance for Xavier because it made her feel needed. The problem is that interdependency—which can occur between adults as well as between adults and their children—is difficult to get out of and often leads to depression, self-blame, denial of problems, and resisting help. In Chapter 7 you'll learn ways to practice healthier, supportive communication patterns for dealing with OCD.

**Arguments.** It seems simple enough: if your loved one has an irrational fear, just use logic and reason to help her get over it. No doubt you've been down this road . . . and seen that it doesn't work. Still, the senselessness of your loved one's obsessional fears and rituals makes it extremely difficult to resist giving lectures, engaging in debates, having arguments about the seeming illogic of her anxiety, or demanding (perhaps in a hostile manner) that she see things your way and "snap out of it." But it's not for a lack of trying that you can't get your relative to change her mind. The truth is you won't win these arguments no matter what you do. Your loved one has reasons for being afraid, and those reasons might not conform to the same logic you're

using. Sure, it's extremely frustrating to you; but what's worse is that when you debate, you're only helping her come up with more reasons to dig her heels in and defend her irrational fears and rituals. So at best, arguing with your loved one and insisting on change elevates the general level of stress in your family or relationship. At worst, it also strengthens her OCD.

Recall that one of Xavier's obsessions, when he was younger, was that his girlfriend, Alyssa, might have become pregnant and then had an abortion without Xavier knowing. Xavier never had sex with Alyssa but did get an erection while fully dressed and kissing her. Even years later, Xavier would ask his parents to reassure him that there was no pregnancy and no abortion. As you might imagine, his parents couldn't resist trying to use logic to put the matter to rest once and for all. Sometimes they were critical of Xavier as well:

XAVIER'S FATHER: Xavier, you're being ridiculous. If you were both fully clothed, you couldn't have had sex with Alyssa. What's wrong with you that you can't understand that?

XAVIER: But I think I got an erection. What if my fly was unzipped and my penis stuck out?

XAVIER'S FATHER: What about Alyssa? Her pants and underwear?

XAVIER: I just feel like I can't remember for sure. What if we took off our clothes and I forgot? I have to know.

XAVIER'S FATHER: I'm telling you. You're not making any sense. There's no logical way it could have happened. And you would remember if you two had sex. I really can't believe you're afraid of this. It's completely silly.

Of course, this strategy failed to convince Xavier. In fact, it made him think of new things to obsess about and worry about—maybe he *did* get undressed with Alyssa but forgot about this “detail” as well. When you engage in logical arguments with a loved one, you play into OCD symptoms and increase the overall level of interpersonal stress.

So, what can you do instead? How can you change the rules laid down by OCD to free your family from its trap? Is there a way to help free your loved one who is suffering from the disorder as well?

Fortunately, there is a lot of research evidence—and a lot of experience compiled by many mental health professionals—that certain treatments are very effective for OCD. Unfortunately, and as you may already know, those with OCD may resist the changes required by these strategies. They may

refuse to seek professional help or reject the idea of using self-help methods to extricate themselves from the OCD trap. But *you* can still use the principles and strategies in these treatments to release yourself from the patterns of accommodation and the family conflicts that are getting you down. As I've found in my years of practice and research, applying these methods—which you'll learn about in the next chapter—within your family sometimes has the happy benefit of helping the person with OCD as well.

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