

# THE G.O.A.L. POST

Volume 1, Issue 3

## Giving Obsessive-Compulsives Another Lifestyle

Fall 1999

### The Newsletter of the Philadelphia Affiliate of the National OC Foundation

[to familiarize the public with OCD and OCD spectrum disorders, to educate and encourage those affected, and to promote understanding among their families, colleagues and friends]



**The Philadelphia Affiliate of the National Obsessive-Compulsive Foundation serves as a clearing-house for information on the obsessive-compulsive disorder (OCD) and provides the following free professionally assisted support groups for those with the disorder.**

The G.O.A.L. Support Group of Philadelphia is meeting at 8 PM every other Wednesday in the Anxiety and Agoraphobia Treatment Center, 112 Bala Avenue, Bala Cynwyd. A family group is meeting in the Center at the same time. For more information on the G.O.A.L. Group, telephone Gayle Frankel at 610-660-0549. For more information on the family group, telephone Sally Allen at 610-525-1510. Starting on September 9, a new Center-City OCD support group is meeting at the Lewis Tower Building. Contact Gayle Frankel at 610-660-0549 for more information.

A support group for young people is meeting every other Thursday from 7 to 8 PM in Suite 9 of the Rosemont Plaza Apartments, 1062 Lancaster Avenue, Rosemont. For more information, telephone Judy Kolman at 610-525-1510.

For the Trichotillomania Support Group, see the article on page 10 of this newsletter.



## The Turning of Cinderella

I'm writing to all obsessive-compulsive sufferers because after years of searching for deliverance, I've found that there is help out there for those with this disorder. It's taken me a very long and terrible time to find the right kind of help, but I look back now and can say it was all worth it.

The following is the story of my years of terror.

In 1947 I was five years old. An only child, I lived in Philadelphia in a row house with a basement. I kept my toys down there but never played with them. I wanted them to stay perfect. I played with the other kids' toys.

As the years went on, I was given the responsibility of tidying up the house for spending money. I did a good job--so well, in fact, that the house looked like one in *Better Homes and Gardens*. This meticulous housework went on for a very long time, and I was not aware of what was happening to me. I had become like the girl in "Here We Go Round the Mulberry Bush": on Monday I washed the clothes, on Tuesday I sewed, on Wednesday I baked, and so on. It was pure hell. If I didn't do everything in order, I felt terrified. The tension and anxiety were unbearable.

I became a teen-ager and was getting worse. If my hair was not parted straight, I felt as if I were going crazy. I had to be just perfect. I wasn't able to do any after-school activities because I had to get home and put my house in order. For all the work I did there, my parents just figured that I was "a good kid" and were proud of me.

(continued on page 2, column 1)

## The Turning of Cinderella (continued from page 1, column 2)

Leaving my parent's house, I married young and started a family in my own house. I never thought I could get worse, but I did. I washed the paint off the walls. The doors became marked from scouring them with Ajax. If the laundry did not seem clean in my mind, I washed all the clothes again. My hands became sore and cracked open and bled from all this washing. I went to bed with Vaseline and white gloves on. In the morning it took forever to wash off the Vaseline.

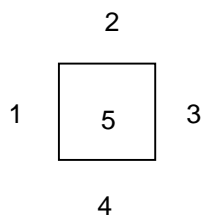
Washing wasn't the only ritual. I lined up clothes in the closet. I stacked canned goods. They didn't seem right, so I stacked them all over again—this time in alphabetical order.

In these days, the 1960s, no one knew about OCD. By myself I tried so hard not to do the thing I was doing, but my attempts never worked. I was getting so bad that when I woke up in the morning, I started shaking all over because I knew what I was in for. Some days were so bad that I banged my head against the wall. I was trying to get my brain to stop me from doing all these hideous rituals. I called out, "O God, please help me," but nothing seemed to work.

By now I had a baby. It is said that God takes care of babies and drunks. He did take care of my baby, and I'm so glad that he lived. I was on such a strict OC schedule that I made him wait for things he shouldn't have had to wait for. I never hurt him—thank God for that—but I wish I could go back because I'd do more things with him as he grew up. I'd read to him or go to the park more. Instead I was always fixing up the house. This OCD took up all of my son's childhood.

My family used to say that I was too hard on myself. I used to say to my husband, "I wish I could run away from myself." I couldn't stand myself. I don't know how my husband was able to stand me. He said he stayed because he loves me.

Time moved on, and now it was 1970. One day as I was doing all my OCD rituals, I started to hear numbers. I thought, "Oh, this is different." When the numbers came into my thoughts, I felt so calm, but this was the beginning of a terrible ordeal. These numbers drove me crazy. In everything I did I heard or saw "1, 2, 3, 4, 5." For example, as I washed windows, I'd think:



(continued on page 4, column 2)



## The Imaginary Invalid

Hypochondria (or health anxiety, which is a gentler-kinder way of saying the same thing) is much joked about but little understood. Studies indicate that as many as five percent of patients visiting doctors' offices may suffer from the condition. But until recently, doctors had little to offer in the way of treatment other than repeated reassurance that nothing was wrong. Although not ordinarily listed among the anxiety disorders such as agoraphobia or obsessive-compulsive disorder, the fear of serious physical illness can be just as troubling and debilitating. Reassurance by doctors provides only temporary comfort and paradoxically even worsens the fears.

Some psychiatrists believe hypochondriacs are made, not born, learning fearful attitudes about their health from over-anxious parents, a personal physical illness or condition, or losing a family member or close friend to illness. Others are honing in on the biological roots of the condition, which is often linked with other disorders believed to have a genetic or physiological basis. I frankly believe it to be a combination of the two.

My name is Pamela Stearns Pollack. I am forty-seven and have already died a thousand deaths: from brain tumor, gastric tumor, lung cancer, bronchial cancer, leukemia, malignant melanoma, heart disease, renal failure, hypoglycemia, diabetes—the list goes on seemingly forever. I had them all—at least I thought I did. I feared that I had something no physician knew about, that the physicians treating me were making diagnostic errors, or that the labs had already made a serious error in analyzing my millions of blood studies. It turns out that I did have an undiagnosed ailment, but not one of the ones I obsessed about. It was hypochondria, technically known as hypochondriasis. For hypochondriacs every mole is a melanoma and ordinary physical symptoms are interpreted as some obscure but serious illness.

I went from doctor to doctor—specialists, naturally—distrusting their prescriptions and advice, yet demanding more and more scans and laboratory examinations. My behavior seemed ridiculous to others, even to myself, but my distress was considerable. My preoccupation with my physical condition worsened to such a degree that my social and marital life suffered and my ability to function became impaired. Part of my daily routine involved taking my blood pressure and blood sugar as many as forty times. I would take my pulse several times during an hour to see if I could be suffering from an impending ventricular tachycardia. I also scrutinized various parts of my body to detect possible cancerous lumps.

(continued on page 3, column 2)



## The Children's Group

On April 15, 1999, Sally Allen, M.S.Ed., Andrew D'Amico, Ph.D., and Judy Kolman, Ph.D. presented on OCD in children to the Child and Adolescent Psychiatry Residents at Children's Hospital of Philadelphia. Diagnosis, treatment, and support groups were the main topics. The high point of the presentation was the arrival of three youngsters who struggle with OCD. Two were already members of the Children's Support Group and the third was about to join. They spoke about their symptoms and their treatment and about the group. Here are some comments by one of them.



### On OCD

Four times four equals 16. That's easy for me. I used to have a symptom of doing everything in 4's. My mind would say "Touch the floor 4 times" or "Kiss the dog 4 times," but the scary part is that I listened to it. Then I would be so upset that I would be crying. But now that I have beaten that ritual, I just laugh. I laugh at how it helped me with my times tables. I laugh at how things can be if you let your OCD control you. But then I stop laughing. It's not funny. There are people out there who are suffering from this idiotic thing. If only I could help them! An urge feels like...well, have you ever been standing and suddenly you are carrying thousands of pounds of bricks? I hope not. But that's what an urge is like, thousands of pounds weighing down on you till you fall to the ground and give in. You drop the bricks. You let the OCD win the battle. We--you--can't do that! You have to be superman and lift those bricks over your head and throw them into the ocean. That is OCD.

### On the Children's OCD Group

I started going to the group about six months or so ago. When I first got there, I was like, "Wait a minute—these peOple are like me!" I found that to be really cool. We don't talk that much about OCD. At the first meeting, we all talked about our favorite music and our hobbies and that kind of stuff. We basically got to know one another. A little later we would be more talkative than the first time. Once, John brought his game magazines and we just looked through them. It was fun. Another time, John brought his drums, I brought my trumpet, and John's brother Jesse brought his saxophone. We all played a song with Jared on a tambourine type of thing. We really enjoy being with one another, and I know that I have made some very special friends that are impossible to forget.

I think that groups are a good way to get your mind off the OCD. We talk about other things most of the time so that we don't have to think about OCD. Many times I have said to my mom, "Mom, is there group tonight?" and she replies "No." The next thing I know is that I hear myself murmuring "Darn it!" I hope that shows that groups have an impact on people with OCD because there it doesn't matter that you have a mean, horrible, agonizing pain called OCD. We all do, and we want you to help us beat ours too.

--Anonymous II

## The Imaginary Invalid (continued from page 2, column 2)

A little less than a year ago, I read a book suggested by the OCD Foundation: *Phantom Illness—Shattering the Myth of Hypochondria* by Carla Cantor and Dr. Brian Fallon. Carla Cantor described how her obsessive fear of illness nearly ruined her career, her marriage, and her ability to care for her two young children. More importantly, she discussed how and where to receive help. She mentioned that Dr. Frederic Neuman, Director of the Anxiety and Phobia Clinic of White Plains, New York, ran a six-week intensive program for people suffering from health anxiety. Despite the inconvenience of traveling, I signed up.

Dr. Neuman, himself a hypochondriac, makes the six-week program well worth the money and time. He is not only informative but also blessed with a wonderful sense of humor. Believe me, in trying to manage this disorder, you had better have or develop a sense of humor!

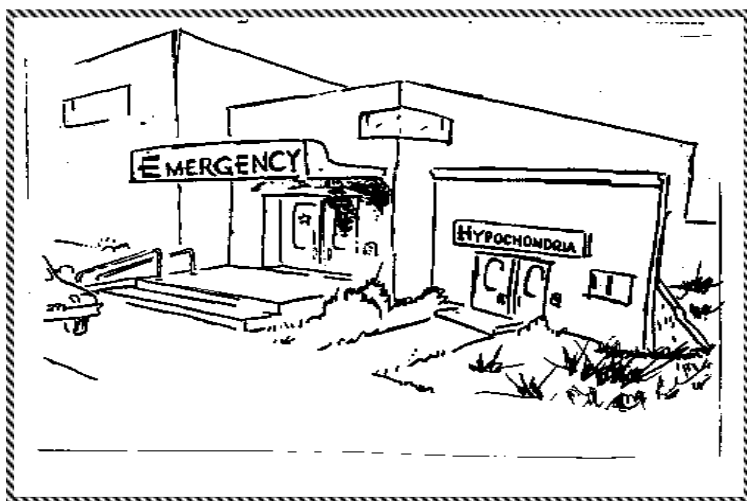
Dr. Neuman teaches those who have this condition the following six principles for dealing more effectively with it.

1. Know the truth about yourself and the illnesses you worry about. Knowing a little is scary. Knowing a lot is reassuring.
2. Confront your fears. Thinking the unthinkable diminishes fear.
3. Avoid constant checking (pulse, temperature, etc.) and the pursuit of empty reassurances.
4. Think of the odds against being desperately ill, rather than the stakes.
5. Do not seek absolute certainty or safety.
6. Live in a healthy way.

Assisting Dr. Neuman are "recovered" health phobics who are very caring as they work with each person in the program.

Although I am far from cured (if there is such a state), I can say honestly that my life has become manageable and at times even happy,

--Pam Pollack, Member of the G.O.A.L. Support Group II





### Foreword

For "The Spinal Column" in the spring and the summer issue of *The G.O.A.L. Post*, I wrote of the suffering I went through for some thirty-five years from the obsessive-compulsive disorder. It is something of an irony that now as the natural year turns autumnally from daylight toward darkness, this, the third installment of the same essay, begins to turn from the darkness of those thirty-five years toward daylight. To see the logical as opposed to merely the narrative or descriptive continuity among all three installments, it may be helpful to connect the concluding sentences of this third one with the following two quotations from the first and the second installment respectively.

"We lose our balance and we fall. Falling, we break, and through the break our life runs out."

"I discerned not only that I was caught in an irrelevant crisis as to which of these twins [the soiled and the scrubbed one] I wanted to be, but also that like the terrible power which discharges from the split atom or like the blood that hemorrhages from a deep break in the flesh, the anxiety I was undergoing was my life force driven to extremity and rushing out from the split between them."

Some may have difficulty penetrating the density of this essay. I suggest that it will respond richly to a patient and careful reading.

--Jene Beardsley

### The Secrets of Liberation

Working for deliverance, I found two attitudes helpful. One is comic and the other is tragic.

Edited slightly to fit its present context, the following is an excerpt from a letter to a friend who many months before had agreed to receive and secure for me in her house a back-up set of many of my writings.

In addition to the reasons already given in my past letters and more than any of these reasons, the obsessive-compulsive disorder has been behind what must be to you the puzzling length of the delay in delivering my manuscripts. Because unhappy experience has taught me that others find it very difficult to understand this condition, I didn't know how to open the subject to you. I'll try to give you some tangible sense of my frustration through the following account of a somewhat humorous incident that happened one evening last year in the parking lot of the corporate building where my son works. He and a friend and I were in one of those Wednesday-night gatherings there which have become a tradition in the last two or three years. It must have been late summer or early fall because I remember standing under some oak trees whose vaguely turning leaves were

(continued on page 5, column 1)

### The Turning of Cinderella (continued from page 2, column 1)

Everything I looked at had a 5 on it: 5¢, \$5, 5 o'clock, 5 after the hour, 5 before the hour, etc. I used to wake up at 5 of 2 AM every morning for many months. I thought I was losing my mind. 5, 5, 5, 5, 5—it was awful.

My husband's job changed, and we moved to New Jersey. I tried so hard to convince myself to start anew, to be normal in another state. My efforts did not help. My condition got worse. Fixing the new house and trying to get our son into another school and make new friends took a toll on me.

Then I became pregnant again. I had another son. Becoming a mother for the second time was so hard. When the baby was six months old, I went to see a doctor. He had no knowledge of OCD. He thought I had post-natal depression and put me on an antidepressant. That was terrible—now I had OCD and side effects from the medicine.

By 1980 the boys were growing up well. I was still a mess. I went to another doctor, who wanted me to try another medicine. Coming off one drug and starting another was terrible. I thought I saw bats coming after me. It was literally terrifying. I was being scared to death.

From the next drug I broke out into hives. Then I went on another one. Its side effects were also bad. One doctor had me sit in a chair and listen to music. I was going to so many places, yet arriving nowhere. The counting all the time, the senseless cleaning, and the medications not working just did me in. I begged God, "Please make it all just stop!"

Then I thought of suicide.

Our new home had a basement. Though I really did not want to die, I planned on hanging myself there. Yet my hands were so sore at this time that I couldn't have tied the rope even if I had tried. While I was in the basement, the telephone rang and I went back upstairs. It was my doctor calling to change my appointment. Thank God for this call. Afterwards my family kept close to me for a while.

Later that year I heard OCD mentioned on the Phil Donahue Show. It was then that I put a name to all these things I was doing.

In the 1980's I went to Jefferson Hospital in Philadelphia to participate in an investigational drug-treatment program. I was a guinea pig for a little while. The staff there did seem to care about me. I was to call them any time I wanted to. Though I had side effects from this drug as well, it did work for a while. The OCD was a little under control. Then I started to overeat, and soon I was out of control with this new disorder.

(continued on page 5, column 2)

soothingly translucent with the light behind them from an adjacent lamppost. The random conversation turned to when I was going to deliver to you the prepared box of writings, which by then, I think, had been six or seven months collecting dust on the shelf of my bedroom closet. I mentioned my vexation at being caught between the dearness of your friendship and the anxiousness that the visit might trip the wires of my afflicted nervous system, and when my son asked what might do that, I answered, "Pets, for example." My friend said, "Couldn't you telephone her and find a way to ask her if she keeps pets?" I answered, "Without her knowledge of why I was asking, the question would sound bizarre! I might as well ask her if she keeps corn muffins in the kitchen." We all started laughing, and ever since then, whenever I contort my humanity to render safe for OCD some environment or circumstance, we call it inquiring after "corn muffins in the kitchen."

With all the exquisiteness that has been put into their making, people know they are going to die some day and still they are able to find comedy in things. When it is not acrid with derision, I think I detect in their laughter a cunningly subtle clue to support my faith that in every human life there is a presence of mind which is deathless. Its fireproof joy of the radiance of heaven comes down to our temporalness as an untroubled acceptance of the little flammable costumes we put on for this life and as a sense of humor toward the silly little dances we sometimes do in them to put out imaginary fires. Expressing that sense of humor toward a painfully foolish affliction like mine is one way of transcending it.

The tragic attitude is also a transcendence. In popular usage tragedy is synonymous with catastrophe, but this is not the meaning it has in classical literature from which the word *tragedy* comes. There, as in this paragraph, it refers to that greatness of soul which, from the obscurity it retreats to when the days are commonplace, is brought to the surface of a human life by the pressures of an adversity which evil playing upon human weakness sets into motion. What happens to a person is not what happens to him but how he receives what happens to him, and, accordingly, suffering can ennoble him into the fullness of what it means to be human or it can disfigure him into the subhuman. I believe that whether one believes or disbelieves in the existence of God, there is deep in the human psyche a sense of responsibility to the divine image in human deportment which is not abandoned without unhappy consequences to one's whole psychic order. Keeping faith with this image in the tragic manner means not only to endure with as much quiet and down-to-earth dignity as possible the discomfort of resisting the truly perilous recourse to addictive rituals. It means also that when one does surrender to the abasements of his disorder, he forgive himself as quickly as possible and go on with his regimen because unforgiveness breeds more weakness and compassion is one of the salient characteristics of the more tolerable of our gods.

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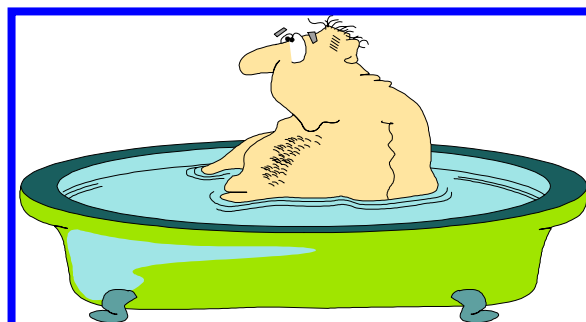
It was either OCD or overeating. As I started reading about diets, I came across a paper on the National OCD Foundation in Connecticut. I joined this organization, and the people there helped me greatly. From them I found out about a support group meeting regularly in Philadelphia. Philadelphia was two hours away from me, but I did call to find out more about this group. I just had to get help. The anxiety was more terrible than I can put into words.

I needed help from other OCD people. I bought a tape from the OCD Foundation. It wasn't at all what I thought I wanted. Instead it was a tape on starting one's own support group. "Ha! " I laughed, "I need to go to one, not start one!" I obtained the e-mail address of a doctor associated with the Philadelphia support group. I e-mailed him and he e-mailed me back. He also called me, but we played phone tag for a while. I asked him for directions on how to get to the Philadelphia group and he answered me back. I thought, "This doctor is so unique!" I felt as though he were an angel from heaven. He knew a great deal about OCD and told me about the therapy of exposure and medication. I had heard of this strategy before but had never looked into it. This time I did. The thought of exposure was very frightening to me. I thought very hard about it and came to realize that it's the only way to get better. And so in May 1998 I started attending the Philadelphia group, which encourages exposure. In the first year my achievement was fair. Then in April 1999 I went back on medication. The side effects have been nearly negligible.

And so it took me from 1947 to 1999 to learn that OCD can be controlled by exposure and medication. Yes, I have anxiety, but the doctor showed me how to control it. I now have both my OCD and my weight under control. I feel 95% better—thank God, my doctor, and my support group. I will never, never go back to the way I was.

I have an e-mail address. If anyone would like to write me, I'd like to hear from him or her.

--Donna Connolly, Member of the G.O.A.L. Support Group  
Telephone 609-264-0107/E-Mail traveler1219webtv.net Π



Now, let's see—if I get out of the tub to check the stove, I'll drip dirty bath water all over the floors; on the other hand, if I don't check the stove and it's on, the house may catch on fire and I'll cook to death in this damn thing! Oh lord—decisions, decisions!

The principal strategy I underwent against the obsessive-compulsive disorder is an extension of this tragic attitude into its fullest discipline. The following paragraph is a kind of foreword to my account of it that in the next issue of this newsletter will bring this little document to its climax.

I am not a professional in psychology, and it goes without saying that I am not necessarily universal in my disposition, but my personal reflection on myself and on others similarly afflicted suggests that the factors which aggravate the obsessive-compulsive gene are in one's life from the earliest years--only the gene itself is older. I had a mother who contracted polio when she was three. It stunted somewhat the growth of her right leg and foot so that she walked with a slight limp. I often have said that she had polio and the whole family went lame. Not only did she attempt to compensate for her infirmity by demanding perfection in her children, but also, living in the days before the Salk vaccine, she was evangelical in warding off from them the disease which had pained her own childhood and, for that matter, her entire life. In later years I wrote a little rhyming poem that pictures her imposition of perfection on me in terms of the Greek legend in which the sea-goddess Thetis dips her half-divine son Achilles in the infernal river Styx to make him immortal. The heel by which she held him remained mortal, and this is where he was killed by a poisoned arrow in the Trojan War. The stricken leg, the perfectionism, the germicidal bathing of my immediate family history are in one form or another all present here.

### THE BAPTISM OF ACHILLES

On the flood plain of the river, the cry  
Of outrage, the death-resistant wetness,  
The infant hero twisting his dry  
Gripped ankle in mid-air, the setness  
Of fate that will dangle him over the try  
And luck of events by a vulnerable limb.  
He won't be the last strong son to die  
From the hold a mother has on him.

It is telling that my earliest memorable talk which my mother now and then recounted to me in later years was dominated by references to germs and bathing. Inside of me the twins cleanliness and dirtiness had been separated at birth and now bore toward each other the fearful hostility exchanged between xenophobic strangers. The split between them had to be healed, and this healing could occur only if they were made to live with each other so that they would come down to the normality they have when mutual animus and rejection has not heated them up into an intolerable incandescence. This was exactly what my therapy accomplished.

(continued on page 7, column 1)



## The Family Group

[Editor's Note: Of the following two contributions to the newsletter, the first was written by the teen-age sister of a person with trichotillomania and the second was written by a member of the Family OCD Support Group.]

### Trichotillomania: From a Sister's Point of View

You see her reach up  
And pull hair from her head,  
In the light of the day  
Sitting next to you.

What causes this urge?  
You say to yourself,  
Confused and scared,  
You quickly tell her to stop!

She realizes what she has done  
And looks kind of mad at first.  
Then, as you hand her a tool,  
She thanks you, and you feel that warm feeling in your heart.

You will always stand by her side,  
Through her successes and failures,  
And you will stick up for her  
Just like she's always done for you.

--Anonymous

### Living with OCD: A Triumphant Time

A particularly triumphant time for me as the spouse of a person with OCD and for my wife was when she finally found the right doctor to help. Before this time, she was being controlled by rituals that she had to do to ease the anxiety of OCD and by avoidance of situations that were threatening to her. This had been the case for most of her life. Before she found the right treatment, which is a combination of medicine and exposure therapy, her whole life was becoming surrounded with rituals and places where she could not go or things she could not touch. She was like an animal confined to a small cage. After some time, it controlled every move she made. It had taken over her mind and body.

But after she began treatment, I started to notice the disappearance of what I, before I knew what OCD was, would call "weird and sadly crazy habits." With more treatment, my wife is even better to this day. She has her life back and is enjoying it. And so am I.

I would tell anyone living with a person with OCD not to give up hope. Seek out good help. Don't get caught in the other person's rituals. Give him or her the confidence that one day, with the right help, he or she can control these rituals that are in control now.

--Anonymous II

## The Spinal Column (continued from page 6, column 1)

Nothing confers intrinsic status on a human being so much as the discipline of his personal life into the fullest possible humanity, and yet to keep its surface running with as little friction as possible, contemporary society tends to order implicitly and indiscriminately a repression of the personal so that the latter is not accessible for development. The professional approach to people by itself has in it too much of the mechanics of the handbook and offends the human countenance by painting it with generic strokes, whereas the personal approach, sensitive to those elusive subtleties which make up the greater part of what a person is, has in it the genius of the masterpiece. Contemporary shibboleths like "He acted professionally" and "Please do not take this personally" are rarely examined in the light of what the history of human intelligence knows timelessly about human fulfillment and are an affront to the mind that has an intimacy with the depths of things. I would prefer to hear "He acted like a person," and when something I dislike is done or said to me, if not as a person I would like to know how I should take it--like "a post the passing dogs defile" perhaps?

Luckily I found a therapist so un-self-consciously secure in his own humanity and expertise that without losing any of his authority, he made it possible for me to relate to him person to person as opposed to person to professional and thereby inspired between us a trust without which I might not have had the motive or found the courage to do some of the things he directed me to do to bring the twins within me into a sustained redemptive contact with each other. In this contact they fulfilled my instinct for wholeness and an old Buddhist proverb which says: "Cease struggling, then transformation will begin." Π

October 31 is the deadline for submissions to the winter issue of the newsletter.



## Pungent Extracts



The optimist proclaims that we live in the best of all possible worlds; and the pessimist fears this is true. --**James B. Cabell**

Fear is that little darkroom where negatives are developed. --**Michael Pritchard**

Do not fear death so much, but rather the inadequate life. --**Bertolt Brecht**

Fear is the main source of superstition, and one of the main sources of cruelty. To conquer fear is the beginning of wisdom. --**Bertrand Russell**

The truth that many people never understand, until it is too late, is that the more you try to avoid suffering the more you suffer because smaller and more insignificant things begin to torture you in proportion to your fear of being hurt. --**Thomas Merton**

Courage is resistance to fear, mastery of fear—not absence of fear. --**Mark Twain**

Change has a considerable psychological impact on the human mind. To the fearful it is threatening because it means that things may get worse. To the hopeful it is encouraging because things may get better. To the confident it is inspiring because the challenge exists to make things better. --**King Whitney, Jr.**

Let us not look back in anger, nor forward in fear, but around in awareness. --**James Thurber**

Remember that fear always lurks behind perfectionism. Confronting your fears and allowing yourself the right to be human can, paradoxically, make you a far happier and more productive person. --**David M. Burns**

Learn the art of patience. Apply discipline to your thoughts when they become anxious over the outcome of a goal. Impatience breeds anxiety, fear, discouragement and failure. Patience creates confidence, decisiveness, and a rational outlook, which eventually leads to success. --**Brian Adams** Π

## From the Presidium



Dear Friends,

We hope you all enjoyed your summer. It was a summer of three Affiliate-related highlights.

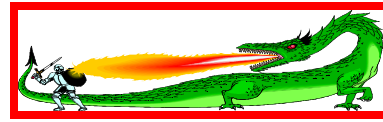
We would like to thank all the individuals who worked on the Flea Market of June 6, notably Alan Delfiner and Ed Wenrich who did our trucking, Theresa Cohen, Helen Kirschner, Patricia Lowe, Scott Lyons, Pat Summers, all the people who donated items, Sally Allen for her contributions, our advisor Jon Grayson for performing the anxiety screenings as well as "hawking our wares" at the OCD table, and last but not least B.J Foster and AATC for letting us use their premises to store our items. We are grateful for their efforts. At this event the Affiliate netted \$788, which will go toward helping children and adolescents with OCD.

We would like to take this opportunity also to thank Pam Pollack for helping us set up our booth at the mid-June Conference of the Pennsylvania Psychological Association, and Jene Beardsley, Theresa Cohen, Helen Kirschner, and Patricia Lowe who helped us man it.

Our National OCD Conference on July 9-11 was filled with excitement because this year we were represented by a record number of Board and Affiliate members who joined in the wonderful experience of meeting people from all over the country and exchanging ideas with them. In between the busy and informative conference workshops, you could hear our group's laughter as they found time for lunching and dining together, not to mention those late-night dessert sessions which kept the restaurant open past closing time and then transferred to other areas. Besides Anna Mae Yurkanin and myself, those attending were Marilyn Trewartha, Pat Summers, John Monyak, Arthur Braid, Patricia Lowe, Jennifer Buzby, Ned Saaz, Sondra Grumer, Ellen Stern, Helen Kirschner, Alan Delfiner, Ed Wenrich, Donna Connolly, Theresa Cohen, Jene Beardsley, Lisa and Roberta Schott, Minette and Scott Lyons, and Joe Spano. Sally Allen, a member of our Scientific Advisory board and facilitator of our Trichotilomania and OCD Family Groups also attended. We missed Pam Pollack, who had previously planned to join us but unfortunately was fighting the flu. Many of these individuals led small groups during our two G.O.A.L. Workshops held on Friday evening.

On Friday morning, Anna Mae and I attended the Affiliate Presidents Meeting, where we shared our past projects with other affiliates, heard about their inspiring projects, and listened to and discussed National's forthcoming agenda. We were later joined at this meeting by a few of our members for information on Advocacy and OCD arranged by Janis McClure, President of the Florida Affiliate. During this part of the meeting, we heard tips on what is effective in advocacy

(continued on page 9, column 1)



## Stomaching Affliction

The Scottish essayist Thomas Carlyle was one of the most powerful voices in the literature of Victorian England. Though not a sufferer from OCD, he did suffer lifelong from what in his day was called "dyspepsia," a technical-sounding word from the Greek language which means literally "bad digestion," in Carlyle's case probably centering in chronic gastric ulcers. This physical condition coupled with a psychological disposition toward melancholy cast his life into a state not unlike the one endured by the obsessive-compulsive. He writes of this state, and how he came to manage it, in a long prose satire entitled *Sartor Resartus* or, in English, *The Tailor Re-Tailored*, which appeared in the earlier 1830's. The following is an excerpt from this work. The eccentricities of style and typography are his own.

. . . I lived in a continual, indefinite, pining fear; tremulous, pusillanimous, apprehensive of I knew not what; it seemed as if all things in the Heavens above and the Earth beneath would hurt me; as if the Heavens and the Earth were but boundless jaws of a devouring monster, wherein I, palpitating, waited to be devoured.

Full of such humor, and perhaps the miserablest man in the whole French Capital or Suburbs, was I, one sultry Dog-day, after much perambulation, toiling along the dirty little *Rue Saint-Thomas de l'Enfer*, among civic rubbish enough, in a close atmosphere, and over pavements hot as Nebuchadnezzar's Furnace; whereby doubtless my spirits were little cheered; when, all at once, there rose a Thought in me, and I asked myself: "What *art* thou afraid of? Wherefore, like a coward, dost thou forever pip and whimper, and go cowering and trembling? Despicable biped! What is the sum-total of the worst that lies before thee? Death? Well, Death; and say the pangs of Tophet too, and all that the Devil and Man may, will, or can do against thee! Hast thou not a heart; canst thou not suffer whatsoever it be; and, as a Child of Freedom, though outcast, trample Tophet itself under thy feet, while it consumes thee? Let it come, then; I will meet it and defy it!" And as I so thought, there rushed like a stream of fire over my whole soul; and I shook base Fear away from me forever. I was strong, of unknown strength; a spirit, almost a god. Ever from that time, the temper of my misery was changed; not Fear or whining Sorrow was it, but Indignation and grim fire-eyed Defiance.

. . . [T]hen was it that my whole ME stood up, in native God-created majesty, and with emphasis recorded its Protest. Such a Protest, the most important transaction in Life, may that same Indignation and Defiance, in a psychological point of view, be fitly called. The Everlasting No had said: "Behold, thou art fatherless, outcast, and the Universe is mine (the Devil's)"; to which my whole ME now made answer: "I am not thine, but Free, and forever hate thee!" **II**

and what is not from Bob Borski, who in turn works closely with Congressman Pete Stark, noted for his long history of working on health issues. As a result of this meeting, we have appointed our own Chairperson of Advocacy and OCD, Donna Connolly. If you are interested in helping with this cause, please contact Donna for more information. Her telephone number and her e-mail address are given at the end of her article on page 5 of this newsletter.

Another bit of excitement which occurred at this point is that Theresa Cohen, Vice-President and Corresponding Secretary of our Affiliate, was interviewed by Fox TV out of Washington on the topic of "Hoarding and Compulsive Shopping." We look forward to obtaining a copy of her interview for our Affiliate library.

On Saturday and Sunday morning, Dr. Jon Grayson, member of National's Scientific Advisory Board and Chairman of our affiliate's Scientific Advisory Board, and Dr. Lee Fitzgibbons, also a member of our affiliate's Scientific Advisory Board, presented workshops. Look for an update on Dr. Grayson's workshop in the next issue of our newsletter.

On Friday afternoon, our own workshop entitled "The Road to Recovery" was open to a varied audience of over 145 people. It was especially intended to benefit those individuals who started treatment, had setbacks, and were in need of new techniques which could be used to motivate themselves anew. It was in two parts. The first part shared my personal experiences with recovery in order to help individuals learn how to identify their own personal roadblocks through the use of "creative journaling." It included a discussion of Dr. Dan Gottlieb's theory of "first order change" and "second order change." This presentation demonstrated how understanding Dr. Gottlieb's theory and adapting it to the technique of journaling, especially while working on a behavioral "exposure-response prevention" program, serves as a new motivational tool by teaching individuals to view change in a totally new light, thus affecting their lack of, or attainment of, a personal goal of recovery. The packets of handouts assembled the night before by Anna Mae and myself were given to each workshop attendee. These packets included "Gayle Frankel's Excuse Modes" (which served as an additional tool to be applied to excerpts of an individual's journal) as well as the OCD Creed, information about G.O.A.L. groups, and sample questions used at groups.

The second part of this workshop consisted of a panel of presenters Anna Mae Yurkanin, Jene Beardsley, and our husband-and-wife team Minette and Scott Lyons. They shared the different paths they took in order to become symptom-free. Represented here were those who have accomplished recovery with a supportive spouse, those who have worked on their own with their sole support coming through various support and maintenance groups, and those who have made the decision to come to therapy only after attending groups for a while. All discussed methods they

(continued on page 10, column 1)



## A Song for the Thoughtful

[Author's Note: At a critical point in his life, Thomas Carlyle chose to defy his disorder instead of moping and lamenting before it (see "Stomaching Affliction" on page 8). One of the expressions of his defiance was hard work running on a determined faith in the significance of that work. The following blank-verse poem, originally published in the anthology *Sightseers into Pilgrims* (Tyndale House, 1973), recommends this tactic in the face of obsessions and compulsions.

Avernus is a small lake in central Italy, just west of Naples. It is held in the crater of an extinct volcano. Its sulphurous vapors led the ancient Romans to believe that it was an entranceway to the underworld.]

### AVERNUS: SAFE CONDUCT

The burning worst of hell is not the being  
There exactly, but that being there  
Intends to keep the fired, idle damned  
From all those striking ordinary indoor-  
Outdoor movements on the surface of  
The world that keep a mind in excellent  
Condition. So if, after an act that sends  
Me to the underworld, I will to go  
About my business--under the humid summer  
Digging in the garden, grading a set  
Of papers on my desk (that, oddly enough,  
With all its work, over the star-deserted,  
God-dimmed lake at evening, has been shipped  
There with me, like my other personal  
Effects), or (Lord, in such a nightlong fix,  
The hardest thing of all) enjoying a simple  
Day with daylight friends and family who  
Have no idea of where I am--if I  
Will volunteer to make these movements while  
Involuntary dread goddamns me, then  
It is perhaps, down there, like hanging quiet,  
Freshly washed and ironed curtains to  
Put out the glaring windows, without panic  
Laying a rug upon the burning floor,  
Against that brimstone odor placing, like  
A breathing spell of open air, a vase  
Of Queen Anne's lace and clover on the table.  
It may be that tidy curtains, rug,  
And vase are not external trappings only,  
Hiding the pitiful condition of the place,  
But the very touches, homeward charm of which  
Recalls, with time, the whole mind, rowing at daybreak  
Toward the familiar inlet, back on earth.

--Jene Beardsley II

## From the Presidium (continued from page 9, column 1)

used to "lighten their load" while avoiding roadblocks. Questions and answers followed. Joe Spano, our affiliate member who relocated to Chicago, was to share his experiences on this panel, but because of weather conditions, the pilots refused to fly and unfortunately he could not get there until just before our workshop concluded. Talk about anxiety! We were, however, glad he arrived safely, delighted to see him again, and happy to have him share his expertise by leading G.O.A.L. groups for us later in the evening. All in all, the room was filled with wonderful people, and many were kind enough to stop and tell us how much they enjoyed our presentation. We hope the handout packets will prove useful.

The workshops on Friday and Saturday culminated in the inspiring Keynote Address, featuring Mike Wallace, William Styron, and Art Buchwald. All had experienced major depression and expressed the need for wider understanding of mental-health issues and the necessity for decreasing any attached stigmas. Graciously they autographed books and answered questions. A Buffet Cocktail Reception followed, featuring Rebecca Leland, a country singer with personal experience of OCD, who autographed albums and donated all the money from album sales to the OC Foundation. Also on display at this reception were varied entries in an art show sponsored by the OC Foundation, among them Theresa Cohen's cleverly creative work, a dress of fabric and ribbons entitled "From Ribbons to Imperfection." Toward the end of the evening, the winner of the raffle for two round-trip plane tickets was picked. It was none other than our own Helen Kirschner! The Affiliate netted \$944.50 from this raffle. Like the Flea Sale proceeds, this money will go toward helping children and adolescents with OCD.

A Y2K Fundraising Project by the National Organization was presented to all affiliates, supporters, and conference attendees, the aim being that an individual or a group of individuals could buy a "share in the OC Foundation" by donating a sum of \$2000. If you know of anyone interested in this cause and willing to help in the quest for research and recovery, please have them contact Hannah Carlson at National Headquarters. Meanwhile, we are looking forward to seeing you at group meetings and hopefully at next year's conference, whose location we expect to know by the publication of the next newsletter--so keep posted!

Your Presidium,

Gayle Frankel and Anna Mae Yurkanin II



A successful psychologist who was also skilled at story-telling was asked why he chose his profession instead of authorship. "I flipped a coin," he said, "and it came up heads, not tails."

## The Photographs on the Next Page

**Top Photograph:** The Tag Sale or Flea Market at Roosevelt Mall in Northeast Philadelphia on June 6, Scott Lyons in the foreground.

**Middle Photograph:** The National OCF Conference of July 9-11 at the Crystal Gateway Marriott Hotel in Arlington, Virginia. Seated around the table from left to right are: Marilyn Trewartha, Ned Saaz, Pat Summers, Scott Lyons, Gayle Frankel, Helen Kirschner, Minette Lyons, and Lee Fitzgibbons. Standing behind Gayle from left to right are: Pat Lowe, John Monyak, and Donna Connolly.

**Bottom Photograph:** Helen Kirschner winner of the raffle at the Arlington Conference. She is flanked left and right by the Affiliate's co-presidents Anna Mae Yurkanin and Gayle Frankel.



## The Trichotillomania Group

Beginning on September 22, the support group for those suffering from trichotillomania will resume meeting on alternate Wednesdays from 6:30 to 7:45 PM in Suite 9 of the Rosemont Plaza Apartments, 1062 Lancaster Avenue, in Rosemont. Psychologist Sally Allen is the facilitator. Those seeking further information may reach her at (610) 525-1510.

In recent months, the group has been well-attended. One of the themes of its meetings has been the rewarding of oneself for successes against this disorder. Rewards have been individualized for each person. Getting stickers for each hour of success and keeping them in a book has worked well for some. Praise or money or a special treat has worked well for others. Focusing on success and keeping track of it is very helpful. If one has not been getting a good number of rewards, it may be that the goals were set too high.

What follows is a description of the pain and frustration that trichotillomania can bring.

### LIVING WITH TRICHOTILLOMANIA

Trichotillomania is very hard to accept. I often wonder why me? Out of all the people in the world, why is it that I have this "thing" that won't let me stop pulling out my hair? I get very upset when I look in the mirror and realize that I did it to myself. Nobody pulled it out but me. It's like you hate yourself for doing it, but you couldn't stop. You just feel helpless. I feel triumph when I can overcome an urge and be stronger than it is.

When people say "Just stop," it's not that easy! Don't they think that if we could stop we would? Sometimes I don't even enjoy it! It's just that your hands get locked and something won't let you stop.

--Anonymous II

**DISCLAIMER:** The views expressed in the articles of this newsletter are those of their authors and do not necessarily represent the Philadelphia Affiliate.





The Philadelphia Affiliate urges you to join the National OC Foundation.  
This form is printed on the last page of its newsletter so that you may conveniently detach it for filling it out and sending it in.

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