

I researched the science and history behind obsessive compulsive disorder and my personal history with it, using printmaking as the medium through which I expressed my experience. The process of printmaking is very repetitive, exact, and can be exhausting, much like what my OCD can feel like at times. My four prints act as a timeline of OCD in my life. The first one is childhood, including my journal entries and childhood memories. The second explores how the death of my grandpa impacted my OCD. The third print speaks to medication, and the fourth exists for quite meta reasons (so that there is an even number of final prints).

My prints are visually busy to comment on how OCD is represented in the media. Shows like “Monk,” “The Big Bang Theory,” and “Friends” all falsely represent OCD as a “neat-freak” disorder. In my prints, I wanted to show the perfectionist side of OCD, by including frames. I also wanted to show how messy intrusive thoughts associated with OCD can feel, and used the multiplate technique to my advantage by creating many layers with which the viewer can engage.

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The Invisible Disorder

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In 2007 I was five years old. Grandpa Peter, “Pooky”, was sick with pancreatic cancer. I don’t have much memory of when he died. I’m not sure if I remember what happened or what I was told happened. I think I remember his hospital room. I remember his medicine cabinet and that he hated deer. His Shiva took place at my house. My living room overflowing with Jewish food and distant family members I didn’t know I had.

Talking on the phone with my mom and dad, my favorite people in the world, I was asking what I was like as a child. I was talking about this final project and I was asking her about when my OCD started, when my “quirks” became apparent. I asked her when I started having to walk through certain doors, when I had to put my pants on just the “right way”, when I got nervous about peeing and vomit.

First off she told me I was a happy kid. Always smiling, just like her. She said she thinks it began when Pooky died. I was confused because I didn’t feel like I processed it much and I couldn’t imagine it affecting me that much. I barely remembered it. She told me that at the Shiva I was very upset. She thinks I was scared. She connected the dots for me. She told me that the only time I peed myself was outside at the Shiva. She said I was so upset. She was upset that I was upset. After that day, anxiety over bathrooms grew more and more apparent in my life. On car rides I’d have to stop every fifteen minutes to go pee. To attempt to calm me down they would have me sit on top of an empty Huggies box so I could pee in it right then and there, just in case. I never used it. I’d skip birthday parties because the carpooling was too long and I was embarrassed to ask them to stop for a bathroom. I was that kid that would make the school bus stop to go to the bathroom at the highway’s McDonalds.

I was that kid until my fear of school buses and field trips stopped me from going on them. That fear stemmed from a bigger fear of throw up. For years I wouldn’t say the word ‘throw up’. I got furious and disgusted when anyone else said the word. If someone started a conversation about it, I’d walk away. If someone coughed one to many times, gagged, or said they had a stomach ache, I’d sprint. I still sprint at that. I’d walk on certain wooden floor panels and walk through specific doors like a choreographed dance in order to prevent me from throwing up in the future. My therapist called this ‘magical thinking’, it is a part of cognitive distortion: exaggerated thinking patterns that convince us of irrational truths and distort reality. Magical thinking is the belief that one event occurs as a result of another without a rational link of causation.¹As I grew older I understood that my magical thinking was irrational but that wasn’t enough to stop it. I grew embarrassed by the way I thought. Was I stupid? Just plain weird? Or was I making it up just to pity myself? I had always been aware that the number of times I tap my foot on the ground didn’t logically affect if I got in a plane crash that day. But it offered me a sense of control. It calmed my anxiety of the plane crashing. But the calm was only temporary. After the plane ride (when the plane didn’t crash), I told myself that it was because I tapped my foot; it was the logical explanation to me. My brain convinced me that I had the control, power, and responsibility to perform certain actions to protect myself and others from bad things happening. Performing these actions gave the idea of control and comfort in this unreliable, delicate world. Magical thinking is often connected to OCD, obsessive compulsive disorder.

OCD is known as the ‘invisible disease’. It is a genetic condition that causes the individual to “suffer from having intrusive and unwanted thoughts which create distress and result in feeling the need to perform compulsions: repetitious, purposeful physical or mental actions that the

¹ (<https://www.psychologytoday.com/us/blog/happiness-in-world/200911/magical-thinking>)

individual feels compelled to engage in according to their own strict rules or in a stereotyped manner.”² To cope with anxiety and intrusive thoughts, compulsions may be performed. This may include but not be limited to: tapping, checking, repeating actions until they are “just right”, cleaning, order, symmetry, repetition, hoarding, and much more. Due to the media, many people assume that people with OCD are just perfectionists and neat-freaks, however, it is much more complex than that. “Compulsions do bring some relief to the distress caused by the obsessions, but that relief is temporary and reoccurs each time a person’s obsessive thought/fear is triggered. Sometimes over time the compulsions can become more of a habit where the original obsessive fear and worry has been forgotten, in this instance compulsions are often completed to enable the individual to feel ‘just right’, the key word being ‘feel’.”³ OCD impacts daily life, it can become so distressing that some nature of impairment or disability for hours may be experienced. It makes it difficult to focus on anything because the obsessive thoughts always intrude. “The condition can be so disabling that back in 1990 the World Health Organization ranked Obsessive-Compulsive Disorder in the global top ten leading causes of disability in terms of loss of income and quality of life. In fact, back then it went on to suggest that OCD was the fifth leading cause of burden for women in developed countries. More recently the World Health Organization found that “anxiety disorders (including Obsessive-Compulsive Disorder) are the sixth largest cause of disability, and that more women than men are affected.” Many people’s OCD goes unnoticed and untreated because of the little popular information on the condition and because many people actively hide their symptoms due to embarrassment and guilt.

The intrusive thoughts that people with OCD have can be very disturbing, scary and guilt producing. People can have sexual, violent, or harmful obsessions filling their mind with unwanted sexual images, thoughts and fears. It becomes very easy to become ashamed of your thoughts and feel trapped in these unwanted thoughts. I cannot speak on the behalf of anyone else, but to me I have always felt like there is another voice in my head inputting these unwanted thoughts, worries and images. “The struggle to cope with untreated OCD can lead to depression. Certain other conditions may occur with OCD. Some researchers believe chronic hair pulling, skin picking, tics, and eating disorders are part of a spectrum of OCD disorders.”⁴ Many OCD patients have other disorders in addition to OCD. It is common for teens to pair OCD with ADHD and adults to pair OCD with depression.

OCD does not discriminate against age, sex, races, backgrounds or ethnicities. It can start at any point in life though it frequently appears between the ages of 8 and 12 and between late teen years and early adulthood.⁵ About 1 in 100 adults and 1 in 200 children have OCD.

The first case of OCD was apparent in religious texts rather than medical texts. It was in the 14th century when it was first recorded, however, the name OCD didn’t appear until the 20th century. In the beginning most of the obsessive fears focused on religion and sin and the compulsions would be the performance of religious devotion. They called this ‘scrupulosity’, encompassing all obsessions and compulsions. Now that term is specific to obsessions and compulsions that surround religion.⁶ Even though the disorder has been around for centuries the exact cause is not 100% known. Research suggests that genes and brain chemical difficulties play

² (<https://www.gatewayocd.com/magical-thinking-ocd-symptoms-and-treatment/>)(<https://www.ocduk.org/ocd/compulsions/>)

³ <https://www.ocduk.org/ocd/introduction-to-ocd/>

⁴ (https://www.health.harvard.edu/newsletter_article/When_thoughts_become_obsessions)

⁵ (<https://iocdf.org/about-ocd/who-gets/>)

⁶ (<https://www.ocduk.org/ocd/history-of-ocd/>)

a role in the emergence of OCD. No one really knows the other factors of OCD. They could include ordinary stress, illness, or traumatic experiences.

Some research suggests that OCD is partially caused by communication problems between the front part of the brain and the deeper brain. The communication is through neurotransmitters called serotonin. OCD patients brains may be normalized by medications like, serotonin reuptake inhibitors, or through cognitive behavior therapy.

Some scientists think that the amygdala, the part of the brain responsible for basic functions including emergency system, has a misfiring danger signal mechanism. The brain doesn't like to think it is going to die without knowing where from. This causes the brain to associate the danger signal with the thoughts and it infuses an authentic experience of danger. OCD sufferers react to the danger compulsions. After some time, it is not clear whether the anxiety comes first and the thought follows or vice versa.⁷

In 2017 I was 15 years old. Grandpa Bob was sick with leukemia. His death was one of the hardest events to go through for me. It was my first time being personally affected by death. I was confused, upset, sad, sad, sad, and scared. I couldn't conceptualize how death was possible. I was tying a camper's bracelet homemade rainbow beaded keychain as my dad came over. I become mildly confused and then he tells me that I have to leave because we are going on an emergency trip to grandma and grandpas. My smile drops and everything feels heavy. I quickly go say goodbye to as many of my campers that I see in the ballpark radius. As I run around looking for them, I repeat, "Fuck! Fuck!" under my breath. I know that he is dying. I instantly make the connection to the moment: 11:11am. I started to do my ritualistic prayer. I looked back at the clock and as I started to recite the most important part of the prayer, the clock turned to 11:12am. This was bad. I should have finished the prayer before it turned. I logically knew I wasn't the cause of Grandpa's sickness, but I felt my ritualistic mistake caused it. I got in the car and said, 'goodbye'.

Since 2007, when my OCD began, it had lessened in severity. It was always under the skin and there but less disruptive to my day-to-day life. I still had my ritualistic prayers, things that I couldn't move, sayings, routines, and thoughts but it was easy to deal with. Frankly, I liked them. They made me feel safe. I had been in therapy since I was nine. It was a place where I could talk about silly things as well as major anxieties. I had been working on my OCD as well, but it wasn't going so well. My therapist could only do so much to fix my OCD, the rest was my job. The thing is, I didn't want to change my OCD. I didn't like having it, but I was too scared to change it. My rituals were all I knew. I was scared that if therapy worked and I no longer had OCD that bad things would happen. So I dealt with it. When my Grandpa Bob died, my major OCD resurfaced. I think it was because I experience having so little control. My grandpa died and I had no way to stop it. In order to gain back my control, in order to make myself feel more comfortable with my life, I resorted to my old ways. The difference this time around was that my OCD caused me a lot of shame. Everything became stressful. When I watched a movie, I would tap the screen over and over again until it was just right. When I had conversations, I had to repeat what I said twice. When I ate, I had to eat two of everything. I had to touch things certain ways. Breathe a certain way. I was scared. I was scared I would lose more of the people I love. I was scared I would get hurt.

⁷ (<https://www.intrusivethoughts.org/ocd-symptoms/>)

That I would throw up. My compulsions made me feel better for less and less time. I grew more and more frustrated with them. School was harder. Everything was a big ordeal but it was all in my head. Lots of my rituals went unnoticed to others. I learned how to hide them, but my family started noticing them again.. My therapist tried to get me to do Cognitive Behavioral therapy. It is a type of talk therapy, in which the patient hopefully becomes “aware of inaccurate or negative thinking so you can view challenging situations more clearly and respond to them in a more effective way.”⁸ Maybe I was still too scared to try or maybe it was too difficult for me but it didn’t work. I didn’t like thinking about OCD because it just made me more OCD. When I asked her about other options she always told me the same thing...meditation. The answer was always meditation. I was not into it. I read all the articles talking about all its benefits but I still was not into it. It was way too hard to sit still and it wasn’t making a difference. I kept waiting for her to suggest *medication* but it was always *meditation*. At the same time, I was seeing a psychiatrist for ADHD. I talked to her about OCD and after a couple months I said something that pushed her. I was simply telling her about my different compulsions and this time I told her about my driving one. When I drive I have sudden urges and needs to press my foot on a certain pedal, to look at a certain mirror and to change the radio’s volume. She instantly pushed for *medication*. Zoloft. I was skeptical about it. I was scared to lose my rituals. They felt like a part of me. What am I supposed to think about if not about my obsessions? Will I still be me? I talked to my parents about it. They were both skeptical. They didn’t see the OCD so they didn’t see a reason why I would need medication. In the end I was put on serotonin reuptake inhibitors. Waking up every single day and taking a small blue pill felt wrong. I kept convincing myself that I made up my OCD for attention. Even though I didn’t. The small blue pill made me jovial and friendly. My OCD was still there but behind the curtain. I still eat things in twos, I pray at 11:11, I hoard small meaningless things. Thinking about OCD makes it more apparent and worse. Writing this paper has put me through mental difficulties. I have to touch the keys in just the right way to write this exact sentence. It is weird balancing my mental health with this paper on mental health. The medicine has helped me. I am happy and healthy and better. My OCD will always be a *part* of me but it is not *all* of me. I have learned to be more than it.

I had never met anyone else with OCD until this past January. Before then I had seen it portrayed in Hollywood and in daily conversation but I couldn’t relate to either. Looking at OCD in the media feeds the idea that all OCD people do is clean. It is constantly mocked in the media. Often it is the butt of the joke. OCD characters all seem to have impeccable houses, hygiene and closets. If you take one look at my room you will not find that. Although some people’s OCD is expressed through hygiene, the media make the disorder seem like the cleaning disorder. Shows like *Obsessive Compulsive Cleaners* does not help the stereotype, neither do *The Big Bang Theory*, *Monk*, *Glee* and *Hoarders*. The stereotype is also often heard from friends and family too. The saying, “I’m so OCD” has become normal to me. You don’t have OCD when you don’t like your room messy, or when a picture frame is a little crooked. OCD isn’t about being satisfied when you color code your closet. OCD is when you feel like if you don’t color code your closet, you have a real fear or belief that something bad will happen. OCD is not something to laugh at someone for having. It is not a reason to call them ‘weird’. It is not an excuse to ask them to clean your room.

This paper was not fun to write. I had many moments considering stopping because my compulsions were too frustrating. I did it to share a part of my life that is behind the scenes. Most people don’t know about it because it is in my head. OCD is like an abusive imaginary friend. She has been with me since I was six. My life would be wildly different without her. She beats me up

⁸ (<https://www.mayoclinic.org/tests-procedures/cognitive-behavioral-therapy/about/pac-20384610>)

and then cares for my wounds right before she gives me another punch. I am so thankful she hasn't hurt me too bad. She will always be there but I am once again ready to put her in the background for a while.