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Obsessed

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University life can be stressful—with seemingly endless assignments, readings, homework, social dilemmas and finding the balance between clubs and schoolwork, it might seem to the average student that college is the hardest challenge they have had to face so far in their lives. Consider then, going about your university life with the added pressure of knowing you have repeated rituals you have to complete. There is no other option, you cannot hand in your essay, you can’t meet your friends, your life can’t continue until you have completed them. This is life for a student with obsessive-compulsive disorder.
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Consider then, going about your university life with the added pressure of knowing you have repeated rituals you have to complete. There is no other option, you cannot hand in your essay, you can’t meet your friends, your life can’t continue until you have completed them. This is life for a student with obsessive-compulsive disorder.
Every day, Joiner must complete sets of compulsions in order to have a productive day. Her disorder is not obvious upon meeting her, but she describes how her compulsions affect her private life.

“When you’re doing a compulsion, if it’s not something else, “ she says. “When you’re doing a compulsion, if it’s not done right it’s screwed up and you have to do it correctly. It would just take me two to three hours to get out of bed because everything had to be done the correct way—and I still count twelve.”

She was first diagnosed between the ages of nine and ten. Although the exact trigger is unclear, she traces the start of her anxious thought to a moment when a childhood game went wrong in Mexico.

Joiner and her brothers were playing jumping from roof to roof in the village they were staying in when she failed to make one of the leaps. Falling from around two stories high, she inevitably was injured, breaking her collarbone. However, the fall had more than just a physical impact—it had a mental one also. Ever since the fall, Joiner has become obsessed with bad things happening—having daily obsessive thoughts where her mind convinces itself with horrifying ideas such as her mother developing cancer. For a person afflicted with OCD, these ideas will become reality if they do not complete certain compulsions.

She explains her relationship with the disorder and the obsessive thoughts that were triggered from the Mexico incident.

“The thing with OCD is you know it’s irrational—most people do. I know it is an irrational fear, but why would your brain create something that doesn’t exist? It’s like a ‘what-if’ kind of thing, and that’s where the compulsions come in. You obsess over something and then, in order to stop that anxiety, you do a compulsion,” Joiner says.

“It’s different from people who just like to keep their room tidy because you’re just a tidy person. It’s different when you miss things in your day or you spend hours at a time every day fixing something because then you’re not living your life. You have to do these certain things in order to do something else,” she says.

Joiner reveals the more crippling aspects of the disorder, and the very real effect it can have on afflicted person’s life.

“With OCD if it’s not done right it’s screwed up and you have to do it correctly. It would just take me a long time...
to do correctly. When I was a lot younger I would wet the bed because I couldn’t get out of bed because I hadn’t done it correctly,” she says.

What would happen if Anndrea had fixed plans?

“I would just miss things. If I was supposed to be somewhere or had to do something I would just miss it,” she says. “There’s no good explanation [for missing things] because it is misunderstood as to what’s going on.”

Fortunately from a young age, Joiner’s parents supported her and understood her anxiety as something that may have needed outside help and a clear diagnosis.

“My parents are very much ‘if you need help, get help’ kind of people. But at the same time, we don’t have to talk about it. My dad would never say ‘you have a problem,’ she says.

However, even after her diagnosis, Joiner’s parents were not always able to help her as much as they wanted to.

“My mom for a while was an enabler, but not purposefully. When we would have large family meals I couldn’t pick out my own food, so I would ask her to fix my plate. But if she fixed it wrong, she would keep doing it until she did it right. Technically that was enabling me but she was just trying to be helpful,” she says.

OCD is a fairly uncommon disorder. According to the National Institute of Mental Health, OCD affects around 2.2 million adults in the USA—less than one percent of the US population. Most afflicted persons tend to fall into one of five categories of the disorder: washing, checking, counting and arranging, hoarding, and doubting and sinning.

Joiner does not speak about all her compulsions, but she alludes that she used to have a lot more than she does today.

“I still shower more than I should. I shower three times a day, as it makes me feel better,” she says.

She says she also hates the color yellow, to the extent that she will not eat off of the yellow plates in the dining center—she usually opts for only blue dishes. She said she recently was going to try to confront this compulsion, but the anxiety from the brightly colored plates was too overpowering.

“I ordered an omelet, and they gave me a yellow plate, and I was like, ‘No I can’t,’ she says with a laugh. “I just left it up there—I didn’t even want to touch it.”

Treatment for OCD can range from medication to therapy. Joiner speaks about her own experiences with the particular treatment she received—Exposure and Response Prevention (ERP). At 14, she spent two three-week long stints as an inpatient and partook in intensive treatment in order to combat her OCD.

“The thing with OCD is you know it's irrational—most people do. I know it is an irrational fear, but why would your brain create something that doesn’t exist?”

The treatment worked by letting Joiner only complete certain parts of her compulsions—or not allow them at all—in order to show her that her fears were indeed irrational and that the compulsions did not affect what she feared. She would also attend group therapy meetings with the other patients. She looks back on her treatment with mixed feelings.

“I couldn’t shower for three days. They force you into doing things to help show you and train your brain that it's OK, but it's really quite terrible,” she says. “It was only three weeks, but it felt so much longer. You can still see your family though. It was the worst and kind of best experience.”

On a whole, OCD is often shrouded with the wrong information or preconceived notions that lack the complexity to fully portray the disorder. There are numerous variables that affect the symptoms and the behavior of those diagnosed with the disorder.

“There is this misconception that if you have OCD everything needs to be tidy and neat, but that’s only true for some people. The most publicized is this idea of overcleaning, but I live in an organized mess. My room is a mess—I keep it messy because I think if I tidy too much it will revert back. Everything is really clean but messy. I’m not big on germs. The idea of shaking hands and pumping gas really bothers me,” Joiner says.

Potentially even more damaging to the understanding of the disorder is the attitude that non-sufferers have towards OCD. Our culture can trivialize the disorder to the point where it is almost a "figure-of-speech" for many people. Joiner herself addresses this trend.

“It’s a disorder, it’s minimizing the actual situation and that’s upsetting. It used to bother me a lot more, because ‘obsessed’ is overused I think. ‘I’m obsessed with this song,’ or ‘I’m obsessed with his jacket,’ but are you really? It’s used so lightly that it’s really irritating,” she says.

“It’s really shitty when someone is like, ‘Oh yeah I have OCD.’ People have self-diagnosed themselves, but it’s a disorder—it’s not something you want to have!”

Joiner wishes people understood that OCD is called OCD because it actually is a disorder—something triggered in a person’s brain.

“If I don’t get out of bed right, my mom’s going to have cancer. You say to yourself, ‘OK that shouldn’t be plausible’, but then the whole time your brain’s saying ‘what-if’ so you have to do a compulsion,” she says. “It’s a constant cycle. It’s like that idea of believing in God. It’s better to believe when there isn’t a God than not to believe and there is a God.”

Joiner’s difficult story is hard to hear, and even harder for a non-sufferer to fully understand. She checks in with one of her counselors every few months just to be sure that everything is all right, but her current outlook is bright.

“I’m lucky. A lot of people don’t get to where I am—at least judging from the people I’ve met. I’d like to think I have things under control. I think your ability to cope can be really strong, but I don’t think you can ever be cured. I call my mom every day to make sure she’s OK, but that’s a small price to pay,” she says.