Paralysed

By Larry Bolger

I was diagnosed with OCD on May 5th 1989. The night before, I had been studying for two exams that I needed to pass in order to graduate. Before I knew it, it was 3 a.m. and I was still on the first page studying for my first exam. I was stuck in an endless cycle, and I knew I needed help. The next morning when the crisis centre opened at Penn State University, I went in to see a psychologist. After describing to her what I had been doing, she pulled out the DSM-III and read me the definition of obsessive-compulsive disorder. She described exactly what I had been doing! First I was dumbfounded, but then I felt validated by the diagnosis. I did not understand the magnitude of the disorder at the time. I was both exhausted and relieved. This was my first victory in my fight against OCD: I now knew what it was. Unfortunately, soon after my initial diagnosis I began partying with my fraternity brothers. Even after I left Penn State I continued partying. In the midst of this however, I was able to find a psychologist and psychiatrist from the county mental health department and, to my surprise, they were both knowledgeable in OCD. The psychiatrist put me on Prozac and the psychologist began to work with me on Exposure and Response Prevention (ERP) techniques. Unfortunately, alcohol and drugs counteracted any effects that the Prozac would have had on my OCD, and I rarely carried out my part of my ERP homework assignments. As a result, the services I was receiving had little effect on me, and I continued to master ways of hiding my OCD. I was suffering every day, and I found myself stuck in a situation from which I couldn't break free. Looking back, that should have been a turning point in my life; I regret the decisions I made in those days.

Then on one fateful day in 1990, as a result of a diving accident I broke my neck at the C5C6 spinal column, which rendered me paralysed from the chest down. I had what some might think is a strange reaction to being paralysed: I felt that it was important that this had happened to me. For the first time, it really made me confront my OCD and it got me to stop my self-destructive drinking and drugging. I began to recognize that I was more paralysed from my OCD than from the paralysis of my body. However, with my newfound awareness, I was put face to face with my anxiety about dirt being on the floor, being preoccupied with not being able to keep things symmetrical and in order, and on and on. Because I couldn't resort to some of my old physical rituals, I was acutely experiencing more anxiety and was all of sudden doing ERP whether I liked it or not!

As I started to deal with the increased intensity of my OCD, I also began the long and agonizing process of rehabilitation. Looking back, I think I was completely overwhelmed with trying to recover from my physical injury and trying to deal with my OCD and depression. My difficulties increased as I was prescribed medications that were inappropriate for treating OCD symptoms. I had difficulty sleeping, and would yell and scream and carry on because of my anxiety. I was eventually admitted to a psychiatric institute, and later to another rehabilitation facility, where a psychiatrist restarted me on Prozac, which actually helped me a lot. Soon afterward, I started seeing a new psychologist and things started to look better and brighter. Don't get me wrong – my OCD was still dominating my life, but positive things started happening. And don't think for a second that

any of this was easy; on the contrary, I was still anxiety ridden and I had started to perform mental rituals while continuing to perform every physical ritual that I was able to do. My behaviour began to be easier to recognize and to control. I soon came to recognize this familiar cycle of ups and downs in my struggle to get my OCD under control.

My psychologist helped me develop coping skills and gave me the hope that I could lead a normal life. I began attending an OCD support group and finished my bachelor's degree at Penn State University. I began studying for the Master's entrance exam, and I was accepted to the Master's program in Rehabilitation Counselling at Edinburg University. Pure perseverance, diligence and an understanding from the school faculty, along with a handful of attendants, helped me make it through grad school. By the fall of 1999 I had started an internship, and had moved into a new apartment. After I completed my master's project, which took me a year to finish, I graduated with a 4.0 GPA.

After this period of success and accomplishment, I was daunted by a return of my symptoms. Since I have become a quadriplegic, the OCD "Monster" has adapted to my situation, which is to say that the majority of my OCD now is expressed as mental rituals, such as perfectionism and checking. It would take me hours to write a paragraph. Performing these rituals is very exhausting. Some days I would do absolutely nothing but perform my rituals. Those were long, dark days; I felt useless and trapped. I decided to take some time off before starting to look for a job, but I procrastinated until it came to a point where I was so caught up in my mental rituals that I felt I was unable to hold down a job. My self-confidence plummeted as my rituals became worse. I felt like I didn't have any clear goals or hope anymore.

Eventually I attended an intensive outpatient OCD clinic in Pennsylvania to help get control of my life again. Although the program was helpful, it was sometimes difficult to trigger my OCD. This past year, I feel like I am back in the game and working on some goals. I had been sidelined for many years, but now one of my current aspirations is to educate others about OCD. I have recently spoken to medical students, psychology classes, and other health professionals, and I'm interested in leading support group in my area. I plan to become more active in the community, and have volunteered for some community groups. I have been attending physical therapy for approximately three years, which has been positive because it allows me to socialize and the physical activity somewhat takes my mind off my OCD. The future is starting to look somewhat brighter.

I wanted to write this article to express the ongoing struggle and successes associated with one's battle with OCD. My wish is that this article will give hope to others who may suffer from dual-diagnosed physical and OCD disabilities and the challenges that are unique to us.

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