

## 4 Coping with stress

Julia Hennessy developed obsessive compulsive disorder after a childhood trauma. Her anxious need to clean became debilitating in adulthood, says **Sue Leonard**

# The rituals of life

**J**ULIA HENNESSY radiates confidence. In her 50s, the married mum of three daughters, from Bray, looks the picture of health. Yet she is coping with obsessive compulsive disorder, a condition that, 20 years ago, took over her life.

"I would dread going into the shower, because it would be a ritual," says Julia. "Washing would take me a long, long time. I couldn't plan activities, or make appointments. I had to have everything clean and orderly."

There are different types of OCD, but, for Julia, it was a fear of germs.

"I'd have to Hoover the house over and over again. It took me four hours. I could change my baby's nappy, but then I'd wonder, 'Did I contaminate the couch, or the fireplace?' I'd clean it, then clean it again."

"I was terrified of sitting on the DART. I'd go home and change all my clothes. I'd have to clean the wheels of the buggy. And every time I went to the hairdresser, she'd do a lovely job, but I'd go home and wash my hair. I didn't trust the brushes."

OCD crept up gradually on Julia.

"When I was 12, an uncle I really admired committed suicide. After his death, I started doing everything twice. I'd go up one step, go down and go up again. I'd walk a line in the street, go back, and walk it again. Mum took me to a psychologist, and within a month I was cured," Julia says.

After finishing school, Julia attended art classes with the dream of becoming an art teacher but ended up working in an office. "I



**REPETITIVE STRAIN:** Julia's compulsion was overwhelming until she joined Recovery, a self-help therapy group. "From the first meeting, I felt cared for," she says.

Picture: Maura Hickey

knocked my confidence," she says.

In the early '70s, Julia's father contracted Parkinson's disease.

"I got married, then my father died. Then my mother got cancer and she died. All that happened within the first 18 months of my marriage.

"I'd go to help mum dress or feed my father. And one morning she rang and said, 'can you come, your father has fallen'. I was making a batch of apple tarts — I was trying to prove I was a good wife — and I'm ashamed to say I cleaned up all the flour before I went down. The impulse to clean was overwhelming."

After her mother's death, Julia admitted she had a problem. Her GP sent her to a psychiatrist who prescribed antidepressants. "They took the edge off the problem. I saw a psychologist too. He convinced me I could manage having children."

Julia had her first two daughters, but her symptoms got worse. She saw a private psychiatrist and joined a therapy group, but she wasn't coping.

"I felt desperate. And I went to see the parish priest. I told him about the rituals. He was wonderful. He said, 'there's a local group called Recovery. Give them a try,'" she says. Based on the work of psychologist Abraham Lowe, Recovery tackles symptoms of mental illness, giving people tools to deal with life.

Recovery, which uses cognitive behavioural therapy, is respected by many doctors. Professor Patricia Casey has referred numerous patients.

"It's excellent for patients with bipolar dis-

says. "The members are very supportive, and it helps people deal with their day-to-day problems."

Julia says Recovery saved her. "From the first meeting, I felt cared for," she says. "People give examples of how Recovery helped them with various situations, and the members then comment. I was amazed at the things people suffered from, and by the answers that were given. I came away thinking, 'Is it that easy?'"

It took time for Julia to learn the system, but 21 years on she's taken various postgraduate courses; she takes marriage-preparation classes for ACCORD, and is assistant leader

she could never have contemplated.

"I still have OCD," she says. "If I'm out, I won't use a toilet. I still obsess about crumbs in the kitchen, but now I cope with it. I can shake hands with someone who has used a tissue and not rush to wash my hands."

Dr Michael McDonagh, consultant psychiatrist at St Patrick's hospital, Dublin, says cognitive behavioural therapy is his preferred treatment.

"It achieves the best long-term results," he says. "Someone with OCD on serotonin-based antidepressants has a 90% rate of relapse if they come off them. CBT is effective by itself, or given with serotonin. Two to

he says. "That number isn't increasing, but more sufferers are now seeking treatment."

#### ■ FOR MORE INFORMATION

Recovery International — [www.recovery-inc-ireland.ie](http://www.recovery-inc-ireland.ie), 01-6260775.

OCD Ireland — [www.ocdireland.org](http://www.ocdireland.org).

OCD support Group. (St Patrick's hospital), 01-249 3333.

● Sue Leonard is the author of *Keys to the Cage. How People Cope With Depression*. New Island, 2010. (Includes a chapter on the Recovery method of mind training.)

## Five dysfunctional ways people learn to cope

To prevent or decrease extreme levels of anxiety, a person may develop OCD as a dysfunctional coping mechanism. There are five different behaviours or thought patterns:

- Washers — afraid of contamination. They usually have cleaning or hand-washing compulsions.
- Checkers — repeatedly check things (oven, doors, switches etc) associated with harm or danger.

- Worriers — fear if everything isn't perfect or done the right way, they will be punished.

- Counters and arrangers — obsessed with symmetry and order. Often are superstitious about numbers, colours, or particular arrangements.



- Hoarders — afraid something bad will happen if they throw anything away, even if they no longer need it.

- Many have mild compulsions or obsessions but are able to live full, engaged lives. When symptoms are severe they significantly interfere with a sufferer's daily life.