



LAWYERS CONCERNED FOR LAWYERS

Burdened by disturbing ideas

Q: I am far from organized and orderly in my life, so you wouldn't think of me as obsessive-compulsive, but I do have a symptom that I've been told may indicate OCD. Even during my work day (commercial litigation for a medium-sized firm), I cannot fully shake the thought that I might inadvertently do some kind of harm to our baby. This is despite the fact that my wife, who has taken a break from her career to be at home with the baby, is a great, attentive mother, and that I have never actually done anything harmful to any child (or to any adult beyond a scale that would apply to pretty much anyone).



Dr. Jeff Fortgang

A: To begin with, there is a difference between Obsessive Compulsive Personality (a type of personality disorder) and Obsessive Compulsive Disorder (OCD). People with the personality disorder tend to have an exaggerated need for order, detail and inflexible obedience to rules. People with OCD are filled with anxiety about persistent, disturbing thoughts (obsessions) and feel compelled to engage in a recurrent behavior (such as checking to be sure the gas stove was turned off, or washing hands many times a day out of a fear of germs) to provide momentary relief.

Sometimes, as in your case, there is an obsession without a compulsion (I'm not diagnosing you long-

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distance — there are other conditions associated with ruminating and worrying, but let's assume that it's obsessive OCD for the sake of this Q&A).

Traditional therapies, such as those focusing on developing insight, may or may not do much for OCD, and for many individuals, regardless of treatment, the symptoms continue on and off indefinitely. But in most cases symptoms can be significantly reduced with specialized treatment.

The main forms of treatment are:

- Cognitive Behavior Therapy (CBT) of a specific sort, working with your thought patterns.
- Behavior Therapy (not so cognitive) in which the idea is to extinguish unhelpful behaviors (very effective for compulsions; less easily applied to obsessions).

- Medications — many but not all sufferers get significant relief from SSRI antidepressants.
- Support organizations — comforting in feeling less alone or different and sharing coping strategies with others (e.g., through the International OCD Foundation).

As you suggest, you are no more likely to harm your baby than anyone else — maybe less so, since you are so conscious of and concerned about the matter. Unfortunately, such reassurances or mere facts tend not to carry much weight when up against persistent obsessive worries. The person with OCD knows that the thoughts are not rational, but finds it incredibly difficult to let them go. Although there are probably days when your obsessions weigh so heavily that it's hard to focus on work, in general OCD does not prevent a lawyer from doing high quality professional work.

There are some cutting edge OCD-focused treatment programs in the Boston area. We would be glad to help you connect with these therapies if you care to come for an initial (free) evaluative session at LCL. ■

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Dr. Jeff Fortgang is a licensed psychologist and licensed alcohol and drug counselor on staff at Lawyers Concerned for Lawyers of Massachusetts, where he and his colleagues provide confidential consultation to lawyers and law students, and offer presentations on subjects related to the lives of lawyers. Q&A questions are either actual letters/emails or paraphrased and disguised concerns expressed by individuals seeking LCL's assistance. Questions may be emailed to DrJeff@LCLMA.org.