

## OCD: anxiety-ridden existence

*Disorder of the brain, behavior creates obsessive-compulsive personalities*

By Lesley Semel

Obsessive-compulsive disorder is a disorder of the brain and behavior, causing severe anxiety.

OCD involves both obsessions and compulsions that take a lot of time and get in the way of important activities or events in a person's life. Therapists and medications are able to help lower and manage anxiety, but the disorder never fully goes away.

Here are three people who have been living with OCD for many years, having to work endlessly to push past their disorder and not let it control their lives.

### Kathy Alshiemer

Kathy Alshiemer has been living with OCD for over 50 years and the first compulsion she remembers was when she was 12 years old.

Religious rituals began bothering her in a way that if something went wrong during a prayer or she wasn't paying attention in church, she would get anxious.

Her OCD was not as full blown until college, where she would constantly wash her hands and put objects in a specific order.

"In the refrigerator, I would put things in the proper order. If there were three things in the front row, I needed three things in the back row and that went on for quite a while," she said.

She kept her rituals a secret. Alshiemer didn't think many people noticed her obsessions in the way that

she observed. She remembers telling her mother from time to time she felt dirty when her obsessions were extreme, although she took baths every single day.

"My mother saw that I was washing my hands a lot and when I would be finished in the bathroom, there would be water all over the place. She would go in and wipe it all up before my father came in," she said.

Her fingers would crack and bleed from washing her hands multiple times a day, and she constantly applied lotion just to keep her hands soft.

Alshiemer began to pair specific meals in a certain order and different foods according to what kind of food and color. For example, if she had beef for dinner, for the next morning her toast needed to have raspberry or strawberry jam. Everything had to be just right, but to everyone else it meant nothing.

As her hand washing got worse after college, she went to different therapists to see why she needed to do it more often than normal. It was frustrating for her that no one was able to give her a straight answer.

"I didn't think I was crazy. But I knew what I was doing wasn't right. I was compelled to do these things. I had to wash my hands. I had to line up everything just so and it was an overwhelming thought I couldn't get rid of," she said.

She explains her OCD like this: If your house was on fire and you



were unable to go home and couldn't do anything, it's that kind of anxiety Alshiemer feels with her own OCD.

It wasn't until her early 30s that she eventually self-diagnosed herself when she went to a class at her local community college. She told her professor what she was doing. Several weeks later, the professor gave her a book about obsessions, compulsions and addictions.

"It was unbelievable. As I read

every page, I kept saying, 'Well, this is me.' It was the first time I didn't feel alone," she said.

Alshiemer brought the book to a doctor who agreed her issue was in fact OCD. She heard there were medications for the disorder. It took her a while before she found a doctor that was able to prescribe her the medication she needed to help with her compulsions.

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## Help for OCD available

The Central New York Obsessive Compulsive Foundation, Inc., a registered nonprofit agency, has offered OCD sufferers in the region a weekly support group since 1997.

The group meets from 6:30-8 p.m. every Monday except holidays at St. Elizabeth's College of Nursing, first-floor conference room, Genesee St., Utica.

Meetings are professionally assisted the third Monday of each month.

For more information, call founder Susan Connell at 315-768-7031, email her at [info@cnyocf.org](mailto:info@cnyocf.org), visit [www.cnyocf.org](http://www.cnyocf.org) or check out Cen NY OCD Support Group on Facebook.

A speakers' bureau is available at no cost.

## MVHS celebrates National Healthcare Volunteer Week

In honor of National Healthcare Volunteer Week, April 12-18, the Mohawk Valley Health System celebrated the many active volunteers who donate their time, energy and talents to the organization and encourages others to start helping within their communities.

During the annual weeklong celebration, volunteers were offered discount coupons to the hospital gift shops and participated in prize drawings.

Volunteers who reached milestones in their hours of service will be recognized at an annual recognition event in May.

In 2014, MVHS had 562 individ-

ual volunteers who contributed more than 75,500 volunteer hours of service to patients and their families. That is equivalent to the work of 39 full-time employees, which saves the hospital nearly \$1.7 million per year.

The volunteers at MVHS provide vital services and support to not only the patients and their families, but also to the MVHS staff.

To learn how to make a difference in the community by volunteering at MVHS, visit the FSLH website at [www.faxtonstlukes.com/volunteer](http://www.faxtonstlukes.com/volunteer) or call 315-624-6142; or visit the SEMC website at <http://www.stemc.org/volunteers> or call 315-801-8275.



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# OCD can be terrifying experience

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"Once in a while they would have a program on TV about OCD and I would just be sitting there and the tears would be streaming down my face because I would know what they meant, I understood," she said.

Her greatest accomplishment was being able to live a normal life and not succumb to her disorder. After years of having an isolated and confused feeling, she now feels proud to have pushed through her struggles to get to where she is today.

## Nancy Mason

Nancy Mason began noticing her thought patterns when she was 19.

She remembers going to work and all of a sudden, she kept traveling back to the bathroom to see if she flushed the toilet. A sick feeling in her stomach grew more intense with each thought.

Her mother believed she had the flu, but for several nights Nancy would be sleep deprived from just thinking about something as forgettable like paying a bill at the florist. Mason's

type of OCD is not so much action-based, but features cognitive compulsions.

"When the OCD goes away sometimes, it will resurface somewhere else. When my thoughts went away, it gave me a speech defect and I could hardly get my words out at times," she said.



Years passed and after getting married and having her three children, harmful thoughts began to arise after going through surgery.

She looked at her razor and wondered what if she cut herself with it or if she could cut herself with a pair of scissors in the kitchen.

"I started feeling really sick. I would see a knife during dinner and would ask, 'What if I stabbed someone with that?' It scared me because I thought there was something wrong with me," Mason said.

Over a five-year period, it started to worsen with more disturbing

thoughts. OCD individuals do not act upon their thoughts like those who intentionally harm others, but the anxiety makes them feel as if they are going to act on them.

She went to a cognitive therapist, who suggested she tape herself saying out loud what she would do when she was having these dangerous thoughts.

"I wanted to get over this so bad, so I sat in my living room and recorded myself going through the steps of what I would do. I made it as long and detailed and gory as I possibly could with the tears running down my face," she said.

The idea of the tapes was habituation as exposure therapy. By playing these tapes over and over again, she was able to dissociate the harmful thoughts with her anxiety. She made herself look at sharp objects instead of turning away from them.

Instead of thinking about what she would do with them, Mason would describe the details of the object such as the color and the use for it in order to lower her anxiety.

"It's this concept of the hill and the valley. If you want to deal with this you have to go through your worst anxiety, like I did with the tapes, to get to the other side. You might never get over it, but you learn to cope. The most important thing is to want to help your self get better," she said.

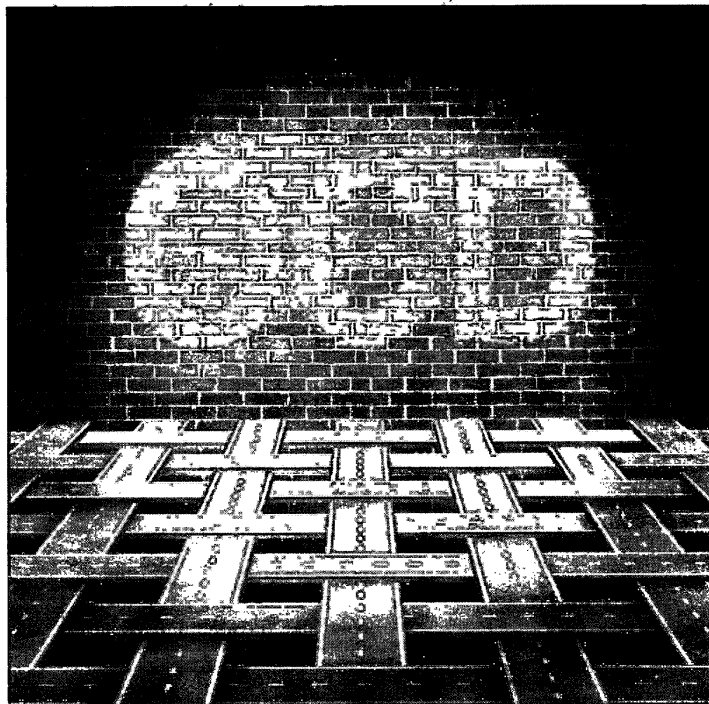
Mason credits her cognitive therapist, medication and the CNY Obsessive-Compulsive Foundation support group for her doing so well. She will have an occasional thought, but instead of letting it eat her up inside, she can get by without it bothering her.

## Maggie Lamond Simone

Maggie Lamond Simone was around 5 years old when her compulsions started as she stepped on cracks as she walked from place to place.

She has two disorders previously classified as impulse control disorders that now have been put under the OCD umbrella - trichotillomania, which is plucking out her eyebrows and eyelashes and excoriation, which is picking at her skin until it bleeds.

Those have remained constant, but other compulsions have come and gone like stepping on cracks, counting to seven and a paralyzing fear of people being angry at her.



"My biggest struggle, until I had kids, was simply surviving. My self-esteem was such that it seemed like every day was another conversation in my head, 'Why am I still here?' Having



Lamond-Simone

a mental disorder at such a young age robbed me of any chance of self-acceptance—possibly permanently," she said.

Simone said she spent most of her life hiding her disorder, but it was an endless cycle of defeat. Her anxiety caused her to pluck out her eyelashes, which in turn made her angry with herself for doing it. She constantly had a self-hatred for not being able to stop, causing more anxiety, and then prompting a different compulsion until the eyelash-

es grew back.

Simone is the recent author of "Body Punishment: OCD, Addiction, and Finding the Courage to Heal" where she writes about the struggles and feeling of seclusion while she was growing up with the disorder.

She has done talk therapy on and off over the years with the help of anti-anxiety medication to manage her compulsions, but writing has played a huge part in her life.

"Since I started talking about it and writing about it, dozens of people have emailed me or messaged me on Facebook saying they have the same thing, or know someone who does, and people talk to me with some frequency about issues they have or have had with OCD or other mental disorders.

"It makes me feel much more accepting of myself. I still have all of my compulsions, but now when I do them, they're not followed by self-hatred," she said.

## New hospital comes to fruition

Governor, legislature approve \$300 million for healthcare integration in Oneida County

Governor Andrew Cuomo recently proposed \$300 million in the 2015 New York state budget to help create an integrated healthcare delivery system in Oneida County.

His proposal was part of a \$700 million recommendation to support Upstate New York hospitals.

The proposal for Oneida County became a reality with the recent approval of the budget.

"This is an incredible opportunity for our community and we are extremely grateful to the governor and our legislators," commented Scott Perra, president/CEO of the Mohawk Valley Health System. "Last fall, we began exploring the concept of a new, free-standing hospital. To be able to move forward with this concept changes healthcare in our community and

enhances what we are able to do for the region."

According to hospital officials, the governor's recommendation was a welcome surprise and was in addition to a proposal submitted in December under the Delivery System Reform Incentive Payment program.

DSRIP is a federal and state initiative designed to improve and coordinate care for Medicaid recipients and those without insurance. Funding for the DSRIP project has not yet been announced.

Officials say building a new hospital is costly, estimated at \$460 to \$500 million. They note that the \$300 million helps to lay the foundation for funding. MVHS would still need additional financial support from federal and state governments, lending institutions and

philanthropic support from the community.

The new hospital would replace inpatient care provided at the St. Luke's Campus of Faxton St. Luke's Healthcare and at St. Elizabeth Medical Center.

The project is estimated to take four to six years to complete and there are a number of steps that need to happen even before the first shovels are in the ground.

"One of the most frequently asked questions is, 'Where would we build a new hospital?' and we don't know yet," noted Perra. "We are working with Steve DiMeo and Mohawk Valley EDGE to look for potential sites in our area. EDGE has tremendous resources and their support is invaluable. It will take time, research and planning to

determine the best location."

The MVHS Board of Directors will make the final determination for the site.

Officials caution that while many are interested in where the new hospital will be located, there is a long list of additional items that need to be decided. In the next 12 to 18 months, a plan for the hospital, size, structure, location, services and staffing needs to be fully developed.

Administration and the board of directors also need to work on a transition plan for the FSLH and SEMC buildings and will work with the state Department of Health to complete a Certificate of Need application for the new project.

MVHS is an affiliation of FSLH and SEMC.