THE ACCIDENT THAT
DIDN’T HAPPEN

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Psychological Concept
obsessive-compulsive disorder

Dr. S., a clinical psychologist, recalls driving down the highway and thinking, “What if I hit someone on the road?” Once that thought entered his mind, he felt compelled to drive back to the place of the mythical mishap and check the area for a body. Dr. S. says that it is impossible to describe the anguish an obsessive-compulsive attack can bring. The sufferer becomes hostage to the disorder. For example, between the ages of twenty-two and thirty-three, Dr. S. experienced repeated incidents like the one described here. Dr. S.’s family relations were made even more difficult because his young son suffered from the disorder as well. What behavior does his son, Jeffrey, engage in, and what conclusions does Dr. S. draw about OCD?

I’m driving down the highway doing 55 MPH. I’m on my way to take a final exam. My seat belt is buckled and I’m vigilantly following all the rules of the road. No one is on the highway—not a living soul.

Out of nowhere an obsessive-compulsive disorder (OCD) attack strikes. It’s almost magical the way it distorts my perception of reality. While in reality no one is on the road, I’m intruded with the heinous thought that I might have hit someone . . . a human being! God knows where such a fantasy comes from.

I think about this for a second, and then say to myself, “That’s ridiculous. I didn’t hit anybody.” Nonetheless, a gnawing anxiety is born. An anxiety I will ultimately not be able to put away until an enormous emotional price has been paid.

I try to make reality chase away this fantasy. I reason, “Well, if I hit someone while driving, I would have felt it.” This brief trip into reality helps the pain dissipate . . . but only for a second. Why? Because the gnawing anxiety that I really did commit the illusory accident is growing larger—so is the pain.

The pain is a terrible guilt that I have committed an unthinkable, negligent act. At one level, I know this is ridiculous, but there’s a terrible pain in my stomach telling me something quite different.

Again, I try putting to rest this insane thought and that ugly feeling of guilt. “Come on, I think to myself, “this is really insane!”

But the awful feeling persists. The anxious pain says to me, “You Really Did Hit Someone.” The attack is now in full control. Reality no longer has meaning. My sensory system is distorted. I have to get rid of the pain. Checking out this fantasy is the only way I know how.
I start ruminating. “Maybe I did hit someone and didn’t realize it... Oh my God! I might have killed somebody! I have to go back and check.” Checking is the only way to calm the anxiety. It brings me closer to truth somehow. I can’t live with the thought that I actually may have killed someone—I have to check it out.

Now I’m sweating... literally. I pray this outrageous act of negligence never happened. My fantasies run wild. I desperately hope the jury will be merciful. I’m particularly concerned about whether my parents will be understanding. After all, I’m now a criminal. I must control the anxiety by checking it out. Did it really happen? There’s always an infinitesimally small kernel of truth (or potential truth) in all my OC fantasies.

I think to myself, “Rush to check it out. Get rid of the hurt by checking it out. Hurry back to check it out. God, I’ll be late for my final exam if I check it out. But I have no choice. Someone could be lying on the road, bloody, close to death.” Fantasy is now my only reality. So is my pain.

I’ve driven five miles farther down the road since the attack’s onset. I turn the car around and head back to the scene of the mythical mishap. I return to the spot on the road where I “think” it “might” have occurred. Naturally, nothing is there. No police car and no bloodied body. Relieved, I turn around again to get to my exam on time.

Feeling better, I drive for about twenty seconds and then the lingering thoughts and pain start gnawing away again. Only this time they’re even more intense. I think, “Maybe I should have pulled off the road and checked the side brush where the injured body was thrown and now lies? Maybe I didn’t go far enough back on the road and the accident occurred a mile farther back.”

The pain of my possible having hurt someone is now so intense that I have no choice—I really see it this way.

I turn the car around a second time and head an extra mile farther down the road to find the corpse. I drive by quickly. Assured that this time I’ve gone far enough I head back to school to take my exam. But I’m not through yet.

“My God,” my attack relentlessly continues, “I didn’t get out of the car to actually look on the side of the road!”

So I turn back a third time. I drive to the part of the highway where I think the accident happened. I park the car on the highway’s shoulder. I get out and begin rummaging around in the brush. A police car comes up. I feel like I’m going out of my mind.

The policeman, seeing me trash through the brush, asks, “What are you doing? Maybe I can help you?”

Well, I’m in a dilemma. I can’t say, “Officer, please don’t worry. You see, I’ve got obsessive-compulsive disorder, along with four million other Americans. I’m simply acting out a compulsion with obsessive qualities.” I can’t even say, “I’m really sick. Please help me.” The disease is so insidious and embarrassing that it cannot be admitted to anyone. Anyway, so few really understand it, including myself.

So I tell the officer I was nervous about my exam and pulled off to the roadside to throw up. The policeman gives me a sincere and knowing smile and wishes me well.
But I start thinking again: “Maybe an accident did happen and the body has been cleared off the road. The policeman’s here to see if I came back to the scene of the crime. God, maybe I really did hit someone . . . why else would a police car be in the area?” Then I realize he would have asked me about it. But would he, if he was trying to catch me?

I’m so caught up in the anxiety and these awful thoughts that I momentarily forget why I am standing on the side of the road. I’m back on the road again. The anxiety is peaking. Maybe the policeman didn’t know about the accident? I should go back and conduct my search more thoroughly.

I want to go back and check more . . . but I can’t. You see, the police car is tailing me on the highway. I’m now close to hysteria because I honestly believe someone is lying in the brush bleeding to death. Yes . . . the pain makes me believe this. “After all,” I reason, “why would the pain be there in the first place?”

I arrive at school late for the exam. I have trouble taking the exam because I can’t stop obsessing on the fantasy. The thoughts of the mythical accident keep intruding. Somehow I get through it.

The moment I get out of the exam I’m back on the road checking again. But now I’m checking two things. First that I didn’t kill or maim someone and second, that the policeman doesn’t catch me checking. After all, if I should be spotted on the roadside rummaging around the brush a second time, how in the world can I possibly explain such an incriminating and aimless action? I’m totally exhausted, but that awful anxiety keeps me checking, though a part of my psyche is telling me that this checking behavior is ridiculous, that it serves absolutely no purpose. But, with OCD, there is no other way.

Finally, after repeated checks, I’m able to break the ritual. I head home, dead tired. I know that if I can sleep it off, I’ll feel better. Sometimes the pain dissipates through an escape into sleep.

I manage to lie down on my bed—hoping for sleep. But the incident has not totally left me—nor has the anxiety. I think, “If I really did hit someone, there would be a dent in the car’s fender.”

What I now do is no mystery to anyone. I haul myself up from bed and run out to the garage to check the fenders on the car. First I check the front two fenders, see no damage, and head back to bed. But . . . did I check it well enough?

I get up from bed again and now find myself checking the whole body of the car. I know this is absurd, but I can’t help myself. Finally . . . finally, I disengage and head off to my room to sleep. Before I nod off, my last thought is, “I wonder what I’ll check next?”

Let me tell you about myself. I’m thirty-six years old and have had obsessions, at least in mild form, since I was six years old. My son Jeffrey, age five, has had the illness since at least age two. My two brothers most probably have the disease, though less severely. There is a good chance my nephew, age eight, has OCD as well as my father and his father also. I can write this here, but families with OCD almost never tell each other about it if they can help it. I am the one who broke the silence. My brother has had a remarkable response to imipramine [which occasionally helps
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OCD]. He said, "I never thought I would live my life without the pain and anxiety of all my 'dread' thoughts." Perhaps my other brother and nephew will consider treatment also.

I cannot really describe the torment of the anxiety brought on by an obsessive-compulsive disorder attack. The checking incident I just relayed to you used to happen to me often. Between the ages of twenty-two and thirty-three (save for one or two brief remissions) this kind of an attack occurred every day. Many times it stayed with me all day long and, if it disappeared, a new attack, spawned from the old one, would quickly replace it. Later, other forms of checking began. I have stayed till midnight at my laboratory compelled to check my computer's simplest calculations by hand. The work is unpublished because I can never be certain that the numbers were averaged correctly.

I do not intend to sound dramatic, nor am I soliciting sympathy or pity. It's simply a fact of life that it's the pain—the deep, searing, never-ending pain—that makes this illness so unbearable. I know the pain. So do all the other OCs out there who share this illness with me and my family members,...

While there were indications from early childhood that I had the disease, it didn't clearly manifest itself until I was twenty-two years old. My symptoms were typical of obsessive-compulsives. I would check the gas oven and door locks, sometimes twenty times before I could go to bed at night. I would worry about poisoning myself and others with insecticides or cleaning fluids I may have touched. I would drive home from work, thinking that I left the light on in my office and drive all the way back to see if it was off: "It could start a fire." Sometimes I did this more than once in a day.

Many of the obsessions and compulsions were based in an extraordinary fear that my aggressive impulses, my anger, would, without me knowing it, leak out. I always thought I would start a fire by being negligent with cigarettes or kill someone by being a reckless driver. My vigilance was ongoing... and exhausting.

Each obsessive incident was accompanied by the fantasy that if I didn't act on it, something terrible would happen to me or someone else. Losing my job, being sent to prison, or hurting someone else were average catastrophic fantasies. Making sure these outcomes would not occur drove my compulsive behavior.

The energy and time I would exert toward a hundred aimless acts has me shaking my head in disgust right now. I look back and wonder how I lived this way for over ten years. It was unbearable.

I hid my disease. I was like an alcoholic hiding his drink. My greatest fear was to be discovered. At times, my wife hated me for the illness. I hated myself. But I couldn't help it. The disease controls you, not the reverse.

In 1973, one year after the first onset, I went into therapy. The psychiatrist was very good. Over the next three years I made some excellent progress. I learned ways to cope and adapt. If there was an emotional source to the illness, the psychiatrist did as much as could be done to eliminate it.

Shortly thereafter, I went into remission and was okay for about a year or so. Not perfect, but substantially improved. After five years in therapy, it became clear that normal life-stress events seemed to trigger obsessive-compulsive episodes. Af-
ter the birth of my first child, the disease struck again. This time it was worse than ever before.

My Son's Story

I went to father's night at my Jeffrey's pre-school. He was playing with a Fisher-Price toy, a schoolhouse, but his play was strange. He stood before the toy, jumped up and down, and flapped his arms as if excited by it. (We later labeled this behavior “flapping.”) His muscles from head to toe contracted and relaxed over and over again. He would grunt and comfort his face as if he was exerting great effort. When the jumping stopped, he would put his arms together and wiggle his fingers just above eye level (we later labeled this behavior “wormies”). The finger movement was a form of self-stimulation; the grunting and muscle contraction, relaxation sequence would continue during “wormies” as well. He did this nonstop for thirty-five minutes. I could not disengage him. No matter what I tried, he simply wouldn't stop.

Occasionally he would bring a person, toy, chair, or desk into the play, but these self-stimulating behaviors and the self-induced muscle contractions continued. When I tried to disengage him I was met with repeated and rigid resistance. He had to do this bizarre behavior. He also had to play with the toy “his” way. Any change I introduced was vehemently rejected.

That night I spoke with my wife. We had a strong hunch that something wasn’t right.

We carefully reviewed his behavior over the past year. We noted his excitability and extremely low attention span. He could not sit still, nor could he focus on a task. It would literally take him fifteen minutes to put his socks on because he was so distracted by other things. We discussed how he would wiggle his fingers or dangle strings in front of his eyes for long periods of time (labeled “stringing”) while doing muscle contractions and grunting. His resistance to change and new experiences were all too easy to identify. His obsessions with counting, serializing, and the repetition of questions to which he already had heard the answers a hundred times before were also recalled. At age two he would throw a fit if an object was not in its “proper” location on his night table and when he would get upset, he would cry, “Mommy, calm me down!”

We couldn’t engage him in activity that was right for his age. When we did get him involved in some normal play—say, block building—he would bring “stringing,” “wormies,” and “flapping,” along with the muscle contractions, into the play.

As we began to identify all the puzzle’s pieces, we knew we could no longer chalk all this up to developmental lag or immaturity. We desperately wanted to, but we couldn’t. Something was fundamentally wrong. And he was getting worse.

Often we look back and ask ourselves, how could we have waited so long to get help? The question is really a variation of another one: “How could we have been so negligent?” The answers can be found in several places.
Denial is one. What parent wants to face the fact that his or her child is handicapped? Jeffrey was so young—just four years old—that it was easy to rationalize away much of his aberrant behavior. "He'll grow out of it." "It's only temporary." "He's a boy and boys mature slower than girls."

Moreover, he had so many healthy positive attributes. His intelligence was apparent. His language skills were consistently improving. His attitude was generally good and he expressed a wide range of feelings—sadness, joy, silliness, boredom, and he loved to laugh. A strong need to please his parents, especially Mommy, was developing. He was insatiably curious about spatial locations: "Kroger's is next to Wendy's. Right, Mommy?" He was gentle and kind, perhaps to a fault, and affectionate—he would hug and kiss and snuggle with us.

Yet when a child dangles strings in front of his eyes four hours a day and tells you he can't help himself, or asks, "Mommy, why do I play with strings?", rationalizations soon wear painfully thin. Our child was very sick. We could no longer pretend, and we also knew that we had to do something about it.

A parent of an obsessive-compulsive child must understand the pain of the anxiety and also its control over one's behavior. Your child has absolutely no control over what he or she is doing...NONE. Your child's rituals may be totally aimless. They will make no sense to you. You cannot intellectually understand why your child does what he or she does. Don't try to understand this way because all it will do is frustrate you; normal human reasoning and logic does not exist with this disease. The only logic is your child's relentless pain, his enormous need to stop this pain, and his involuntary behavior geared to this end.

**Response and Analysis**

1. What is the difference between an obsession and a compulsion? Describe the obsession(s) and compulsion(s) experienced by Dr. S. and his son. How does OCD affect Dr. S.'s daily activities?

2. What did Dr. S. learn in therapy about the events that trigger his episodes? How might cognitive or behavioral therapists treat persons with OCD?

**Personal Experience and Application**

1. Most of us have checked the door and the iron haunted us dozens or hundreds of times a day. What might you do to try to control your urge to recheck every previous action you had taken? How might your repetitive behavior affect your daily routines? Your relationships with others?

**Research**

Suppose you want to investigate the therapeutic effects of support groups for sufferers of OCD. Your first task is to contact support groups and obtain their cooperation. What ethical issues might be involved in conducting research with participants who suffer from OCD? How might you solve these ethical problems?