Are You Obsessed

You almost have to be, just to keep life under control. But if you're among the millions with obsessive-compulsive disorder, the only thing being controlled is you.

There is no welcome mat at the door of Connie Foster's home in Ellsworth, ME. Not that she wouldn't love to have you over for dinner. It's just that she fears you'll contaminate her house. For many years now, not a soul has been allowed past this portal except Connie's husband and three sons—and she's shaky about them until they've washed. No friends, no family, no FedEx or Domino's Pizza deliveries—not even a beloved brother who came to visit from Singapore. Please understand: Connie is not a hermit. She can go out—to restaurants and shops, on planes, trains, and buses—but nobody else can come in. Her mother-in-law once tried to defy this canon, marching into the living room with a force of will and reason. Connie cleaned for the next 24 hours.

The anxiety that controls Connie Foster's life is called obsessive-compulsive disorder (OCD), and before you dismiss it as a sideshow oddity, you should know that it affects three to five million people in this country, according to the National Institute of Mental Health (NIMH). That's a rough estimate, because OCD may be wildly underreported. Many people conceal the problem, convinced that they're just plain nuts, until it comes to dominate and disrupt their lives. The Obsessive-Compulsive Foundation, a nonprofit group in Milford, CT, estimates that the average patient waits 17 years before getting any appropriate help, and nine out of 10 people with OCD are not in treatment. "It tends to be a secretive disease," says Scott Rauch, M.D., a psychiatrist at Harvard Medical School and Massachusetts General Hospital in Boston. "People know that it is obsessive and compulsive and kind of crazy, but the drive is just too strong to stop."

That drive involves a complex spectrum of recurrent disturbing thoughts and ritualistic behavior devoid of any pleasure but impossible to suppress. The thought or obsession may be fear of germs or death or causing someone harm. The behavior or compulsion may be bathing, touching, counting, or rearranging, intended to ward off harm but buying only short-term relief. The French call OCD the doubting disease: You distrust what you see or know. Your eyes tell you that your hands are clean, but you can't stop washing. You're sure that you didn't hit a pedestrian with your car, but you return to the intersection again and again for hours. People with OCD often have perfect clarity about their intrusive thoughts and bizarre actions—they acknowledge the inconsistency of being able to breathe the recirculated air in a 747 yet finding it necessary to bar guests from their own home. They do things the rest of us do—they might use a paper towel to grasp the doorknob in a public restroom, or have a lucky number, or worry that they didn't lock all the windows and turn off the stove. It's just that their dread has a hair-trigger onset, and the response that feels so compelling takes over their lives.

"The patient is the one who most recognizes how goofy it is," says Susan Swedo, M.D., a tenured investigator at NIMH and coauthor of *It's Not All in Your Head* (Harper San Francisco), to be published next month. "It's painful to recognize that what you do is senseless and irrational. We call it ego-dystonic: displeasing or uncomfortable to yourself. These people often say it feels like one part of the brain is ordering the crazy behavior, and the rest of the brain is screaming, 'Shut up! Shut up! Shut up!'"

For many years OCD was interpreted in Freudian terms, and thought to have a psychological genesis. "Freud believed that all behavior represented blocked or repressed drives, usually of a sexual nature," explains David Comings, M.D., head of medical genetics at City of Hope National Medical Center in Duarte, CA. "In one explanation for OCD, a man who kept going back to lock the doors or check the gas really wanted to do away with a burdensome wife and children."

Today OCD researchers are trying to identify a genetic predisposition to the disorder, following the same path as those hoping to cure breast cancer and obesity. Studies using a sophisticated imaging technique called positron-emission tomography (PET) scanning have shown abnormal neural activity in the parts of the brain thought to be responsible for OCD. "We have souped-up software that makes pictures of brain function, showing changes in activity of brain cells," explains Scott Rauch of Harvard. "People sit in the scanner and do specific tests having to do with motor movement or memory or paying attention—tasks that activate the brain circuits we're interested in. A good analogy is a cardiac stress test: If I have a perfectly functioning heart and an older man has heart trouble, our EKGs may look the same when we're both lying down, but that changes with exercise."

Many researchers now believe that OCD originates in the chemical processes of the brain. One of these chemicals is serotonin, a neurotransmitter that appears to be in short supply among the depressed (Prozac is thought to prevent its destruction). Another is dopamine, which is in the "reward" pathway of the brain—it determines pleasurable responses to food, alcohol, and sex, and it's involved in attention, motivation, and movement. (In the real-life study depicted in the movie *Awakenings*, the people who were frozen statues came to life when given dopamine. Given too much, they became whirling

dervishes.) "There are certain centers in the gray matter that are perpetually firing," explains Lewis Baxter, M.D., professor of psychiatry and pharmacology at the University of Alabama in Birmingham and at UCLA. "There's a circuit that's literally a loop in the brain between its neurons, and it's like a broken record." In pictures produced by the PET scan, this circuit in the brain of a normal person looks like Podunk, IA, on a school night, while in the brain of an obsessive-compulsive it looks like Las Vegas. In her groundbreaking book *The Boy Who Couldn't Stop Washing* (Plume), Judith Rapoport, M.D., chief of the child psychiatry branch at NIMH, defined OCD as a hiccup of the mind.

"We believe there are several genes that play a role in OCD, genes that regulate the metabolism of chemicals in the brain," says City of Hope's David Comings. "People can immediately accept that blood pressure is genetic, but they think anything having to do with the brain is 'in our heads.'"

OCD symptoms have been documented since medieval times. On September 6, 1890, the physician in chief at Johns Hopkins Hospital in Baltimore described a 13-year-old girl he saw: "Before getting into bed at night, she lifts each foot and taps nine times on the edge of the bed. After brushing her teeth she has to count one hundred. For a year at least she has always entered the house by the back door, protesting that she never can enter by the

By Aimee Lee Ball

front door again.... On reaching the door, she knocks three times on the edge of the window near by, and three times on the door before unlocking it. She will not under any circumstances button her shoes. In drinking water she will take a mouthful, then put the tumbler down, turn it once or twice and repeat this act every time she drinks. Before putting on clean underclothes she has to count so many numbers that there is a great difficulty in getting her to make the change except under the strongest threats from her mother."

The children treated by Rapoport and her colleagues are some of the most heartbreaking victims. One nine-year-old boy at NIMH was convinced that martians were putting thoughts in his head. About 20 percent of the pediatric cases have a close relative with OCD, and although it may show up in a different way, this does support the genetic-link theory. A child who needs to touch every tree and lamppost on the way to school may have a parent who scrupulously avoids the word *death* when reading the newspaper, afraid of contaminating the future with eyes that have beheld such a terrible word. A child with OCD might do such things as tear toilet paper into tiny pieces or spend hours aligning his toys rather than playing with them. The symptoms wax and wane over time, fluctuating in severity and expression. Childhood washers or counters may grow up to be adult checkers or repeaters. But there's a difference between OCD and normal childhood rituals—say, reading *Good Night, Moon* 14 times—just as there's a difference between what Susan Swedo of NIMH calls cocktail party OCD and the real thing. "All of us worry about germs and check on things," she says. "But if you were miles away from your house, you'd probably say, 'Oh, I'm sure I did turn off the gas and lock the door.'" And most of us wouldn't return home 50 times to make certain of it.

Donna Saulsman Friedrichs of Friendswood, TX, discovered that her brother and two nieces all had OCD symptoms, but not until she had lived secretly with the disorder for 30 years: As a teenager, she kept turning water faucets and light switches off and on a certain number of times. "I didn't know why," she says. "I wasn't trying to avoid or prevent or correct anything. It was the feel of it. Certain numbers were good numbers. If I was reading, I had to count out the words in a sentence—there had to be four or multiples of four, or else I had to start over. Putting on my slacks, I had to take my leg out three times. If I took the last drink of tea and it didn't feel right to my mouth or my hand, I had to go back and have another drink."

Donna managed to hide the counting rituals from family and friends, although she describes her symptoms as severe, especially when she began to have violent visions, a sensation she equates with watching a horror movie in her own mind. She'd imagine cutting herself or someone else with a sharp knife. Not until her 40s did she learn about the OCD support group of which she is now president. "I thought I was the only one in the world," she says. "At the first meeting, we were filling out name tags, and I saw a man going over the letters again and again. It was like meeting a brother or sister I never knew I had."

Donna got lucky: Her symptoms were alleviated by Prozac. Several other drugs have also proved effective, among them Anafranil and Luvox. And some people are helped by behavioral therapy in which they're exposed to a series of increasingly stressful situations (a washer might go from talking about feeling dirty to deliberately soiling her hands). But here's one interesting thing documented by Lewis Baxter of the University of Alabama and UCLA: When patients get better, the changes that occur in their brains seem to be the same whether they had medication or therapy. "There are good and bad drug-responders, good and bad behavioral-responders," says Baxter. "There are people who don't respond who try as hard as the people who do excellently, but that part of ➤ 350

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Armani. "And the bra top is a gentle suggestion to women to 'archive' the usual blouse!"

More work on the problem of what constitutes a fresh-looking jacket and a new way to wear it has been going on elsewhere. Wise designers see that the issue is more about subtle reinvention than throwing out the whole damn garment in a fit of boredom. Even deep in the avant-garde, Ann Demeulemeester reinstated the jacket as a coordinate to wear with her bias-cut viscose pants and long skirts: the result, a subtly unaggressive radicalism that seemed to hint at an appreciation of Armani's breakthrough '80s tailoring while taking it on for a new generation. Meanwhile, in Manhattan, Donna Karan—that other great '80s exponent of the indispensable jacket—was at it with a paring knife, excising interfacing, shoulder pads, and all fastenings except for one invisible hook, and for runway purposes at least, dispensing with anything that goes underneath.

There were other answers—again, strikingly similar ones—at Calvin Klein and Helmut Lang. Most journalists got hung up on reporting the dresses in these collections—the slinky jersey at Klein and the lace at Lang—but the jacketed pantsuits *were* there, overshadowed, yes, but excellent nevertheless. At Helmut Lang a series of dark slim crepe pantsuits, the jackets almost as long as coats and shrugged on over layered lacy T-shirts, sped by almost before one could gauge the change they represented, the sense of fluidity, the absence of severity: a new kind of tailoring, with the bombast knocked out of it.

At Calvin Klein, one of the trouser suits was a Lang relation: Christy Turlington strode out on behalf of the normal-but-new wearing a long slim black jacket, bootleg pants, and open-neck white shirt. Shalom Harlow showed an alternative: the same shape of jacket and pants, this time with a hip-length white T-shirt with a single black band around the bust. All praise to Calvin Klein that these solutions touch the holy grail of the new order—they are relaxed without being sloppy, hip without being junior, sensual but unrevealing, and above all, unmistakably suitable as executive combat gear.

This kind of design is, of course, very American. It comes from a democratic, pragmatic vision of fashion that knows its place in the scheme of things—the sportswear theory that clothes design should follow life rather than impose some false, extraneous vision upon it (forget those costume themes). If it is *helpful* rather than directive, more concerned with devising precisely the right T-shirt to go under a jacket than dressing you up to look like Audrey Hepburn, then so be it—and by the way, thanks.

"The strangest thing is that for a long time American fashion felt like a stepchild—everyone looked to Europe," says Michael Kors. "But now women everywhere are enamored of the American lifestyle. Whether they're in Europe or Asia, they're saying, 'Wait—I'm busy, too. *I* need those clothes to go to work!' And for the warm-weather season, everyone worldwide relates to the American boating-barbecue-beach fantasy. That's what people are looking for in their lives." Kors has sharp insight into how those late-'90s desires translate into tangible fashion. "A woman wants clothes that look crisp, affluent, and upbeat—and *pretty* is not such a horrible word. At the same time she doesn't want anything overdone. The sportiest pieces work best, in these new lightweight fabrics that have structure but no bulk. The point is that the clothes have familiarity; there's a blend of references there, but the proportion and fabric just aren't the same as in the past. All those elements are what make a woman look at something and say, 'I want to wear it!'"

The truth is that the best designers, wherever they happen to live in the world, understand those delicate nuances of modern demand and are, deliberately or not, aligning themselves with the American sportswear mentality. If their struggle to produce what women really want ends in something that looks amazingly simple—part what we've been wearing all along, part brilliantly new—then that in itself is all the revolution we need in the '90s. Only look at how Karl Lagerfeld turned around his collection for Chanel for spring, sending out Claudia Schiffer and her cohorts in signature house jackets, crisp piqué shirts, and flats—all teamed with American chinos. Each girl looked happy, confident, individualistic, at ease with herself and her clothes. Every one of them could have walked off the runway and into work, out to lunch, onto a plane—and been perfectly dressed. Suddenly it seemed exactly how you wanted to be. No-fuss chic. How normal is that? ■

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their brain is too badly broken. We need to be able to prognosticate what will be the best treatment for someone."

Some answers are coming because of the characteristics that OCD shares with Tourette's syndrome, that disabling pattern of vocal tics, throat-clearing, sniffing, and occasional dramatic outbursts of expletives. About half the people with Tourette's also have OCD, and they're easier to study because of their manifest tics.

Although less understood, there's also a connection between OCD and eating disorders. "There's a sort of blurry border between the two," says Swedo. "Anorectics are consumed with concern about calories, and they have rituals about how they take bites of food or open their milk cartons. OCD people might need to have the knife the 'right' distance from their plate or their foods lined up. The anorectic woman truly believes she is fat despite the fact that other people see a skeleton, just as the OCD person might truly believe that she's hit someone with her car." ➤ 352

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Many people with OCD actually have that proverbial Jewish mother's dream: a kitchen floor you can eat off. "They also tend to be celibate," says Swedo, "although it's not clear whether the OCD is so all-consuming that they have no time or energy left over, or if it's tied into their contamination fears." But sometimes the obsessive-compulsive is the slob who doesn't even wash her hands after using the toilet, acting out what Swedo calls an avoidance syndrome. "She's afraid she won't be able to stop," Swedo explains. "It's like Howard Hughes. He started out with his lawyers wearing white gloves and unwrapping brand-new pens for him to sign papers. But he became slovenly, with long fingernails, unable to clean under them."

Perhaps the most intriguing bit of news emerged in 1994, when doctors at Yale collected spinal fluid from people with OCD and found an elevated level of oxytocin, a hormone involved in the uterine contractions of women in labor and the release of milk in nursing mothers. "We had to ask, What on earth does OCD have in common with maternal behavior?" says James Leckman, M.D., a psychiatrist at the Yale Child Study Center and its OCD Clinic. "The answer is that the initiation of maternal behavior is a time when women are totally obsessed and preoccupied with the new baby. With OCD it's almost as if there's an inappropriate clicking-on of that same switch, when women are caught up in the first phase of mothering. It turns out that some women have postpartum depressions where the intrusive thought is that they'll do something to injure the baby, which is close to a form of OCD." The research is continuing, but slowly: Unfortunately, measuring the amount of oxytocin in the blood is not a good indication of what's going on in the brain, and there aren't a lot of people volunteering to have their brain examined for research.

But there are people talking about OCD. "The first feeling you get with a diagnosis is relief that you're not crazy," says Connie Foster. "The second is depression, because there's no simple cure. Then you go through denial and anger, as with any bad news. Then comes acceptance, and part of that is disclosure. You are not the sum total of your illness."

Much slower to dissipate is the guilt and shame many patients feel for an illness that is beyond the bounds of willpower or self-control. "There are cases of infection-triggered OCD," says Swedo. "If a strep bacteria can set up an autoimmune reaction that produces OCD, these people shouldn't have to feel guilty." But only science will give satisfaction. "Obsessive-compulsives talk about doing something until it feels just right," says Swedo. "I would love to be the person who finds the neurochemical that makes them feel just right."

The Obsessive-Compulsive Foundation has 250 self-help support groups worldwide. For more information, write to: P.O. Box 70, Milford, CT 06460-0070. Phone: 800-639-7462. Fax: 203-874-2826.

LADIES-IN-WAITING
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myself, "You don't think there has been a change?"

"I don't think that there is a precedent set *at all.* I think each person puts her imprimatur—and maybe his, in the future—on that job. I feel that Hillary is very committed; she is a very bright person. Obviously I don't agree with her on a lot of the issues, and in terms of setting a precedent...." She is decisive. "No."

The mistakes that Hillary Clinton has made are not simply ones of presentation. And some of her would-be successors, with their own careers hovering on the ethically murky border between politics and business, are already facing similar scrutiny. But the most certain legacy of Clinton is a new political commandment: Thou shalt not appear threatening.

Consider Wendy Gramm. An economist. An Asian-American female university professor. A woman who once reported directly to President George Bush as chair of a powerful board that regulated trillions of dollars in commodities trades. But she has just to open her mouth, and her husband's deeply conservative supporters are reassured: "The way I think about this campaign is on several levels. First of all, it's an adventure—I mean, how many people really get a chance to help their husband run for the highest office in the land? It's incredible!"

Gramm's voice rises. She speaks with the enthusiasm, the vocabulary, even the syntax, of a high school girl. And given her well-publicized penchant for Rollerblading, there are moments you have to remind yourself that she is a 51-year-old woman.

We are sitting in her small campaign plane, flying over those very important Iowa voters she hopes will embrace her husband's philosophy in the primary with the same enthusiasm they showed when they handed him a surprise tie with front-runner Bob Dole in a straw poll last August. Voters liked his passionate antiabortion, states'-rights message.

When Gramm and her husband discussed his run for the presidency, her role was that of reality check. "I said, 'You are the one who wants the job,'" she recalls, "'but let me tell you what it's like.' I was the one who worked in the White House, and I said, 'Been there, done that, and don't want to do it again.' Campaigning is a piece of cake compared to the prize, and the prize ain't so great, because I have seen it."

Wendy Gramm's standard campaign speech interweaves her husband's positions and her own biography, which is a neat spin on the American dream. Her Korean-born grandparents emigrated to Hawaii early in the century to work as farm laborers. Her father became a successful businessman; Wendy earned a Ph.D., ➤ **358**