

## **Relationship Between OCPD and Other Anxiety Disorders**

Carly Renee Bolivar

Department of Psychology, Alliance University

Psy 470: Psychology Capstone

Professor Stephen Maret

May 2, 2023

### **ABSTRACT**

Through the lens of a Christian worldview, this paper compares Obsessive-Compulsive Personality Disorder (OCPD) to other anxiety disorders. The study examines and compares the diagnostic criteria, etiology, and treatment options for OCPD and other anxiety disorders such as GAD, Panic Disorder, and Social Anxiety Disorder. The paper also delves into the spiritual and theological implications of anxiety disorders, emphasizing how a Christian perspective may help us comprehend and manage anxiety. The study concluded that, while OCPD contains some similarities with other anxiety disorders, it has distinct characteristics that necessitate unique diagnostic criteria and treatment approaches. In addition, embracing a Christian worldview can give a beneficial perspective on anxiety disorders, such as the significance of treating underlying spiritual and existential difficulties.

Keywords: obsessive-compulsive personality disorder, anxiety disorders, treatment, psychotherapy, christian, compare

### **Relationship Between OCPD and Other Anxiety Disorders**

Obsessive-Compulsive Personality Disorder (OCPD) is a personality disorder that is defined by high standards of perfectionism, order and neatness. Individuals with OCPD feel the need to severely impose their own standards on their surroundings or outside environment. Someone with OCPD can be preoccupied with rules, orderliness, and control. They will likely try to stay in charge of the smallest details of their life, even at the expense of their flexibility and openness to new experiences (Cain Ansell , Simpson , Pinto, 2015). OCPD is normally confused with the anxiety disorder known as obsessive-compulsive disorder in lay terms OCD. Individuals with OCPD do not think they are in the wrong with the way they act or behave, they believe everything they do is correct and everyone else is always in the wrong.

Research reveals that OCPD and other anxiety disorders co-occur due to a number of common cognitive and biological factors. For instance, those with OCPD may experience amygdala hyperarousal, which is also seen in people with anxiety disorders. Additionally, people with OCPD may use unhealthy coping strategies like avoidance and rumination, which can make their anxiety symptoms worse. An individual's quality of life and general functioning may be significantly impacted by the co-occurrence of OCPD and other anxiety disorders. For instance, people with OCPD and concomitant SAD may find it difficult to interact with others because they are afraid of being judged negatively. The recurring panic episodes that people with OCPD and concomitant PD may suffer can be extremely upsetting and disruptive to daily life.

The investigation of obsessive-compulsive personality disorder and its symptoms started more than one hundred years ago. About 1 in 100 people in the United States is estimated to have OCPD (OCPD, 2010). There are numerous occasions where individuals have the condition

but are not properly diagnosed. This illness affects twice as many males as women. Personality disorders often arise in late childhood or adolescence and persist in a stable form throughout adulthood. OCPD concepts are derived from psychoanalytic philosophy. The DSM has altered the definition and terminology of OCPD over the years. In the first edition (DSM-I) “compulsive personality” was defined as a persistence of an adolescent pattern of behavior,” or a “regression from more mature functioning as a result of stress”( Fineberg, 1970).In the second edition (DSM-II), the label was modified to "obsessive-compulsive personality" to prevent confusion with OCD, and the word "anankastic personality" was introduced as an alternative. The OCPD's third edition (DSM-III) was altered to include "affective restriction." In the DSM-IV, personality disorder was categorized as a separate axis of classification from mental state disorders. Because fear and anxiety about interpersonal situations were shared by the three types of disorder, OCPD was classified in the DSM-IV alongside anxious avoidant personality disorder and dependent personality disorder in the "Anxious-Fearful; Cluster C " category of personality disorders. Many people believe that having OCPD is a terrible thing, although this is not always the case. Obsessive- compulsive personality traits are commonly found in the general population and can be advantageous, especially in situations that reward high performance ( Fineburg,1970).

There are many different symptoms and signs that occur in people with OCPD. Some of these are but not limited to preoccupation with order, perfectionism, and control of themselves and situations interferes with flexibility, effectiveness, and openness. Within their daily activities, these patients insist that everything be done in specific ways (Zimmerman, 2021). With this, patients frequently inspect their work meticulously and again for errors. All of this might not seem horrible, but because of it, they are oblivious to the impact of their actions on their coworkers. They frequently disregard all other facets of their lives when they are overly

concentrated on one activity. Neglecting leisure pursuits like resting or going out with friends is one example of this. They frequently work so hard that they may put off taking even a brief vacation for so long. Simple pastimes like painting, listening to music, or playing sports are sometimes planned out methodically, especially if they include a group. These patients' inability to collaborate with others and delegate certain tasks is another effect of their insistence on having things done their way. They frequently turn down assistance from others or make a list of the steps they want taken before becoming irate if they are not followed. These patients struggle with productivity, but they also struggle with showing affection. These feelings are frequently suppressed, which creates a formal, rigid, and somber atmosphere. They must consider the ideal response since they never want to be in error, which occasionally sends the wrong message. Even over the course of a year, these symptoms could become better with time.

Numerous different causes of OCPD but there is not one specific cause. One theory that researches have developed is that people with OCPD may have been raised by parents/guardians who were unavailable during their childhood. Also the parents could have been overly controlling or over protective which leads them to have this “perfect” mentality. Another cause that researches significantly believe in is cultural factors playing an important role. Societies or religions that are very authoritarian and bound by strict rules may impact early childhood development that affects personality expression. A word of caution: not all rule-bound societies are dysfunctional and OCPD traits may in fact be rewarded within that specific cultural or religious context ( OCPD, 2010). It has also been discovered that having a preexisting mental health condition such as an anxiety disorder can cause someone to have OCPD. Genetic factors are something that can also play a role in the development of OCPD. If a person has a close family member with the condition, they may be more likely to have it as well.

To be diagnosed with this disorder, you must exhibit four or more of the following symptoms: perfectionism that may interfere with task completion, rigidity and stubbornness, reluctance to delegate tasks, a spending style toward both yourself and others, inability to discard worn-out or worthless objects even if they have no sentimental value, and is preoccupied with details, rules, lists, order, organization, or schedules to the extent that the main purpose of the activity is obscured. When observing someone with OCPD, it is common to notice similarities to an anal personality type. This implies they just want to be correct all of the time and must be flawless, as well as take control of their environment. Although many people exhibit these characteristics, they are not the same as having a personality disorder. The diagnosis of OCPD is determined when the preceding characteristics cause impairment in social, occupational, and family functioning; the diagnosis is often made using clinical criteria. To be diagnosed with OCPD, all of these symptoms must have shown by early adulthood. Obsessive compulsive personality disorder is classified as a Cluster C Personality Disorder in the DSM-5.

One common mistake that is made when diagnosing this is that many people confuse it with other disorders such as OCD, avoidant personality disorder, and schizoid personality disorder. Patients with obsessive compulsive disorder have true obsessions (repetitive, unwanted, intrusive thoughts that cause marked anxiety) and compulsions (ritualistic behaviors that they feel they must do to reduce their anxiety-related obsessions (Zimmerman, 2021). These patients become distressed when they cannot control their compulsive drives and their need to control is driven by their preoccupation with order. People with OCD have insight, meaning they are aware that their unwanted thoughts are unreasonable. People with OCPD think their way is the “right and best way” and usually feel comfortable with such self-imposed systems of rules (OCPD, 2010). People with OCPD are preoccupied with following processes to manage everyday

activities; their thoughts, behaviors, and feared repercussions are often unrelated to real-life issues. Also in comparison to patients with OCD, patients who suffer from OCPD refuse to acknowledge that they need help. They think that if everyone viewed situations the way they do then there wouldn't be a problem. This leads them to refuse seeking help or any form of treatment. On the other hand patients with OCD are taunted with their thoughts so they want to get the help they need in order to get better. Next is avoidant personality disorder. With this disorder it is also characterized under social isolation just like obsessive compulsive disorder. The difference with this one is that this isolation results from prioritizing work more than relationships, and this can be bad in the long run. They end up not trusting others because they might interfere with their perfectionism. Lastly comes schizoid personality disorder. Both schizoid and obsessive-compulsive personality disorders are characterized by a seeming formality in interpersonal relationships and by detachment (Zimmerman, 2021). The difference in this disorder is that there is an incapability for intimation relations in patients with schizoid personality disorder.

In terms of diagnostic criteria, etiology, and treatment choices, Obsessive-Compulsive Personality Disorder (OCPD) is similar to other anxiety disorders such as Generalized Anxiety Disorder (GAD), Panic Disorder, and Social Anxiety Disorder (SAD). However, there are significant differences that necessitate different approaches. All of these disorders have diagnostic criteria that include persistent and excessive fear or worry, avoidance behaviors, and physiological symptoms such as increased heart rate and sweating. These disorders develop due to a combination of biological, psychological, and environmental factors. Psychotherapy, cognitive-behavioral therapy (CBT), and medication are all treatment options for anxiety disorders. OCPD, on the other hand, necessitates a concentrated effort on perfectionism, rigidity,

and control, which may be treated using CBT approaches such as exposure and reaction prevention. Panic disorder necessitates a focus on minimizing symptoms and the frequency and intensity of panic attacks through relaxation and breathing techniques. GAD and SAD require a focus on reducing worry and social anxiety through CBT and medication.

Obsessive-Compulsive Personality Disorder (OCPD) is a difficult mental health illness to treat, and it frequently necessitates a mix of diverse therapies to provide meaningful results. OCPD is often treated with a mix of psychotherapy and medication. Psychotherapy is the cornerstone of OCPD treatment, aiming to help people understand how their ideas and behaviors contribute to their symptoms and build more adaptive coping methods. CBT, which focuses on recognizing and modifying dysfunctional thinking patterns and behaviors, can be very beneficial. To alleviate anxiety and obsessive-compulsive symptoms, medications such as selective serotonin reuptake inhibitors (SSRIs) and other antidepressants may be administered. Finally, a comprehensive OCPD treatment plan should be tailored to the individual's specific needs and circumstances.

Psychotherapy (cognitive behavior therapy), pharmacotherapy, and relaxation are all frequent and recommended therapies for obsessive-compulsive personality disorder. Cognitive behavioral therapy (CBT) is a typical type of mental health counseling in which you meet with a professional mental health counselor to minimize rigidity expectations and begin to learn how to appreciate intimate relationships and enjoyment. In retrospect, the counselor is teaching you to value human relationships over jobs. Selective Serotonin Reuptake Inhibitors (SSRIs) are anti-anxiety medications that assist patients to become less focused on little details and less rigid. Relaxation, which includes specific breathing and relaxation methods, may be beneficial in lowering feelings of urgency and tension.

When it comes to psychology, as Christians we may wonder if biblical theology is involved with the way we act as humans. Many people begin to question if psychology and theology can be integrated together. These questions can be answered depending on how you view certain aspects of religion and what you truly believe in. Christian theology operates at the level of metaphysical beliefs about a person while psychology is concerned with the basic facts about the human mind which can be experimentally validated. These two viewpoints clash with each other in many ways which is why people believe the integration of the two cannot be done. Although, in counseling there are several techniques used that integrate the two and help many patients. The integration model of Christian therapy refers to this method. It integrates psychology, religion, and spirituality in a way that is adaptable to the present counseling situation and mindful of the client's needs at the time. The counselor's devotion to a Christian worldview and biblical thinking sets the stage for evaluating psychological thought. People who use this approach understand that the Bible does not have all the answers needed to explain human behavior completely, they realize that psychological research is needed to further understand and evaluate the reasoning behind it. This transition of integrating psychology into biblical theology is something that is new and starting to grow on counselors a lot more today. More and more Christians recognize that psychological observations illuminate our understanding of human cognition, emotionality and experience. Whereas the Bible gives some very specific instructions on how one might become more emotionally and spiritually healthy, psychology gives us insight into the emotional and mental dynamic of our experience and provides us with tools to enact the Bible's instructions (Ammann, 2019).

In biblical terms, an obsessive-compulsive personality disorder is a manifestation of ungodly fear (Stodola, 2021). The major purpose of counseling with a Christian counselor is to

shift the focus from fear to confidence in God. Identifying the immoral conduct that has developed from ungodly dread is not just one of the aims. As previously said, this illness can be treated in a variety of methods. Visiting a Christian counselor is another method that some people use. Christian therapy is an option that many people do not consider but may be just what they need. The basic principle behind this type of treatment is that recovery is possible when Jesus actually becomes the center of the world for those with personality disorders. Only he can break the patterns of destructive thoughts and behaviors at the heart of personality disorders (Stodola, 2021). Going to Christian counseling gives clients hope with personality problems that secular treatment may not always deliver. In secular therapy, it is common to believe that if something cannot be healed, all hope is lost. When it comes to Christian therapy, we believe that there is nothing God cannot do for us, thus we recognize Christ's unexplainable ability to alter our lives regardless of the circumstances.

In conclusion, while the symptoms of OCPD and other anxiety disorders are similar, they are unique mental health illnesses that require different methods to diagnosis and treatment. OCPD is a personality disorder distinguished by a pervasive pattern of perfectionism, rigidity, and control, whereas OCD and other anxiety disorders are distinguished by intrusive thoughts and accompanying compulsions. While seeking professional help and treatment for OCPD or other anxiety disorders is important, it is also important to recognize the spiritual dimension of mental health and seek guidance and support from one's spiritual community. Ultimately, Christians can find hope and comfort in knowing that God cares deeply about their mental and emotional well-being and that there is always hope for healing and restoration through the power of prayer and God's grace.

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