

Anonymous

When I read about the course *Coming of Age & Happiness*, I instantly signed up with the hope of getting to share a *unique* perspective on happiness, if I had the courage to tell my story. I was afraid my 'self-preservation' tactics that had been engrained in my mind since I was a child would kick in, telling me to run far away from the idea of ever speaking about my mental illness to others. But coming to Duke was about expanding my horizons and challenging myself in more ways than I could imagine, and this opportunity was just one the first steps in that journey.

I followed through, adding a new page to my story where I was finally able to have the experience talk about the anxiety, depression, and, most prominently, OCD that has haunted me throughout most of my life. While writing this case study as a final project, I was forced to take a step back and find a way to put the ideas that remained well hidden from others onto paper for people to analyze and critique. I've relived some of the worst times in my life and wrote about the memories I had repressed, all while having my story continue on day by day here at Duke. Despite being painful at times, it was one of the most rewarding experiences I've ever had, bringing me a sense of understanding and closure I never thought possible. I can only hope that my words resonate with others who may be struggling in silence.

I would like to extend a huge thank you to Sheryl, who has shown such kindness and understanding throughout the process of completing this case study. Without her thorough and enthusiastic feedback, I would have never been able to write about such a personal and vulnerable subject matter. I am grateful to the Deliberations Editorial Board for providing me with valuable guidance and the opportunity to share my story. And finally, I would like to thank my mother for always listening and pushing me to be a better writer.

Observing a Convoluted State of Mind:

The Story of a Girl Lost In Thought

Anonymous

Writing 101: *Coming of Age & Happiness*

Instructor: Sheryl Welte Emch



Prologue

"Why are you here?"

I avert my eyes, opting to focus on anything other than the stranger in front of me. My eyes catch on the box of tissues next to me and suddenly I feel nauseated. Taking a shaky breath, I stare directly back at the psychiatrist, the first one I've ever sought out.

"I need to change," I tell him, because it's true. "I have OCD, social anxiety, and depression." Also true. "I can't keep doing this and I'm tired, but I need to get it under control before college before I'm forced to live with a roommate and they see the rituals and the routines and I just want to be normal, but I'm not and I feel like I can't control it and I might be insane..." A little bit too true, I think to myself as I trail off, halting my nonsensical babbling before he becomes as uncomfortable as I am.

"I see," He calmly tells me. He prompts me again. "Does your family have a history of mental illness?"

"Oh – uh yes." I am relieved to talk about something other than myself. "Almost all of my aunts and uncles and grandparents have depression. My mom used to have OCD, but that was when she was younger. My grandma on my dad's side has bipolar disorder and she's also schizophrenic, but she takes meds so it's under control."

Mental illness was quite common in my family, this I knew. I want to tell him I know how it all works, I know how it's genetic sometimes and my mom jokes about it being the perfect storm. I want him to know how aware I am of my problems; how aware I've always been since I was a kid. Instead, I shut my mouth, waiting for the next question.

"Do you think you can describe your symptoms? How you have been feeling?"

I hesitate before letting myself slump down in the chair. You're going to have to tell him anyways, might as well just let it happen, I resign myself before repeating what I have practiced over and over again, trying to find a relatively nonchalant way to express what has been going on without making myself seem too crazy.

"Well, I have these routines I have to do all the time. Weird things, making sure things are symmetrical, cleaning, arranging things, counting to four. I'm not even sure why, I just have always done it since I was nine years old. If I don't do it, I feel like something bad is going to happen. I know it sounds stupid, but I feel like I don't have a choice. I am always nervous about everything, mostly school and talking to people, even though I have friends. I feel like people are constantly judging me, but I know they aren't, I just can't let it go."

I look up at him, checking to see if he's following my confession. He nods at me encouragingly. I continue. "I used to be pretty depressed earlier in high school. Pretty hopeless, didn't really see the point in everything. It's gone away, but sometimes I still feel drained and I sleep a lot because I have no energy. I feel on top of the world some days, but half the time I don't want to get out of bed, but I do it anyways..."

"I understand," He tells me, and I actually think it's true after studying him for a minute. Then he starts to speak, talking to me about my past and my future, which begins to seem a little brighter.

And I decide that I've made the right decision, that this appointment was necessary. I give him a small smile in return, sitting up a little bit straighter in my chair as he talks to me for nearly thirty more minutes.

On my way out, I carry a slip with a few prescriptions on it and the time of our next appointment, ready to go a little deeper into my story and where it may go as I await the beginning of my life at college.

...

This past summer, I sought help for the first time in my thirteen years of struggling with mental illness.

As a child, I had always been aware that something felt slightly off, but I clung onto the idea that it wasn't something I could control. I kept to myself, convinced I would be ostracized by everyone I knew if they saw that I wasn't as stable as I made myself out to be. Concealing the issue seemed like the only option available in order to ensure that I kept myself distracted by trying to promote the image of myself that I hoped others would see. Even though daily life felt extremely bleak, I learned to manage the obsessive, compulsive, and depressive thoughts that consumed me.

At this point in my life, however, I am left questioning how my battle with mental illness during my childhood and adolescent years shaped me into the person I am today. Being newly medicated does not instantly repair the damage after coping on my own for so long. It is hard to let go of old habits and, as my symptoms begin to fade over time, I can't help but wonder why I experienced such a tumultuous journey with mental health and how my OCD influenced not only my personality, but my success and my self-worth. The vulnerability, self-awareness, and bravery it takes to openly share personal trauma that most keep to themselves intrigues me. I've never had the opportunity nor the courage to speak about my story before, but I feel like it is important to have that experience in order to grow as an individual slowly recovering day by day.





Profile FIFTH GRADE

I stared out the window as my bleary eyes focused on the cars making their way down the quiet suburban street in front of my house. My short legs began to cramp as the hours passed by, but I remained huddled near the window, my whole body shaking as I stood on my tiptoes, letting my head fall roughly against the glass.

The sight of bright headlights shot pain through the back of my head while relief flooded through my mind, my body slumping against the wall in exhaustion. That was the tenth car, meaning I was free to carry on with the rest of my rigid routine. *Was this normal? Did other people spend hours on the same "habits" so nothing bad would happen to them?* I pushed these thoughts into the back of my head, figuring that I had no choice in the matter either way. I let out a sigh as I pushed myself off the wall and faced the rest of my room.

Hit the lights four times. Four had seemed like a nice and even number and it strangely gave me the comfort and reassurance I needed as I saw myself walk across the room to the light switch.

One two three four. The lights flickered on-and off and on-and off and I eyed the door in the corner of my room cautiously, as if my parents would burst into the room at any moment and scream at me as they had done in the past when the rituals had woken them up. I couldn't blame them — having a mentally unstable daughter in elementary school didn't seem particularly appealing. I decided to mentally distance myself — I would be more efficient in finishing my routines without their hovering. I waited a few beats longer, paranoid I would be caught. Nothing happened.

The whole house must have been asleep, as I should've

been. My hands shook with frustration as I struggled to keep myself awake, raking my fingers through my messy curls and beginning the rest of my usual night-time customs.

Go to bed, I pleaded with myself, but muscle memory took over. As tears gathered in my eyes, I let the thoughts take over me, shamefully watching myself complete the routines with the same sharp precision that was always required for the rituals, most of which were centered around symmetry, incessant counting, and checking.

Did you close the pantry? Yes. But what about the refrigerator? Yes. But did you make sure everything was clean before you closed it?

I remember everything was in place from the last three times I checked. *But what if someone else moved something?*

Did you touch the handle four times with each hand before you came upstairs? Stop, you know this is stupid. But you should do it anyways.

I felt tears prick in my eyes as I glared at the door. A dim lamp, one of the only lights on inside the house, cast shadows on the wall, playing tricks on my mind and making me overthink until my head ached with a dull pain. I could not stop.

"Why does it even matter?" I muttered to myself as I padded my way into the darkness. I had scribbled my useless, intrusive thoughts into my journal earlier that night, commenting on my own insanity, impulsively scratching out the writing as if the listed-out rituals confirmed me to be as crazy as I feared I was. Now, the journal lay open on the floor, giving me a tangible reminder of what needed to be done, a disturbing manifestation that seemingly could not be ignored, for some reason. Not when it was on paper like that.

But I was still in control, I told myself as I made my way to the kitchen, for the fourth time that night. I *had* to be. So *why did it even matter?*

EIGHTH GRADE

My friends went ahead of me, filing out of my house and quickly trudging through the snow, not stopping to look back, having no reason to turn around. The feel of cool night breeze hit my skin, waking me up as I realized I was frozen in place, staring as the others kept moving forward.

It felt as though I was being held at gunpoint, with my own fingers gripping the gun as the cold metal barrel rested against my forehead, cooling my feverish skin as I grew more and more frantic and the urge to check and double-check consumed me.

I knew you were crazy.

"Hey! What are you doing? Let's go!" One of my friends called out to me as they piled into the car. They had no idea I was in a mental standoff.

I turned my head, trying to make myself appear as though I was looking around in order to hide my face as it twitched

uncontrollably, a familiar ache shooting through the back of my skull. *One two three four.* I rapidly blinked over and over again in pathetic patterns, stalling while I made my decision.

Don't go back to finish the routines. You know you don't have to.

But I didn't have that choice.

Check the door. *Just in case something bad happens.* Go back and flip the light switch *one two three four* times. *Or else your friends will realize how much they hate you.* Touch the wall sixteen times with your right thumb. *What if you failed that test in math earlier today?* Do the routine again, it felt off. *Why can't you just stop thinking?*

Don't go back to finish the routines. You know you don't have to.

I glanced at my friends one last time as they stared at me in confusion from the car.

Then, I spun on my heel and sprinted back inside, promising to be back in *one two three four* minutes.

ELEVENTH GRADE

I grabbed my phone, looking at the time before starting to get back up and go back to bed.

Do that four times or else something will happen.

I didn't even fight it, my hands no longer trembled with the same aggravation as they did five years prior when the routines first started, and the hesitancy vanished as I shut the phone on and off and on and off. *One two three four.* It was easier this way. It felt emptier, but easier.

Check your backpack again, just to be safe. Did you do all of your homework? Was it filed away correctly? Check a fourth time, or you might fail the rest of high school.

I completed the task and made my way back to bed, closing my eyes as if not to remind myself of any more things that needed to be done. I pried my eyes open to find faint light from the streetlamps outside casting those strange shadows across the room, and a sickening feeling grew in my stomach.

I pressed myself into the soft bed, clenching my hands tightly to my sides as I forced my eyes open and allowed them to flit back and forth between the clock sitting on the nightstand next to my bed and the floor.

Make sure you shut down your laptop.

There it was again. I stared blankly at the ceiling, feeling a dull pain crawl out of the corners of my mind. I already knew I had done it. I could remember doing so multiple times after finishing nearly all my homework for the next few weeks, not because I wanted to but simply because I *had* to.

Or had that been yesterday that I remembered to turn it off? The days all seemed to blend together.

I checked. It wasn't off.

Suddenly, I was fully awake again, horrified at what this could mean for my routines and then what it could mean for my grades and social life and sports – I *could not* bear the thought of failure. I looked around me exactly four times. I absorbed every tiny detail of my room perhaps sixteen times, though I was not quite sure as the same images flashed through my head forty-eight more times. My eyes swept around me, glancing at the laptop, my bed, the window, the floor. I saw that it's spotless, all of it, but it could be cleaner. I couldn't remember how long ago I cleaned, I couldn't quite find the light-switch, I can't-

Why are my hands shaking?

I stared at my horrifying reflection in the mirror, and, just like that, it's over. I felt myself shiver as a numb feeling washed over me, nearly collapsing where I stood. I blindly shuffled back to my bed, trying to fathom how I could end up like this. *How can I keep doing this?*

As I pulled the covers over my head, the empty feeling washed over me once again and I slowly closed my eyes, praying for the dull ache in the back of my head to subside.

I couldn't afford to be tightly shoved into a room with the prying eyes and unruly whispers of my illness berating me, I couldn't to do this alone anymore.

You need help.



PRESENT DAY

As I open the closet door, I continue to mindlessly prepare for bed. I watch my hand hesitate for a second, about to adjust the closet door *one two three four* times. Instead, I reach for the three tiny orange bottles sitting side by side on the shelf. The lids easily come off, and I collect one pill from each, just as the psychiatrist told me to.

The voice in the back of my head urging me to check and clean and check again becomes background noise as I shuffle past my slightly messy desk, making my way towards the lofted bed in the corner of my dorm room.

While laying down, my eyes catch on the photos from high school taped up on the wall. I blankly stare at them.

My own face smiles back at me, showing me with my friends, posing with teammates, laughing with my sisters. I made it through. Not all of it was a facade, of course. There were times where it almost seemed like I could forget the mental anguish I endured day after day, but I'm not sure if I was ever being completely truthful with myself during that time.

How did I keep doing that for so many years? With the rituals, the routines, the constant tension? Why?

I feel my hand twitch again, as if directly prompted to grasp on to something *one two three four* times.

The same hesitancy plagues my mind as I learn to live differently, still trying to understand what I went through. I am left to think for myself, whoever I might be referring to – I am not quite sure.

Analysis

Looking at the Numbers: The Gift of Control

It's the itch that killed me sometimes. The itch that forced me to do things I knew were ridiculous, but I didn't have the strength left to fight the thoughts. It felt, and occasionally still feels, truly easier to give into the obsessive and irrational thoughts that pop into my head rather than to wrestle with the uncertainty of what were to happen if I were not to act on them. In his book, *OCD: A Guide for the Newly Diagnosed*, Michael A. Tompkins, a licensed psychologist who specializes in anxiety disorders and is a founding fellow of the Academy of Cognitive Therapy, helps explain this desire that people suffering with obsessive compulsive disorder grapple with constantly. He emphasizes that people "carry out a compulsion because they believe that the compulsion will prevent harm or other bad things from happening" (16). While Tompkins asserts that most people with compulsive thoughts are subjected to images of their loved ones tragically passing away or being in eminent danger, I never found myself struggling with these ideas. Instead, I believe what I needed most was academic and social security, the two areas of my life where I was unconfident. I cannot remember my



specific fears as a child performing OCD routines as I felt generally superstitious, but, as a teenager, I was terrified of bad performance in school, being socially rejected, and even losing when participating in competitive sports. I believed that if I ignored the orders that the intrusive thoughts were giving me, I would be setting myself up for many different types of failure.

Looking back on it, I can't help but wonder in a strange way if I was shallow and selfish for letting those thoughts consume me. Failing a test or embarrassing myself in front of other people is miniscule compared to most people's fears of their loved ones dying or their lives falling apart. In a way, I suppose it seems trivial that these were the biggest worries that plagued my mind, making me so anxious that I spent hours performing precise rituals. I nearly pushed myself to the breaking point because I thought I wouldn't have any friends or get perfect grades if I didn't take extreme precautions. These areas of my life must have troubled me the most, making me cling onto whatever reassurances I could, even if I knew logically that the rituals would not guarantee me any success.

Somehow, the thought of death must have been less frightening than living a life of failure. While most people with OCD primarily fear loss and life-threatening situations as Tompkins mentions, I have never had a great deal of anxiety about this subject; from a young age, I accepted I had no control over tragic events, and while death seemed awful, it was completely natural. While I was alive, however, I felt I had to make something of myself when I had the time because that was within my control. Or at least, that's how it seemed. In reality, success could never be controlled to the extent that I liked. As I strived to control the prospect of failure, my rituals developed further. My itch to check and count and check and repeat was so strong that "over time, [I tended] to resist [my] compulsions less often," allowing me to run on autopilot as I completed hours of thorough

routines (Thompkins 18). Rather than actively think about my actions, it was less exhausting to blindly follow the typical rituals that popped into my strange mind. By submitting to my anxieties, I gave them a significant amount of power over me, which I now see was disturbingly unhealthy since having moved away from the compulsive thoughts.

My belief that completing rituals would give me a sense of security caused me to succumb to the cycle that OCD traps its victims in, making it nearly impossible to “face the anxiety and distress of obsessions without resorting to rituals,” as Dr. Karen Landsmen, a leading clinical psychologist in the treatment of anxiety disorders in children and adolescents states (87). Desiring a sense of control, I grasped onto things that I *could* control — the numbers, the constant checking, the exhaustive counting compulsions.

I continued to act on these obsessive thoughts that filled my head for years due to the delusional belief that I had “the power to cause or prevent certain disastrous events,” giving me the “inflated sense of responsibility” commonly seen in people with OCD (Thompkins 22). My compulsion wasn’t necessarily to prevent the typical “disastrous event” that Thompkins describes, but rather ease my worries and insecurities about my own life. I am still haunted by fears of academic failure and social ineptness brought on by generalized anxiety and social anxiety. Repressing the thoughts to decrease the pain and shame that come along with my disorder inexplicably impacts my ability to feel other emotions – like happiness or curiosity and hope. What I have discovered over time is that sometimes the only thing that reverberates in my mind is a sense of numbness. This feeling, this emptiness, overcomes me when I watch in horror as thoughts crawl out of the corners of my mind, whispering something that vaguely sounds like *one two three four*.

When OCD Takes a Darker Turn

Being tormented nonstop by these uncontrollable thoughts and unwanted images flashing through my mind telling me what might happen if I ignored them was exhausting. Escaping the thoughts was simply impossible, forcing my mind into a cage where progress felt unattainable. Sometimes I would try to control the thoughts by distracting myself, praying one day they would just vanish and I could live my life in peace, but any attempt to escape the compulsive urges appeared to make my mental state worse, leaving me more emotionally drained. Christine Purdon and David A. Clark, clinical psychologists and researchers who specialize in OCD and similar anxiety disorders, suggest that my efforts to suppress my thoughts led me into a cycle in which my “mood state would deteriorate,” causing the impulsive thought to be more accessible, and leading to “greater negative appraisal of its recurrence” (48). I was unable to let go of the extremely irrational thoughts that made the words *one two three four* echo over and over again in my mind whenever I was awake.

To escape, I relied on sleep. Whenever I was left alone with my thoughts, away from the distraction of school and sports, I would sleep. Only when I was unconscious did the itch to check and reassure myself and ease the anxiety disappear. My intense reliance on sleep was evidence that I was “highly motivated to keep obsessional thoughts from entering consciousness in order to avoid the anxiety-evoking sense of responsibility” (Purdon & Clark 47). In essence, I had developed the unhealthy coping mechanism of sleep to deal with my even healthier rituals. Finding myself trapped in depressive episodes for weeks at a time, an empty feeling began to grow, only further enflaming the OCD and “control attempts would thus escalate” (Purdon & Clark 48), perpetuating the cycle. The anxiety impacted the OCD, which seemed to escalate my discomfort overtime, which in turn led to increased compulsive thoughts, making it harder and harder to escape. My mental illness remained a persistent force because of this pattern of attempted suppression followed by the continued regression of my mental state over time.

It was *exhausting*. I felt as though I was buried alive, slowly suffocating in my own thoughts and rapidly losing my will to continue living as it would only lead to more internal suffering. My only goal left was to keep the suffering internal, far away from my parents’ prying eyes and anyone else who dared to question my mental stability.

The Stigma of Mental Illness and My Decaying Self-Worth

With unwavering determination, I decided it was best to keep my internal and external states separate, projecting an image of perfection when I was also acutely aware that I was mentally ill. I was so good at pretending that I managed to trek alone through four years of high school with the weight of my mental illness dragging closely behind me, silently urging me to stop and take a closer look at where I was headed in life. But I averted my eyes and kept my gaze straight ahead, working to distract myself. I worked hard so that when I



looked in the mirror, I would see a top student, the captain of two varsity sports, a Science Olympiad state medalist, a National Hispanic Scholar, and eventually a future Duke student rather than the shy, insecure girl I saw myself as. This depleted self-confidence was only enhanced by my OCD, which made me feel as though I was insane and immoral for the repetitive, trivial nature of my thoughts. Every time a new compulsion popped into my head, the “thought recurrence would be interpreted as evidence of undesirable personality characteristics” (Purdon & Clark 47). I feared I would be rejected by others for being the self-centered, depressed person I perceived myself to be.

Extremely self-aware, I was not living in a delusion in which I was normal, causing my depression to worsen; instead, I was dedicating myself to pretending I was a typical high school girl with ordinary problems. My determination to feign normalcy was seemingly based on trying to be accepted socially and on continuing to compare myself to others around me. This only caused me to become more “frustrated and dissatisfied with [myself] when [I] did not follow age appropriate life cycle goals” (Murphy & Perera-Delcourt). For me, I think these “goals” were more oriented around social life rather than the typical milestones, such as graduating high school or getting my first job, referred to by social psychologists Murphy and Perera-Delcourt, who focus on the lived experience of anxiety disorders. I still remained successful, particularly in the academic arena, with more achievements than those around me who I compared myself to. However, while my friends were out partying and drinking and getting into relationships for the first time, I still spent a great deal of time surrendering to my elaborate rituals and kept to my routines, feeling dejected as I watched from the sidelines most of the time. Constantly feeling like I was missing out, my perceived social ineptness caused me to withdraw further into myself.

I was not excited about high school or optimistic about my future; I was simply hanging on because I felt I had to. Keeping up with the students in my competitive classes was expected, not only by family and teachers, but because I held myself to a high standard. I knew that seeking help and possibly visiting a mental hospital, like some of my peers had done, would mess up what I had going for me. Putting my best effort into getting into a top ranked college seemed imperative in order for me to have a happy future. According

to Murphy and Perera-Delcourt, “processes of self-stigma” cause people with OCD to label themselves as worthless and immoral for experiencing such invasive thoughts. For me, these fully internalized processes only created more issues with my perceived identity and purpose in life.

Change was needed, but this enhanced self-stigma that came with the idea of addressing my OCD and talking to someone held me back. According to Murphy and Perera-Delcourt, the “fears of being stigmatized...can delay help seeking behaviors by up to 10 years” in people suffering from OCD. This definitely applied to me as I prolonged my pain throughout parts of my childhood and teenage years. Looking back, I have no idea how I pulled

myself together in front of my friends and family every single day, especially during high school.

Seeking Help

Suffering in silence became customary at some point along my journey. Losing control usually came in the form of acting out on a compulsive thought that was so abnormal I couldn’t disguise it in front of others. The occasional depressive episode would also take place, but my despair was usually confined to my room at night when I could let it all out far from the prying eyes of others, whose pity would only make me feel worse. I didn’t want them to regard me with same shameful “prejudice [I had] against people who [had] mental illness,” which is a primary reason that people like myself delay seeing a professional for help (Henderson et al.). I would occasionally open up to my mother and some of my closest friends, but their support usually heightened my guilt, making me feel as though I was burdening them by sharing such awful things. Another common factor that drove me away from the help I needed was the common “expectation of the discrimination against people diagnosed with mental illness” (Henderson et al.). I wanted to maintain my reputation in school of being put together and sharp, not treated as though I was unstable and incapable of keeping up with others, even after I already proved I could be successful in school with the internal turmoil constantly ringing in my brain. My greatest nightmare was that someone would catch on to my perceived insanity and proceed to lock me in some psych ward against my will, destroying all the work I put into pretending to be normal.



My issues were largely normalized in my mind because they were all I knew. Treatment seemed so foreign, there was no way for me to process that there were resources for people with the same uncontrollable thoughts. I think I may have feared the very concept of help itself. Depression, OCD, and anxiety had taken up residence in my mind, and the concept of separating them from my identity seemed impossible. I had grown up with them by my side, telling me what to think, guiding me through life until I became so broken; I began to drag them along with me, incapable of leaving them behind.

College seemed like an opportunity to abandon this part of me back home in the Midwest as I moved my life somewhere else, far away from everything and everyone I knew. The concept of building a new me – one who was free to be happy without the weight of mental illness – was enthralling. I took a chance and made the decision to seek out a psychiatrist recommended by a trusted friend. Though I was sick to my stomach at the prospect of speaking about the rituals, the social situations that petrified me, and the depressive thoughts that shook me to my core, the doctor gave me the best reaction I could have dreamed of: he barely reacted at all. He showed me I wasn't alone; there were other people out there like me, and I wasn't as crazy as I had deemed myself for all these years.

I was prescribed medication specifically for OCD and separate antidepressants to help improve my mood swings. I exited the office with a prescription that the doctor was confident would restore the chemical imbalance in my brain. I became mentally ready and committed to making progress. But I also knew this couldn't be fixed by a few small pills – I was going to have to do some internal work as well.

Analyzing Recovery

After finding the proper combination of medications to address my issues, I noticed significant changes in my mental state: less mood swings, minimized anxiety, and the near disappearance of my OCD routines. However, I think there is much more to talk about with my internal mental recovery, for which I view myself as fully responsible. Self-preservation

was no longer my only goal, I needed to focus on self-care.

While the familiar itch had mostly disappeared with the help of the medication, I occasionally caught myself slipping back into old ways, telling myself it was *just to be safe*. I was still looking “for ways to transform the land of ‘maybe’ into the land of ‘for sure’” (Amering & Schmolke) to calm the anxieties I still had about school and finding good friends in college. In fact, it seemed like the few compulsive urges that remained were ironically centered around my concern about having the same mental health problems going into college. This mentality was just prolonging my OCD. Over the past summer, I learned a meaningful lesson: “A recovery attitude accepts that certainty is not possible and that the desire for certainty creates more problems than it solves” (Amering & Schmolke). In order for me to move on from acting on my intrusive thoughts and performing the routines I knew like the back of my hand, I had to recognize that I was only making my life worse by dwelling on them. Actively resisting was exhausting, but the medicine made it easier, decreasing my anxiety and pushing compulsive thoughts further into the back of my mind. Over time, I came to realize that my “tolerance of uncertainty,” which Amering and Schmolke believe is the only way to recover from OCD, had increased, allowing me to live more in present rather than fretting about what my future held. By the end of the summer and shortly into my first semester at Duke, I had given up the OCD rituals that had consumed so much of my life back home.

While the medication has helped my chances of transforming my mentality, a large part of my improvement has been due to the support I have from friends, family, and, most importantly, myself. The pace of my progress varies from sprinting, to walking, to simply standing in one place sometimes, trying not fall backwards. Changing how I approach my anxieties and thoughts has been a tough road for me after everything I have experienced. With a new understanding of how my mental illness has shaped me, I feel hopeful that I will continue to be more and more free of the suffering it has caused, heading one step closer to the recovery and life I deserve.

Bibliography:

Amering, Michaela, and Schmolke, Margit. *Recovery in Mental Health: Reshaping Scientific and Clinical Responsibilities*, John Wiley & Sons, Incorporated, 2009. ProQuest eBook Central, <http://ebookcentral.proquest.com/lib/duke/detail.action?docID=437480>

Henderson, Claire et al. “Mental illness stigma, help seeking, and public health programs.” *American journal of public health* vol. 103,5 (2013): 777-80. doi:10.2105/AJPH.2012.301056

Landsman, Karen J., et al. *Loving Someone with OCD: Help for You and Your Family*, New Harbinger Publications, 2005. ProQuest Ebook Central.

Murphy, Helen, and Ramesh Perera Delcourt. “‘Learning to Live with OCD Is a Little Mantra I Often Repeat’: Understanding the Lived Experience of Obsessive Compulsive Disorder (OCD) in the Contemporary Therapeutic Context.” *Wiley Online Library*, The British Psychological Society, 12 Oct. 2012, onlinelibrary.wiley.com/doi/pdfdirect/10.1111/j.2044-8341.2012.02076.x.

Purdon, Christine, and Clark, David A. (1994b). Perceived control and appraisal of obsessional intrusive thoughts: A replication and extension. *Behavioural and Cognitive Psychotherapy*, 22, 269- 285.

Tompkins, Michael A. *OCD: A Guide for the Newly Diagnosed*, New Harbinger Publications, 2012. ProQuest Ebook Central, <http://ebookcentral.proquest.com/lib/duke/detail.action?docID=805083>.