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Too Much Control?

by Kathryn Wiens, Psy.D.

In life, remaining organized, controlling one's impulses and striving to do one's best are positive personality characteristics that can contribute to success in both personal relationships and professional endeavors. However, taken to the extreme, these qualities can have adverse consequences on an individual's functioning.

Obsessive-compulsive personality disorder (OCPD) is characterized by high degrees of orderliness, perfectionism and control; "living machines," as W. Reich wrote in 1933. Another metaphor would be Baum's Tin Man, who longed for a heart while following the yellow brick road.

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Devotion - or Control

Individuals with OCPD attempt to control their environment through a remarkably intense focus on rules, lists and schedules. For instance, the satisfaction of hosting a celebration may

only be in the planning process, whereas the event itself may feel insignificant. They pay close attention to minute details, checking and re-checking to avoid mistakes. Such a preoccupation with absolute perfection may actually impair their ability to be productive, and projects often remain unfinished.

These individuals are often extremely devoted to their work, frequently avoiding vacations, friendships or even taking an occasional night off. On issues of morality and ethics, they may appear inflexible and unable to view things from another's perspective, which can be alienating to others. This can result in few many mutually satisfying relationships, which in turn can lead to anxiety or mood difficulties.

How OCPD demonstrates itself in an individual can vary. Those who are more cerebral tend to be considered more obsessive, while those who are more perfectionistic doers and "busy-bodies" are considered more compulsive.

It can be difficult to work and interact with these individuals in a parish or in community since they often are resistant to alternative ways of doing things. Their rigid pattern of thinking and intense need for control leads them to see their approach as the only right now. As a result, they often avoid assigning responsibility to others or collaborating on projects.

Self-Protection

While it can be easy to perceive these individuals as being cold, people with OCPD utilize varying degrees of thinking and doing as ways to remain safe and to preserve their self-esteem.

These self-protective strategies often develop at young age in order to survive home environments that feel overwhelming. Often, their parents or other caregivers expected them to be "little adults," making them take on more responsibility than they could deal with at the time. Without the psychological, emotional and cognitive resources to be successful grown-ups, they created strategies to cope with the unrealistic expectations they faced. While initially adaptive, these protection strategies become problematic when they constrict their adult development.

Internally, individuals struggling with OCPD often are reluctant to feel certain emotions—especially anger, fearful that their emotions and impulses are dangerous and will overpower them. They place a premium on rationality and only accept emotions that are logically or morally justified. While anger and disgust are germane to the human experience, these individuals label such emotions as unacceptable.

There is a particular risk with

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Case Study Fr. Jones

by Quinn Conners, O.Carm., Ph.D., and Maria Kereshi, Psy.D.

Father Jones is a 50-year-old priest, ordained for six years after a demanding career in business. He served in two parishes in his diocese as a parochial vicar when he was referred for evaluation. He was struggling with symptoms of depression and had faced some interpersonal difficulties in his assignments.

During evaluation, Father discussed his concerns about the Church and its direction. He felt that people's faith was not as strong as he believed it should be, that the larger culture was too permissive, and that parishioners did not take the moral teaching of the Church as seriously as they should.

At times these feelings intensified and Fr. Jones felt like giving up on his ministry. He would find it difficult to say Mass, would avoid his fellow priests, lose his appetite and had

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difficulty sleeping. After a few weeks like this, he would return to his normal activities, but the interpersonal difficulties continued.

Suspecting depression, Fr. Jones' pastors expressed concern to the bishop that parishioners were describing Father as rigid and judgmental. His homilies focused on just a few topics and people were afraid to approach him about the homilies because he often would respond by telling them they weren't being faithful to Church teaching. The



pastors had tried to give him feedback, but he tended to get defensive with them, as well.

Fr. Jones' bishop referred him to Saint Luke Institute seeking expert advice through an evaluation, and a proposed solution for him and Fr. Jones to consider. Fr. Jones agreed to treatment to help his symptoms of depression, but did not believe he had problems interacting with others.

Family History

In the course of treatment, Father recalled that his father had struggled with depression and often used alcohol to medicate. After having a few drinks, his father would yell at family members and occasionally hit them. As the oldest child, Fr. Jones wanted to protect his mother and younger siblings, but he felt helpless against his father during those times. These outbursts were unpredictable, and the family lived under great fear.

The unpredictability taught Fr. Jones to try to "know the rules" as a way to cope and avoid his father's anger. He would keep his room meticulous, do his chores and complete

his homework after school. In fact, his peers would call him "goody two shoes." The lack of security in his home led him to seek security in other ways, not only using rules to feel safe, but also eventually feeling safe in the role of priest, which seemed to carry a lot of power to keep the rules.

Cognitive Distortions

A valuable part of treatment for Fr. Jones was learning about cognitive distortions. These are beliefs that a person develops, often in the context of their families, that are not accurate. For example, when Father was a child, he believed, "I'm not good. If I were better, dad would stop drinking. I should be able to stop my dad from being mean to my mom. If I follow all the rules, no one will get hurt. When I feel sad, I'm just being lazy." These beliefs remained with him as he grew to adulthood.

Fr. Jones began to understand how his personality traits, in addition to depression, made him vulnerable to the problems he had been experiencing. Father had a personality marked by

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Fr. Jones, *continued*

obsessive-compulsive and narcissistic traits. His obsessive-compulsiveness led him to want to have very clear sets of rules not only for himself, but for everyone else to follow without deviating. He found it difficult to accept the “gray-ness” of life situations, even his own family environment.

Learning flexibility in his thinking—to catch the cognitive distortions and replace them with more accurate thinking—was a great challenge for him. There were times that he was engaging in his old thinking patterns

without being aware that he was doing so; it was like second nature.

Narcissistic traits complicated this process for him. Receiving feedback from others and/or having others present their different perspectives on a situation felt threatening for him. Learning to be comfortable with differences did not make him wrong...or right. He could still be connected to others and feel respected.

The more he was able to disclose his emotions and the thinking connected with them, the closer he felt to others. Additionally, he found that the more open and accepting he was with others,

the richer his life was with his parishioners. As an unexpected benefit, he also discovered his relationship with God was deepened as he began to be more accepting of his, and others’, humanness.

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To ensure the confidentiality of our clients, names, identifying data and other details of treatment have been altered.

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clergy and religious who, fearful of sexual feelings, attempt to eliminate these feelings from their awareness as a way to protect themselves. However, by ignoring or minimizing the feelings, they actually may be more likely to engage in surprising behaviors, such as angry outbursts or sexual behaviors. The thought patterns and avoidance strategies that they hope will protect them from the terror of “losing control” may often lead to their worst-case scenario being realized.

They often appear hyper-intellectual and “always in their head.” They maintain remarkably high standards for themselves and expect absolute perfection in all domains of their lives. When they fall short of these unrealistic, impossible-to-achieve standards, they often feel guilt, shame or fear. The resulting all-too-human experience of not being perfect often leads to significant distress, and may contribute to

other mental health difficulties such as anxiety or depression.

Path to Healing

Therapy can be very effective when these fears are addressed and alternative ways of coping with anxieties and stressors are explored. A central goal of therapy is to help the individual get in touch with his or her feelings, but moving too fast can feel threatening. The early stage of therapy often is insight-oriented, to help the person understand the OC traits as self-protection strategies that were vitally important during

childhood. Given the unrealistically high self-expectations, therapy will strive to help an individual develop self-compassion and a sense of humor over his or her personality foibles while minimizing harsh self-talk. Finally, considering that many individuals were not able to be children in their families, therapy can help a person reclaim this by teaching how to relax, play and be intentional about happiness.

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Obsessive-compulsive can be self-protective strategy

These self-protective strategies often develop at young age in order to survive home environments that feel overwhelming. Through therapy:

- Understand these traits are self-protective strategies
- Address fears and anxieties and explore alternative ways of coping
- Learn to develop self-compassion and become intentional about happiness