Diagnostic criteria for obsessive-compulsive disorder

Lesson 3.5.1 | Clinical psychology

Core ideas

Obsessive-compulsive disorder involves obsessions, compulsions or both.

Obsessions are intrusive, unwanted thoughts, images or urges that cause anxiety or distress.

Compulsions are repetitive behaviours or mental acts carried out to reduce distress or prevent a feared outcome.

Compulsions can become time-consuming and interfere with school, work, relationships or normal routines.

The person may recognise that the obsession or compulsion is excessive, but still find it hard to resist.

Diagnosis considers distress, impairment, time cost and whether symptoms are better explained by another condition or substance.

Key terms

Obsession: An intrusive and unwanted thought, image or urge.

Compulsion: A repetitive behaviour or mental act used to reduce distress.

Intrusive thought: An unwanted thought that enters awareness repeatedly.

Ritual: A repeated action or mental routine linked with a compulsion.

Distress: Emotional suffering or anxiety caused by symptoms.

Impairment: Difficulty in daily functioning caused by symptoms.

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Insight: Awareness that a belief or behaviour may be excessive or unreasonable.

Time-consuming: Taking enough time to disrupt normal life.

MOCI: Maudsley Obsessive-Compulsive Inventory, a measure of obsessive-compulsive symptoms.

Y-BOCS: Yale-Brown Obsessive-Compulsive Scale, a measure of obsessive-compulsive symptom severity.

Further detail and evidence

Use ICD-11 framing: persistent obsessions and/or compulsions must be time-consuming or cause significant distress/impairment. Insight can vary; recognising that rituals are unreasonable is not a universal requirement.

Examples include contamination fears with washing, fears of harm with checking, and symmetry concerns with ordering. Mental rituals, such as silently repeating phrases, are compulsions too. Rapoport's (1989) "Charles" is an illustrative case of severe compulsive washing, not a designated key study.

Measures are the Maudsley Obsessive-Compulsive Inventory (MOCI) and Yale-Brown Obsessive-Compulsive Scale (Y-BOCS). Compare what self-report and structured severity ratings reveal, and evaluate validity, reliability, subjective judgement and sensitivity to change.

Obsessions can concern contamination, accidental harm, unacceptable impulses or symmetry. Compulsions include washing, checking, ordering, counting and mental neutralising. A visible repetitive habit is not necessarily a compulsion: its function and the associated obsession/distress matter.

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Rapoport's Charles case illustrates how lengthy washing rituals can dominate daily activities and damage functioning. It gives detail about the lived experience of OCD, while remaining case evidence rather than a representative estimate of all patients.

MOCI is a self-report inventory with true/false responses covering obsessive-compulsive features. Y-BOCS uses structured clinician severity ratings of obsessions and compulsions, including time, interference, distress and resistance/control. The Y-BOCS severity total is distinct from its symptom checklist.

MOCI commonly uses 30 true/false items, covering checking, washing, slowness and doubting. Y-BOCS severity uses ten items rated 0-4, giving a 0-40 total. Different formats and targets mean their totals are not directly interchangeable.

Applying the ideas

An intrusive fear of infecting family members is an obsession; washing until anxiety briefly falls is a compulsion. Silently repeating a phrase to neutralise a feared thought is also a compulsion. Ordinary handwashing according to a realistic need does not by itself demonstrate OCD.

Evaluation and connections

MOCI is efficient and standardised, but a forced-choice response can miss degree or context. Y-BOCS allows structured clinical judgement yet still uses subjective reports and rater decisions. Both can support monitoring; neither substitutes for the full clinical history. Insight can be good, poor or absent.