



Obsessive Compulsive Personality Disorder (OCPD)

What is Obsessive Compulsive Personality Disorder (OCPD)?

OCPD is a type of “personality disorder” with these characteristics:

- Rigid adherence to rules and regulations
- An overwhelming need for order
- Unwillingness to yield or give responsibilities to others
- A sense of righteousness about the way things “should be done”

What are the symptoms of OCPD?

- Excessive devotion to work that impairs social and family activities
- Excessive fixation with lists, rules and minor details
- Perfectionism that interferes with finishing tasks
- Rigid following of moral and ethical codes
- Unwillingness to assign tasks unless others perform exactly as asked
- Lack of generosity; extreme frugality without reason
- Hoarding behaviors

The diagnosis of OCPD is made when these traits result in a significant impairment in social, work and/or family functioning. A person does not need to have all of these symptoms to have the personality disorder.

What is the difference between OCPD and OCD?

- 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.
- The thoughts, behaviors and feared consequences common to OCD are typically not relevant to real-life concerns; people with OCPD are fixated with following procedures to manage daily tasks.
- Often OCD interferes in several areas in the person’s life including work, social and/or family life. OCPD usually interferes with interpersonal relationships, but makes work functioning more efficient. It is not the job itself that is hurt by OCPD traits, but the relationships with co-workers, or even employers can be strained.
- Typically, people with OCPD don’t believe they require treatment. They believe that if everyone else conformed to their strict rules, things would be fine! The threat of losing a job or a relationship due to interpersonal conflict may be the motivator for therapy. This is in contrast to people with OCD who feel tortured by their unwanted thoughts and rituals, and are more aware of the unreasonable demands that the symptoms place on others, often feeling guilty because of this.
- Family members of people with OCPD often feel extremely criticized and controlled by people with OCPD. Similar to living with someone with OCD, being ruled under OCPD demands can be very frustrating and upsetting, often leading to conflict.

How many people have OCPD?

- About 1 in 100 people in the United States is estimated to have OCPD
- OCPD is diagnosed in twice as many men as women
- Many people have OCPD traits without having the fully diagnosed personality disorder.

What causes OCPD?

- There is no single, specific “cause” identified
- Several theories suggest that people with OCPD may have been raised by parents who were unavailable and either overly controlling or overly protective. Also, as children they may have been harshly punished. The OCPD traits may have developed as a sort of coping mechanism to avoid punishment, in an effort to be “perfect” and obedient.
- Genetics may play a role, but this has not been well-studied.
- Cultural factors may play a 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.

What are the treatments?

- **Psychotherapy** - cognitive behavioral therapy (CBT) and techniques that improve a person’s insight (for example, psychodynamic therapy) can be helpful for some people. The goal is to lessen rigid expectations and learn how to value close relationships, recreation, and fun with less emphasis on work and productivity.
- **Medicine** - Selective serotonin reuptake inhibitors (SSRIs) may be useful in addition to psychotherapy by helping the person with OCPD be less bogged down by minor details and to lessen how rigid they are.
- **Relaxation** - specific breathing and relaxation techniques may be useful to reduce a sense of urgency and stress that are experienced with OCPD.

What is the prognosis?

- There are few, large-scale studies for people with OCPD. However, reports suggest that treatment can help lead to greater insight into how someone’s OCPD symptoms affect others.
- It often takes the threat of the loss of a relationship or job to motivate people with OCPD seek treatment because they typically don’t think there is anything “wrong” with the way they are. If motivated to change, psychotherapy holds much promise.

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