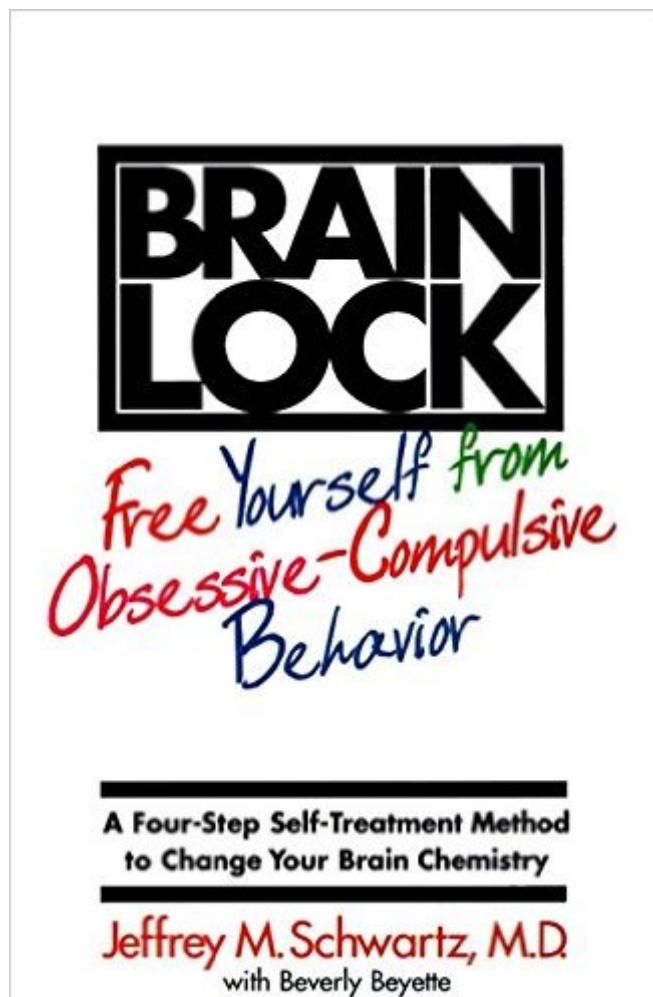


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# Brain Lock: Free Yourself From Obsessive-Compulsive Behavior



## Synopsis

An estimated 5 million Americans suffer from obsessive-compulsive disorder (OCD) and live diminished lives in which they are compelled to obsess about something or to repeat a similar task over and over. Traditionally, OCD has been treated with Prozac or similar drugs. The problem with medication, aside from its cost, is that 30 percent of people treated don't respond to it, and when the pills stop, the symptoms invariably return. In *Brain Lock*, Jeffrey M. Schwartz presents a simple four-step method for overcoming OCD that is so effective, it's now used in academic treatment centers throughout the world. Proven by brain-imaging tests to actually alter the brain's chemistry, this method doesn't rely on psychopharmaceuticals. Instead, patients use cognitive self-therapy and behavior modification to develop new patterns of response to their obsessions. In essence, they use the mind to fix the brain. Using the real-life stories of actual patients, *Brain Lock* explains this revolutionary method and provides readers with the inspiration and tools to free themselves from their psychic prisons and regain control of their lives.

## Book Information

Paperback: 219 pages

Publisher: Harper Perennial; 1st edition (January 31, 1997)

Language: English

ISBN-10: 0060987111

ISBN-13: 978-0060987114

Product Dimensions: 5.3 x 0.6 x 8 inches

Shipping Weight: 4.8 ounces (View shipping rates and policies)

Average Customer Review: 4.3 out of 5 starsÂ  See all reviewsÂ  (250 customer reviews)

Best Sellers Rank: #7,997 in Books (See Top 100 in Books) #2 inÂ  Books > Health, Fitness & Dieting > Addiction & Recovery > Obsessive Compulsive Disorder (OCD) #8 inÂ  Books > Health, Fitness & Dieting > Mental Health > Compulsive Behavior #20 inÂ  Books > Health, Fitness & Dieting > Mental Health > Mood Disorders

## Customer Reviews

I read Dr. Schwartz' book over 2 years ago while in the throes of a debilitating panic disorder fueled by OCD-like intrusive thoughts. Once the panic was under control (via meds) I started to search for a cognitive-behavioral treatment plan to control the obsessive thoughts. For years I tried to self-analyze the thoughts which amounted to pulling on one of those ropes which would further constrict the more you struggled. The panic disorder finally led me to a specialist who diagnosed

both the panic and a mild form of OCD. I say mild since there are clearly OCD patients whose lives are extremely curtailed by the disorder such as incessant hand washing, fear of contamination, leaving the house, and so on. I'm fortunate not to suffer from this form of OCD, although I have experienced some agoraphobia, not uncommon with panic/OCD patients. As a result, I now understood that OCD (and panic) is nothing to be ashamed of and in fact is highly treatable due to recent, breakthrough advances in treating mental illness, medication being at the top of the list. Knowledge is power so no longer stigmatized, I was able to approach the problem as any other by looking for further research on treating the disorder and lucky for me, I came across the book "Brain Lock". "Brain Lock" demystifies OCD by attempting to explain the physiology behind the disorder. I am not medically trained but found the explanations plausible enough to continue on into the treatment phase. The most memorable, constantly reinforced phrase I recall from the book is that whenever you find yourself obsessing about an undesired thought, simply say to yourself "its not me its my OCD".

This book teaches OCD sufferers four steps to use to control their disorder, starting with "relabeling" their fears and urges as just a symptom of a disorder, rather than "something real." By reading the case studies, I figured out that "relabeling" means telling yourself, "My urge to perform my compulsive ritual is not a supernatural omen that something terrible will happen if I don't perform the ritual; it's just a symptom of OCD." The author never actually explains this, however. The technique described in this book may be quite useful for people who have the most common form of OCD - a fear that something terrible will happen if they don't perform some ritual. However, it's not really clear how to apply the techniques in this book to forms of OCD that don't involve a fear of some catastrophe. For example, the author never really says (or gives a good example of) how to apply relabeling to a tendency to horde objects, an urge to pull out one's hair, an irrational belief that one is ugly, etc, although he claims his techniques work for all of these problems. I suspect that these other forms of OCD need a completely different approach. Worse, the author makes it sound as if beating OCD is relatively straightforward, and that if his technique doesn't work, it can only be because the patient didn't try hard enough. He seems unwilling to consider that his approach may not work for everyone, preferring to place the blame on his patients instead. For example, he describes one patient, Brian, who had an intense fear of contamination from battery acid. Brian would sneak to the scene of car accidents in the middle of the night to apply baking soda, which he felt would "neutralize" the contamination from a possible car battery leak.

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