What is OCD?

Unwanted thoughts that feel urgent, and the things you do to make them stop.

Obsessive-compulsive disorder (OCD) has two parts.

Obsessions
Unwanted thoughts, images, urges or doubts that keep coming back and cause distress. They feel important and dangerous, even when you know they do not make sense.

Compulsions
Things you do, out loud or in your head, to get rid of the distress or to stop something bad happening. They bring short relief, and then the doubt returns.

Common themes

Theme	Obsessions	Compulsions
Contamination	Fear of germs, illness, dirt or of spreading something	Washing, cleaning, avoiding touching things
Harm and responsibility	"Did I leave the cooker on?" "Did I hit someone with the car?"	Checking, retracing steps, asking others
Unwanted thoughts	Violent, sexual or blasphemous thoughts that horrify you	Reviewing, praying, neutralising, avoiding triggers
Order and "just right"	A feeling that things are uneven, incomplete or wrong	Arranging, repeating, redoing until it feels right
Doubt about relationships or identity	"Do I really love them?" "What if I am not who I think I am?"	Testing feelings, comparing, seeking reassurance

Things worth knowing

- **OCD is common.** It affects about one or two people in every hundred.
- **The thoughts are not the problem.** Nearly everyone has strange, unwanted thoughts. In OCD they get treated as dangerous.
- **It targets what you care about.** A gentle person gets thoughts about harm. A devoted parent gets thoughts about their child. The distress shows how far the thoughts are from who you are.
- **Compulsions keep it going.** They are the part we can change.

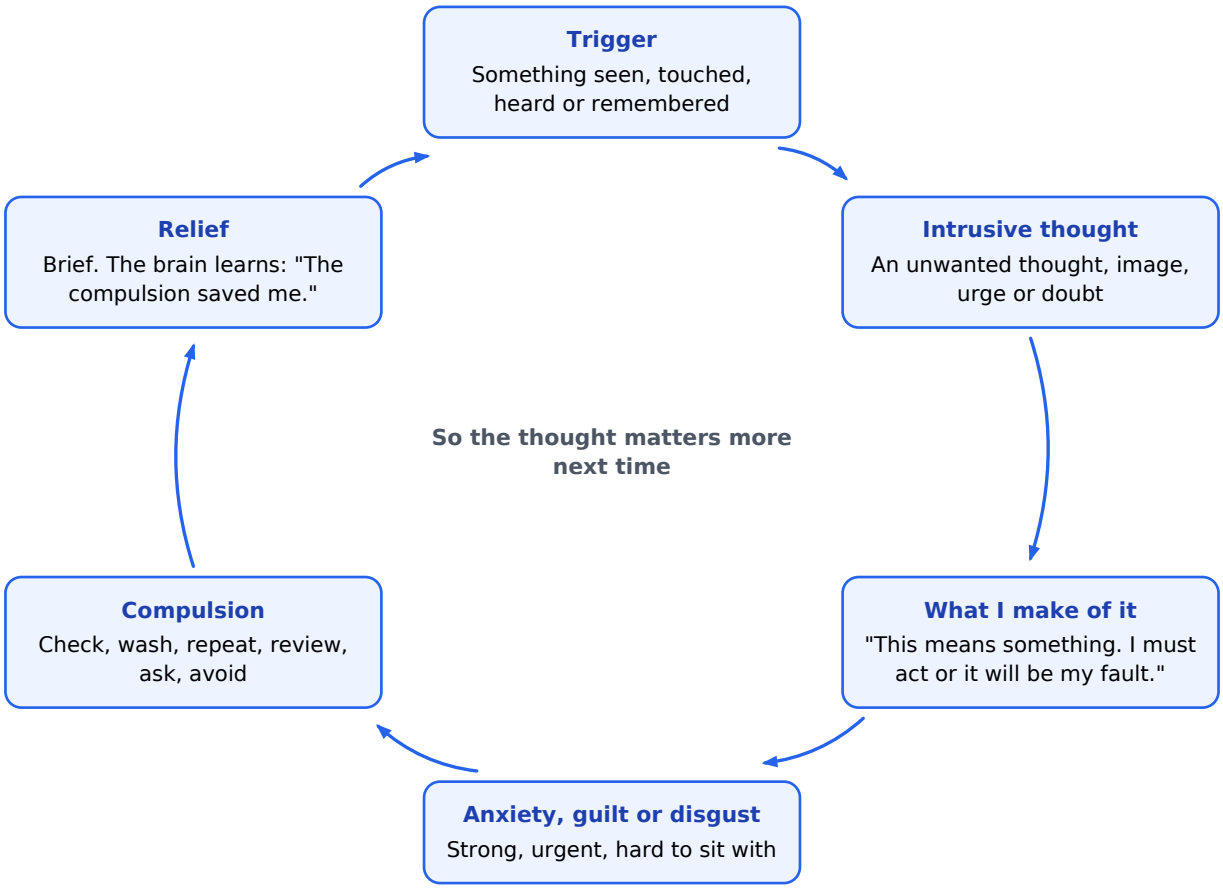
It can be treated
The treatment with the strongest evidence is exposure and response prevention (ERP): facing the thoughts and situations a step at a time, and learning to leave the compulsion undone.

My notes and questions

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The OCD cycle

Why doing the compulsion makes the next obsession stronger.



The step that drives the cycle

The intrusive thought is not the problem. Everyone has them. The trouble starts with what you make of it: that it is a warning, that having it makes you responsible, that you have to be certain. Once a thought is treated as dangerous, anxiety follows and a compulsion feels essential.

Why the relief is a problem

Each time a compulsion brings relief, three things are learned. None is true, but there is never a chance to find that out.

1. The thought really was dangerous.
2. The compulsion is the only reason nothing bad happened.
3. You could not have coped with the feeling otherwise.

Breaking it

- **Change the meaning.** "This is an OCD thought. It does not mean anything."
- **Leave out the compulsion.** Feel the anxiety rise, peak and fall without it.
- **Stop avoiding.** Go back to the things OCD has ruled out.

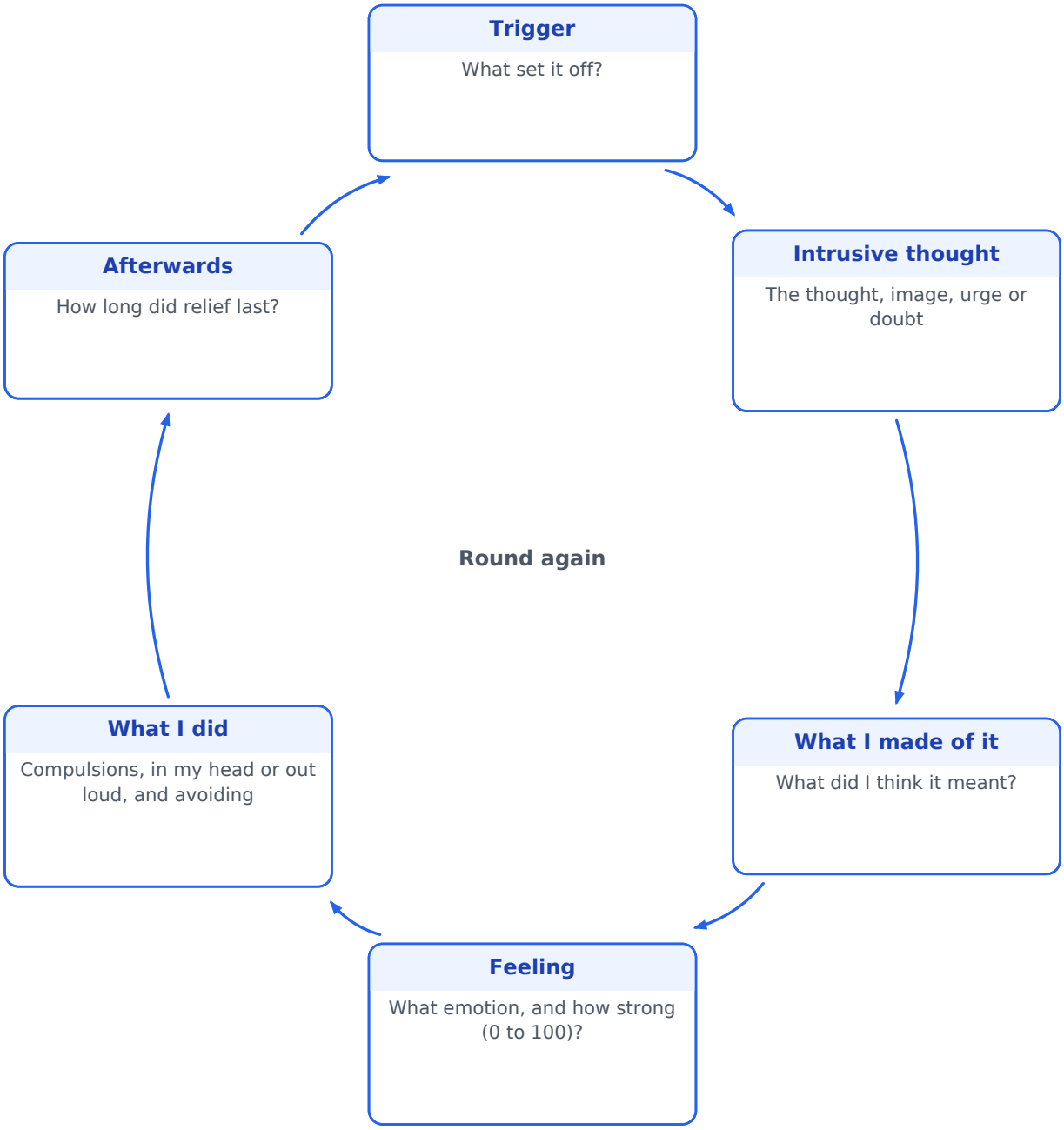
> **Note**
> The thought does not have to go away. What changes is that you stop acting on it.

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My OCD cycle

Map one recent example from start to finish.

Name _____ Date _____



What does this cycle cost me, in time and in what I miss out on?

If the thought meant nothing, what would I do differently next time?

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Intrusive thoughts: everyone has them

Strange, unwanted thoughts are normal, and almost everyone has them.

Many people have stood on a train platform and had a sudden thought of jumping, or held a baby and pictured dropping it, or had a shocking thought in a quiet church. Thoughts like these are normal.

What the research shows

When people with no mental health problem are asked, around nine in ten report unwanted, intrusive thoughts. The content is the same as in OCD: harming someone, doing something shocking, contamination, doubts, sexual and blasphemous thoughts.

What differs in OCD is what happens next.

Someone without OCD

- "That was a weird thought."
- Shrugs and moves on
- The thought fades
- It rarely comes back

Someone with OCD

- "Why would I think that? What does it say about me?"
- Tries to push it away, check or cancel it out
- The thought gets stronger
- It returns again and again

Why pushing a thought away does not work

Try this for one minute: do not think about a white bear. Most people find the bear pops up at once, and keeps popping up. The harder you try not to think something, the more your mind checks whether you are thinking it.

What a thought is not

- **A thought is not a wish.** The thoughts that upset you most are the ones furthest from what you want.
- **A thought is not an action.** Thinking something does not make it more likely to happen.
- **A thought is not a fact about you.** Minds produce all sorts of content. You are not responsible for what turns up, only for what you do.

Try this

When an intrusive thought arrives, label it ("There is an intrusive thought") and carry on with what you were doing. Do not argue, check or push. Let it sit in the background, like a radio in another room.

The survey research began with Stanley Rachman and Padmal de Silva (1978). The white bear experiment was carried out by Daniel Wegner (1987).

My notes and questions

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How OCD twists thinking

The beliefs about thoughts that keep OCD going.

OCD is kept going by a handful of beliefs about thoughts themselves. Tick the ones you recognise.

Inflated responsibility
"If there is any chance I could prevent harm, I must. If I do not, it is as bad as causing it."

Thoughts are as bad as actions
"Having this thought is as bad as doing it." Or: "Thinking it makes it more likely to happen."

Overimportance of thoughts
"If I am thinking it, it must mean something."

Need to control thoughts
"I should be able to control what comes into my mind. If I cannot, something is wrong with me."

Overestimating danger
"If it could happen, it probably will, and it will be terrible."

Need for certainty
"I have to be completely sure. Any doubt is unbearable."

Perfectionism
"There is a right way, and it must feel exactly right before I can stop."

Feelings as proof
"I feel anxious, so there must be danger. I feel guilty, so I must have done something."

A fairer view

- Responsibility is shared. You are one factor among many, and failing to prevent every possible harm is not the same as causing it.
- Thoughts are mental events. They do not change the world and they do not reveal hidden wishes.
- Nobody controls what pops into their head.
- Certainty is not available to anyone, about anything. People without OCD live with exactly the same doubts. They just do not notice them.

The belief that has the tightest grip on me

What would I say to someone else who believed this?

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My compulsions and avoidance

List everything OCD has you do or avoid, and how hard each would be to resist.

Name _____ Date _____

Compulsions are not always visible. Include the ones that happen in your head, the ways you get others to help, and the things you steer clear of.

What I do	How often	How hard to resist (0 to 10)
Things I do (washing, checking, repeating, arranging)		
Things I do in my head (reviewing, counting, praying, replacing thoughts)		
Reassurance (asking, confessing, searching online)		
Things, places and people I avoid		

How much time does all of this take in a day?

The one I would be most willing to try going without first

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Exposure and response prevention explained

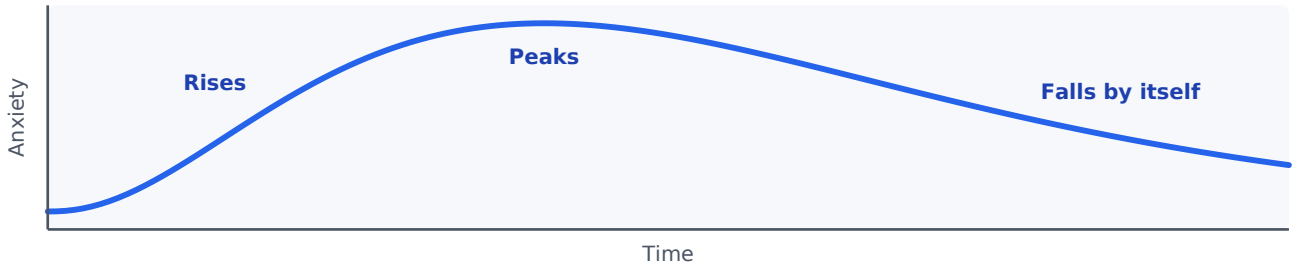
How exposure and response prevention works, and how to do it.

ERP has two halves, and both matter.

Exposure
Deliberately facing the thoughts, objects and situations that set off your obsessions, starting with easier ones.

Response prevention
Not doing the compulsion afterwards. No washing, checking, reviewing, asking or cancelling out. You stay with the feeling and let it pass.

What happens



At first the anxiety climbs, and every instinct says to do the compulsion. If you wait, it peaks and begins to fall by itself. You learn two things: the feared outcome does not happen, and you can bear the feeling.

The rules

1. **Plan it.** We build a ladder together. You choose each step.
2. **Do it fully.** Really touch it, really think it, really leave it unchecked.
3. **No compulsions, including mental ones.** No "it will be fine" either. That is reassurance.
4. **Stay with it** until the urge has clearly dropped, or until you have learned what you came to learn.
5. **Repeat** daily until it becomes boring. Then move up.

Common pitfalls

- Doing the exposure, then a small or delayed compulsion "just to be safe".
- Swapping a visible compulsion for a mental one.
- Getting someone else to check or reassure.
- Distracting yourself so you are not really there.

What to expect
ERP is hard, and it is meant to be. Anxiety during a practice means you are doing it right. People are often surprised by how quickly the first steps become easy.

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My ERP ladder

Exposure steps, from manageable to hardest.

Name _____ Date _____

For each step, write what you will face and what you will not do afterwards. Rate how distressing it would be if you did it without any compulsion: 0 (none) to 100 (the worst imaginable).

Step	What I will face	What I will not do afterwards	Distress (0 to 100)
8 (hardest)			
7			
6			
5			
4			
3			
2			
1 (easiest)			

Begin with a step rated around 30 to 50. Practise it every day until the distress has roughly halved, then move up.

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Response prevention plan

Decide in advance what you will do when the urge comes.

Name _____ Date _____

When I feel the urge to...	Instead I will...	I will know it is working when...

Getting through the urge

- [ ] Label it: "This is an OCD urge, not a real emergency"
- [ ] Rate it from 0 to 10 and watch the number change
- [ ] Delay: "I will wait 15 minutes and decide then"
- [ ] Carry on with what I was doing, with the feeling still there
- [ ] Remind myself why I am doing this

What I will say to myself

If I slip and do the compulsion, I will... (for example: "undo" it by touching the thing again, and start again without criticising myself)

People who know my plan, and what I have asked them to do

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ERP practice record

A record of each practice, with distress ratings.

Name _____ Date _____

The step I am practising

The compulsion I am leaving out

Date	Distress at start	Distress at peak	Distress at end	Minutes	Any compulsion?	What I learned

What is changing as I repeat this?

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Reassurance and OCD: a guide for family and friends

How to support someone with OCD without giving reassurance.

When someone you love is distressed, you want to help. With OCD, the help that comes naturally, answering their questions, checking for them, going along with their rules, gives relief for a moment and makes the OCD stronger. This is not your fault. It is how OCD works.

Ways families get drawn in

- [ ] Answering the same question again and again
- [ ] Checking things for them
- [ ] Washing, cleaning or doing things "their way"
- [ ] Avoiding places, words or topics
- [ ] Waiting while rituals are finished
- [ ] Taking over their responsibilities

What helps instead

- **Agree a plan together, in a calm moment.** Not in the middle of an episode. Their therapist can help with this.
- **Be warm and firm.** You are refusing the OCD, not the person.
- **Reduce gradually.** One thing at a time, by agreement.
- **Notice effort.** Praise the trying, not only the success.

Things you could say

> *"That sounds like an OCD question. I love you, and I am not going to answer it."*
>
> *"I can see how hard this is. I am going to sit here with you while it passes."*
>
> *"We agreed I would not check that. What would help you get through the next ten minutes?"*
>
> *"I believe you can handle this feeling."*

Things that do not help

- Arguing with the logic of the obsession. OCD always has another "but what if".
- Getting angry or telling them to just stop.
- Giving in "just this once" on a bad day. That makes bad days more likely.

Look after yourself too

Living alongside OCD is tiring. Your own support matters.

My notes and questions

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Living with "maybe"

Answering OCD's doubts with "maybe" in place of reassurance.

OCD asks questions that cannot be answered with certainty, then demands that you answer them. Every reassuring reply invites another "but what if". The way out is to stop trying to answer, and to agree that you do not know.

Three kinds of reply

Reply	Example	What happens
Reassuring	"No, of course I locked it."	Relief for a moment, then "but are you sure?"
Arguing	"I checked twice, so it must be locked because..."	A long debate that OCD always wins
Agreeing with uncertainty	"Maybe I did, maybe I did not. I am not going to check."	Anxiety rises, then fades. OCD has nothing to push against.

Phrases to practise

- "Maybe, maybe not."
- "I cannot know for sure, and I am going to get on with my day."
- "That is possible. I will take the risk."
- "Thanks, mind. Noted."

Say them plainly. No sarcasm, no hidden reassurance, no checking to see if you feel better. Then turn back to what you were doing.

Try it

The doubt OCD brings me most often

My "maybe" statement for it

When I practised this, what happened to the urge?

This is hard at first. It gets easier quickly with repetition.

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