



For better  
mental health

# **Sunderland Mind**

# **Obsessions and Compulsions**

**A self help guide**

## **What is O.C.D?**

Each person who suffers from O.C.D. describes slightly different problems. In general people with O.C.D. experience **obsessions**. These are thoughts, pictures or impulses which are usually unpleasant and come into mind when we don't want them. Many things can trigger these obsessions, and they usually leave the person feeling very anxious, uncomfortable or frightened. The **compulsion** is the behaviour performed in order to 'put right' the obsession. Sometimes the behaviour performed is quite irrational (and the O.C.D. sufferer recognises this) such as counting up in sevens for seven minutes. Sometimes the behaviour is more closely related to the obsessional thought such as washing hands many times to avoid thoughts of contamination. Most people with O.C.D. know that their compulsions are unreasonable or 'over the top' but they feel unable to control their thoughts or change their behaviour.

Many people experience obsessions and compulsions and are able to live with this without problems. People may think about seeking help when their lives are becoming disrupted by these unwanted thoughts and actions.

## **What more do we know about O.C.D.?**

- **What we think:**
  - obsessions;
  - guilty thoughts.
  
- **How we feel:**
  - tension;
  - anxiety;
  - agitation.
  
- **What we do:**
  - compulsion – (sometimes described as rituals)
  - avoidance;
  - seeking reassurance.

## **What are the symptoms of OCD?**

Some of the symptoms of O.C.D. are listed here. Most people don't experience all of these. You may want to tick any symptoms you experience regularly.

## What we think – obsessions

- Fearful thought or pictures in your mind about **being contaminated by dangerous substances**, e.g. germs, dirt, AIDS
- Frightening thoughts/images that some **serious harmful events will occur because of your carelessness**, for example a gas explosion in the house because the cooker is left on, that the house will be burgled because of doors or windows left unlocked or that you may have knocked someone over in your car.
- Pictures or words in your head that suggest you will **harm others**, especially those you care for and would never want to harm. For example that you may hurt your own child, that you may be unfaithful to your partner.
- Pictures come into your mind of your loved ones dead.
- Things in your life are not in the correct order or not symmetrical enough or in the right place, eg ornaments are out of alignment and you feel distressed by this.
- Blasphemous or unpleasant thoughts / pictures and doubts about your faith come into your head.

## What we do – compulsions

- Check body for signs of contaminations.
- Wash / disinfect frequently.
- Avoid going to place or touching objects that you fear may contaminate you.
- Check feared situations / appliances or journey route many times.
- Avoid being the last person to leave the house.
- Avoid responsibility.
- Seek **reassurance** regularly from another person that everything is alright.
- Avoid situations which you feel put at risk of harming, eg hide kitchen knives.
- Think something to yourself to ‘put right’ the frightening thoughts – neutralizing thoughts.
- Carry out some task that will Neutralize the thought. Eg counting or saying a special word.
- Seek reassurance from others.
- You put things right or make them symmetrical many times until they ‘feel’ right.

- You avoid contact with things that make you feel like this.
- You pray, seek forgiveness frequently.
- Consult religious leader / seek reassurance.

**How do you feel when you experience some of these obsessions?**

- |                                  |                                     |                                    |
|----------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Fearful | <input type="checkbox"/> agitated   | <input type="checkbox"/> anxious   |
| <input type="checkbox"/> Guilty  | <input type="checkbox"/> depressed  | <input type="checkbox"/> disgusted |
| <input type="checkbox"/> Tense   | <input type="checkbox"/> other..... |                                    |

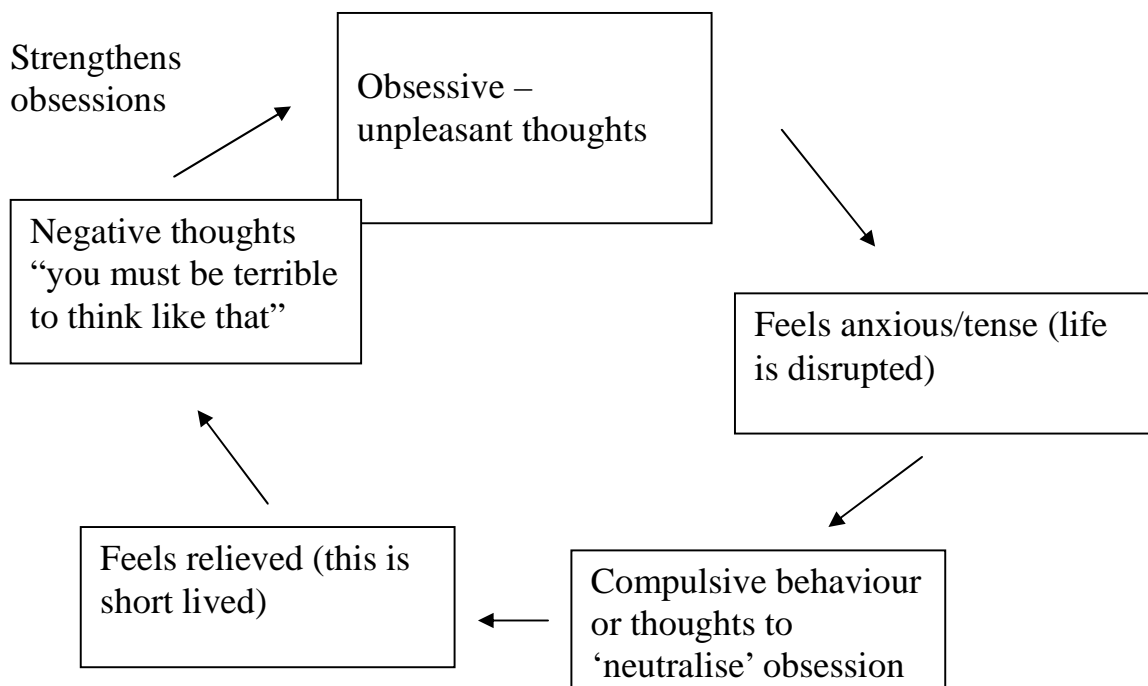
**How do you feel when you have then carried out the compulsive behaviour or thoughts?**

- |            |              |              |
|------------|--------------|--------------|
| relieved   | cleansed     | calm         |
| relaxed    | less anxious | disappointed |
| other..... |              |              |

If you have ticked several of these thoughts, feelings and actions then you may have O.C.D.

Most people who have OCD find that there is a pattern in their thoughts, feelings and actions. They feel anxiety or discomfort at having the obsession and relief once they have carried out the compulsive act. This becomes a vicious cycle which strengthens itself and becomes more likely to happen again.

In addition to this the person who experiences O.C.D. will often feel guilty and that they must be a terrible person to have such thoughts. This in turn makes the thoughts more likely to return because they are given such negative importance in the person's mind.



### **Can O.C.D. be treated?**

In the last 20 years the treatment of O.C.D has greatly improved and most people do make a good recovery. The most important treatments are cognitive and behavioural therapy (which will be described later in this booklet) and medication.

**Medication** this may be prescribed by your General Practitioner or you may be offered the opportunity to see a psychiatrist who specializes in such disorders. The medications most commonly prescribed by doctors for O.C.D. are antidepressant tablets, which can be very effective in the treatment of O.C.D. even if you have no symptoms of depression. These tablets are not addictive and have few side effects. They do take a few weeks to begin to work, so if you are offered this type of treatment it will be a little time until you begin to feel the benefit.

**Cognitive and behavioural therapy** your GP may recommend this therapy for you. This approach helps you to tackle what you think (cognition) and what to do (behaviour).

## **What can I do to help myself?**

Research has told us that the most successful way to tackle O.C.D is by **exposure with response prevention**. This literally means that you must gradually face or **expose** yourself to the things or situations you fear, whilst at the same time **preventing** yourself from carrying out your usual compulsive behaviour (checking, cleaning etc). This gradual approach means that with each stage you become less afraid of what used to trouble you and you learn by experience that no disaster occurs if you stop your compulsive behaviour.

## **How can I make facing what I fear easier?**

### **Exposure**

We know that if we can stay in a situation where we feel anxious, gradually the anxiety will reduce – our body becomes used to the situation and we no longer feel fearful. This is called exposure and it will help us overcome our obsessions.

For the person with O.C.D. however, facing things we fear may seem very difficult if not impossible.

Because of this it may be helpful to break down into smaller steps the exposure to situations or thoughts we find difficult. Begin by making a list of all situations or thoughts you find difficult. Next make an ‘anxiety ladder’ where those situations that you only a little are at the bottom and your worst feared situations are at the top. It may help to look at this example:

### **Washing and cleaning**

Mary has a fear of being contaminated by germs which she fears she may pass on to her family. This has resulted in her restricting her lifestyle and spending many hours washing herself and disinfecting her home. She has made up the following anxiety ladder.

**Most feared**

**8. going to toilet in public**

**7. going to eat outside the home**

**6. touching doors and objects outside home, eg at the supermarket**

**5. going to the toilet in friends house**

**4. eating at a friends house**

**3. touching objects at a friends house**

**2. touching own waste bin without gloves**

**Least feared**

**1. touching own waste bin with rubber gloves on**

Mary will begin her exposure therapy at step 1 (ie by touching her own waste bin gloves on) and gradually work towards step 8. She will prevent herself from frequent hand washing at these times – (see Response Prevention below). Are you able to list your own anxiety ladder?

Least feared

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....
- 6.....
- 7.....

- 8.....
- 9.....
- 10.....

Most feared

Most people will at first feel greater anxiety when they begin to face the things they fear and feel an urge to perform their compulsion or ritual.

### **How do I stop myself from carrying out the compulsive act?**

It is important to break the cycle of carrying out the compulsive act or thought following exposure to the thing(s) you fear. This is called Response Prevention. There are some tips in attempting this.

1. Ask your family to help you by not offering to reassure you by checking for you or by telling you that you are not contaminated. Reassurance can stop you from confronting what you really fear.
2. Praise yourself for not carrying out the compulsion or neutralising activity. This is an important step forward.
3. Keep a note as you are carrying out the exposure therapy to show how your anxiety begins to drop. For example, touching the bin with no gloves on and without washing hands.
4. Don't substitute new compulsions for old ones. For example substituting rubbing hands continually for hand washing.
5. If stopping all compulsive behaviours at once seems impossible, try to reduce gradually the time you spend on the behaviour or the number of times it happens.

### **How can I tackle negative thinking in O.C.D?**

Sometimes people get gloomy thoughts when they have O.C.D. especially when they begin to try and break the cycle of obsessions and compulsions by response prevention. Typically these thoughts are criticisms of yourself, for example, "I'm not a caring mother if I don't check things fully" or "I'm letting things get out of control I'm a failure". These thoughts lead to low



mood and you start to feel unhappy. It is important that you do not just accept these thoughts. You need to find a more balanced view, try to:

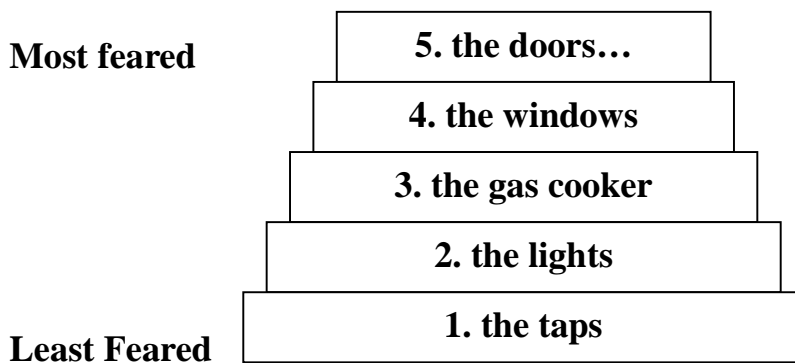
- Identify these thoughts and low mood;
- Jot down the unpleasant thoughts you are having at the time;
- Try and counter these thoughts by writing down arguments against them. Imagine what you would say to a friend if they had such negative thoughts about themselves;
- Concentrate on and remember the good things about yourself and your life, not the bad things.

### **How can I tackle compulsive checking?**

Mark had difficulty in leaving the house each day. He would check all appliances at least 15 times. Perhaps you have a similar problem with checking things all the time. The following example may help you understand how to tackle this kind of problem:

- write down all the things you check;
- decide which is most difficult – make an ‘anxiety ladder’;
- starting with step 1 on your ladder (least difficult) decide how many times you will check – try the minimum you can;
- begin with step 1 one day;
- when your anxiety about that stage is down to a low level move on to step 2.

Mark’s anxiety ladder looked like this:



He began with step 1. He would check the taps only once before he left the house. At first he felt very anxious about this but gradually his fear lessened. He then moved on to step 2, the lights.....and so on.

The most important thing tackling this problem is to break the cycle of having an obsessional thought and ‘putting it right’ with another thought, ie neutralising. Here are some tips!

- Don’t try and get rid of the obsessional thought, just **accept it**. We all have odd thoughts at times. Think to yourself that it’s just an odd thought, it doesn’t mean anything, it doesn’t mean you are a bad person.
- Do not neutralize to put the thought right – break that cycle.
- Tackled this by telling herself:
  - recognise that this is only a thought, it is only so upsetting if I give it too much importance. The more frightened of it I am the more it will come to mind;
  - stop **trying** to put the thought out of my mind – just let it fade – don’t be afraid of it;
  - never ‘put the thought right’ by ‘neutralising’ (that is saying in my head “she’s alive and well”) this will just strengthen the cycle.
- Remember trying **not** to think a thought will not help this, and can just have the opposite effect. Test this out – now try not to think of a blue giraffe! As you can see for yourself this just brings the thought of a blue giraffe to mind! The same goes for your intrusive thoughts. Trying not to think of them may well bring them into your mind.

### **In summary, how can I help myself overcome O.C.D?**

- Carefully **recognise** your unwanted thoughts – **obsessions** and the actions you take to put them right – **compulsions**.
- **Gradually** face some of the things you fear. Work out an anxiety ladder to help you do this. Begin with the easiest step.
- **Do not** carry out any compulsions to reduce or neutralise your anxiety when you are facing the feared situation.
- **Break** the obsession compulsion cycle.
- **Challenge** any gloomy or critical thoughts you may have about yourself.