

Obsessive Compulsive Disorder (OCD)



What is Obsessive-Compulsive Disorder?

Obsessive-compulsive disorder (OCD) is a condition that causes people to have upsetting thoughts and behaviours. People with OCD have **obsessions**. These are unwanted thoughts or images or impulses that cannot be controlled. They make people feel frightened, anxious, distressed or ashamed. People with OCD use tasks, behaviours or rituals to **neutralise** their obsession. This can help to reduce their feelings of fear, anxiety, distress or shame. These tasks, behaviours or rituals are called **compulsions**.

Compulsions...	Example
Can relate to the obsession	<i>Returning several times to check the cooker is off, following a thought of being held responsible for your house catching fire</i>
Can be not related to the obsession	<i>Lining up the contents of your cupboard in a straight line to try to prevent something terrible happening</i>
Can be invisible	<i>They can be mental rituals:</i> <ul style="list-style-type: none"><i>• repeating a certain saying or phrase</i><i>• imagining a different image to neutralise the obsession</i>

Many people who have OCD know that their compulsions are extreme or unreasonable. It can be hard for them to stop or reduce these behaviours. Some people find that OCD has a negative effect on their relationships, their work or school, and their day-to-day lives.

- **obsessions** – unwanted thoughts, images or impulses
- **compulsions** – behaviours or rituals used to reduce the anxiety or fear caused by obsessions

How can this leaflet help me?

This leaflet can help you to:

- understand what obsessions and compulsions are
- understand why people experience these
- develop ways to overcome obsessions and compulsions by helping you face things that make you anxious
- challenge the negative thoughts that are connected with your obsessions and compulsions.
- find out about organisations, websites and help-lines where you can get more information and support.

What are the symptoms of OCD?

OCD can affect people in many different ways. Some people have obsessions but do not carry out noticeable compulsions. Some people may only experience one type of symptom. Others may have multiple symptoms that can change throughout their lives.

Here is a list of some of the common symptoms of OCD. You may have OCD if you experience any of these symptoms and they distress you or cause anxiety. You may find they take up too much time or have a significant impact on your day-to-day life. This is not an exclusive list – you may have obsessions and compulsions that are not on the list. Don't worry if you can identify with a number of the symptoms below. There are lots of helpful things you can do to improve your symptoms.

Obsessions – thoughts, images, impulses

- thoughts about being contaminated or contaminating others (for example, with germs or HIV)
- thoughts or images of you harming others, often someone you care about (for example, thoughts of hurting your children)

- thoughts or images of something awful happening because of something you have done or forgotten to do (for example, your house will be broken into because you have left a window open)
- thoughts or images of your loved ones dead
- thoughts or images about things not being in the correct order

Compulsions – behaviours, rituals

- wash or clean yourself excessively
- check your body for signs of contamination
- avoid places for fear of contamination
- avoid being responsible for tasks
- frequently check that appliances are off
- avoid being the last person to leave the house
- repeat rhymes, sayings or poems
- keep items in a specific order
- ask for frequent reassurance from others about your obsessions
- pray, look for forgiveness

Feelings – When you experience your obsession, you may feel:

- | | |
|----------------|--------------|
| • anxious | • frightened |
| • sad or upset | • tense |
| • guilty | • disgusted |

After you carry out the compulsion, you may feel:

- | | |
|----------------|--------|
| • relieved | • calm |
| • disappointed | |

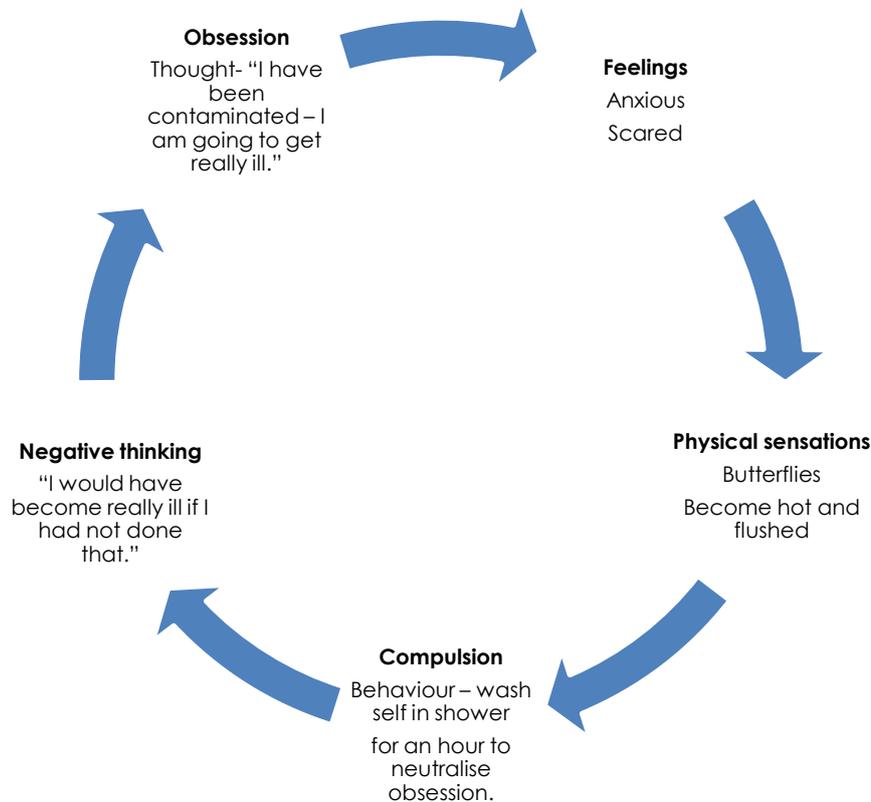
Physical Sensations

- | | |
|---|-----------------------|
| • tense muscles | • hot, flushed |
| • butterflies in stomach
or feeling sick | • dizzy, light-headed |

These symptoms all affect one another and can turn into a **vicious cycle**. Here is an example of an OCD vicious cycle.

Trigger

Visiting a relative in the hospital



What causes obsessions and compulsions?

Obsessions and compulsions may develop after stressful life events or changes. These could be illness, death, disputes or becoming a parent. Experiences from the past can cause obsessions and compulsions. Frightening experiences can make people worry that they may happen again. (For example, being burgled, or someone in the family becoming ill.) This worry can lead to obsessions and compulsions.

Don't worry if you can't work out why your obsessions and compulsions developed. Sometimes there is no clear reason. It is more important to develop ways to overcome them.

Overcoming obsessions and compulsions

Exposure and response prevention

Research suggests that the most effective way to overcome OCD is with **exposure and response prevention**. This means facing the situations you fear *without* carrying out your compulsive behaviour.

Often if a situation makes us anxious, we will feel an urge to leave. In the short term, leaving helps because it reduces our anxiety. But in the long term, it maintains our anxiety, because we don't learn how we would have coped if we hadn't left. Research tells us that when we face a situation that makes us feel anxious, our anxiety will fade on its own. The more we face that situation, the easier it is to face and the less anxious we will feel. Facing the things that make us feel anxious helps us to overcome our anxiety.

It is easier to start by facing situations that cause least anxiety. You can then work up to what causes most anxiety. Try listing the situations you need to face. Some situations may feel too difficult to face at first. Try breaking these into easier steps. Place all the situations into an ordered list (this is sometimes called an 'exposure hierarchy').

Example:

Kate was obsessed by images of her house on fire because she had left household appliances on. Kate was anxious that people might be injured and she would be blamed for this. To reduce her anxiety, she checked each appliance around ten times before leaving the house.

Kate's **obsession** is the image of her house on fire because she has left household appliances on.

Kate's **compulsions** are checking each appliance ten times.

To try to overcome her obsession and compulsions, Kate let herself think about having left appliances on, **without** checking each one repeatedly.

Here is an example of an ordered list for Kate.

	Ordered list
<i>Least feared situation</i>	Switch off the lights without going back to check that they are off.
	Switch off the television without going back to check that it is off.
<i>Most feared situation</i>	Switch off the iron without going back to make sure it is off.
	Switch off the cooker without going back to check if it is off.

Try to write your own ordered list. Start with what you think would be the least difficult and work towards the most difficult situation.

	Ordered list
<i>Least feared situation</i>	
<i>Most feared situation</i>	

When you have written your ordered list, try to confront the first item as soon as you can. This should be the one that will cause you the least anxiety. When doing this task, don't engage in rituals or compulsions that you have used before. You will probably feel anxious when doing this task. Your anxiety will fade if you stay in the situation for long enough or carry out the task enough times. Anxiety is not a pleasant feeling, but it is not dangerous. It is **normal** and **natural**. Try to remain in the situation for long enough to let the anxiety settle down. Repeat the task a number of times until your anxiety has settled down. Once you have mastered that item on your list, move on to the next item.

As you make progress with each item on the ordered list, you will feel more confident. Each step will become easier. Try to keep up the progress you have made with older items on your list as well as trying out the new ones.

Some other tips for overcoming your obsessions and compulsions

- Try not to avoid situations that trigger your obsessions. If you avoid these situations, you don't give yourself the chance to face your obsessions and compulsions. You are less likely to realise that can overcome them.
- Try not to ask for frequent reassurance from your family and friends. Asking for reassurance does not allow you to face your fear yourself.
- If you find it difficult to manage one of the steps on your ordered list, try to break the list into smaller steps. You could also reduce the amount of time you spend carrying out your compulsion.

- If you are struggling to reduce your compulsion, try to delay the behaviour for a time. If you feel you need to wash your hands after a certain task, you could try delaying this for five minutes. You could then make the delay ten minutes and gradually longer until you don't need to carry out the compulsion at all.
- Make sure you don't swap one compulsion for another when trying to reduce your anxiety. For example, you may normally keep the contents of a cupboard in a certain order. Don't stop this behaviour and instead start to keep your cushions on the sofa in a particular order to reduce your anxiety. This is just replacing one compulsion with another.
- Try just focusing on one compulsion at a time so you do not feel overwhelmed.
- Give yourself praise each time you manage a step. Each one is a great achievement.

Identifying and challenging obsessive thoughts

Our thoughts can be very powerful. They can influence how we feel, what happens in our body and how we behave. Our thoughts are opinions, they are not facts and they can be unhelpful.

Often people find that their obsessive thoughts are the opposite of what they would ever want to do. For example: Louise had obsessive thoughts about driving her car into pedestrians as she passed them. This is the exact opposite of what she would want to do, so the thought made her anxious. It is quite common for people to experience obsessive thoughts like this. If you get distressed about having these thoughts, you are more likely to experience them. This is because you are trying hard not to think them.

We cannot control obsessive thoughts that pop into our heads. To help demonstrate this, for the next 30 seconds try not to think about a pink elephant. Whatever you do, **don't** think about a pink elephant.

It's very likely that you thought about a pink elephant. The more you try *not* to think about something, the more likely it is that you *will* think about it. It is not possible to control thoughts that come into your head. But what you can do is control how you *interpret* these thoughts. The thoughts themselves don't make you feel anxious. Your interpretation of them does. It is helpful to come up with a rational response to your obsessive thoughts. This can help you feel less anxious about experiencing these thoughts.

Here is an example of how you can challenge your obsessions. Try to find your own rational response to your obsessions and compulsions. Here are some questions that will help you come up with a rational response:

- *what evidence do I have that does not support this thought?*
- *what would I say to someone else who was thinking this way?*
- *what are the costs and benefits of thinking this way?*

Situation	Thought	Rational response
Leaving home	"I have left the oven on. There will be a fire and I will be blamed - I will be put into prison."	"I checked the oven before I left home. Even if I have left it on, it is very unlikely there would actually be a fire."

Situation	Thought	Rational response

Obsessions without compulsions

Some people have obsessions but do not act out compulsions. They may reduce the effect of their obsession with another thought. For example: Sam had obsessive images of himself harming his children. He neutralised these thoughts by imagining his children were safe and healthy.

To tackle this kind of obsession, try these strategies:

- Don't use another thought to get rid of your unpleasant thoughts. It might make you feel better in the short-term, but in the long term, it keeps your anxiety going.
- Everyone has unpleasant or strange thoughts sometimes – this is perfectly normal. It doesn't mean anything. It does **not** mean you are a terrible person.
- A thought is just a thought – it will only make you anxious if you let it be more important than it is.
- The more you try not to have the thought, the more you will have it. Just accept the thought – it will go away.

Summary – overcoming OCD

- Identify your obsessions (intrusive thoughts, images or impulses) and compulsions (the actions you take to put them right).
- Write out an ordered list to help you face the situations that make you anxious gradually. Start with the easiest step and work your way up.
- Don't carry out any of your compulsions to reduce your anxiety- your anxiety will come down on its own.
- Come up with rational responses to your negative thoughts.

Further help

Hopefully you will have found the information and strategies in this booklet helpful. The strategies don't always work right away, so be patient and keep trying them for a few weeks.

If you have tried the things suggested in this booklet and you think you need further help then you should contact your GP. Your GP may give you medication to help with your symptoms, may refer you for a talking therapy, or both.

One of the most common talking therapies for OCD is Cognitive-Behavioural Therapy (CBT). CBT provides people with tools and skills to help them manage their obsessions and compulsions. CBT uses the principles of exposure and response prevention that are outlined in this booklet to treat OCD.

If you feel that you are so distressed that are going to harm yourself, you should contact your GP as soon as possible and explain how you are feeling. If your GP is not available then you should contact NHS 24 on 111.

You might also find it helpful to visit the following websites to find out more information about OCD. There are also numbers for helplines if you would like someone to talk to about what is going on for you at the moment. It can be really helpful to talk about how you are feeling with someone.

Websites

No Panic

National organisation for phobias, anxiety, neurosis, information and care.

Website: www.nopanic.org.uk

Helpline (Daily 10am-10pm)

0844 967 4848

Youth Helpline (13-20yr olds – Mon, Tues & Wed 3pm -6pm, Thurs & Friday 3pm-8pm, Sat 6pm-8pm)

0330 606 1174

OCD Action

National OCD charity providing information and support to anyone affected by OCD.

Website: www.ocdaction.org.uk

Tel number: 0845 390 6232

Helpline email: support@ocdaction.org.uk

OCD UK

A national charity providing information, practical and emotional support for anyone affected by OCD.

Website: www.ocduk.org

Tel number: 0333 2127890 (open Monday to Friday, 9am-5pm)

Email: support@ocduk.org (usually a response within 24-72 hours)

Triumph over Phobia

A UK charity which aims to help sufferers of phobias, OCD and other related anxiety disorders, to overcome their fears.

Website: www.topuk.org

Helplines

Samaritans – confidential support for anyone in a crisis

National Helpline (24 hours a day) Tel: 116 123

E-mail Helpline jo@samaritans.org (answer within 24 hours)

Local Branch 21 West Port, Selkirk, TD7 4DG

Breathing Space – mental health helpline

(Weekday: 6pm - 2am)

(Weekend: Fri 6pm - Mon 6am) Tel: 0800 83 85 87

Recommended reading

L Baer (2012) *Getting Control: Overcoming your Obsessions and Compulsions, Third Edition*. Plume (ISBN: 978-1780339825)

D Veale & R Wilson (2009) *Overcoming Obsessive Compulsive Disorder* Robinson (ISBN: 978-1849010726)

Apps for mobile phone and tablets

A range of self-help apps are available for your mobile phone and tablet. Some of these apps are free of charge, whilst others have a cost attached depending on the developer. Please use the link below to view some suggested self-help apps for different mental health problems:

<https://www.nhs.uk/apps-library/category/mental-health/>

Notes

Booklets/leaflets available on the following:

Agoraphobia
Anger
Anxiety
Bereavement
Depression
Hyperventilation
Loss
Panic (short version and long version)
Phobia
How to solve problems: a simple DIY technique
Relaxation
Self-Esteem
Self-Harm
Self-Help Websites
Sleep
Stress
Trauma
Worry

Copies of any of the above booklets are available to download/print at:

nhsborders.scot.nhs.uk/wellbeing

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