


Cambridgeshire and Peterborough 

Mental Health Partnership NHS Trust

A Cambridge University Teaching Trust

COPING WITH OBSESSIONS AND COMPULSIONS

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I wonder how many people reading this have ever had ideas they have found weird, or done things knowing that they were silly? How many people have ever left the house and thought ‘Did I just lock the front door’ and gone back to make sure? Or stood at a platform waiting for a train or tube and thought ‘What if I just jumped off?’ How many people avoid the number 13, or walk round ladders rather than under them? For most of us ideas like this come and go in our lives without troubling us too much. For some people, though, the ideas do not go away, but take hold of them and their lives.

This book focuses on what Obsessions and Compulsions are, and what keeps them going. It provides specific guidelines about what you can do to help decrease the anxiety that obsessions and compulsions cause, and reduce the impact that they have in your life.

So what are Obsessions and Compulsions?

Obsessions, Compulsions and OCD

Very roughly, an obsession is something - usually a thought - which makes you feel very anxious. Sometimes these thoughts are in the form of images or pictures in your mind rather than words; sometimes they are in the form of impulses or urges – a sudden feeling that you might go and do something, usually something awful.

A compulsion, on the other hand, is usually something that you do. The compulsions are designed to make you feel better, or to help you feel sure that the thing that you fear does not happen. Usually the compulsions are obvious behaviours, but

sometimes they may be things that people do in their heads to try and make things alright.

If these problems persist and start to take over your life, then it is likely that you have what we would refer to as Obsessional-Compulsive Disorder, or OCD.

Another feature of OCD is that you will start to avoid the things that bring the obsessions on, and can end up with great restrictions in your life about where you can go, what you can do, who you can meet, and so on.

Is OCD common?

It used to be thought that OCD was very rare, but recently there seems to have been a growing awareness about it. Articles in magazines, and even Channel 4 TV programmes, are starting to appear. As a result, people are finding it easier to go to their Doctor and talk about their symptoms. At the moment we think that about 3% of the population have OCD. This is less than the number of people who have problems with anxiety or depression, but it is still pretty high.

What about the different types of OCD?

Although everyone with OCD has some things in common, there are distinct subtypes of it. The common ones are these:

Cleaning

One of the most common forms of OCD is the fear that you may come into contact with contamination of some sort, and as a result may become ill or die, or may pass on the contamination and the risk of illness to someone else. As a result, people

spend extraordinary amounts of time washing themselves and cleaning things around them. Some common things that people are afraid may be contaminated are food, public toilets, blood – anything where ‘germs’ might linger. People may also go to great lengths to avoid contact with things that might be contaminated. It is not uncommon, for instance, for people to throw away huge amounts of food because they think it may be contaminated, or to refuse to eat anything prepared by anyone else.

Checking

Another very common form of OCD is checking. This can take many forms, and may involve checking domestic appliances, like lights, plugs, electrical goods, cookers, doors, windows and many other things. It can also involve checking work that you have done – it may be very difficult to finish something without checking it repeatedly. Another increasingly common form of checking occurs about driving – people have to retrace the routes they have driven to make sure that they could not have hit anyone without knowing. Again, checking obsessions can lead to very extreme forms of behaviour, such as going round the same roundabout four times, or even ringing the police to make sure that there hasn’t been an accident reported.

Cleaning and checking are both very tied up with the idea that you might be responsible for causing harm to somebody, or to yourself. We will talk more about these ideas of responsibility and harm in the section on Thoughts.

Intrusive Thoughts

Sometimes the main problem people experience in OCD is the presence of thoughts which are very troubling to them. These thoughts just appear in people’s minds unbidden. The thoughts usually follow certain themes – they may often be about sex

or violence, or about causing harm to others, especially children. The thoughts are usually horrible and repulsive to the person experiencing them. People try very hard to avoid having these thoughts, or to banish them from their minds, but the more they try to do this, the worse the thoughts seem to get. Although there are no obvious compulsions in this form of OCD, people may have more subtle ways of coping, particularly by avoiding situations where the thoughts might be triggered.

Order and Symmetry

People who have this form of OCD seem to feel the need to make sure that things are done in exactly the right way, and that objects are in exactly the right place. This may take the form of doing ordinary activities such as washing or shaving in a particular sequence, which *has* to be done right before they can do anything else. If the sequence is disrupted then it almost always has to be started from the beginning. Sometimes these rituals are accompanied by counting particular numbers, which assume a great significance in the person's life. Or people need things to be arranged in a carefully ordered or symmetrical pattern, and get agitated and upset if they are displaced by the smallest amount. People may need to spend a long time checking that things are 'right' before they can function

Obsessional Slowness

Obsessional slowness can occur when people want things to be 'just right'. All actions have to be carried out in exactly the right way, and all decisions have to be absolutely right. Sometimes people think that terrible consequences may follow the wrong decision, and need to be completely sure that they are making the right one, even if this is something ordinary like choosing what to wear. It can take a very long

time to carry out ordinary every day actions – even getting dressed can take a couple of hours - if you need to be sure that everything has been done in exactly the right way.

Hoarding

Hoarding is a less frequent form of OCD, but when it occurs can be extremely disabling. People find that they cannot throw away the smallest thing – junk mail, used tickets, old newspapers, even food past its sell-by date. The fear underlying this seems to be that they might throw away something important. Hoarding can take over people's lives completely, as rooms and houses become filled with clutter that cannot be removed.

Combinations of Symptoms

Many patients experience more than one kind of obsessional symptom, although usually one kind will be stronger and more problematic than the others. Sometimes the form of OCD can shift from one type to another.

Related problems

It is very common for people with OCD to experience other problems too. People may very often get depressed because of the impact which the OCD is having on their lives. Anxiety is a very big part of OCD, and sometimes OCD may be misdiagnosed as an anxiety disorder. On the whole, though, the presence of time-consuming compulsions makes it clear that this is OCD rather than, say, a 'germ phobia'.

2. Why do people get OCD and what keeps it going.

Nobody knows exactly why some people get OCD and others don't. There may be a number of causes.

Biological Factors

Genetics: It is possible that people may inherit genes that make it more likely that they will develop OCD. If a lot of people in your family have OCD, then this may be the case for you. However, we need to bear in mind that this may be because you have 'learned' OCD from seeing other people in your family with it, so that this may not be a direct effect of genes.

Brains and Biology: It is also possible that there are differences in the brain chemistry of people who develop OCD, making them vulnerable to this disorder. As will be discussed later, there are certain drugs that work on the chemicals in the brain and seem to help OCD.

Psychological Factors

Although it seems possible that biological factors play a part in the development of OCD, there are also important psychological factors at work.

It is helpful to think about obsessions and compulsions separately to start off with.

So...

Why obsessions?

We live in a world that is often stressful and difficult. We want to stay safe, but threats to our health and our physical safety are all around us – illnesses, road accidents etc are all too common. And we want our relatives and friends to stay safe too, and we would feel bad if we did anything that might put them at risk. So we start to worry about what we are doing – was the meat we bought from the supermarket today really ok, or has it gone off? Could we have knocked into someone when we were driving home and not noticed? Did we leave the TV plugged in when we went out, and if we did, will there be an electrical fault and the house will burn down? Did we have horrible thoughts about someone, and if we did, what does this mean?

Most of us are familiar with such thoughts, but most of us can deal with them without too much trouble. We eat the supermarket meat; we know we couldn't really have hit someone without noticing. We feel a bit anxious, but the anxiety does not rule our behaviour.

For people with OCD, however, something very different happens....

The role of compulsions:

Compulsions develop as a way of coping with anxiety. What happens is that when someone has a worrying thought like 'Is the meat off?' they decide to throw the meat away. When someone worries that they might have knocked someone down they retrace their route and go back to check. Even if you know in your heart of hearts that you are being silly, you can't resist doing it, *just in case*. And doing it makes you feel a lot better. You don't have to worry anymore. . Remember that the compulsions are

aimed at reducing distress, or preventing some dreaded event or situation - the compulsions work! You feel less anxious. The event you feared has not happened. So you confirm to yourself that you really needed to do the compulsion – if you hadn't you might have gone on feeling anxious forever. Or you might have poisoned your family, or burnt the house down.

Psychologists have known for a long time that when you carry out an action that makes you feel better, *you keep doing it*. So every time you carry out a compulsion, your behaviour is reinforced (to use a jargon word) by making you feel better, and you are likely to do it more. The sad truth is that although compulsions make you feel better in the short term, *they do not work in the long term*. The more you do the compulsions, the more you need to do them. It might have been that when the OCD was starting you only needed to check something once, or wash your hands carefully once. But as it goes on, this simple reassurance stops working, and you need to do things more and more to feel better, until you are almost completely out of control of what you do. This is the case even if the compulsions that you carry out are things that you do in your mind rather than in the outside world.

This is known as the 'behavioural' explanation of OCD – it is all about the fact that what you *do* - i.e. carry out the compulsions – keeps the OCD going. But there are also very important aspects of thinking (the 'cognitive' aspects) that keep OCD going, which we will discuss later.

The role of thinking in OCD

There are a number of very important aspects to thinking in OCD.

1. Making judgements about your thoughts – ‘thoughts about thoughts’.

As we have seen, people with OCD often have thoughts that make them feel very anxious, or which they feel are absolutely horrible. Very often, people judge themselves very harshly for having these thoughts. As a result, they hate themselves for having the thoughts and think they are bad and horrible people. Or they think that because they cannot control their thoughts they must want to have them, or must be weak because they can't stop them. Because the thoughts are so horrible, and because they think they shouldn't have them, people try very hard to control their thoughts in a desperate attempt to make sure that they don't happen.

2. Responsibility and blame.

We know that people who develop OCD tend to have very strong ideas about responsibility. They feel totally responsible for what happens in the world around them, particularly to close family and friends, but sometimes to everyone else too. They feel very strongly that if something goes wrong it will be their fault. They also feel very strongly that they will be blamed if something goes wrong – at its strongest, people might even feel that they deserve to be blamed because they are such bad people. This very strong sense of responsibility and blame means that it is very difficult for people to take risks. They can't risk going out without checking because they are totally responsible for what might happen.

3. *Thought – Action Fusion*

This happens when there is a muddle in people's minds between what they *do* and what they *think* – i.e. there is a kind of belief that thoughts and actions are really the same. People may not be aware that they believe this, but it lies at the back of their minds and guides how they feel and what they do.

One form of this muddle is the idea of *Moral Thought-Action Fusion*. This is the idea that it is just as bad to think something as it is to do it. Some people may remember the American President Jimmy Carter admitting that ' he had committed adultery in his mind many times'. This statement divided the American public completely – some people thought that it was fine, everyone has thoughts like that from time to time and as long as you don't act on them it doesn't matter at all; others thought that it was terrible, tantamount to committing adultery in real life. These people were showing moral thought-action fusion!

Another form of the muddle is the idea of *Likelihood Thought-Action Fusion*. This is the idea that if you think about something it is much more likely to happen. So if you think about something bad happening to someone, somehow that will make it happen, and it will be your fault for thinking it in the first place. And another part of this is that therefore (because you feel responsible for everything) you must make sure that it doesn't!

4. *Control*

People don't often talk about Freud, but some of his ideas about OCD still seem relevant. Freud argued that sometimes when bad things happen to people that they have no real control over, they start to think in an almost magical way to give themselves the feeling of being in control. For example, a child cannot usually

control whether his parents divorce or not – but he might be so desperate to stop them that he starts to do things that give him a sense of being in control – lining his toys up in exactly the same way, or washing his hands perfectly. Even though this will have no real impact it will make him *feel* that he is able to do something, and in the short term this will help him to feel better. Sometimes something similar seems to be happening with OCD – people can't control the bad things in their lives, so they try to control the things they can – the tidiness of the living room, or whether the cups are all facing the same way in the kitchen. These things do not really make a difference to what happens in your life, but they give you an illusion that you can do something about it.

In the next part of this manual we are going to go on to look at each of these problems with thinking and behaving in more detail, with ideas about how you can change them. But before doing so, it is worth saying a bit about how all of this affects the people around you.

The Impact of OCD on People Close to You.

There is no doubt that when OCD gets bad it can have a very big impact on the people around you. For instance, one patient was unable to let her husband and children into the house unless they took off all their clothes at the back door. Another actually got the Hoover out and hoovered her husband before she could let him into the house! Sometimes people can get very irritable and angry with spouses and children who don't realise the importance of the obsessions, and might put things away in the wrong place or not put them away at all.

It is very difficult for spouses to know what to do. Should they give in to the obsessions, and do what their partner wants? This will almost certainly keep the peace in the house a bit better, but it means that they will have to do some pretty odd and time consuming things. It also means that the obsessional partner will have less motivation to get better, and in the long term it can contribute to making the obsessions worse. Should the spouse resist the obsessions and carry on as normal? But this will make life very difficult for the obsessional partner, and will almost certainly lead to argument and tears.

All of this can place a very great strain on marriages, with increasing anger and misunderstanding on both sides. It can also place a very great strain on children, not

just because a parent is behaving in strange ways and getting angry, but because the child is learning to become obsessional themselves.

The first step for spouses, and even for older children, may be to learn a bit about OCD themselves, and hopefully this booklet will help. Then, as you are taking part in this programme, it might be worth explaining to your spouse what you are trying to do. Sometimes they will be able to help, giving you encouragement and pushing you on a bit. If you both decide that you would like to do this, then it is important for the your spouse to be guided in the programme by you, and not to force the pace unrealistically. But if things have got so bad that you can't really talk about it without getting into an argument, then it is probably better for your spouse not to be too involved. Just letting your spouse know that you are working on it yourself might relieve the tension, and make them feel a bit better about how things are going

Part B: What can be done to help OCD?

Although OCD can take a terrible hold of people's lives, the good news is that there is hope! Drug treatments, particularly the newer drugs, can make a big difference to OCD. And psychological treatments, although they are hard work, are very effective.

Drug Treatments

There are a number of drug treatments that are very useful for OCD. Many of the new SSRIs have been found to be very helpful in treating the symptoms, and at least one of the older tricyclic antidepressants, clomipramine, can also be very effective. If you are interested in trying medication, then your GP will be able to advise you on the best drug to suit you.

Behavioural Treatments – Exposure and Response Prevention.

In the 1970s, the psychological treatment of OCD was revolutionised by the development of a treatment called Exposure and Response Prevention (ERP)

This treatment has two parts, working on the Obsessions and Compulsions.

The first part of this is the exposure. We have talked about how people come into contact with something that makes them anxious (the obsession). Normally, people go straight to the compulsion to make themselves feel better as soon as possible. But we know that this keeps things going. The idea of exposure is that you resist the

temptation to carry out the compulsion, and *that you will start to let yourself come into contact with the things that make you feel anxious.*

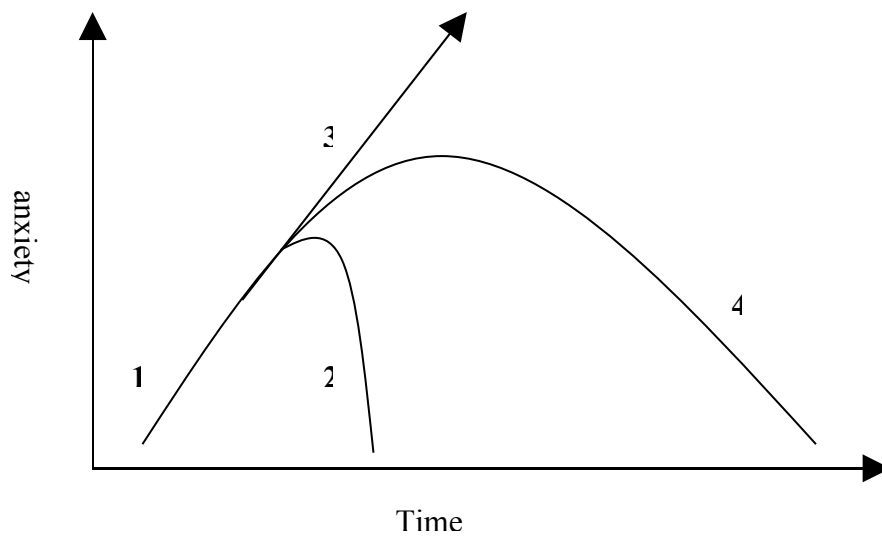
The next part is response prevention – the idea is that when you do things that make you anxious *you do not carry out the compulsion!* In other words, you do nothing to make yourself feel better!

Although this sounds very harsh, psychologists have known for a long time that when people confront things that make them anxious then after a while the anxiety starts to wear off. This is exactly the same principle as the treatment of phobias – for example, someone who was frightened of spiders would be encouraged to look at pictures or words about spiders, or eventually to look at a live spider – even to hold one if they felt like it! When you are exposed to things that make you feel anxious, and if you can hang on in there without running away or doing the compulsion, then the anxiety starts to wear off!

So the principle behind exposure and response prevention is very similar to the treatment of phobias. You need to expose yourself to the things that make you feel bad, without doing anything to make yourself feel better.

Before we go on, it is important to look at the following diagram. What normally happens when you expose yourself is that you get very anxious (point 1 on the graph). When you carry out the compulsion, this anxiety is reduced very quickly and very effectively (point2) Many people fear that if they don't carry out the compulsion, then their anxiety may never reduce, or may even carry on going up (point 3). But in fact what happens is that the anxiety stays high for a while, and then, *without you needing to do anything*, it will start to come down, and will eventually reduce to exactly the same point that it would have done if you had carried out the compulsion (point 4). This means that over time you will start to recover from the anxiety without needing to do the compulsion at all.

Figure 1: The course of anxiety over time in obsessive compulsive disorder



1. presentation of obsessional stimulus – anxiety goes up
2. when compulsion is carried out anxiety decreases rapidly
3. if the compulsion is not carried out patients fear anxiety will increase indefinitely
4. in fact anxiety decreases over time without compulsive activity

Now, normally people find it very difficult to do the exposure, and it is important to make sure that you do not try to do too much. Although occasionally drastic measures are called for, it is much better to expose yourself in small and manageable steps – otherwise you may find that the experience is so horrible you just don't want to go on with it.

Before we go on, we need to talk about

SUDS – or Subjective Units of Discomfort.

This is a measure that you can use to keep track of how you are feeling and help to plan your treatment. The SUD just means ‘how bad you feel’. It can vary in content from person to person, with a mixture of anxiety, anger, agitation, misery. Only you know exactly what it is like for you. But however you feel, it should be possible to make a rough judgment of how bad it is. SUDS can be rated from 0 to 100. 100 is the worst that you can imagine feeling, and 0 is completely fine.

Now – back to exposure and response prevention...

Planning Your Exposure Programme

1. Write out a list of all the different things that make you anxious.
2. Put these in order of how bad they are, starting with the least bad
3. Rate each step using the SUDS – ie rate how bad you would feel from 0 – 100 if you were to do them
4. Choose something in the range of 30 – 40; that is, something that will make you feel a bit bad, but will not be too much for you to manage
5. Now the task is to expose yourself to the thing that makes you anxious without doing anything to make it better. Decide exactly what you are going to do, and then DO IT.
6. Rate your SUDS straight away and take a note of how high the rating is. Now wait for five minutes, and rate SUDS again. Keep a note every five or ten minutes of how bad you are feeling. Although you may find within the first few minutes the rating will go up, after a while it will start to come down as your anxiety starts to wear off.

There is a form at the end of this pamphlet (Appendix 1) that you can use to structure the way you write all this down.

The trouble about exposure and response prevention is that it can make you feel very bad indeed, particularly at the beginning when you are not confident that it will work, and not used to tolerating the very horrible feelings of anxiety. But psychologists have shown many times that if you can make yourself go through with this programme, then you will start to feel much better, and you will feel much less need to carry out the compulsions. There is no substitute for suffering, but it does work!

Which types of OCD respond best to this approach? Exposure and response prevention are particularly useful in the treatment of cleaning and checking types of OCD. They can also be used for helping problems with order and symmetry, hoarding, and slowness, but it is slightly harder to apply them to these problems and if you are reading this booklet on your own you may find that you will need some advice from a professional about how to go about it.

Cognitive Treatments 1: How to tackle intrusive thoughts.

As we discussed in Section A, some people are very troubled by intrusive thoughts even though they do not carry out obvious or extensive compulsions. People do tend to avoid situations which might tend to trigger the thoughts. One example of such thoughts is Mike, who could not see a knife or scissors without thinking ‘this is for stabbing’ and getting an image of himself picking up the knife and stabbing it into his neighbour. Mike lived alone and hid all the knives and scissors away where he could not see them. If he had to use a knife to cook it caused him extreme anxiety. Another example is Lucy, who had very troubling thoughts that she might harm her young children. When they were in the bath she had the thought ‘I might drown them’, and had an image of herself holding them under water. Lucy had to stop bathing her children, and even found it difficult to cuddle them sometimes in case she thought of harming them. For a long time psychologists were puzzled by these thoughts and even wondered whether the people having them really meant them! Now we know that this is not the case!

Psychologists studying this problem realised that when they asked ‘normal’ people – that is, people who were not troubled by obsessions of any sort – about whether they ever had strange thoughts that just came into their minds, almost everyone said yes. When psychologists looked at the kind of thoughts that people reported, there tended to be a number of common themes. These themes typically involve ideas or images about sex, particularly horrible and repulsive ones; or themes of violence or harm,

particularly thoughts and images of harm coming to you and other people, or you causing harm to other people.

As we can see, these common themes that ‘normal’ people experience are very similar to the kinds of troubling thoughts that are common in obsessions. So why do some people have these thoughts without developing obsessions, while others are so troubled by them? The answer seems to lie in the attitude which people have to their thoughts. For example, one mother might have an image of herself harming her children and think ‘oh yuk, fancy thinking such a weird thought, I certainly don’t want to do that!’ But another might think ‘Oh my God, what a terrible thing to think – if I’m thinking that it must mean that I want to do it, how can I think that, I must be a terrible evil person’. In the former case, the mother would have the thought, but would not worry too much about it, and would not have to do anything as a result. But in the second case, the mother would worry a great deal. She would start to watch her thoughts, to make sure that she wasn’t thinking them. She would struggle to dismiss the thoughts and get them out of her mind. She would also start to avoid situations where she might have the thoughts, and where she thinks she might harm the children. But again, psychologists have realised that there is a very strange and unfortunate truth about thoughts: the more you try to suppress them, resist them, and dismiss them from your mind, the worse and more frequent they get. So the more the second mother tries not to have the ‘bad’ thoughts, the more she has them.

You can demonstrate this effect to yourself with any kind of thought. For instance, for the next two minutes, try to make sure that you do not think about pink elephants.

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How did it go? Did you think of pink elephants at all? It would be very unusual if you hadn't! The effect of trying not to think something brings it into your mind, rather than keeping it out.

The unfortunate effect of this, is that as the thoughts become more frequent, the person suffering from them makes more and more harsh judgements about themselves. The more, and the worse, the thoughts are, the more that 'proves' that the person is bad, or is going to carry them out.

Another way of thinking about this is that the thoughts that become obsessions are usually associated with areas of life where people have very high standards, so that the presence of such a thought goes against everything that people believe in about the world or themselves. For instance, blasphemous thoughts are much more common in very religious people, to whom such thoughts are repugnant.

It is also very common for people to think that they are going mad, and that these thoughts are the beginning of the decline into total madness and institutionalisation.

So what can be done?

The first step is for you to think very carefully about the explanation above, and to realise that it is normal to have extraordinary thoughts, and does not mean that you are bad, mad, dangerous, or anything else. In fact you are just troubled, and are probably

more troubled by the thoughts than other people because you have high standards for yourself and the world, not because there is something wrong with you.

The next step is to stop fighting the thoughts. When they come into your mind, instead of panicking and thinking ‘oh no, I mustn’t think that, I must stop’, try to keep calm. Remind yourself that its ok to have the thoughts, and just let them drift through your mind. If you feel able, you could even try something similar to the exposure described earlier. Set aside ten minutes or half an hour a day, and make yourself have the thoughts deliberately. Don’t try and avoid them or stop them. Even though it will make you very anxious and uncomfortable at first, you will find that you somehow get used to the thoughts, and that they will stop seeming so frightening.

Finally, if the intrusive thoughts have made you avoid things, start to work with the avoidance, by gradually making yourself do things you have stopped doing, or go to places you have stopped going.

But what if I carry the thoughts out?

Many of the intrusive thoughts that we have described concern the thought or image of you doing something. This might be causing harm to someone else, or to yourself, or doing something completely socially unacceptable. It is very important to realise that these *obsessional thoughts are never carried out*.

One way to think about it is like this: Mostly people believe that there is a direct link between thoughts and action, so we could draw a diagram like this:

Thought \Rightarrow Action

But in fact, there is another part of the chain that most of us are not aware of – in order to do something, we have to intend to do it. So the diagram should look like this:

Thought \Rightarrow Intention \Rightarrow Action

No matter what you think about, it is only the introduction of the intention – meaning to do the action, planning it, etc – that leads to action, *not the thought itself*.

Now it is very easy for psychologists to say this, and much harder to believe it, particularly if you have always taken steps to make sure that you don't carry the thoughts out. But the only way in which you can convince yourself that you can have the thoughts and not carry them out is to start to let yourself think them, and to put yourself into situations where you might have them.

Thoughts are just thoughts!

The common message in all of this is that thoughts are just thoughts – things that go on in your mind. There is a great temptation amongst psychologists and others to think that all thoughts are meaningful and significant; and there is also a great temptation to think that they are related to things that go on in the real world. But they are not! You can think anything you like in your head without it meaning anything or having any impact on the world at all. Thoughts are just thoughts!

Cognitive Treatments 2:

1. Dealing with ‘Thoughts about thoughts’.

When people have obsessional thoughts it is bad enough, but there also seems to be an extra layer to the problem. We have identified a number of problems which people have when they experience obsessional thoughts – we tend to think that we must be really bad, or mad, to be thinking such things, or we think that we must be thinking them because we mean them, or because we really want to do those things. These ‘thoughts about thoughts’ are often referred to as metacognitions.

So what can be done about these metacognitions?

Very often, if people can be helped to see obsessions for what they are, then they worry less about having them, and that seems to help the obsessions to go away. So we need a way of helping to identify the metacognitions, and try to change them.

The first step is to keep a diary of your thoughts, writing down exactly what is going through your mind.

Once you have learned to identify the thoughts, the next step is to learn to challenge them. This can be done in a number of ways. For instance, if we take the

metcognition 'I had an image of drowning my daughter, I must be a really bad person,' we could subject the thought to the following process of investigation

Thought 'I had a bad thought therefore I am a bad person'

Questioning the thought

Is there any evidence that I am a bad person? Here you might try to think of all the bad things that you have done. How often have you hurt someone on purpose? How many criminal things have you done? How bad are they?

Is there any evidence that I am not a bad person? Here you might try to think of all the reasons to think you are not bad. Have you ever done anything kind for anyone? Have you ever felt sorry for anyone in trouble, or tried to help them?

Is there another way of seeing things? Remembering everything that you have learned about obsessions, remind yourself that thoughts are just thoughts, and do not mean that you want to go along with them

You can also try *to weigh up the probability that you are a bad person*. Have you done more bad things than good things? Or the other way round. If you were in a court of law, would you convince the jury that you are a bad person?

You can also try *thinking about what a friend would say to you*. Would they think you are bad because of these thoughts? Or if your friend was having the thoughts,

what would you say to them? Would you condemn them as bad, or would you be more understanding.

You could also *try thinking about the effects of thinking you are bad*. Here you might notice that when you have the thought you might tend to avoid bathing your daughter, and feel that you should not be close to her. This means that you will add to your problems by making yourself feel guilty.

How can I test these thoughts out? The crunch is that now is the time to take a risk! Hopefully by now you will have summoned up quite a lot of evidence that you are not bad, and quite a lot that you are a good person. So you need to convince yourself of this by behaving as if you are, and really bringing the message home that you don't need to worry about the thoughts.

In summary, the questions to ask yourself are

Is there any evidence for this thought?

Is there any evidence against it?

Would it stand up in a court of law?

What would I say to a friend who thought like this?

What would a friend say to me about it?

What are the effects of thinking as I do?

How can I test this out to show myself that the thoughts are false?

2. Dealing with ideas of responsibility and blame.

A similar kind of procedure can be used to deal with ideas that you are totally responsible for things that might happen. What is the evidence that you are totally and solely responsible for what might happen? What is the evidence that other people may play a part in things? Make a list of all the people who are involved in the things you are worried about – yourself, your spouse, the electricity board, the gas board, other drivers on the road, careless cyclists or pedestrians. How much does each of you realistically contribute to what might happen. How can it be up to you to control what other people do? In some cases you may be worried about what insurance companies call ‘acts of God’ – floods for example. How can these be your responsibility?. Try to remind yourself that responsibility for these things does not rest with you.

3. Thought-Action Fusion

As we described above, sometimes people can get in a great muddle about the relationship between thinking and action, and believe that if they think something it is as bad as doing it, or that it might happen. It is important to go back to the idea that thoughts are just thoughts.

Likelihood Thought Action Fusion:

If you are afraid that thinking something might make it happen, try looking out of the window at the building next door. Think about this falling down. Get a really strong picture in your mind that this will happen. Now look again. I am prepared to bet anything you like that the building is still standing. This is the same with any other kind of prediction – thinking is only something that goes on in your head. *It does not have an impact on the real world.*

Moral Thought Action Fusion:

If you think that you are bad to have a particular thought, try looking at the earlier section on ‘How to tackle intrusive thoughts’. This attempts to explain the idea that thoughts are just thoughts, and you are not bad to think them. But you could try another experiment. Imagine your neighbour is unwell and needs some shopping done for her. Think about doing it. Does this make you a good person? Will she be grateful? Will she have any milk for her tea? The answer is obvious. In order to be good and helpful you have to do the action, not just think about it. The same is

exactly true for bad thoughts. These thoughts cannot harm anyone, and you are not bad to have them!

4. Control

As we described earlier, sometimes people carry out compulsions because it gives them a feeling that they can control bad things going on around them, even when they cannot. Sometimes these compulsions can act as a way of avoiding tackling problems – instead of meeting the real problem head on, you feel so anxious that you retreat into obsessions and compulsions instead. Like many aspects of OCD, this can make you feel better whilst you are doing it, but does not help much in the longer term. It could be very important to try and face the anxiety that the real problem is causing, and see if there is anything that could be done. It may be that once you have faced the problem there are other people around who could help too – GPs, Counsellors, the Citizens Advice Bureau, for example, might be good starting places.

In summary, please remember that although OCD can seem overwhelming and incomprehensible, it need not be quite so bad as all that. We *can* make sense of obsessions and compulsions, and there *are* things that you can do to try and tackle them. It is rarely easy – sometimes changing what you do, particularly if you have been doing it for a long time, can be very demanding and can make you feel very bad. But all our experience is that as you start to make changes they tend to get easier, and that if you can stick at it you will quickly start to feel a lot better.

Good luck!

