


# Explaining OCD In Pictures



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# OCD

Intrusive thoughts, which are misinterpreted as harmful or dangerous, leading to anxiety and distress, which compels the person to do something to try and neutralise the 'danger'. This then "snowballs" into affecting day to day functioning, consuming time and energy.




What if I hit someone with my car?

Re-tracing the journey



Searching the internet for car accidents




Re-driving the journey to check

# Pure O

An intrusive thought, is misinterpreted as harmful in some way, which in turn leads to distress, with an absence of overt compulsions.

There are, however, often covert neutralising behaviours, such as, trying to push it out our mind, reassure ourselves, monitor our reactions, avoiding anything that could trigger the obsession.

An illustration of a person with dark hair and red cheeks, wearing a green shirt, with their hands on their head in a distressed state. Two thought bubbles are shown: a green one on the left and a red one on the right. The green bubble contains the text 'What if I am a pedophile? Because I've thought it, it must be true. I'm bad'. The red bubble contains the text 'Stop thinking that, think of something else'.

What if I am a pedophile? Because I've thought it, it must be true. I'm bad

Stop thinking that, think of something else

# Pure C

A habitual compulsion with no obvious thoughts that trigger it. There may be thoughts, or may have been thoughts in the past, but now the compulsions are triggered more by an intolerable uncomfortable feeling.



# SUB-TYPES OF OCD

**Contamination OCD** - fear of germs leading to illness or feeling overly-responsible for causing illness in others we care about.

**Harm OCD** - fear of causing harm to another.

**Checking OCD** - repetitive behaviours to check there is safety, often caused by an over-inflated sense of responsibility, such as checking the door is locked or the cooker is off.

**Existential OCD** - spending a large amount of time thinking about the purpose of your life or whether you're real and not being able to move past these questions.

# SUB-TYPES OF OCD

**Hyperawareness OCD** - a heightened sensitivity to sounds or visual stimuli. Such as, flickers, light, certain colours, chewing noises, traffic noises or breathing sounds. Which leads to obsessing and a fear of feeling trapped in a cycle of hyper-awareness that we cannot escape from.

**Sensorimotor OCD** - a hypersensitivity to bodily sensations, which we become preoccupied with leading to feelings of distress. Such as, clicking joints or visual floaters.

# SUB-TYPES OF OCD

**Relationship OCD** - constant doubts about whether you should or shouldn't be in your relationship or whether your feelings are strong enough.

It is normal to question our relationships from time to time and we may have genuine feelings about our commitment to our relationship. However, in R-OCD, this is considerably higher and overshadows the relationship; we get caught up in the doubts and uncertainty, which leads to over-questioning or checking behaviours in order to try and resolve the doubts and reduce the distress we feel.

This can lead people to end their relationship to get rid of the distress the doubts are causing. However, this will continue into future relationships.

# OCD is a Sleazy Insurance Salesman!

*by Matthew Codde*

I have two policies on sale today. The first covers you for fire, flood, accidental damage and theft; it's a \$100 a month. The second, de luxe policy, covers you for fire, flood, accidental damage, theft, alien invasion, plague, meteor strike, nuclear attack and act of devil. This is a million dollars a month. Which policy would you prefer?

Well, I'll have the first one

But the second one is much more comprehensive - these things might well happen - surely you want to insure against that risk?

But I can't afford one million dollars a month - the price is way too high - these things might happen, and they would be awful, but they are not that likely. If I spend more than \$100 a month, I would have to go without something else that I need or want.

Although it is not obvious at first, OCD works this way. Don't take risk, it says. Better safe than sorry. What only becomes obvious much later in OCD is the true cost of avoiding any possible risk.

OCD takes over everything in your life, your happiness, your relationship, takes all your free time, your health and so on. The things OCD takes away from you are priceless, and you actually get no protection at all. You also get all kinds of real harm.

# OCD FLOWER FORMULATIONS

## WHAT MAINTAINS OCD...



# OCD FLOWER FORMULATIONS

## HOW TO OVERCOME OCD...



**OBSSESSIONS**



**DISTRESS**

**COMPULSIONS**

**NEUTRALISING**

**URGES**

**RITUALS**

**AVOIDANCE**

PUSHING  
THOUGHTS  
AWAY

REPLACING  
THOUGHTS

QUESTIONING

CHECKING  
GOOGLING

SEEKING  
REASSURANCE

CLEANING

COUNTING  
ROUTINES


PRAYER  
ARRANGING

DISTRACTION  
LEAVING

AVOIDING  
TRIGGERS

ISOLATION

HOWEVER, THESE BEHAVIOURS NEVER DISPROVE THE  
OBSSESSIONS & KEEP THE ANXIETY GOING IN THE LONG-TERM



"What if I didn't check correctly?"

"But what if I was wrong?"

# OCD is a 'disease of doubt'

WHERE WE CANNOT TRUST WHAT OUR  
BRAINS ARE TELLING US

The more we check, the less confidence we have in our memories

# ARE MY COMPULSIONS REALLY HELPING ME?

We don't repeat behaviours which we don't think are helping us in some way, but then it becomes habitual and we do it again and again without thinking.

How is my behaviour trying to help?

Is it working to do that in the long-term?

What problems is this behaviour causing?

Is there a better way to act towards my obsessions?

# Normal Intrusive Thoughts

In studies, 80-99% of people surveyed had at least one unwanted unpleasant thought in the previous month.

What if I am a paedophile?  
Doubts about your sexual orientation  
Doubts about your relationship  
A thought or impulse to harm someone  
Driving your car off the road  
Leaving the front door unlocked, house burgled  
Sex with an unacceptable person  
Contamination from doors





**EVERYONE** has intrusive thoughts of some type - it's our brain's way of helping protect us from what we fear most

The difference between thoughts and obsessions:

The **interpretation** of the thought

The **belief** that it'll happen

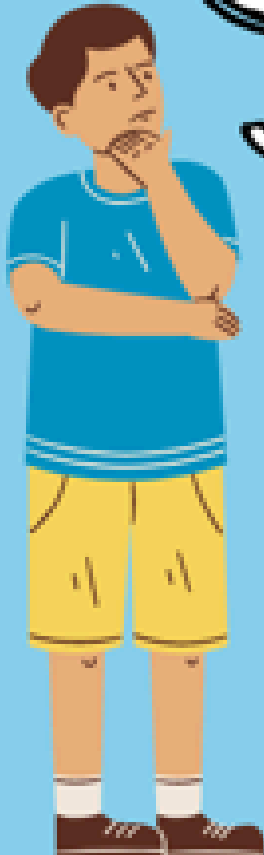
The **duration** of the thought

The **frequency** of the thought


The **intensity** of the emotion

# OCD ALWAYS Contains Misinterpretations

We have up to 70,000 thoughts a day, they can be positive, neutral & negative. Some are helpful, some aren't. Having unwanted thoughts is normal, let them pass, they don't have to mean anything.



That's a normal  
intrusive thought



I'm going to  
harm someone

It's true, I'm  
dangerous & bad, I  
have to do something

# Ego-Dystonic Thoughts

'Ego Dystonic' thoughts are central to OCD - this means the thoughts are the **opposite** of what we believe in and who we are.

This is why they usually shock or appall us, but they are really just your brain trying to protect us by making sure we're staying in line with our morals.



# Catastrophic THINKING



**A tendency to think of the worst outcome, even though it's highly unlikely, and believe it will happen.**

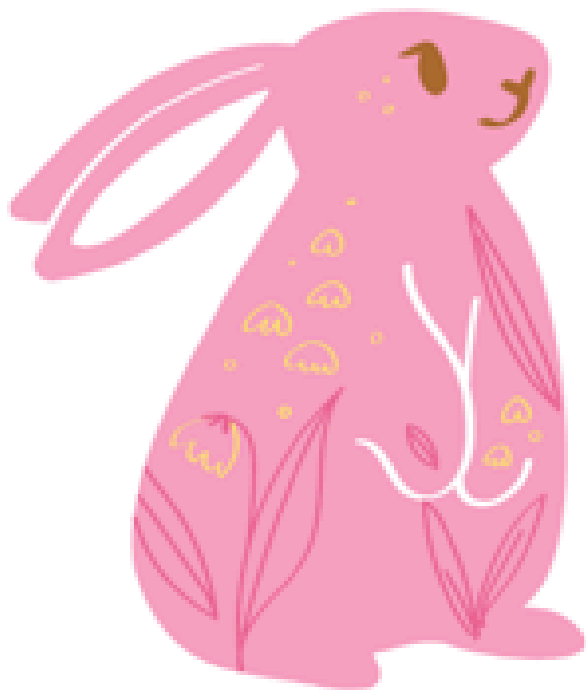


# Pink Bunny Rabbit

## THOUGHT SUPPRESSION

For the next 30 seconds, try as hard as you can not to think of a pink bunny rabbit.

How did that go? You may have found it quite difficult.



When we experience unwanted thoughts, we quite logically try and push them away.

Unfortunately, this leads to the '**Ironic Process Effect**'.

It **enhances** the thought in the moment & we end up thinking about it more.

And the thought **rebounds** - it pops up intrusively with no obvious reason.

This effect is even stronger when the thought or memory is emotionally charged.

# Thought, Action Fusion

Thought-Action Fusion is the belief that because I thought it, it's more **likely** to happen.

As well as the moral belief that a thought is as **morally bad** as an action.

Our thoughts and actions are separate!

We have no control over thoughts entering our minds, but we do control our actions.



# Emotional Reasoning

Emotional Reasoning is basing our judgements on how we feel rather than on objective information.



Let your actions be driven by real world **information** rather than assuming it's true because you feel like it's true.

# Attention Bias

Our brain will still seek out survival at all costs, and if we perceive something as dangerous, our brain acts as if it is - we become anxious - we move into action - do something to survive e.g. avoidance / compulsions.

Our brain automatically starts to scan for similar signs and misinterprets triggers as dangerous. We develop **Attention Bias** and get triggered more often. Creating a vicious cycle.

**We unconsciously pay attention to certain things while ignoring others.**



**We can't see the wood for the trees**


Intolerance of uncertainty is fuel to  
worrying.

The more you embrace uncertainty,  
the less you will worry.




Embrace opportunities for change, learn  
something new, have new experiences,  
what if good things happen...


# Are My Obsessions Actually Trying to Help in Some Way?

A light purple thought bubble with a black outline and three smaller circles leading to it from the bottom left.

What if I'm a paedophile?

A light blue thought bubble with a black outline and three smaller circles leading to it from the bottom left.

Did I lock the door? What if I didn't?

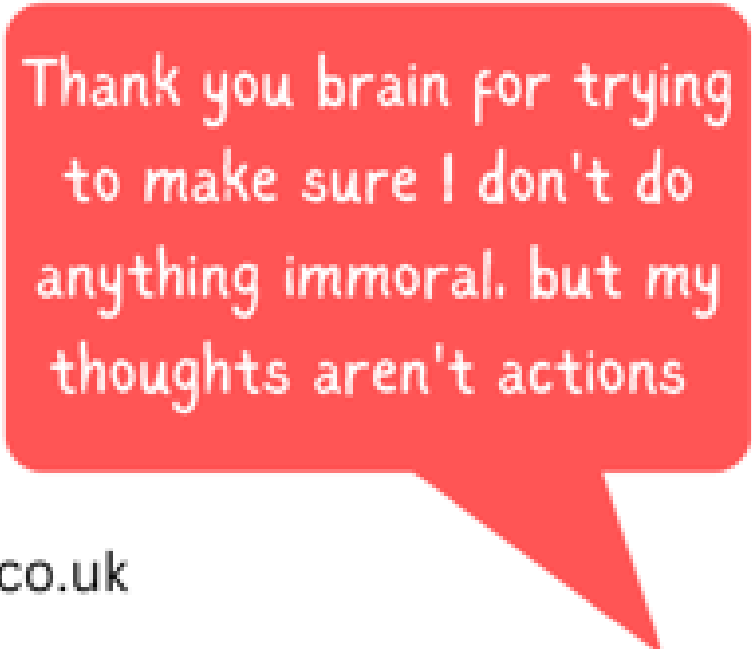
A light orange thought bubble with a black outline and three smaller circles leading to it from the bottom right.

What if I hit someone with my car?

Intrusive thoughts may cause you a lot of distress, time and energy, but what if they're trying to make sure nothing goes wrong? No catastrophes happen or that you're not seen as a 'bad person' and rejected?

Our obsessions will have good intentions, but may be going about it all wrong! Ask yourself:

'How is it trying to help? What does that part of myself want for me?'

A red speech bubble with a black outline and a tail pointing towards the bottom right.

Thank you brain for trying to make sure I don't do anything immoral. but my thoughts aren't actions

In OCD, the place to make change happen is in the gap between your intrusive thoughts and emotional response...

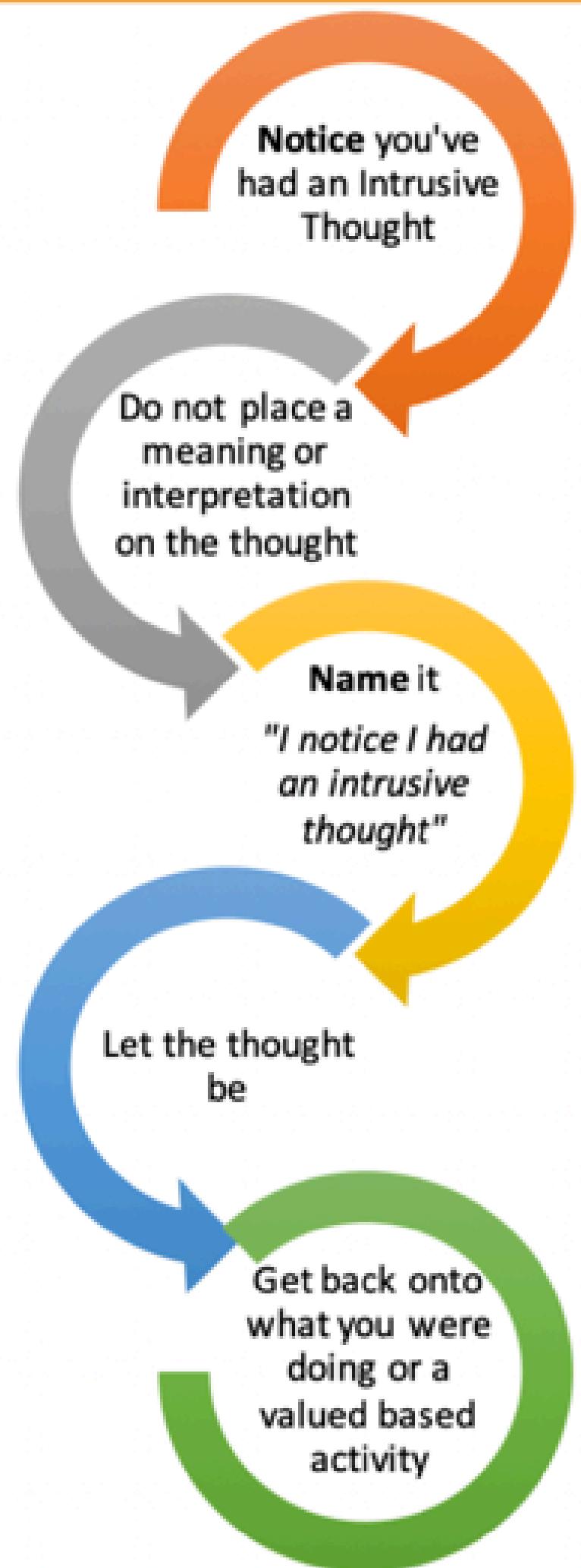


...and your **behavioural** response.

Think of it as a '**wedge**', at first that gap is tiny, but the more you do it, the bigger it becomes.

# how to handle intrusive thoughts

IN A HELPFUL WAY



# Notice & NAME

Emotions, intrusive thoughts and stressful experiences are hard for all of us to deal with.

Avoiding or obsessing about these can get us caught in a vicious cycle.



**Instead try  
Notice and Name**

**What am I noticing  
(a thought, feeling,  
urge, sensation)?**

**Name what it is  
without judgement  
and move back to  
the present**

# Letting Thoughts Pass

...or you might engage your little monster with a cup of tea and a chat...

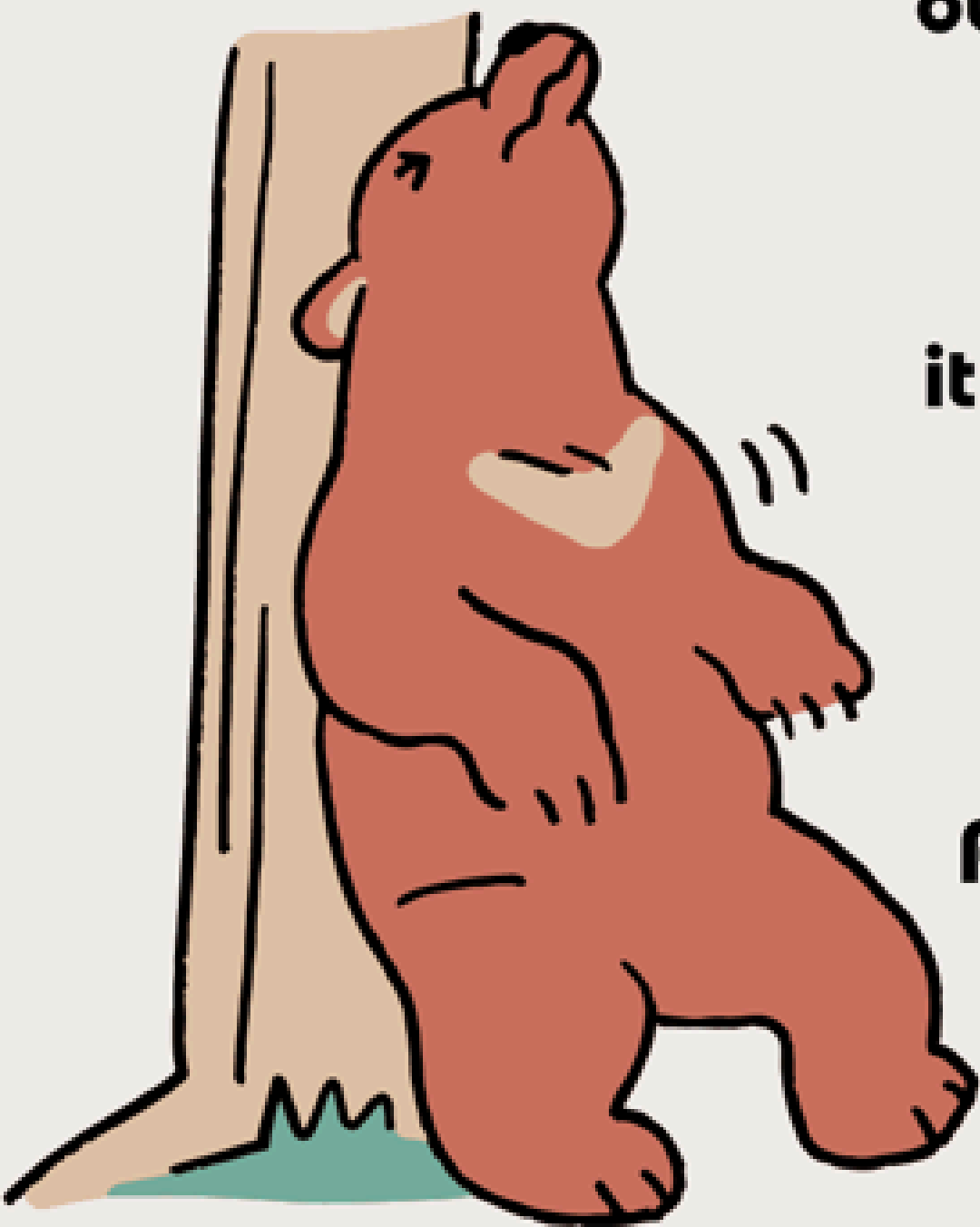


Pushing away our thoughts doesn't work and neither does obsessing about them.

If your intrusive thought was a little monster who decided he was popping round to see you and just lets himself in, you might tend to try and either push him back out the door...

...try letting the little monster in one door and out the other, notice him but let him pass through without doing anything.





**When you respond to your  
obsession or compulsion,  
you scratch that itch**

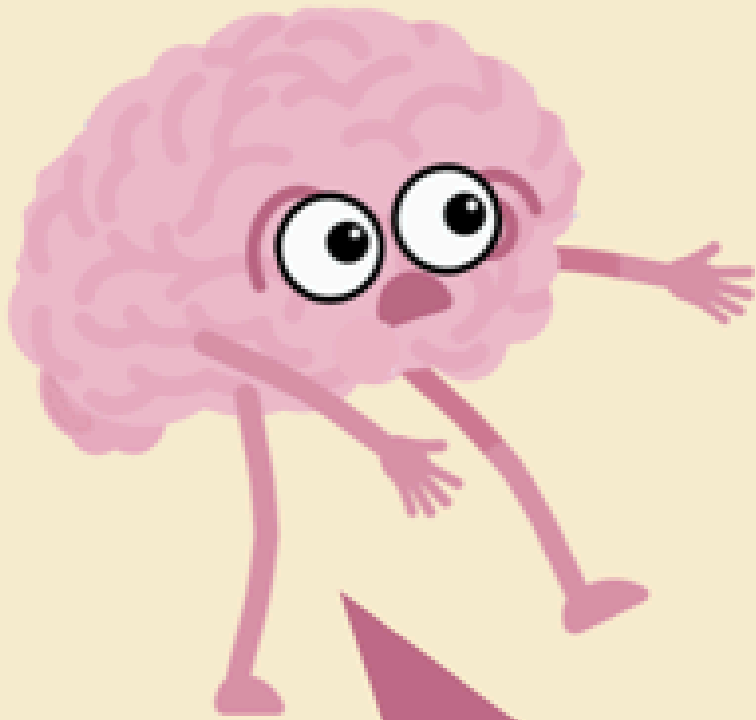
**BUT**

**it keeps feeling itchy, so  
you keep scratching**

**Exposure & Response  
Prevention for OCD is to  
NOT scratch that itch.**

**IT WILL PASS**

# What is Anxiety?



Argh, a tiger, quick threat system release adrenaline and cortisol so I can run away and survive

When we perceive danger, our brain reacts immediately by preparing our body for fight / flight / freeze / fawn.

This is what we know as anxiety - we couldn't survive without it.

# Illusory Correlations and OCD

As humans, we want control, and we can be lured into the trick of 'illusory correlations' – we look for causal factors where there truly aren't any, we especially do this as children.



This is also exacerbated by an illusion that we are also more powerful than we really are.

As children, we may draw links between two unrelated things, such as someone getting hurt when we were thinking something negative. The child then misinterprets that they caused the harm, when they were really not responsible.

This type of thinking underpins many forms of OCD - we have linked two very distinct factors, leading to anxiety and thus unnecessary compulsions. It also forms the basis of superstitions.



# Window of Tolerance

## Hyperarousal

Sympathetic Nervous System

Survival: Fight or Flight

Anxiety, Panic, Anger

Heart rate fast, hyper-vigilance, alert, racing thoughts

## Window of Tolerance

Parasympathetic Nervous System (Ventral)

Survival: Rest & digest, social connection

Body regulated, rational thought, in the present, calm relaxed, aware, full range of emotions, can learn

## Hypoarousal

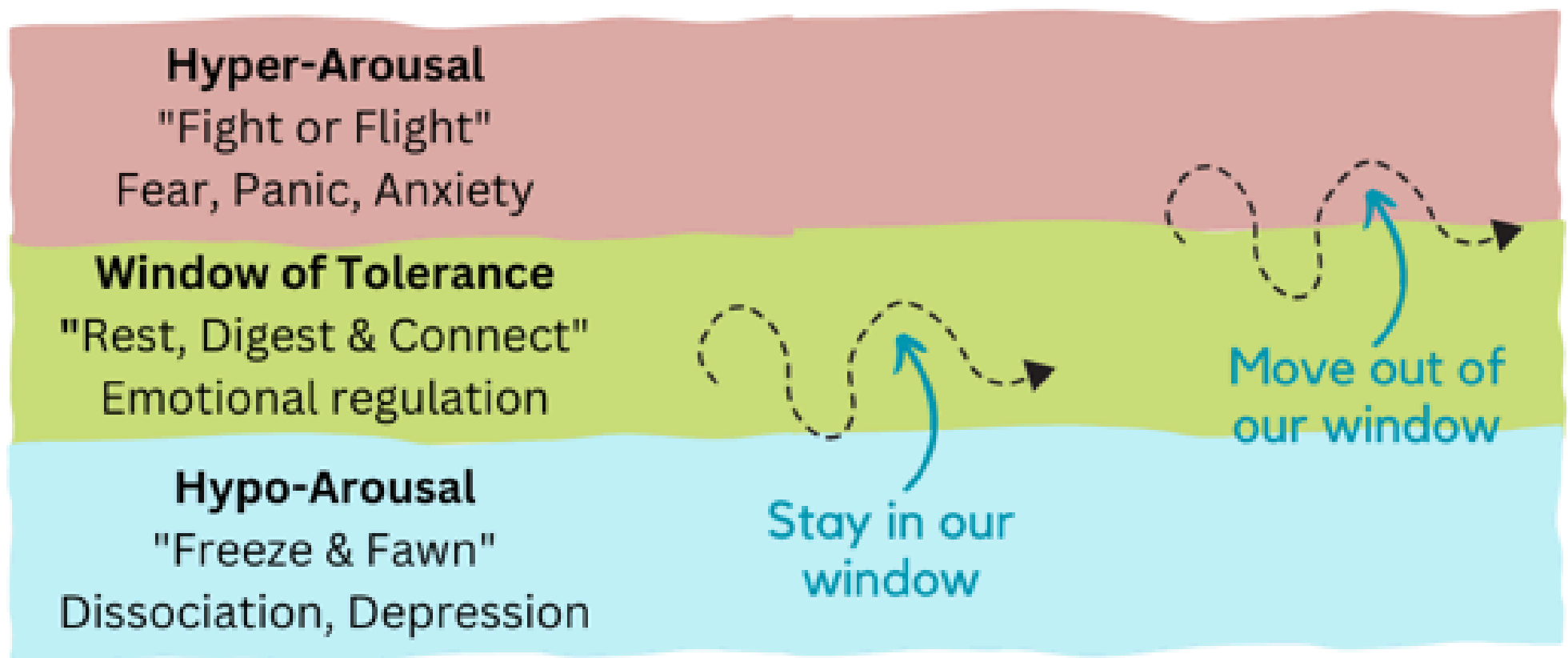
Parasympathetic Nervous System (Dorsal)

Survival: Freeze, Faint, Fawn (submit)

Depression, dissociation

Heart rate drops, numb, shut-down, flat, unable to think

# Why does OCD sometimes feel worse than at other times?



Obsessions and compulsions may feel more difficult to manage at some times than others. What is often changing is how stressed in general we feel. When we're not particularly stressed, we stay in our window of tolerance and can manage our OCD better. But when we're already at the top of our window, this can take us out and into a more anxious hyper-aroused state and this it FEELS more difficult.

# Worries & Obsessions

It's as if the smoke alarm keeps going off when there's no fire



# OCD AND THE BRAIN

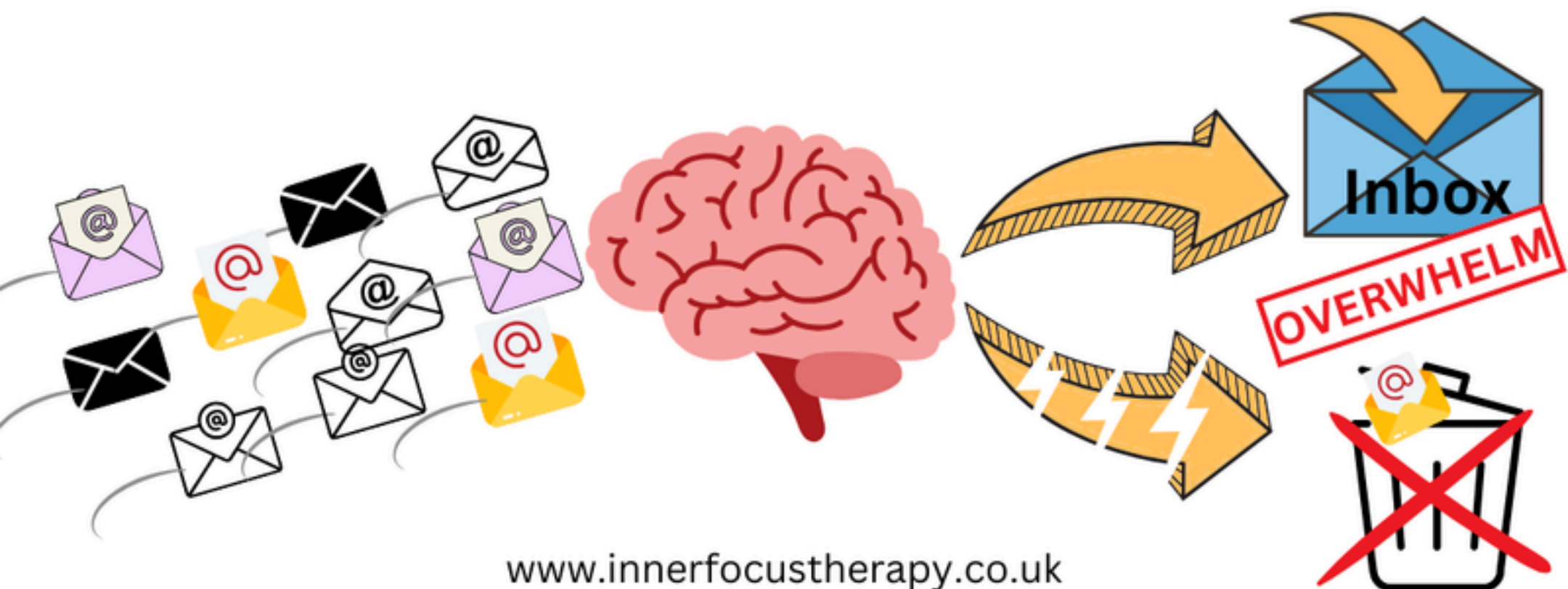
Orbito-Frontal Cortex (OFC) – decision making, impulse control, picks up on social/emotional cues.

Basal Ganglia (BG) – motor movements & emotions, learning & addictive behaviours.

The BG receives constant messages from the OFC all day long. Its job is to organise and filter the messages - deciding what is important, what needs attending to and what is 'junk mail'

In a Non-OCD Brain this happens without interruption.

But in OCD Brains, the 'inbox' is filling up fast with 'URGENT MESSAGES', the BG cannot keep up with the pace, so treats all the messages as URGENT, not filtering to 'junk'.



# OCD AND THE BRAIN

If our Basal Ganglia isn't filtering the overwhelming number of urgent messages it is receiving from the Orbito-Frontal Cortex we have to learn to do this more consciously.

Is this something I need to pay attention to? Or is it junk?

## To the Inbox for Action

It's happening now  
It's important



## To Be Determined

It's happening now  
It's not important;  
It's not my responsibility;  
There are no/minor  
consequences

## Further Investigation

It's not happening now  
It's very likely to happen;  
It may or may not be  
important

## Junk Mail

It's not happening now  
It's not likely to happen;  
It's low risk



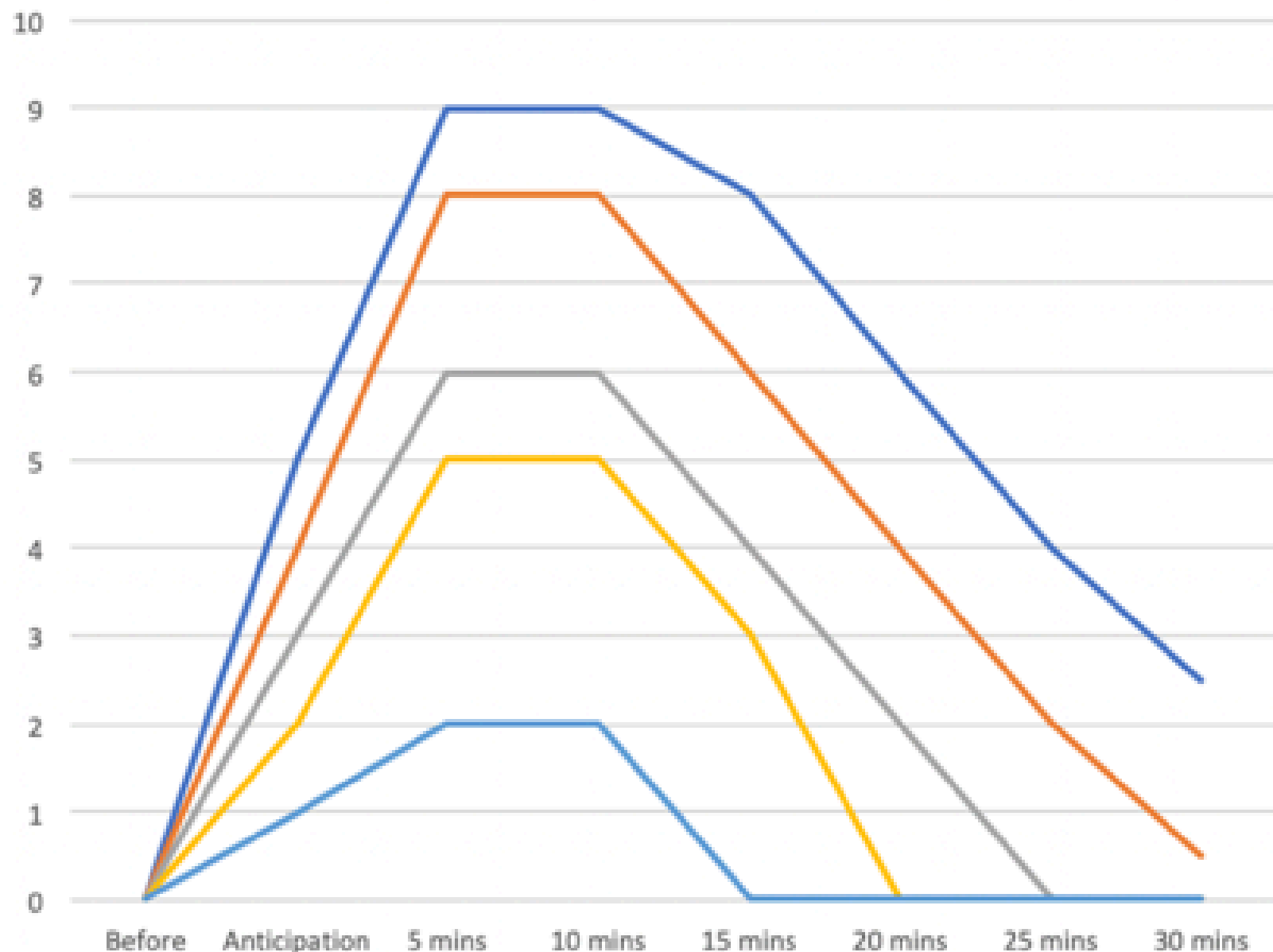
# Anxiety Habituates

Anxiety or fear is our survival response.

When we're in danger, adrenaline and cortisol are released flood our system and then stop.

With repetition to **perceived** danger, we learn we're safe and we can cope.

Anxiety reduces in time and intensity.



# Exposure & RESPONSE PREVENTION

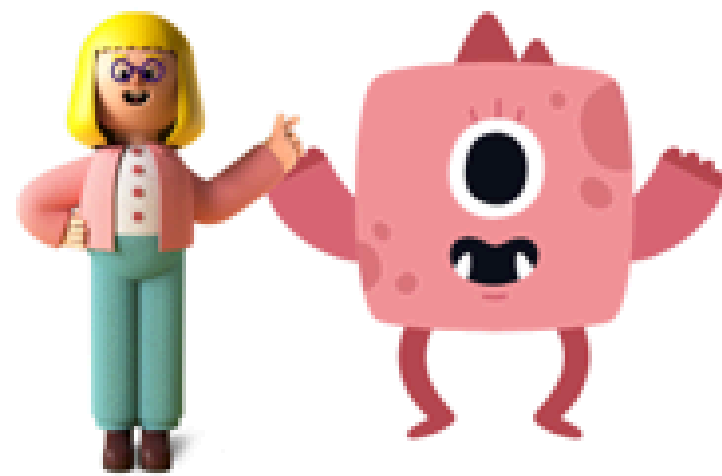
Avoidance and Compulsions aim to find certainty and reduce distress.

But this only works temporarily and has consequences (e.g. time spent, long-term anxiety, exhaustion, relationship / work problems).

ERP counters this - we confront our fears without using any compulsions.

We then become reduce our anxiety in the long-term by desensitisation, learn the distress will pass, that our fears are not fact and increase our confidence that we can cope.

Hello anxiety, I know you're scared, but this is just a thought and we can do this!



# Exposure & RESPONSE PREVENTION

1. Exposure must be **Graded** - make a hierarchy ladder of your triggers. Start with the least anxiety provoking task first
2. **Without Responses** - stop ALL your compulsions whilst doing the exposure, overt behaviours such as checking and covert behaviours such as reassuring yourself
3. Exposure must be **Prolonged** - stay in the situation until your anxiety has at least halved - anxiety will pass
4. Exposure has to be **Repeated** - keep going with the same task until your anxiety 'habituates' - we become desensitised over time

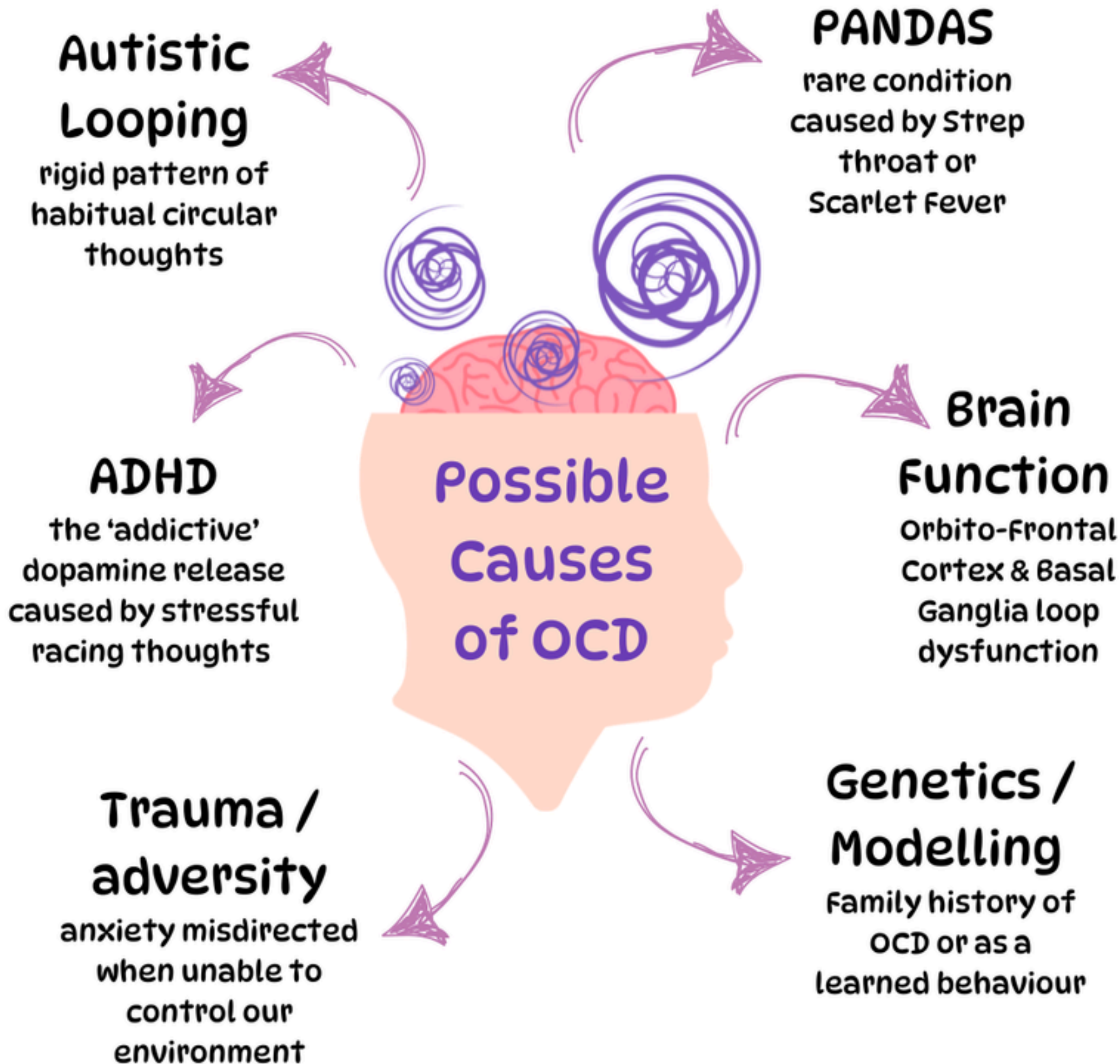


# Exposure & RESPONSE PREVENTION

Here's an example of ERP for OCD in practice:

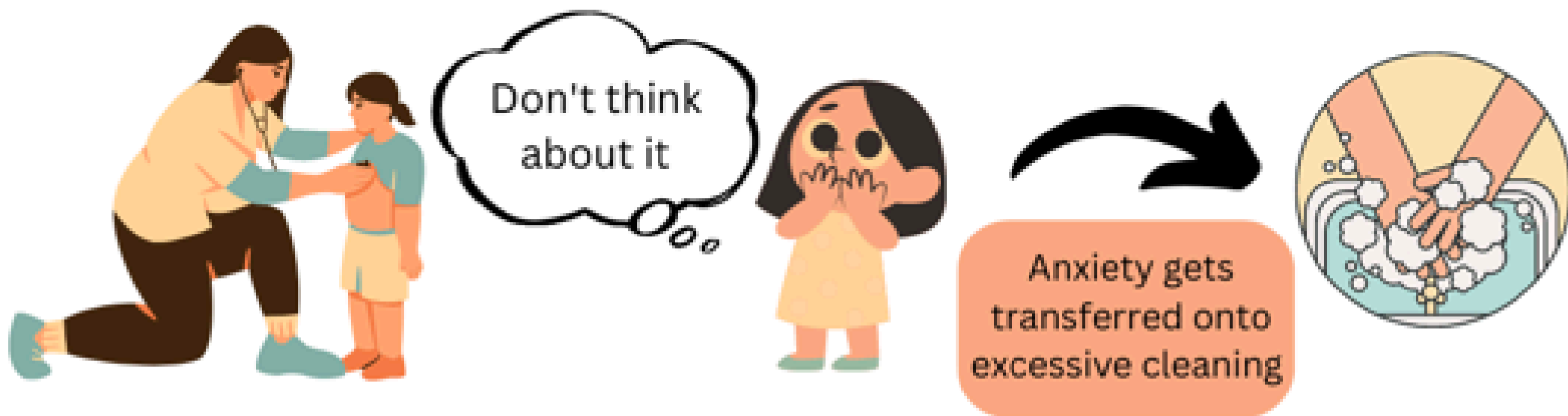
1. **Graded** - Touching a door handle (anxiety 4/10)
2. **Without Responses** - No hand-washing or avoiding touching anything or seeking reassurance
3. **Prolonged** - no cleaning your hands until you would need to e.g. after using the toilet
4. **Repeated** - Do this numerous times per day until the trigger doesn't create anxiety





# OCD a Response to Trauma?

OCD can be thought of, as way we have internalised past traumatic experiences, which were too overwhelming for us to manage, and we were not able to resolve at the time. These are often rooted in our early years, as OCD has elements of magical thinking and a need to take control in the things we can control.



e.g. Medical trauma as a child - we have no control over it, relationships change, and we're unable to talk about it. Dealing with all that uncertainty and ongoing fear is too much for a child, so it is displaced onto other areas of safety or control, such as ordering, cleaning, rituals, checking or hoarding. This can then become a pattern we get stuck in.

# OCD a Response to Trauma?

## Treatment

If your OCD is rooted in the past, consider including working on this in therapy for a long-term benefit.

Treating the here and now symptoms and breaking the maintenance cycles of OCD using Exposure & Response Prevention, alongside processing past events could be the most effective way to overcome OCD.

All types of therapy can help with this; counselling, psychotherapy, EMDR, CAT, IFS, creative therapies, Gestalt, TA, Psychoanalysis...



# OCD and PANDAS

Obsessive-Compulsive Disorder (OCD), Tic Disorder (including Tourette Syndrome), or both may suddenly appear following a streptococcal infection, such as Strep Throat or Scarlet Fever.

These infections could cause a rare condition called Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal infections (PANDAS).

**Did your OCD or Tic Disorder start or severely worsen following a Strep infection?**

This may occur because Strep bacteria hide from the immune system by mimicking the molecules on a child's cells. And in some cases the immune system may mistakenly attack the basal ganglia, a part of the brain that controls movement and behaviour.

In response to new infections, the symptoms could suddenly return and then decrease or disappear for months at a time.

# ADHD, Dopamine and OCD



Dopamine is a hormone associated with the brain's reward system and produces feelings of pleasure.



ADHD brains have lower-than-average levels of dopamine. As a result, people with ADHD are more easily distracted from low-level dopamine activities. Whereas dopamine-increasing behaviours are even more gratifying, contributing to hyper focus and hyperactivity.

## How does this relate to OCD?

The body releases dopamine in response to stress / anxiety / fear. Short-term, 'controllable' stressors, such as intrusive thoughts, cause stress and thus a release of dopamine. The brain craves this dopamine and this creates a vicious cycle, increasing the frequency of intrusions and long-term anxiety.



And because ADHD brains have difficulty regulating emotions, they also remain in these more distressed states for longer.

# Autism, Looping & OCD

**‘Perseverative cognition’ is a "rigid pattern that involves habitual engagement of circular, looping thoughts". Such as, rumination, worry, or becoming stuck on a topic or idea.**

**This style of thinking is more common in People with Autism.**

**And can also develop into OCD, which is more prevalent in Autism than the general population (6-37% vs 1-4%).**

**The reason for this may be due to the differences in brain structure in the Autistic Brain:**

- **Less communication between the Pre-Frontal Cortex (‘thinking brain’) and Limbic System (‘emotional brain’), so you may stay in a distressing emotional state for longer.**
- **Difficulty shifting focus - ‘hyper focus’**
- **Heightened sensitivity to certain sensory information**
- **Rigidity of thought**
- **The need for predictability**



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Disclaimer – I have been a therapist for many years and thus cannot reference where I have learned all theories and aspects that I have covered in this book, however, I have listed key texts and sites which have shaped my thinking.

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