

OCD What it is and what helps

Why fighting the thought makes it stronger, and what to do instead.

HOW OCD WORKS

OCD runs on a loop: a trigger, an intrusive thought, a catastrophic reading of what it means, distress, then a ritual. The thought is normal. The meaning your brain gives it is the problem.

The ritual brings relief, which teaches your brain that the ritual worked. Rituals can be mental, like reviewing or praying a thought away.

WHAT OCD IS NOT

OCD is not a thinking problem. How you respond to the thought matters more than what the thought says. It isn't worry, and it isn't about who you are: an unwanted thought is not a wish or a plan.

Calming skills, breathing and reframing used to make the thought go away work against treatment.

WHAT TREATMENT LOOKS LIKE

ERP therapy

First line. You face triggers on a planned ladder without doing the ritual. It is slow and uncomfortable.

Medication

SSRIs, often at higher doses than for depression, for 8 to 12 weeks. Expect partial relief, not a cure.

Daily practice

Cut reassurance, checking and googling. Moderate aerobic exercise helps too.

OCD is manageable, not curable. Setbacks under stress are expected.

IN THE MOMENT

- Name it: "That's my OCD."
- Leave the question open: "Maybe, maybe not."
- Let the feeling ride and carry on with your day
- Don't argue with the thought, analyze it or test it

REASSURANCE, FROM BOTH SIDES

Seeking reassurance feeds OCD, including from your therapist or psychiatrist.

Partners and family can say: "That sounds like the OCD asking. I love you, and I'm not answering it."

Practice list. Check one or two to start with.

- ☐ Don't do the ritual, including mental ones
- ☐ Do the opposite of what the thought demands
- ☐ List your triggers and rate each from 0 to 100
- ☐ Start mid-list and work up the ladder
- ☐ Write the worst-case script and read it aloud

- ☐ Delay the ritual a bit longer each time
- ☐ Stop googling, checking, confessing and testing
- ☐ Cut avoidance one step at a time
- ☐ Do moderate aerobic exercise
- ☐ Say the thoughts aloud to your therapist, ugly as they are

FINDING THE RIGHT THERAPY

- Look for a therapist who treats OCD specifically with ERP (iocdf.org lists them)
- Real ERP uses a graded list, planned exposures and no reassurance
- Talk therapy that digs into what thoughts mean can make OCD worse
- If you aren't improving, ask what is actually being done

BOOKS AND RESOURCES

Freedom from Obsessive Compulsive Disorder by Jonathan Grayson.

The OCD Workbook by Bruce Hyman and Cherry Pedrick. Chapter 10 covers mental rituals.

International OCD Foundation: iocdf.org.

Still stuck? If ERP and medication haven't been enough, ask about TMS, a brain stimulation treatment.

IF YOU ARE THINKING ABOUT SUICIDE OR HURTING YOURSELF

Unwanted frightening or violent thoughts are part of OCD. A wish, plan or sense of relief about dying is different. Call or text **988** any time, or go to the nearest emergency room.

Source. Adapted from Psychofarm's guide to intrusive thoughts in OCD and podcast conversations on OCD with Dr. Malzberg and Dr. Fu.

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