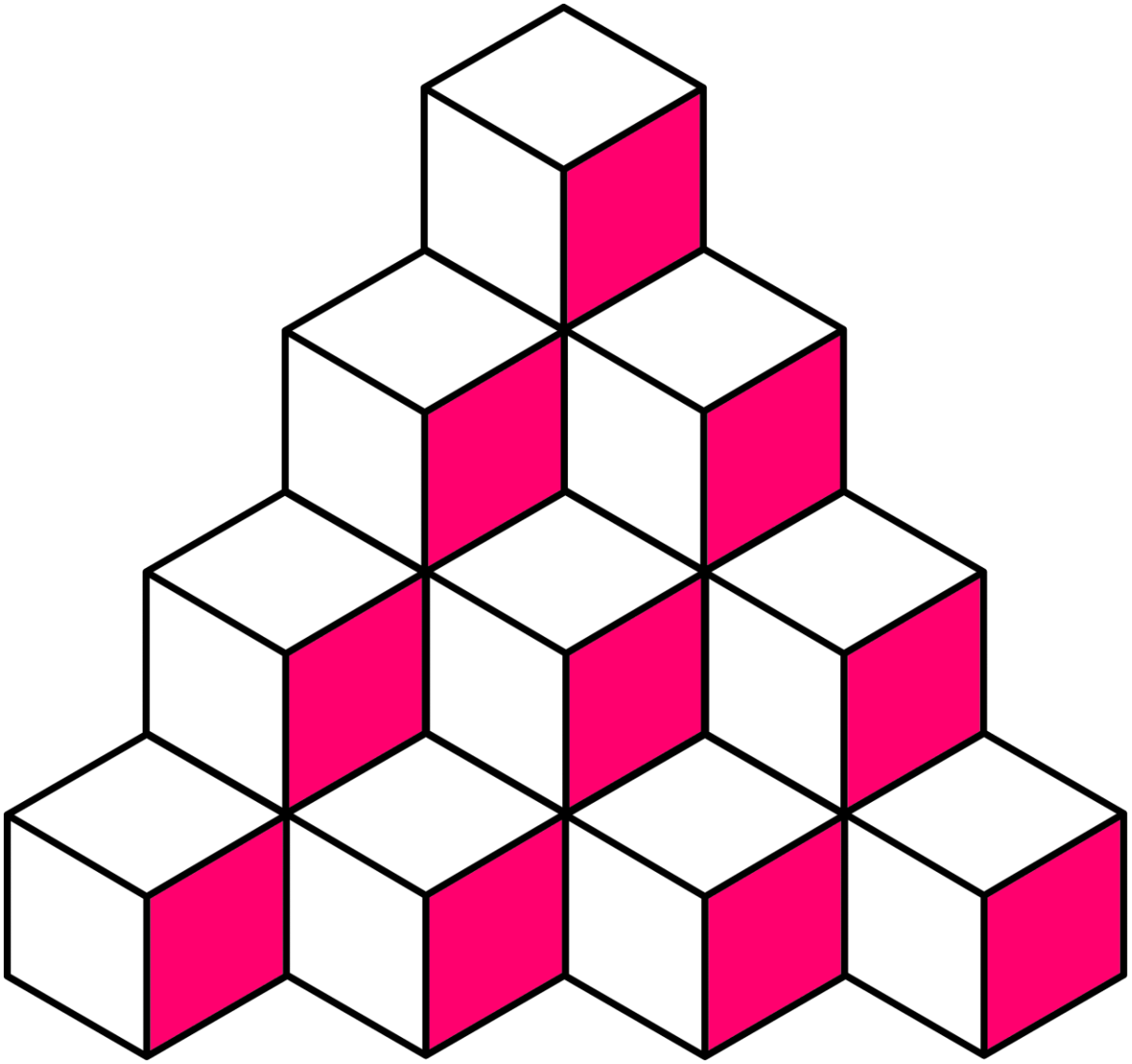
OCD



INFORMATION SHEET

Contents

What is obsessive-compulsive disorder (OCD)?

OCD is characterised by intrusive, unwanted thoughts and by compulsive actions - for example cleaning, checking, counting or hoarding. People with OCD can become tormented by a pattern of thoughts and behaviours that can be very time consuming and hard to stop.

An **obsession** is a persistent, unwanted and uncontrollable thought, image, impulse, fear, doubt or urge that repeatedly enters the mind. A **compulsion** is a repetitive behaviour or psychological act that a person feels driven to do, even against their will. Obsessions and compulsion occur together in OCD.

Amongst the top 10 most debilitating illnesses identified by the World Health Organisation (WHO), obsessive-compulsive disorder is thought to affect two to three percent (2 - 3%) of the UK population. In men, OCD symptoms typically start during adolescence. In women they tend to start a little later, usually in the early 20's. Symptoms can, however, start at any time, including during childhood.

The symptoms of OCD can range from mild to very severe. Some people with OCD will spend less than an hour each day engaged in obsessive-compulsive thinking and behaviour, while for others the symptoms can completely take over their lives. Sufferers may try to keep their compulsive behaviours hidden from others rather than risk shame or embarrassment.

Obsessional thoughts

Obsessional thoughts are repetitive, intrusive and involuntarily. They may be horrific and repugnant to the person having them, who recognises these thoughts are their own, i.e., that their thoughts are not the product of some external force.

The intrusive thoughts in OCD are often the most upsetting they could possibly be; they may involve some crime, humiliation or sex act repellent to the sufferer. They can cause a great deal of anguish.

Ironically the likelihood that people suffering from intrusive thoughts will act on those thoughts is very low; people who feel intense guilt, anxiety and shame over 'bad thoughts' are very different from the type of person who actually acts on their thoughts.

Compulsions

Compulsions are often attempts to stop thoughts from intruding, or to protect against some horrible event. Compulsions are something we actually do, either visibly (*overt* compulsions), such as washing and cleaning, or they may be internal and unseen - such as counting or repeating something inside over and over (*covert* compulsions).

Overt compulsions typically include checking, washing, hoarding or repeated actions of some kind.

Covert compulsions involve carrying out some kind of repetitive thought. For example, a sufferer who feels compelled to silently repeat a string of words over and over again, like a prayer or mantra, on having a disturbing thought.

Covert compulsions are carried out in the hope that they will somehow ‘get rid of’ or *neutralise* unwanted thoughts.

Sometimes compulsions can be relatively minor; they might be concealed and only known about by family and close friends. Severe compulsions can make it very hard to be in work, public places or in a relationship.

Unlike some forms of compulsive behaviour, for example addiction to drugs or gambling, a person with OCD gets no pleasure at all from their compulsive behaviour. It only serves to temporarily reduce their tension or anxiety.

Avoidance is a common compulsive behaviour. The sufferer, in a bid to prevent distress and rituals, may go to great lengths to avoid the objects, places or people that trigger their obsessions.

Avoidance often goes hand-in-hand with reassurance seeking. Gaining reassurance from others might bring some short-lived relief, but can quickly become part of the problem, if people feel driven to seek more and more reassurance.

OCD is '*ego dystonic*', meaning that the disorder is incompatible with the sufferer's view of themselves. Because disorders that are ego dystonic contradict an individual's perception of his or herself, they often cause a great deal of distress. Sufferers know there’s something wrong, and want to be free of the obsessions and compulsions.

Obsessive-Compulsive Personality Disorder (OCPD), on the other hand, is '*ego syntonic*', meaning the individual accepts the symptoms of the disorder as being in accord with his or her self-image. A person with OCPD is likely to view their compulsive cleanliness as something of a 'necessary precaution', and so believe themselves to be justified in carrying out their compulsive rituals.

Ego syntonic disorders cause little or no distress. Persons suffering from OCD are often aware that their behaviour is not rational and are unhappy about their obsessions, though feel compelled to perform them. Persons with OCPD are not aware that there's anything wrong; they will readily explain why their actions are rational and it is often very difficult to convince them otherwise.

Some common obsessive thoughts

- Worrying that you, or your environment, is dirty or contaminated perhaps by chemicals, bodily fluids, dirt, germs or pests
- Worrying about catching some dangerous or unpleasant disease
- Feeling things needs to be arranged symmetrically or in order
- Worrying about causing harm to yourself or to other people
- Intrusive, distressing sexual thoughts and feelings
- Intrusive doubts about your own sexuality or sexual preferences
- Intrusive fear of acting inappropriately towards children
- Horrific, intrusive violent or aggressive thoughts
- Worrying that something terrible will happen unless you check, or repeatedly perform some ritual
- Worrying about causing an accident or harm to someone
- Worrying that you might scream or shout out obscenities in public
- Worrying that you might feel compelled to do something shameful

Some common compulsive behaviours

- Excessive personal washing
- Excessive cleaning of the environment
- Checking that things are arranged in some kind of order or alignment
- Repetitive thoughts e.g., counting or repeating a phrase
- Avoiding certain places, people or situations in an effort to avoid intrusive thoughts
- Repeated checking of switches, handles, taps, locks etc. Checking can be for a set number of times and may take hours
- Repeatedly asking for reassurance from other people
- Saying specific words in response to other words
- Removing or hiding knives, due to the thought of accidentally hurting someone
- Checking one's emails, cards or letters over and over again before sending them
- Having to perform certain movements in certain ways

What causes OCD?

We don't know for sure, but it seems some people have a genetic predisposition to developing OCD, which can be 'triggered' by things that happen in their lives.

- **Genes** - OCD is sometimes inherited so can run in families. Some people seem to have a ‘sticky’ brain, meaning they tend to dwell on thoughts longer than others.
- **Stress** - Stressful life events, particularly those which make us feel 'out of control' seem to have preceded OCD in about one out of three cases.
- **Life changes** - Times where someone suddenly has to take on more responsibilities - for example, puberty, the birth of a child or a new job can make us more at risk of developing OCD.
- **Personality traits** - If you are a neat, careful person with high standards you may be more likely to develop OCD. These qualities are normally helpful but, for a small minority of people, they can develop into OCD if they become extreme.
- **Ways of thinking** - All of us have upsetting thoughts or images from time to time - 'what if I stepped out in front of that car?' or 'I might kill someone'. In a famous study, people with no mental health diagnosis were asked about their intrusive thoughts - see appendix 1 - it seems intrusive, unpleasant thoughts are very common indeed, even amongst people without OCD.
- **The solution becomes the problem** - If we have especially high standards of morality and responsibility, we may feel that it's terrible to have these thoughts, and so be on the look-out for their return - which makes it all the more likely that we will notice them again. Psychologically speaking, we tend to intensify the things we try to guard against.

In a way, seeking answers to why we have OCD can become a problem in its own right. Knowing ‘why’ doesn’t help us to recover; it’s easy to become preoccupied with looking for answers to the question ‘why’, rather than focus on the business of getting better.

The OCD cycle

OCD can be thought of as a vicious circle (figure 1). There's an initial trigger - maybe a thought, memory, emotion, physical sensation or a realisation about something in the environment. The trigger begins a cascade of intrusive, unpleasant thoughts, which result in distressing emotions - often fear or shame.

We begin a process of dealing with these thoughts and emotions (our compulsions), which take the form of a ritual or some form of behaviour that distracts or soothes us. The compulsions themselves may be supported by a system of beliefs that suggest we will be safe when we have reached a 'magic' number of repetitions, or performed a ritual 'perfectly enough', or when things are 'exactly right'.

Unfortunately, as our distress reduces, we assume that our compulsions have been effective, which makes it more likely that we'll do them again in the future. Sometimes our distress itself can be a trigger which keeps the OCD cycle going

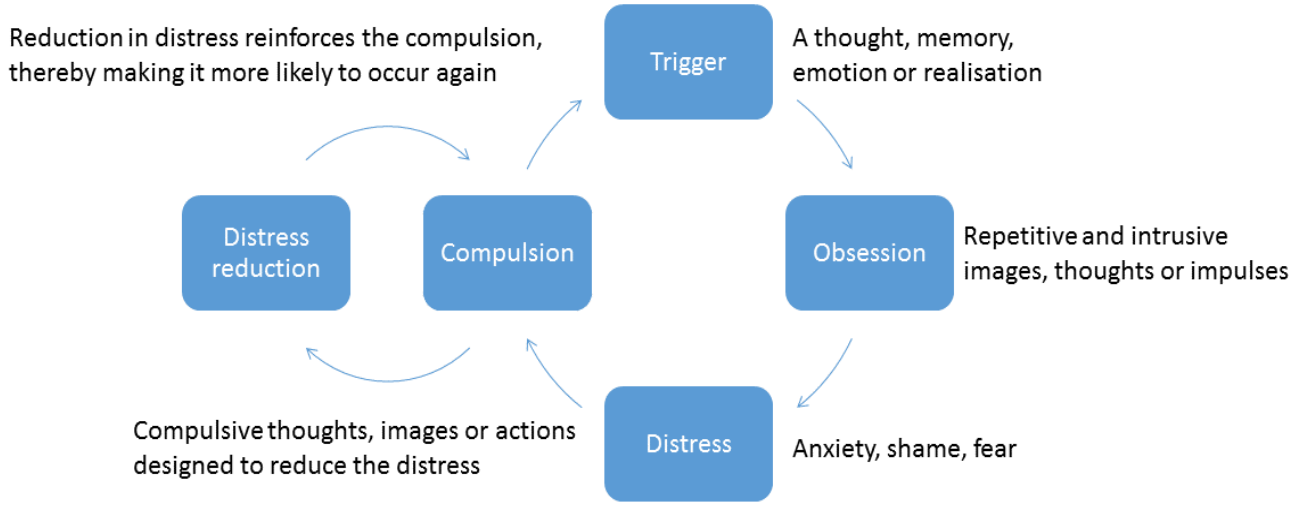


Figure 1

Things that don't usually help

- Trying to banish unpleasant thoughts from the mind tends to make the thoughts return. As an experiment, try not to think of a large colourful beach ball for the next few seconds - most people find it's hard to get rid of thoughts of beach balls from the mind. The more we pay attention to intrusive thoughts, the more we are aware of them and the worse they seem.
- Rituals, checking, avoiding and seeking reassurance can make us feel a bit better for a while. The anxiety-reducing things we do are sometimes called 'safety behaviours'. Every time we do them, we risk strengthening the unhelpful idea that they stop bad things from happening - so we feel more pressure to do them again. It's very easy to get into a vicious circle.
- Thinking neutralising thoughts - if we spend time 'neutralising' a negative thought with another thought (for example, counting to ten or reciting a prayer) we can come to depend on the ritual. The ritual may even become more of a problem than the thought or the image it was meant to replace.

Dealing with OCD

Research suggests that cognitive-behavioural approaches (e.g., CBT) are most likely to be helpful. One particularly effective technique is called 'Exposure and Response Prevention', or 'ERP' for short.

Exposure and response prevention

The first step in ERP (also sometimes called 'Exposure and Ritual Prevention) is to develop an anxiety hierarchy. There's an example below. The number in the right-hand column refers to the amount of distress you feel when exposed to the trigger, on a scale of '0' to '100'. These ratings are called Subjective Units of Distress, or 'SUDS' for short.

Example anxiety hierarchy - triggers	SUDS
Sitting on a 'dirty' chair	10
Wearing clothes more than once	20
Touching a door handle at home	30
Touching a door handle in a public building	50
Sitting next to someone who is coughing and sneezing	60
Touching a door handle in a public toilet	80
Touching a toilet seat in a public toilet	90

Each item on the hierarchy feels more challenging than the one before it.

Use the table below to identify your own triggers in increasing order of distress, then rate their SUDS.

My anxiety hierarchy - triggers	SUDS

The second stage of ERP is to learn an effective way to sooth yourself.

Self-soothing

Before we begin tackling the 'triggers' on your hierarchy, it's important to find a way to calm yourself. Slow, measured breathing can help. Try the following exercise and practice until it becomes second nature.

Self-soothing by slowing the breath

1) Place the flat of your hand over your stomach
2) Open your mouth and breathe out with a sighing sound. As you breathe out, allow your shoulders and upper body muscles to relax
3) Close your mouth and pause. Keep your mouth closed and breathe in through your nose; your stomach should move out as you breathe in
4) If your shoulders rise again or your stomach doesn't move out, slow down and try again till you're breathing by pushing your stomach out
5) Breathe out slowly, gently and deeply
6) Repeat steps 3 - 4 - 5 until you feel calmer

Breathing by pushing out your stomach means you're using your diaphragm to breathe - that's the large muscle underneath your lungs. This helps us breathe more deeply and can help restore calm.

You might find you're taking in a bit more oxygen like this, so might feel a little light-headed. This is nothing to worry about, just slow your breathing if this is the case.

Self-soothing using the five senses

Effective self-soothing can involve one or more of the five senses (sight, sound, smell, taste, and touch). Below are examples of self-soothing strategies for each sense.

When self-soothing, focus completely on the task. Be mindful of your senses and what you're experiencing. When you notice yourself becoming distracted (we always get distracted), gently bring your attention back to self-soothing.

Go for a walk, notice beautiful things. Go to a museum with beautiful art. Buy or gather flowers. Sit in a garden. Light a candle and watch the flame. Look at a book with beautiful scenery or images.

Listen to beautiful or soothing music, to tapes of the ocean or nature sounds. Listen to children laughing, birds singing. Sit by a waterfall. As you are listening, notice the sounds, simply let them come and go.

Smell food being cooked. Walk in a garden or in the woods, maybe just after a shower of rain, breathe in the smells of nature. Light a scented candle or incense. Wear scent or cologne. Bake bread, make fresh coffee.

Eat a special treat slowly, savour each bite. Cook a favourite meal. Drink a soothing drink, maybe herbal tea or hot chocolate. Let the taste linger on your tongue and pass slowly down your throat.

Take a bubble bath. Pet your dog or cat, or cuddle a baby. Put on soft clothes. Take a hot or cold shower. Have a massage. Sink into a comfortable bed. Float or swim in a pool, feel the water caress your body.

Identify your own self-soothing strategies that feel right for you. The more you can come up with, the more easily you'll be able to restore your calm. Practice self-soothing each day to help 'train' your autonomic nervous system to relax.

My self-soothing strategies

Sight	
Sound	
Smell	
Taste	
Touch	

Once you have identified your trigger hierarchy and have found a reliable way to soothe yourself, begin exposing yourself to the items on your list. Start with those which are least distressing.

‘Exposure’ means deliberately doing the things that are distressing - touching ‘contaminated’ objects, deliberately thinking disturbing thoughts, maybe leaving things unfinished, or out of order or alignment. Do the very thing your OCD doesn't want you to do.

Don’t try to distract yourself from the anxiety this will cause. Over a period of time your anxiety levels will reduce. The key is not to ‘zone out’, not to avoid the trigger and not to perform any anxiety-lowering rituals. Just stay with the distress and practice slow, calm breathing until your anxiety reduces by at least 50%. If your SUDS was 80 to begin with, stay with the trigger until your SUDS is less than 40.

Nobody can remain anxious forever - over time a process of ‘habituation’ occurs where the trigger will become less distressing. Expect to experience high levels of anxiety when you first do the exposure; this will come down with practice.

You might want to have someone with you at first, but the goal is to be able to face the trigger just by yourself, with no rituals, no compulsive behaviour, no emotional ‘crutches’ and no running away. Practice each item on your hierarchy until it causes little or no distress before moving onto the next, more challenging, item. Planned and deliberate exposure allows you to prepare and remain in control - do this at a time of your own choosing, not when you find yourself unexpectedly ‘thrown in at the deep end’.

The following chart (figure 2) shows how, if we stay with the distress, without avoiding, neutralising or engaging with obsessions or compulsions, anxiety diminishes over time.

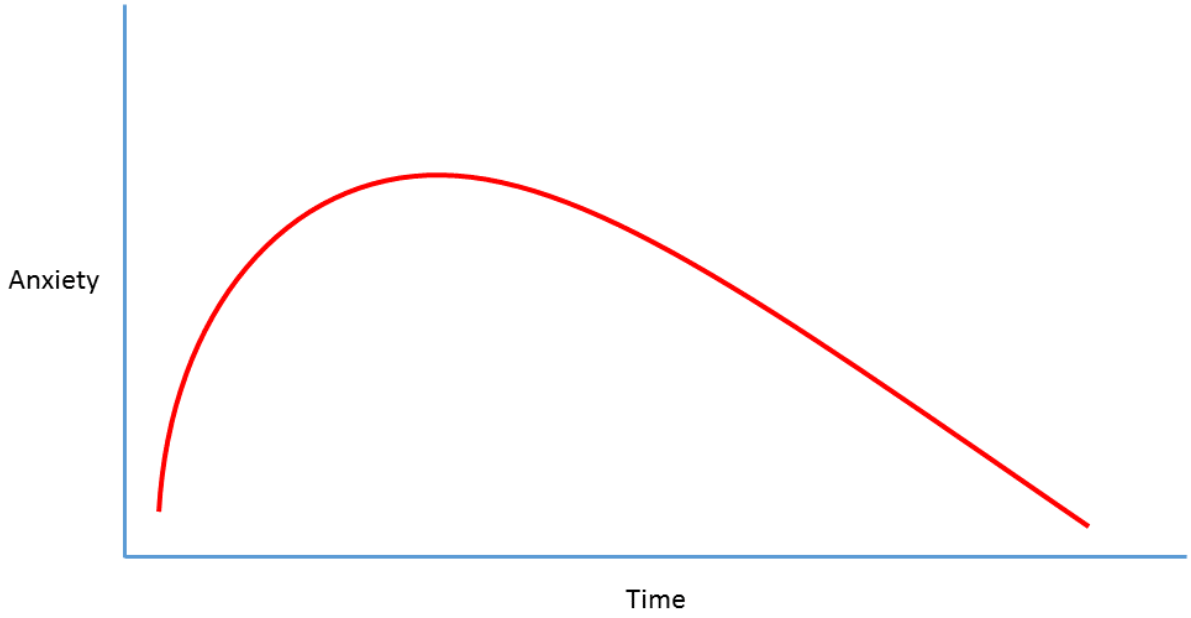


Figure 2

ERP can be challenging to carry out on your own. Some people find it's easier to get help from a trained professional, who can help with trigger hierarchies and with extra help and support.

Dealing with intrusive thoughts

As we saw earlier, trying not to think of something doesn't work – thoughts pop into the mind, whether we want them to or not. We can't control what pops into our consciousness. We do, however, have more choice over what we do next.

We know that trying to push the thought away, maybe imagining putting it in a box, locking it away or even imagining ourselves throwing it away can help.

However, it's also the case that noticing the thought can make it stronger. The more we think the thought, the more the pathways in the brain that create the thought are strengthened; a little like flowing water eventually finds and deepens a path between two points. So, what's the best thing to do?

Often, it's nothing! Now that might sound a little strange, and it's a lot harder to do than it sounds.

When we think about the worst that could happen, we give our thoughts significance and meaning. What if we could stop fighting the thought, stop arguing with it, stop denying it, stop pushing it away and stop thinking about where the thought came from, what it means and how awful and terrible it is to be thinking this way?

The most effective thing to do with intrusive thoughts is to take the stance of a disinterested observer. Simply notice the thought and then lift your attention away to something more interesting. This sounds simple, and it is. It can also be really hard to do. Like most things, however, it gets easier with practice.

If you must attend to the thought, imagine it as a leaf or stick on a river, drifting past while you sit comfortably on the riverbank. Or imagine the thought as being outside a train window, with you noticing thoughts as the train passes by.

This way we can drain worrying thoughts of their significance so they are less likely to give rise to difficult emotions within us.

Remember - the more you push thoughts away, the more you are actually in contact with them. Simply notice them and let them go. Again, and again and again and again.

Professional help

Your first appointment with a professional can feel difficult, especially if you feel uncomfortable, embarrassed or ashamed. Many people find it helpful to write down what you want to talk about before they meet. Make a note of any questions or worries you might have. Some people find it helpful to take a friend or family member along.

Sometimes it can be hard to summon the courage to get help. A simple 'phone call to your GP can get things moving and start you on the road to recovery.

Avoid avoiding

Sometimes we just want to shut ourselves away from people. It can be very hard, but keeping active and staying with people can be very helpful. Remaining in work or returning to work might be very hard too, but can help us keep a sense of control. Keeping a normal daily routine is usually much better than withdrawing and staying in bed. We might feel like shutting ourselves away, but doing so can make things worse.

Ask yourself, 'if there's something I'm avoiding, what could I do differently? Make a note of your answer below.

Deal with the difficult things

Putting off problems can make them mount up. Are there things in your life you're putting off dealing with? Might an advocate or some extra support help? The Citizens Advice Bureau can help with a range of issues from housing to money worries. Doing things to address our problems relieves the burden and makes us feel 'in control' again.

Ask yourself, 'what small thing could I do today that would help me begin to feel better about myself?' Make a note of your answer below.

Challenging ourselves

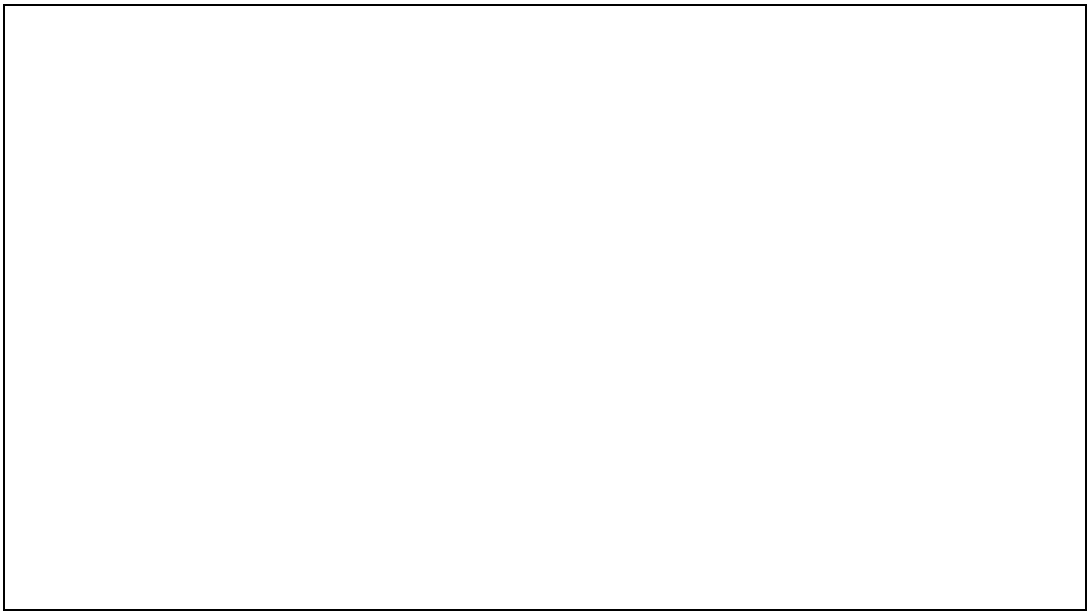
When we're anxious, it's a bit like we have blinkers on - we narrow our focus and just deal with making ourselves feel less afraid. We lose perspective, we focus on the short-term and neglect the 'bigger picture'.

It's very easy to lose ourselves in obsessions and rituals, so it helps to stop, to think and to take stock. Have a think about the following questions.

You may want to write your thoughts on a piece of paper. If you have a professional helping you, you may want to share your thoughts with them.

OCD advantages and disadvantages analysis

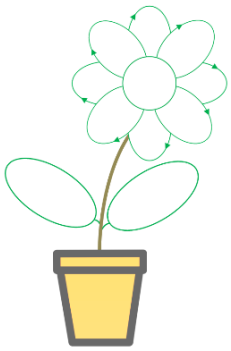
1. What problems are caused by your rituals?
2. How do your rituals affect your quality of life?
3. Have your rituals helped you overcome your OCD?
4. What negative effects are your rituals having on you?
5. What effects are your rituals having on the people around you?
6. Are there ways in which your rituals actually make the OCD worse?
7. What is the worst that could happen if you continue with your rituals?
8. Even if your rituals reduce your distress in the short-term, do they reduce it in the longer term?



Reframing advantages

1. What are the advantages of carrying out your rituals?
2. Are these short or long-term advantages?
3. Is there some other way you could achieve these gains?
4. In what other ways do your rituals help you?
5. Do you believe that your rituals prevent harm?
6. Have you tested if this harm is real or imagined?
7. Do you believe that your rituals stop you from losing control?
8. Have you ever been unable to carry out your rituals? If so, what happened?
9. Do your rituals give you peace of mind?
10. If rituals work, you should be worry-free in the long-term - is this the case?

The vicious and virtuous flowers of OCD



Take a look at the following diagram (figure 3). The 'petals' of the flower show some of the things we might do that can make OCD worse. The table below shows how these things contribute to OCD. Have a think about what you could do to change these behaviours and write your thoughts in the table. This exercise is much easier if you are working with a professional who can help with your OCD.

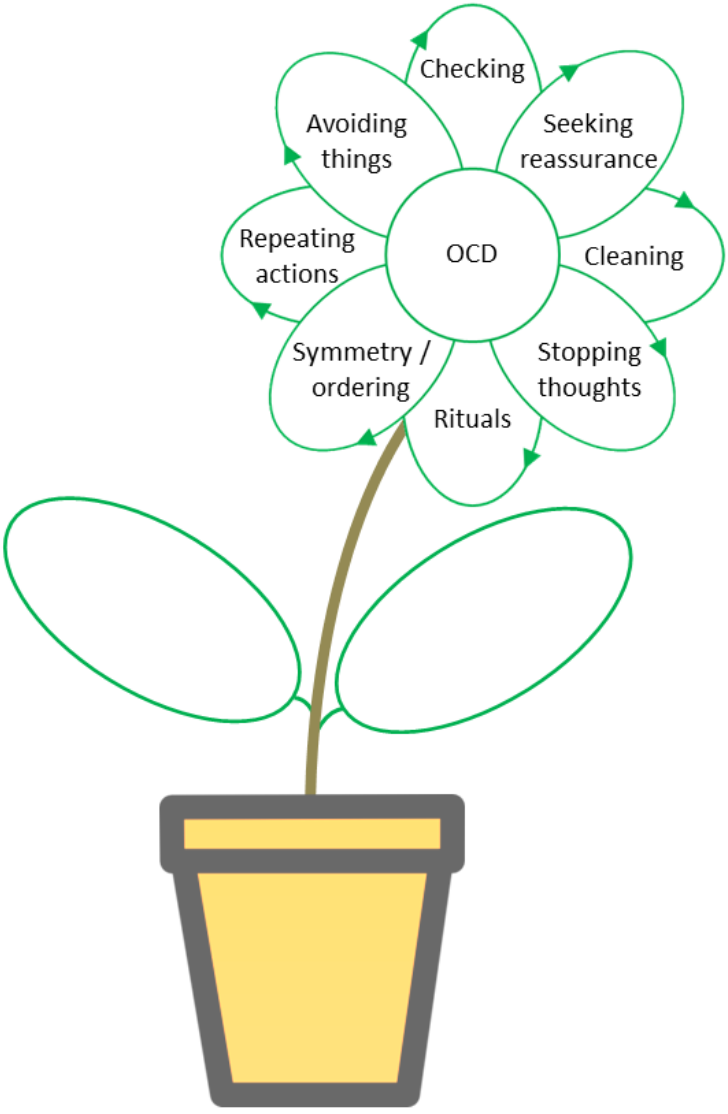


Figure 3

Behaviour	Problems caused	What I might do differently
Checking	Constant checking makes me feel ashamed and different – which makes my anxiety worse	
Seeking reassurance	Makes me think I'm annoying people and doesn't work for long	
Compulsive cleaning	Takes up too much of my time and energy	
'Stopping' thoughts	Wears me out and stops me noticing what's happening around me	
Rituals	I'm afraid people will notice and think I'm 'odd'	
Ordering or arranging	Takes up all of my attention when something is 'wrong'	
Repeating	Keeps me locked-in to short-term anxiety lowering behaviour	
Avoiding	Avoiding places, people, things or situations doesn't give me a chance to find out what would happen if I didn't avoid them	

If you want, try the following. In the central circle of the flower in figure 4, write an upsetting feeling or unhelpful thought you may have in relation to OCD. On the ‘petals’ of the flower write down the ‘vicious cycles’ which keep the central problem going.

These vicious cycles are the things we can change which will, in turn, help to change the central emotion or belief. This exercise is much easier if you are working with a professional who can help with your OCD.

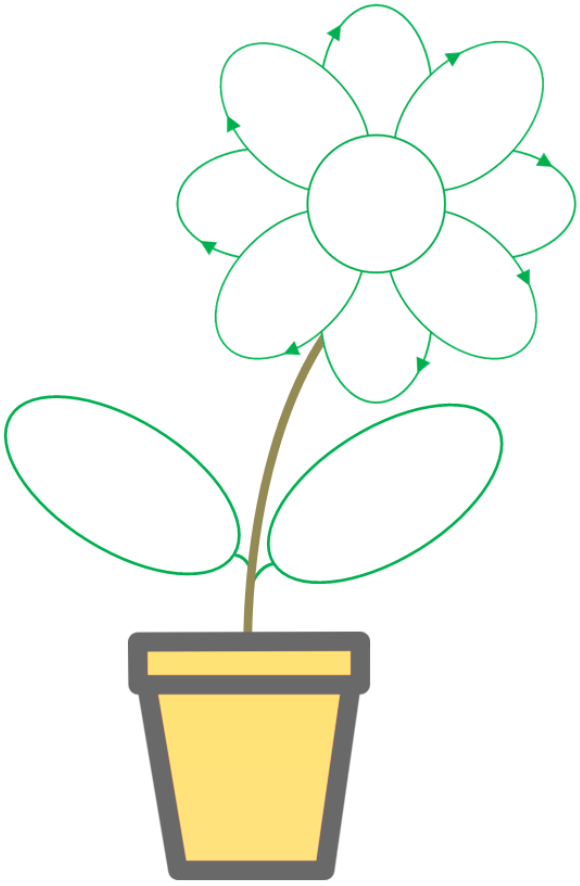


Figure 4

You might also want to try the ‘virtuous flower’ exercise. In the central circle of the flower in figure 5 write down your desired outcome, which may be a positive emotion or a helpful belief. The ‘petals’ are now the virtuous cycles which help to bring about your desired change.

Write down on the ‘petals’ what you will do to bring about the change you desire.

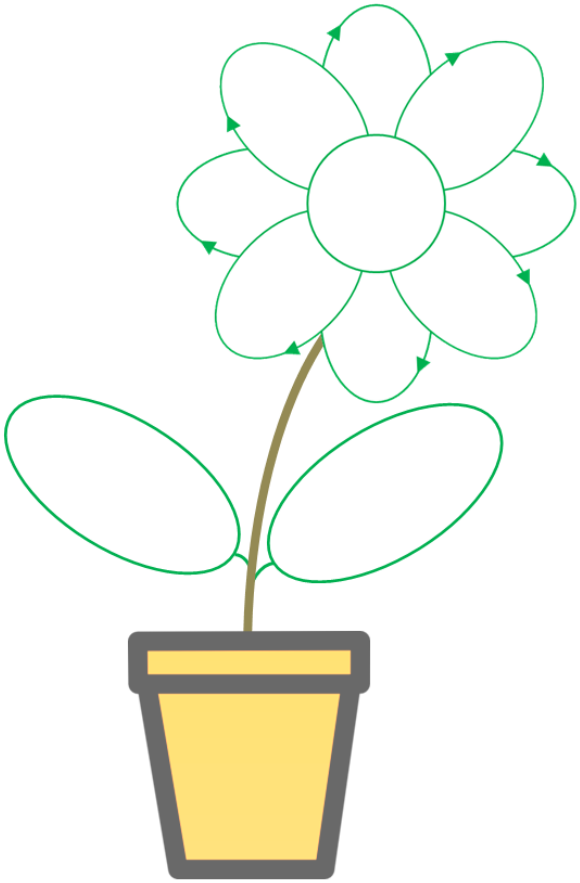


Figure 5

Avoiding alcohol and drugs

Alcohol is a depressant - it can lower the mood. Other non-prescribed drugs are best avoided. If you live in Wales and think alcohol or drug use might be a problem, you can contact the CALL helpline on 0800 132 737 or text 'help' to 81066 (UK).

Self-help resources

There are many good books and websites that can help. Again, your GP, practice nurse or mental health practitioner will be able to recommend from a range of excellent and helpful material. Some of the material in this information sheet has come from OCD-UK, a leading national charity for children and adults whose lives are affected by OCD.

Act now!

The sooner you get the help you may need, the sooner you'll feel better. Speak with your GP or a health professional for extra information or to get on the road to recovery today!

Y-BOCS

The Yale-Brown obsessive-compulsive symptom checklist (Y-BOCS) is widely used by professionals to assess obsessions and compulsions. Below is a shortened version. Rate your current obsessions on a scale from '0' to '100' as to how much discomfort they cause, where '0' represents no discomfort and '100' represents extreme panic. You can also add any details that you think are relevant, such as the specific nature of a fear or obsession.

1. Aggressive obsessions	**Rating**
Fear of harming yourself	
Fear of harming others	
Trouble with violent or horrific images	
Fear of blurting out obscenities or insults	
Fear of doing something else embarrassing	
Fear that you will act on unwanted impulses (e.g., to stab a loved one)	
Fear that you will harm others by not being careful enough (e.g., driving over someone in a road traffic accident)	
Fear that you will be responsible for something terrible happening (e.g., fire, burglary, gas explosion)	
Fear that you will steal things	
Other aggressive or injurious obsessions …	
2. Contamination obsessions	**Rating**
Concern or disgust with waste or secretions (e.g., urine, faeces, saliva, semen)	
Concern with dirt or germs	

Excessive concern with environmental contaminants (e.g., asbestos, radiation, toxic waste)	
Excessive concern with household chemicals or cleansing agents	
Excessive concern with animals or insects	
Fear of sticky substances or residues	
Concern that you will get ill because of a contaminant	
Concern that you will get others ill by spreading contaminants	
Concern with disease (e.g., AIDS, hepatitis, VD)	
No concern with consequences of contamination other than how it might feel	
Other contamination obsessions …	
3. Sexual obsessions	**Rating**
Forbidden or perverse thoughts, images or impulses	
Thoughts or impulses involving children or incest	
Thoughts or impulses involving homosexuality	
Inappropriate or aggressive sexual behaviour towards others	
Other sexual obsessions …	
4. Hoarding / saving obsessions	**Rating**
Excessive hoarding or saving of objects (e.g., magazines, papers, rubbish)	
5. Religious obsessions	**Rating**
Concern with sacrilege, blasphemy or sinfulness	
Excessive concern with right and wrong or morality	
Other religious images or thoughts about the Devil	

Other religious obsessions …	
6. Obsession with need for symmetry	**Rating**
Need to have objects placed symmetrically or 'just so'	
7. Miscellaneous obsessions	**Rating**
Need to know or remember	
Fear of saying certain things	
Fear of not saying just the right thing	
Fear of losing things	
Intrusive (non-violent or neutral) images	
Intrusive nonsense sounds, words or music	
Bothered by certain sounds or noises	
Lucky or unlucky numbers	
Colours with special significance	
Superstitious fears	
Concern with certain numbers	
Fear of making mistakes	
Other obsessions …	
8. Somatic obsessions	**Rating**
Concern with illness or disease	
Excessive concern with body parts or aspect of appearance	

Avoidance

What objects, activities or situations do you avoid because of your obsessions? Rate each item on a scale from ‘0’ to ‘100’ as to how comfortable it would be to confront it, where ‘0’ represents no discomfort and ‘100’ represents extreme panic.

Object, activity, or situation avoided	**Rating**

Compulsions

Compulsions (or rituals) are actions repeated to reduce discomfort (e.g., anxiety or guilt) which one feels driven to perform. Rate your current compulsions on a scale from ‘0’ to ‘100’ as to how much discomfort would occur if you were unable to perform them, where ‘0’ represents no discomfort, and ‘100’ is extreme panic.

9. Cleaning / washing compulsions	**Rating**
Excessive or ritualised hand washing	
Excessive or ritualised showering or bathing	
Excessive tooth brushing	

Excessive grooming or shaving	
Excessive toilet routine	
Excessive cleaning of household items or other objects	
Use of special cleansers to remove ‘contamination’	
Use of other measures to prevent contact with or remove ‘contamination’	
Other cleaning compulsions …	
10. Checking compulsions	**Rating**
Need to check electricity switches / appliances	
Need to check gas taps	
Need to check locks	
Need to check water taps	
Need to check that you did not, or will not, harm others	
Need to check that you did not, or will not, harm yourself	
Need to check that nothing terrible did, or will, happen	
Need to check that you did not make a mistake	
Need to check your body because of somatic obsessions (e.g., checking body parts)	
Other checking compulsions …	
11. Repeating rituals	**Rating**
Need to re-read or re-write	
Need to repeat routine activities (e.g., crossing thresholds, going in / out, up / down from chair, tying shoes, dressing / undressing)	
Other repeating compulsions …	
12. Counting compulsions	**Rating**
Counting a set number of times	
13. Ordering	**Rating**
Keep objects in order or arranged ‘just so’	

14. Hoarding / collecting compulsions	**Rating**
Collecting newspapers or useless objects or sorting through rubbish (not including hobbies or collection of objects for monetary or sentimental value)	
15. Miscellaneous compulsions	**Rating**
Mental rituals to neutralise obsessional thoughts (other than checking or counting)	
Excessive list making	
Need to tell, ask or confess	
Need to touch, tap or rub	
Measures (other than checking) to prevent harm to yourself	
Measures (other than checking) to prevent harm to others	
Measures to prevent terrible consequences	
Rituals involving blinking or staring	
Ritualised eating behaviours	
Superstitious behaviours	
Pulling hairs (from scalp, eyebrows, eyelashes, pubic hair)	
Acts of self-damage or self-mutilation (such as picking skin)	
Repeated requests for reassurance from others	
Other compulsions …	

Appendix 1 – normal intrusive thoughts

OCD can make us feel lonely and 'different'. However, it seems that intrusive, unpleasant thoughts might be something we all experience from time to time.

The table below shows the results of research findings from a survey of 293 students (198 female and 95 male), none of who had a diagnosed mental health problem.

The column on the left shows the type of intrusive thought and the columns on the right show the percentage of women and men who said they had experienced that particular thought.

	Item	Female %	Male %
1	Driving into a window	13	16
2	Running a car off the road	64	56
3	Hitting animals or people with your car	46	54
4	Swerving into traffic	55	52
5	Smashing into objects	27	40
6	Slitting wrists / throat	20	22
7	Cutting off finger	19	16
8	Jumping off a high place	39	46
9	Fatally pushing a stranger	17	34
10	Fatally pushing a friend	9	22
11	Jumping in front of a train / car	25	29
12	Pushing a stranger in front of train / car	8	20
13	Pushing family member in front of train / car	5	14
14	Hurting strangers	18	48
15	Insulting strangers	50	59
16	Bumping into people	37	43
17	Insulting an authority figure	34	48

18	Insulting a family member	59	55
19	Hurting a family member	42	50
20	Choking a family member	10	22
21	Stabbing a family member	6	11
22	Accidentally leaving heating / stove on	79	66
23	Home unlocked, intruder there	77	69
24	Taps left on, home flooded	28	24
25	Swearing in public	30	34
26	Breaking wind in public	31	49
27	Throwing something	28	26
28	Causing a public scene	47	43
29	Scratching car paint	26	43
30	Breaking window	26	43
31	Wrecking something	32	33
32	Shoplifting	27	33
33	Grabbing money	21	39
34	Holding up a bank	6	32
35	Sex with an unacceptable person	48	63
36	Sex with an authority figure	38	63
37	Fly / blouse undone	27	40
38	Kissing an authority figure	37	44
39	Exposing myself	9	21
40	Acts against your sexual preference	19	20
41	Authority figures naked	42	54
42	Strangers naked	51	80
43	Sex in public	49	78

44	Disgusting sex act	43	52
45	Catching sexually transmitted disease	60	43
46	Contamination from doors	35	24
47	Contamination from phones	28	18
48	Getting a fatal disease from strangers	22	19
49	Giving a fatal disease to strangers	25	17
50	Giving everything away	52	43
51	Removing all dust from the floor	35	24
52	Removing dust from unseen places	41	29

Disclaimer

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Written by: SC and Helen Lycett.

Written on: 26-05-15.

Last updated on: 21-04-2022.

Checked by: HL.

Checked on: 21-04-2022.

Date for review: April 2025.

Flesch reading Ease: 61.3