OCD

Information for adults



OCD takes the form of intrusive thoughts, doubt, visible and mental compulsions, and avoidance.

Treatment breaks the cycle and restores freedom.

EXAMPLES

Checking behaviour

Checking behaviour may involve checking that the cooker is off, the till has been counted correctly or the cleaning done properly. It can also occur mentally through reviewing thoughts, memories, bodily sensations, feelings or relationships. Repeated checking seeks certainty but often creates new doubt.

Avoidance

Avoidance means staying away from situations, objects, people or information that can trigger doubt or distress. Someone who fears harming themselves or others may avoid knives, cars, chemicals or medical centres. Avoidance may also mean postponing decisions, leaving tasks to others or giving up activities. It briefly reduces distress but gives OCD more room.

Neutralising and magical thinking

Neutralising uses an action or mental rule to cancel out distress or prevent a feared consequence—for example, knocking three times, repeating a sentence, counting or thinking an opposing thought. In magical thinking, a thought or action can feel as though it influences whether something else happens. The urge to neutralise can remain strong even when the person recognises that the connection is illogical.

Order, symmetry and 'just right' feelings

Some people with OCD experience intense distress or a sense of incompleteness if objects are not placed precisely, symmetrically or in the right way. They move and adjust them until things feel 'just right'. This can become time-consuming and make it difficult to finish the action and move on.

Mental argumentation and information seeking

An OCD response may involve repeated attempts to argue against a thought or prove that what the person fears is not true. They may review details or seek a definitive answer from others or online. Each answer may raise new exceptions and questions, keeping doubt active.

Reassurance seeking

Reassurance seeking means asking others whether something is safe, right or normal. The question may be repeated or rephrased when the answer feels insufficient. The answer may briefly reduce doubt but increases the need for certainty from others when doubt returns.

THE THREAT SYSTEM AND OCD



The threat system

The threat system is the body's automatic alarm system. It directs our attention towards potential threats and prepares us to act. In OCD, the system functions normally, but it can be activated by thoughts, doubt or sensory input that feels important to respond to.

The threat system cannot determine whether a thought is true or likely; it responds to the meaning attached to the thought. A thought can therefore trigger intense unease, disgust, urges or a sense of incompleteness, even when there is no new evidence of a real threat.

In health OCD, a person may examine their body every day for lumps or changes in moles. The more they examine their body, the more significant ordinary changes begin to feel. Checking may briefly reduce distress or doubt, but at the same time teaches the threat system that these changes require monitoring. The doubt therefore returns, and the need to check grows.

When attention is repeatedly directed towards a particular signal, that signal becomes easier to notice and harder to ignore. Checking thus becomes part of what keeps the alarm active.

When the OCD pattern spreads

OCD can spread through associations. A thought, object, colour or situation that becomes associated with something the person fears can gradually become a new trigger for doubt and distress.

A person who fears harming others may watch a film featuring a serial killer in a yellow raincoat. Afterwards, a yellow raincoat may trigger the same doubt. Over time, other yellow objects may also trigger the doubt, even as the original connection to the film becomes less clear.

When the person responds to the new triggers with checking or avoidance, the triggers gain significance and the OCD pattern spreads. The pattern is broken by changing the response to the triggers—not by trying to avoid or remove them all.

TREATMENT

Treatment for OCD is usually based on cognitive behavioural therapy, including exposure and response prevention. It examines the relationship between thoughts, interpretations, bodily responses and actions—and what keeps the OCD pattern going.

In exposure, the person deliberately practises facing situations, thoughts or sensations that activate OCD. Response prevention means not following OCD's demands for checking, analysis, control, reassurance seeking or avoidance. This applies to both visible actions and mental strategies.



Treatment involves mapping specific triggers, interpretations, visible and mental compulsions, and avoidance. This shows where OCD takes hold in daily life and where the person can begin to respond differently.

The exercises are based on the person's own OCD pattern and are carried out both in therapy and in daily life. The person practises facing doubt and distress without responding with visible or mental compulsions such as reviewing, arguing or checking feelings.

Treatment does not focus on proving that the content of the thought is wrong, but on changing the response to doubt and distress. Repeated experiences of leaving doubt unanswered weaken the OCD pattern and give the person greater freedom in daily life.

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WHAT IS OCD?

OCD (obsessive-compulsive disorder) is characterised by intrusive and unwanted thoughts, images, impulses or doubts—often referred to as obsessions. They can feel important to resolve or respond to. A person may therefore begin to check, analyse, avoid, seek reassurance or perform other visible or mental compulsions.

These responses typically aim to achieve certainty or control. In the short term, they reduce distress or doubt. When repeated, they teach the threat system that the thought or situation requires action. The doubt returns, and the need to respond grows.

What matters is not the theme of the thought, but how the person becomes caught up in attempts to resolve, control or neutralise it. Very different themes can therefore form part of the same OCD pattern.

Compulsions are not always visible. Mental review, internal argumentation, checking feelings and trying to sense an internal response can serve the same function as visible actions.

When is it OCD?

Most people experience intrusive thoughts, doubt or repeated habits from time to time. This is not in itself OCD. In OCD, thoughts and doubts become difficult to leave unanswered, while visible and mental compulsions and avoidance take on a central role.

OCD is diagnosed when the pattern is time-consuming, causes marked distress or significantly interferes with daily life—for example, relationships, family life, education or work. OCD can be highly distressing, but it is treatable.

OCD may focus on one area or affect several parts of daily life. The theme may change while the need to check, analyse, neutralise or avoid continues. The whole pattern is therefore assessed, rather than the individual thought alone.

DOUBT AND RESPONSES TO OCD

Doubt

Doubt is central to many OCD patterns. Anyone may wonder if they locked the door, but can usually leave the doubt unanswered. In OCD, even slight uncertainty can feel too important to ignore—especially when it relates to something the person fears or regards as highly significant.

In OCD, certainty has no clear endpoint; even after careful checking, a new doubt can arise.

The more a person checks to gain certainty, the harder it can become to trust their memory and their sense of having done it correctly. Repeated checking therefore does not resolve the doubt; it can increase the need to check again.

The purpose of responses to OCD

Responses to OCD are attempts to reduce doubt, distress or a perceived risk. They may involve checking, analysis, mental rituals, avoidance or other strategies. These responses ease the pressure in the short term, but the effect does not last.

Once one question has been resolved, doubt often shifts to a new exception or detail. The pattern is therefore not broken by finding the definitive answer, but by changing how the person responds to doubt. When doubt is allowed to remain unanswered, the need to respond weakens, giving the person greater freedom to act without first meeting OCD's demand for certainty.

