

## **UNDERSTANDING HOW OCD WORKS**

In the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), Obsessive-Compulsive Disorder (OCD) sits under its own category of Obsessive-Compulsive and Related Disorders and within that the following subcategories were placed: Obsessive Compulsive Disorder (OCD), Body Dysmorphic Disorder (BDD), Hoarding Disorder, Trichotillomania, Excoriation (Skin Picking) Disorder, Substance/Medication-induced Obsessive-Compulsive and related Disorder, Obsessive-Compulsive and Related Disorder due to another medical condition, Other specified Obsessive-Compulsive and Related Disorder.

Anxiety is a fundamental feature of Obsessive-compulsive disorder (OCD), meaning that it involves excessive, irrational, or unreasonable fear and anxiety. Anxiety is typically associated with the anticipation of future negative events; for example, 'what if \_\_\_ happens?' other anxiety disorders include phobias (e.g., fears of thunderstorms or heights); panic attacks, and generalized anxiety which is defined as uncontrollable worries concerning situations such as work, health, or finances. In OCD, people have unwanted or senseless thoughts (obsessions), and urges to perform special behavioral or mental rituals (compulsions).

Researchers have been interested in understanding the causes and symptoms of OCD, and thus have conducted numerous studies on this topic beginning in the middle of the 1960's. This research has confirmed two important facts about OCD: 1) obsessions evoke anxiety and distress; and 2) compulsive rituals reduce anxiety and distress. This handout explains these important relationships in more detail. The explanations can be divided into two parts: 1) how obsessional fears develop, and 2) why obsessional fears continue.

## **OBSESSIONS**

Let's first examine obsessions. Obsessions are unwanted intrusive thoughts, ideas, or images that evoke anxiety, worry, or discomfort. Their content is usually senseless or bizarre-and the person often recognizes this. People with OCD try to resist their obsessions - meaning that they try to stop the thoughts, often unsuccessfully. Broadly speaking, obsessions often concern the possibility of danger, harm, or responsibility for danger or harm. Their specific content may focus on aggressive actions, contamination, sex, religion, mistakes, physical appearance, diseases, need for symmetry or perfection, among other topics.

### **PART 1: HOW DO OBSESSIONS DEVELOP?**

You may be surprised to learn that intrusive, upsetting, unwanted thoughts that resemble obsessions are experienced by just about everyone in the world. That is, people without OCD experience the same kinds of unwanted and intrusive thoughts as do people with OCD. Indeed, human beings have many, many thoughts while awake and during sleep, and so it would be expected that our brains will, at times, focus on bizarre or senseless thoughts. To illustrate this, researchers have conducted studies in which people with OCD were asked to list some of their unpleasant unwanted thoughts, as were a group of people who did not have OCD. The researchers then gave the lists of thoughts to psychologists and psychiatrists and asked them to distinguish between the thoughts of people with and without OCD. Indeed, the professionals did a poor job of determining whether the thought was from an OCD or non-OCD person. Below are listed several intrusive thoughts reported by people without OCD:

- Impulse to harm someone
- Thoughts of accidents involving loved ones
- Thought of harm coming to one's children

- Impulse to jump in front of an oncoming vehicle
- Impulse to shout rude or inappropriate things during a performance
- Thought about harm from asbestos
- Impulse to shout at someone or abuse them
- Thought about harm coming to husband/wife
- Doubts about having committed a sin
- Thought of being punished by God
- Impulse to curse in church
- Thoughts of accidents or mishaps
- Thoughts of children getting sick
- Thought of "unnatural" sex acts
- Thought about molesting children
- Images of germs festering on one's skin
- Sense that something is not perfect
- Bad thoughts about God

These studies demonstrate that people with OCD do not have something terribly wrong with their brains that cause them to have terrible, senseless, or immoral thoughts. And, this is good news because it means that people with OCD are not in the least "abnormal". Their thoughts are no different than people without OCD.

You might be wondering why these strange but completely normal negative intrusive thoughts exist in the first place? This is probably due to the fact that as humans, we have highly developed and creative brains. We are able to imagine all kinds of scenarios - some more pleasant than others. We have a "thought generator" in our brain that sometimes generates thoughts we would rather not think about. Sometimes, the generator produces thoughts about danger even though there may not be any real threat present.

### **DIFFERENCES BETWEEN PEOPLE WITH AND WITHOUT OCD**

But, if intrusive distressing thoughts are a normal part of life for everyone, every day, why do some people develop OCD and others do not? It turns out that scientists have discovered differences in how people with and without OCD interpret their unwanted negative thoughts. Depending on their mood, people without OCD seem to simply dismiss their senseless thoughts as meaningless and not worthy of further attention. In response to such a thought, they might automatically say to themselves, "that's a silly thought, I would never do that", or "that thought doesn't make sense, time to think about something else." When this happens, the person doesn't pay any more attention to the thought, and the thought soon passes.

For people with OCD, however, things go much differently. Studies have found that people with OCD misinterpret their intrusive thoughts as highly meaningful or significant in one way or another. In fact, many people with OCD view their intrusive thoughts as threatening. When this happens, it activates the body's automatic danger detection system (the "fight-flight" system), which causes us to pay more attention to the perceived threat. Sometimes, however, the danger detection system overreacts by acting like there is a tiger lurking around the corner, when there is really only a kitten. Therefore, it is not surprising that people with OCD pay lots of attention to particular unwanted negative thoughts that they misperceive as being threatening. This occurs because attention to threat serves to protect us. If nature did not endow us with the reflex to pay attention to potential threats, we would not have survived as a species.

So, as you can see the main difference between people with and without OCD is in the importance that they attach to their intrusive thoughts - not the thoughts themselves. It is no coincidence that we typically see contamination obsessions among clean people, harming obsessions among gentle people, blasphemous or sexual obsessions among religious or moral people, and thoughts about mistakes among careful people. The more important something is, the worse it seems to have a bad thought about it.

## **MISINTERPRETATIONS OF INTRUSIVE THOUGHTS IN OCD**

It turns out that most people with OCD make similar types of misinterpretations of their intrusive thoughts - misinterpretations that lead to feeling threatened. Below, we will explore some of these. People with OCD often feel overly responsible for harm or danger associated with their obsessional thoughts. They may have a particular thought and immediately jump to the conclusion that they had better act to reduce the chances of something terrible happening. But they do not stop to evaluate the realistic probability of danger - which is usually extremely low. So, people with OCD often act on the blind assumption that their intrusive obsessional thoughts are true (which, as we have seen, is not the case). In addition, whereas people without OCD typically assume a situation is safe if there is no recognizable sign of danger, people with OCD assume obsessional situations are dangerous and require excessive assurance that they are, in fact, safe. Thus people with OCD have an "intolerance of uncertainty".

Another error that people with OCD sometimes make is to believe that it is somehow bad to have bad thoughts. This is simply not true. In fact, as human beings, we are fortunate to have the capacity to think about anything we want. We can plan ahead, remember, and create fantasies about both positive and negative events. Our thoughts are private occurrences and we can hide them from others if we choose. Further, we can decide whether or not to act on our thoughts. As we have seen, everyone at times has unpleasant thoughts about actions we would consider inappropriate or immoral. Whereas there might be consequences for acting on these thoughts, we are completely free to imagine such events without consequences. Indeed, most movies, shows, books, artwork, and science are the result of this wonderful ability to think creatively.

Some people with OCD fear they will automatically act on their obsessional thoughts without thinking. Thus having the thought is perceived as dangerous because it will lead to a terrible action. However, this is not true. Our thoughts are not the only determinant of our actions. Indeed, we have the free will to pick and choose which thoughts we will act on and which we will not. You might experiment by thinking about standing up out of your chair, but deciding not to actually stand. If you decide not to stand, all the thinking in the world will not cause you to stand. In fact, there is nothing that can make you stand if you consciously choose not to. So, thoughts about inappropriate or harmful actions that you don't want to act on can not actually cause you to act against your will.

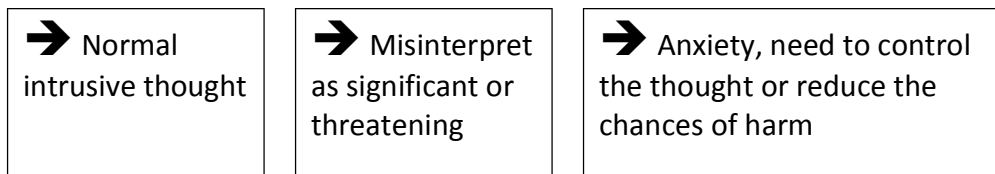
Other mistakes include "magical thinking" - believing that if you have a thought about an event, it makes the event more likely to happen. But this is illogical as well. Just because we think of something does not make it more likely to occur. Think of how many times you think about something at it doesn't happen. The mistake here is the tendency for people with OCD to base their predictions on what they feel, rather than on what their experience, or other kinds of valid evidence, tells them.

Another common mistake is to believe that you can, and should, control your thoughts. Not true. In fact, human beings are notoriously poor at controlling their thoughts. You might know this first hand if you have ever tried to stop yourself from having a specific thought - this is called "thought suppression". Most likely you found that attempts to suppress your unwanted thoughts resulted in the thought coming back. Researchers have studied thought suppression extensively finding that people can not stop their thoughts

by simply telling themselves not to think them. So, using this strategy with obsessions is doomed to fail also. In fact, one of the ways obsessions can develop is by habitually trying to suppress thoughts. If you believe a thought is dangerous and try to suppress it, but can't, you will start to feel more and more anxious. However, if you believed 100% that your unwanted thoughts are not threatening, you would not have the need to control or suppress them, and the thoughts would actually occur less frequently.

## A MODEL OF THE DEVELOPMENT OF OBSESSIONS

What we have described so far helps to explain how obsessional thoughts develop. A simple model of the development of obsessions would look like the following:



## PART 2: WHY DO OBSESSIONAL FEARS CONTINUE?

This brings us to the second part of our explanation: how obsessions continue. Once a fear or obsession is established, people naturally seek to reduce their discomfort. As stated above, if a person feels threatened, they will act to remove the threat. In OCD there are two methods of removing threat evoked by obsessions. The first is to avoid threatening situations or thoughts in the first place. The second is to escape from unavoidable situations or thoughts. As we will see, both have the same eventual outcome - they actually strengthen obsessional fears. We will focus on avoidance first.

### AVOIDANCE

People with OCD spend a lot of energy avoiding situations that provoke obsessional: anxiety. This is understandable since no one wants to feel anxious or threatened. Avoidance may be subtle, such as turning the channel on the television or not touching a certain surface; or it may be overt, such as driving out of your way to avoid passing a certain landmark. Thus, avoidance tends to be one of the more devastating aspects of OCD because it can severely restrict people from their normal functioning. The purpose of avoidance in OCD is to dodge confrontation with feared situations featured in obsessional thoughts and reduce the likelihood of anxiety and harm. So, there is a relationship between obsessional thoughts and situations that are avoided. However, as we have seen above, obsessional fears are unrealistic and usually based on a person's thoughts as opposed to real threat. Thus, avoidance is an exaggerated response to situations that pose little if any real threat.

Not only is avoidance an excessive response to obsessions, it also strengthens obsessional fears in two ways. First, because it requires effort, avoidance calls greater attention to the obsessional thought. You start to believe "if I have to go to so much effort to avoid, it must be important." In addition, avoidance leads to being overly watchful, or "hyper vigilant," for possible things you must avoid. With time, more and more situations become potentially threatening, further restricting your activity. Again, this results in increased significance of the obsessional fear. Second, avoidance prevents you from learning that your obsessional fear is not valid. That is, by avoiding, you never give yourself the opportunity to enter a feared situation and see that (a) harm is unlikely to occur, and (b) you can handle the temporary anxiety and discomfort that eventually goes away. Thus, avoidance contributes to the continuance of obsessional fears.

## COMPULSIVE RITUALS AND "ESCAPE BEHAVIOR"

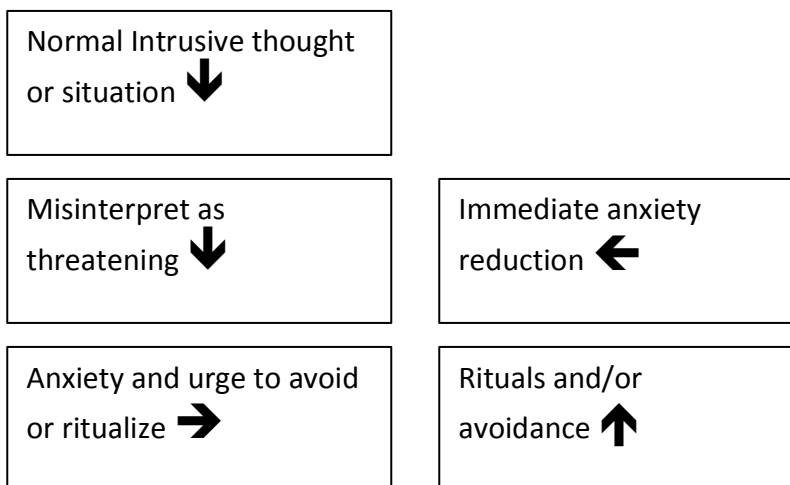
The second method of removing threat is by escaping from situations judged to be threatening. Indeed, it is perfectly natural to want to escape from potential harm - people leave a burning building as quickly as they can. In OCD, escape involves intentionally performing a behavior or a mental act to reduce the likelihood of harm. We call these compulsive rituals, and they often take the form of repeated washing, checking, praying, arranging, mentally neutralizing, repeating, and asking for assurance. These are all forms of escape because they are performed to reduce (a) uncertainty, (b) anxiety/distress, and/or (c) the potential for danger. For example, a person with obsessional fears of contamination from floors might avoid touching floors and wash their hands if they came into contact with something they fear may have touched the floor. This washing serves to reduce the distress because, to the person with OCD, it has removed the possibility of contamination. Importantly, compulsive rituals represent excessive behaviors because you are actually not in any danger in the first place.

The term 'ritual' is synonymous with compulsion but usually refers to motor acts. 'Rumination' usually covers both the obsession and any accompanying mental compulsions and acts.

As with avoidance, compulsive rituals also serve to strengthen obsessional fears. First, you may have come to believe that "something worth ritualizing about must really be dangerous." Second, if compulsive rituals serve as an escape from perceived danger, than by performing rituals you never give yourself the opportunity to see that the obsessional situations are not dangerous. In addition, people with OCD often come to believe that their rituals really prevent the disastrous consequences they fear. In the example above, the person might believe, "I did not get sick because I washed my hands a special way." This is a dangerous trap because not only is it a false belief, but it leads to strong feeling that the ritual is important in keeping safe. Thus, rituals also serve to reinforce obsessional fears.

A final point about compulsive rituals is that they seem to be effective for reducing anxiety in the short term. That is, after performing a ritual, you might feel a sense of relief or completion. When this occurs, it means you have tricked yourself into believing that you have just averted catastrophe. As we have seen, there was no threat to avoid in the first place, so this feeling is superstitious. However, the feeling of relief is important because it quickly leads to more urges to complete this ritual the next time you feel threatened. That is, because the ritual made you feel better, you learn to do it again to escape threat under similar circumstances in the future. Psychologists call this "negative reinforcement". This is how rituals become a strong habit. In the long term, however, rituals are wasteful because they teach you to use excessive, time consuming, and meaningless tactics to reduce fear and distress.

So, you can see how avoidance and compulsive rituals, by virtue of their ability to reduce fear and distress, help to strengthen OCD symptoms of obsessional fear. If we think of a model of OCD that incorporates rituals and avoidance, we have the following:



Misinterpretations of normal, harmless intrusive thoughts leads to increased fear and urges to reduce the fear by ritualizing or avoiding. Rituals reduce the fear in the short term, but reinforce the misinterpretation of obsessional fears and situations as dangerous. Thus, opportunities to learn that your fears are unfounded never occur. Obviously, then, once you believe that obsessional situations and thoughts do not represent a high risk of harm, you will feel fewer urges to avoid situations or perform compulsive rituals. Cognitive-behavior therapy (CBT) is a treatment based on this idea and will help you to (a) correct faulty beliefs about your thoughts, (b) weaken the associations between certain thoughts and feelings of uncertainty, anxiety, and distress, and (c) reduce the urges to avoid or perform compulsive rituals.

## **NEUTRALIZING AND SAFETY-SEEKING BEHAVIOURS**

Neutralizing resembles a mental compulsion but is not identical, although both usually serve to reduce anxiety. Neutralizing is not necessarily stereotypic or a compulsive urge but has the aim of undoing the perceived harm. By comparison, compulsions are largely involuntary and repetitive and are seldom resisted. The term 'safety-seeking behaviours' is also used to refer to any actions in a feared situation that aim to prevent feared catastrophes and reduce harm and therefore includes compulsions and neutralizing behaviours. The aim of a compulsion or neutralizing behaviour is thus to reduce harm and feel 'comfortable' or 'just right.'

## **UNDERSTANDING EXPOSURE AND RESPONSE PREVENTION**

The treatment for OCD is called Exposure and Response Prevention (ERP). It is designed to break two types of associations that are present in obsessive-compulsive disorder (OCD). The first one is the association between sensations of distress and the objects, situations, or thoughts that produce this distress. The second association you want to break is the one between carrying out ritualistic behavior and decreasing the distress. This will break the automatic bond between the feelings of discomfort/anxiety and your rituals. It will also train you to not ritualize to OCD when you are anxious. Exposure and Response Prevention includes three components, which is called actual exposure, imagery practice, and response prevention.

1. Exposure: Staying, for longer periods in the presence of a feared object or situation that evokes anxiety and distress (e.g., actual contact with contaminants)
2. Imagery Practice (imaginal exposure): Mentally visualizing oneself in the feared situations or visualizing their consequences (e.g., driving on the road and hitting a pedestrian)
3. Response (Ritual) Prevention: Refraining from ritualistic behavior (e.g., leaving the kitchen without checking the stove, or touching the floor without washing one's hands)

## **WHAT IS EXPOSURE?**

Exposure means that you purposely confront objects or situations that prompt distress and anxiety, and that you stay in those situations for a period of time that lasts until the symptoms decrease by themselves. For example, a person who feels contaminated by public restrooms would visit a public restroom. If you feel contaminated by contact with the floor, you must sit on the floor for an extended period of time. You may believe that your discomfort or anxiety will last forever unless you avoided or escape such situations, or that you wouldn't be able to handle it. However, as you will find out, this is not so. It is true that at first, you can expect discomfort. However, after a little while of exposure, such situations will no longer make you feel as uncomfortable as they once did. This is called habituation.

If this is true, you might wonder why you haven't relieved your distress already, because you have had many encounters with situations that provoked obsessions. The reason is that simply provoking an obsession is not enough. It must be done for a long enough time for the distress to diminish on its own,

and it must be done repeatedly to really help with OCD. Many people with OCD hold mistaken beliefs that something terrible will happen if they don't ritualize. Only prolonged exposure without ritualizing can put this mistaken belief to the test and disconfirm it. Therefore, in this treatment, you will also refrain from ritualizing – Response Prevention.

If exposure to situations that trigger obsessional distress and urges to ritualize is necessary to relieve OCD, how can you improve without actually confronting your anticipated harm? You can confront the harm by visualizing it in your mind. In imaginal exposure, you create in your mind detailed pictures of the disaster that you fear will occur if you do not avoid or ritualize. As in actual exposure, the obsessional distress gradually decreases during imaginal exposure.

Imaginal exposure is also helpful for individuals in whom obsessions occur spontaneously and are not triggered by any identifiable situations. For example, a person might have a blasphemous thought at any time or place, which is the main source of obsessional distress. In this case, there is no particular situation for the person to confront, and therefore the person can't practice remaining in an exposure situation for a prolonged period of time. In using imaginal exposure, the person would purposely imagine the blasphemy repeatedly, without trying to eliminate or neutralize it with a prayer or other ritual.

Imaginal exposure may also be very helpful when a person is particularly distressed about disastrous consequences that he or she fears will occur. For example, if a person fears that their house will burn down, we would not actually burn her house for exposure practice! However, she can, for a prolonged period of time, imagine the house burning, until the distress associated with this image decreases. Similarly, someone who fears that they have run over a person who is now lying on the road would not purposely injure someone in therapy. In imaginal exposure, you create a mental image of the disaster that you fear would occur if you don't ritualize. As with actual exposure, distress gradually decreases during this imagery.

Another reason for using imagery is to make subsequent exposure practices easier for you. If you are extremely distressed over the idea of confronting a situation or object that provokes your obsession, you might find it helpful to imagine confronting it. The decrease in your distress during imagery will carry over to the actual exposure.

## **WHAT IS RESPONSE PREVENTION?**

When people with OCD encounter their feared situations or have obsessional thoughts, they become anxious or distressed and feel compelled to perform the ritualistic behavior as a way to reduce their distress. Exposure practices can cause this same distress and the same urges to want to ritualize. Usually, performing rituals strengthens the associations between distress and rituals. Therefore, response prevention is practiced to break the habit of ritualizing. Response prevention requires that you stop ritualizing, even though you are still having urges to do so. By facing your fears without resorting to compulsive rituals, you will gradually become less anxious. This process is called habituation. In short, rituals are difficult to stop because they bring about relief from anxiety or discomfort when you are feeling distressed. However, you are practicing exposure response and prevention because these rituals are interfering with your ability to function.

## **WHY SHOULD I DO EXPOSURE THERAPY AND RESPONSE PREVENTION?**

Perhaps you are asking yourself: Why should I suffer the distress of confronting feared situations on purpose without doing some rituals to get relief? Remember that ERP is designed to weaken two types of connections that people with OCD have. The first is the connection between distress and the objects, situations, or thoughts that trigger distress. The second connection is between ritualizing and relief from

distress. In other words, after you carry out a ritual, you temporarily feel less distress, so you continue to engage in these patterns. By not doing rituals, you help to weaken the connection between rituals and feeling better.

In addition to weakening connections, ERP is designed to help correct mistaken ideas that are common in OCD that cause considerable distress. These ideas are: (a) the rituals prevent harm from happening to myself and other people; (b) I have to avoid the distressing situation because if I don't avoid it, distress will continue forever and even will worsen; and (c) if I don't avoid or ritualize, the anxiety will get worse to the point that I will "fall apart" or go crazy.

The first idea common in OCD is that it is necessary to avoid or ritualize in order to prevent harm. Most people can think of potential disasters that might happen to them or others if carry on necessary daily activities such as driving a car. However, because they can think about the risk without intense, disabling distress, they are able to see that the actual risk is so low, it should be ignored. But, many people with OCD become overwhelmed with distress when they think about certain potential disasters that might happen to them or that they may inflict on others. For example, individuals with OCD might become intensely anxious about the thought of their house catching fire, being possessed by the devil, or contracting AIDS. The intense feeling prevents them from making rational and informed judgments about how risky a situation really is and what they can do to protect themselves or others. To be on the safe side, the person with OCD will avoid or ritualize to prevent even the most remote possibility of harm. Consequently, the individual does not have the opportunity to learn that the feared situation is actually quite safe.

The person who carried out checking rituals thinks that "my house didn't catch fire, either because I never use the stove, or because I am always extremely careful to check it." The person who engages in washing rituals thinks, "yes, I did not get sick after my visit to the hospital because I washed my hands with Lysol and scrubbed myself in the shower." This kind of thinking perpetuates avoidance and rituals.

Exposure works against this type of mistaken idea. When you actually confront a mistakenly feared situation again and again, and don't ritualize, you realize that no harm follows. Thus, you recognize that the risk is remote and you learn to ignore it. For example, Stacy was afraid that her house would catch fire, so she refused to use her central heating even in cold weather. For ERP, she practiced starting the heater and leaving it on while she was away from home. After 24 hours, the house was comfortably warm inside, but did not catch fire, and Stacy learned that her fear was unfounded.

Andrew was concerned about getting poisonous household chemicals into food that his family would eat. Therefore, he never went into the kitchen and never used household chemicals. In addition, before eating, he washed his hands, all dishes and glasses extensively so that nothing would be accidentally poisoned. For his ERP, Andrew placed a bottle of oven cleaner on the counter and prepared food for his family and served it without first washing anything. His family enjoyed the food and didn't die from it, and Andrew learned that his fear was groundless.

The second mistaken idea people with OCD tend to have is the belief that they must avoid the distressing situation, or else they will be distressed forever. This leads them to avoid many situations or to ritualize if they can not avoid them. However, during prolonged exposure, intense anxiety gradually decreases (habituation). If someone confronts a distressing situation for a prolonged period of time (such as 1-2 hours), the individual will experience a gradual decrease in distress until the distress is gone. As the distress drops, it becomes easier to see whether or not situation is actually dangerous. Later on, if the same or similar situation arises, there will be some distress, but much less than previously. Because most people tolerate stressful situations for prolonged periods for practical reasons, they have learned that the distress



does not persist forever. ERP is designed to help you to remain in the distressful situation so that you too will realize that the distress decreases with time.

A third common belief in OCD is that, "if I don't avoid or ritualize, the distress will get so bad that I'll lose control of my mind." For example, Ray was concerned that if things were not arranged neatly and in the right order, he would be so uncomfortable that he would not be able to stand it, and he would lose his mind and be committed to a psychiatric hospital. For his ERP, Ray purposely disordered his office and bedroom and did not put things back in order even though he became distressed. Instead, his discomfort eventually decreased and he did not lose his mind. He learned that anxiety did not persist forever and did not produce insanity.

ERP that involves prolonged actual exposure is designed to help you, whether you are afraid of contracting a disease for public bathrooms, causing automobile accidents, discarding something important, saying inappropriate things, or hurting someone with a knife. Naturally, when you first confront a feared situation, you will become distressed. However, if you remain long enough in the situation, and do so repeatedly, the distress will diminish. This experience changes your idea that the distress will last forever and perhaps lead to insanity, because you learn that if you wait it out, the distress decreases.

### **HOW WILL EXPOSURE AND RESPONSE PREVENTION HELP REDUCE OCD?**

For actual and imaginal exposure to be helpful, you must become emotionally involved during the exposure. Specifically, the exposure situation must evoke the same kind of obsessional distress that you experience in your daily life. To promote emotional involvement, develop exposure exercises that are a good match to real life situations that provoke your obsession and urges to ritualize. If you are mainly distressed by contamination related to cancer, and for your exposure exercise, you visit a hospital with no cancer ward, the exercise will not be helpful because the situation does not match your obsessional concerns. Thus, it will be hard for you to become emotionally involved when your exercises are unmatched to your obsessions.

Even during exercises that are well-matched to your obsessions, you must approach it in a way that involves you emotionally. This means that you must pay attention to the distressing aspects of the exposure situation, rather than try to ignore them, or pretend that they are not there. This is true for both imaginal and actual exposure. For example, if you pretend that a cancer ward is really a cardiac unit in order to reduce your distress, the exercise will be less effective. Therefore, during exposure, you should think about the potential harm that concerns you. For example, if you are afraid of using public restrooms and you go to a public toilet as an exposure exercise, while you are there, you should think about what concerns you about the toilet, such as how dirty it might be, or what type of disease you're afraid of catching. In the same way, during imagery practice, you should include anticipated disasters and work at imagining them as vividly as you can.

### **GETTING THE MOST OUT OF EXPOSURE AND RESPONSE PREVENTION**

Often, when people think about exposure treatment, they don't understand how it is supposed to work. You might think that if you could just decide to do the things that you avoid and also to give up doing rituals, as you are asked to do, you really wouldn't need ERP at all. Well, most people with OCD can temporarily stop their avoidance and rituals, but it is very uncomfortable, and they don't see why anyone would want to go through this. It is true that for ERP, you must decide to stop avoiding and ritualizing, but you will learn to do it in a way that has been found to weaken obsessions and compulsions. Not just any kind of exposure works. Certainly you have had occasions when you accidentally or purposely confronted

feared situations, but it did not get rid of your OCD habits. You must do well-designed exercises, and do them correctly, otherwise exposure does not work. Exposure exercises are designed expressly for your OCD symptoms.

You can see that what you get out of exposure and response prevention depends very heavily on what you put into it. It also depends on coming up with an exposure plan that fits your particular OCD habits.

If you do not practice as much as you should, you will not get the relief that you want. Sometimes exposure exercises may seem counterintuitive, or not very related to what you want to get out of treatment, but it will be important for you to practice anyway. Exposure exercises are not simply to practice mimicking what other people do, they are designed to weaken your obsessions and compulsions, they are not supposed to be normal exercises. Try to remember this if you start wondering whether a normal person would do the exposure exercise that you are doing. If you complain that an exercise isn't normal, or isn't something a normal person would do, you are missing the point.

## **SUMMARY**

In summary, exposure involves confronting objects or situations that prompt distress and urges to ritualize. Response prevention means resisting the urge to perform rituals. Why should you do exposure? "These exercises are to help you break associations between fear, and the objects or situations that make you feel distressed. Exposure also helps you to learn that confronting these situations will not lead to such terrible anxiety that you would not be able to handle. Response prevention is designed to help correct certain beliefs, such as the idea that doing rituals prevents disastrous things like harm to you, or others. By purposely becoming anxious when doing exposure practice, but resisting the urges to perform compulsive rituals, you will learn that these urges to ritualize, and the anxiety/discomfort, will dissipate on their own. This will greatly help reduce your OCD symptoms.

If you think that exposure and response prevention may be difficult at times, you are probably correct. It takes hard work to confront these situations that you would usually avoid. However, in order to reduce OCD, you must practice exposure and find out that anxiety and distress will decrease without rituals. Further, that no terrible things will occur if you do not ritualize. Therefore, as you practice exposure, these exercises become easier and easier, and your urges to ritualize become less and less over time.