Understanding OCD

A compassionate introduction to obsessions, compulsions and the cycle between them

Obsessive-compulsive disorder (OCD) is a mental health condition involving unwanted, intrusive thoughts, images, doubts or urges (obsessions), and actions or mental processes used to reduce distress or prevent a feared outcome (compulsions). OCD can attach itself to almost anything a person values. The theme may change, but the underlying cycle is often similar.

The OCD cycle

1. Trigger

A thought, sensation, memory or situation

2. Obsession

An intrusive doubt, image, urge or feared meaning

3. Distress

Anxiety, guilt, disgust, urgency or uncertainty

4. Compulsion

Checking, washing, reviewing, avoiding or reassurance

Why the cycle continues

A compulsion can bring short-lived relief. That relief may teach the brain that the obsession was important and that the ritual kept something bad from happening. The next trigger can then feel even more urgent. Compulsions may be visible, such as washing, or hidden, such as reviewing a memory, repeating a phrase, replacing a thought or testing a feeling.

Important things to remember

- Intrusive thoughts are not the same as intentions, values, predictions or actions.
- OCD themes are informal descriptions, not separate diagnoses. People may experience several themes or none of the familiar examples.
- Seeking complete certainty usually strengthens the cycle. Effective treatment focuses on changing the response to doubt and distress.
- NHS and NICE guidance recommend cognitive behavioural therapy with exposure and response prevention (CBT with ERP); medication may also be considered according to individual need.

Common OCD themes

Examples of patterns - not a checklist and not a substitute for assessment

Contamination and illness

How it might appear
A person notices a mark, bodily sensation or ordinary contact and fears contamination, illness or causing someone else to become unwell.

Possible compulsions
Washing, cleaning, changing clothes, researching symptoms, asking for reassurance, avoiding surfaces or monitoring the body.

What gets restricted
Meals, touch, public places, relationships, medical decisions and everyday independence.

Checking and responsibility

How it might appear
A person doubts whether a door was locked, an appliance was switched off, a message was appropriate or a mistake could have serious consequences.

Possible compulsions
Repeated checking, photographing evidence, retracing steps, confessing, asking others to verify, or mentally reviewing what happened.

What gets restricted
Leaving home, finishing tasks, driving, work, sleep and confidence in memory.

Moral, religious or scrupulosity themes

How it might appear
An unwanted thought or imperfect decision is interpreted as evidence of poor character, wrongdoing or failure to meet a moral or spiritual standard.

Possible compulsions
Repeated prayer, confession, apologising, reviewing motives, seeking moral reassurance or trying to feel perfectly sincere.

What gets restricted
Faith, values, decision-making, self-trust, relationships and ordinary mistakes.

Harm themes

How it might appear
A frightening image or impulse appears and the person fears it means they might lose control, secretly want harm or be unsafe around someone they love.

Possible compulsions
Avoiding people or objects, checking emotional reactions, reviewing past behaviour, seeking reassurance or testing whether the thought feels wanted.

What gets restricted
Caregiving, closeness, cooking, travel, valued roles and trust in oneself.

More ways OCD may appear

Examples of patterns - not a checklist and not a substitute for assessment

Perfection, symmetry and 'just right' experiences

How it might appear

Words, objects, movements or decisions feel uneven, imperfect or unfinished, sometimes with a fear that discomfort or harm will continue unless corrected.

Possible compulsions

Repeating, arranging, rewriting, rereading, restarting, counting, touching or waiting until an internal feeling is exactly right.

What gets restricted

School, work, routines, creativity, punctuality and the ability to stop a task.

Relationship-focused doubts

How it might appear

Ordinary changes in attraction, irritation or uncertainty become evidence that a relationship is wrong, dishonest or doomed.

Possible compulsions

Comparing partners, testing feelings, reviewing conversations, researching compatibility, confessing doubts or repeatedly seeking reassurance.

What gets restricted

Closeness, intimacy, shared plans, decision-making and enjoyment of the relationship.

Sexual or taboo themes

How it might appear

An intrusive sexual image, word or bodily sensation is interpreted as proof of identity, desire, danger or hidden meaning, despite being unwanted and distressing.

Possible compulsions

Checking bodily responses, avoiding people or media, analysing attraction, confessing, reassurance-seeking or trying to replace the thought.

What gets restricted

Relationships, identity, social contact, parenting roles, work and self-worth.

Sensorimotor and existential themes

How it might appear

Breathing, blinking, swallowing, heartbeat or awareness of thinking becomes impossible to ignore; or the mind demands certainty about reality, existence or identity.

Possible compulsions

Monitoring, controlling sensations, mental problem-solving, internet research, testing awareness or avoiding quiet spaces.

What gets restricted

Sleep, concentration, conversation, reading, relaxation and a sense of being present.

Sources: NHS OCD treatment guidance | NICE guideline CG31 | International OCD Foundation overview

Information only - not a diagnostic tool