All information accessible on r/OCD. Retrieved on 7 May, 2025

OCD : Obsessive-Compulsive Disorder

A subreddit dedicated to discussion, articles, and support regarding OCD. Please read below for more information and resources about about OCD and the subreddit.

Created Mar 30, 2009

Public

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RULES

1. Do not post asking about suspected symptoms or asking for a diagnosis. Seek professional help.

Posts asking if your behaviors are OCD and looking for a diagnosis or reassurance on your diagnosis are not appropriate.

If you do not have a diagnosis, an anonymous forum is not a place to seek one. If you have the suspicion that you have OCD, please seek mental health care.

If you have been diagnosed with OCD and are wondering if a behavior or thought counts, ask for help with labeling the thought. Not with getting certainty that it is OCD.

1. No posts simply asking about what type of OCD you have.

Obsessions & compulsions fall into categories that many find helpful to connect with others. However, these are just frequently observed topics that our brains get stuck on & not different types of OCD.

OCD treatment is the same whether your brain tends to get stuck on harm, contamination, morality, etc. Often you will find that your brain likes to bounce around several.

Ask for help in how to challenge the thought or sit with the discomfort. Figuring out a category isn't helpful or necessary

1. Repeated seeking and giving reassurance and/or enabling OCD will be removed and can result in a ban.

Some reassurance is allowed. However, repeatedly asking for reassurance only feeds OCD and hinders your progress. Please be mindful that the goal is to be comfortable with uncertainty, not to get rid of it.  
For the well-meaning folks who want to reassure, reassurance gets in the way of individuals being able to learn to live with uncertainty and discomfort. Please encourage strength against uncertainty rather than trying to find a way to get away from it.

1. Flag crisis posts as NSFW and spoiler your content.

If you are having a crisis, we want you to be able to ask for and receive support. Knowing that posts of this nature can be very difficult and triggering for others to read, we request that each crisis post be flagged as NSFW as well as the content be spoilered.

Please try to be mindful of how you title your crisis posts. Bluntly stating how you are feeling can be quite jarring to other members.

Feel free to use "Please help me cope," "I am having a very bad day" or "I'm in crisis."

1. Overly graphic/violent/disturbing descriptions of thoughts and behaviors will be removed.  
     
   Yes OCD frequently involves disturbing, violent, taboo, and morally repugnant thoughts and images. No you do not have to describe them in detail in order to ask for and receive help. Keep your conversations PG-13 or suitable for ages 13 and up.

This includes violence, sex, drugs, dangerous behaviors etc.

1. Keep submissions relevant to coping with OCD. No politics, spam, advertisements, memes, etc.  
     
   Memes may go to [r/OCDmemes](https://www.reddit.com/r/OCDmemes/).  
     
   The other posts have their own place on Reddit and it is not here.
2. Be kind and have compassion. Hate Speech, bullying, shaming, etc will be removed.  
     
   This is a support subreddit and as such requires civil conversation. Bullying, hate speech, shaming, or any other behavior that is meant to intimidate, demean, or harm another person will not be tolerated. Bans will be issued for frequent offenders or if the first offense is heinous.
3. No discussion of unethical, unresearched, or miracle cures.  
     
   All snakeoil treatments are banned from this subreddit. Those who post them are subject to removals and bans.
4. If posting an academic study, follow the guidelines in the wiki.  
     
   Please review these rules and guidelines for posting on r/OCD as a researcher: <https://www.reddit.com/r/OCD/wiki/index/academic>
5. Do not send DMs to any user without their consent. This includes moderators & professionals.  
     
   If there is an issue with a post, use the "report comment/post" button.  
     
   If you have an issue with a mod decision, use modmail.
6. Mods have final say. If you have questions or concerns, use Modmail. DMs to mods may result in a ban  
     
   If you believe a post or comment was removed erroneously, or if you have a suggestion/question/comment about the sub, please use modmail. If you DM a mod, that mod has the ability to both block you from contacting them as well as accessing the sub itself.

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Welcome to [/r/OCD](https://www.reddit.com/r/OCD), a subreddit dedicated to discussion, articles, and images regarding Obsessive Compulsive Disorder.

We do have a [wiki](https://www.reddit.com/r/OCD/wiki/index)

**Please keep in mind anything and everything in this subreddit may be considered triggering to those suffering with OCD or related disorders, use your own discretion while browsing.**

Obsessive-Compulsive Disorder (OCD) is a disorder characterized by two components: obsessions and compulsions.

Obsessions are intrusive thoughts that cause unease, apprehension, dysphoria, fear, or worry.

Compulsions are repetitive behaviours and actions, both internal and external, that one does with the aim of reducing the anxiety caused by obsessions.

Effective treatment methods are available. Cognitive Behavioral Therapy or CBT is a type of therapy that teaches you tools you can use on a daily basis to manage your disorder such as ways to resist compulsions. CBT is often paired with ERP (Exposure and Response Prevention) which helps you learn that you do not have to avoid things due to discomfort. It's extremely important that you see a mental health specialist with experience treating OCD. Do not think that you cannot be treated. Learning to live well with OCD is difficult, but you can do it.  
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## **Welcome to the**[**/r/OCD**](https://www.reddit.com/r/OCD)**wiki.**

## **This page will act as a running index of completed Wiki pages.**

## **What is OCD?**

**Obsessive Compulsive Disorder (OCD)** is an anxiety disorder characterized by two components: obsessions and compulsions. Obsessions are unwanted distressing intrusive thoughts. These thoughts cause intense discomfort and distress. Compulsions are repetitive behaviours and actions, both physical and mental, that one does with the aim of reducing the anxiety and distress caused by obsessions. For some individuals, compulsions primarily take the form of rumination or repetitively thinking about, trying to fix, trying to solve, or trying to otherwise break down and do something with the original intrusive thought.

Intrusive thoughts and compulsions vary from person to person but tend to fall into one of the following categories: contamination and cleaning, symmetry, forbidden and taboo thoughts, and harm.

Common examples of compulsions: counting, excessive washing and cleaning, repeated checking, repeating tasks excessively, asking for reassurance, reordering items and things around you. [See Common Obsessions & Compulsions](http://www.reddit.com/r/OCD/wiki/Symptoms). Compulsions are completed with the expectation of relief from the distress caused by the intrusive thoughts. However, they do not lead to lasting relief and the individual performing them does not find the compulsion pleasurable.

Everybody experiences intrusive thoughts. The primary difference between someone with OCD and a person without is that a person without OCD will be able to either completely ignore the intrusive thought or acknowledge it and never think of it again. People with OCD have an intrusive thought and are unable to ignore that thought and the thought often repeats causing even more distress. The thoughts begin to interfere with daily functioning and cause a lot of discomfort.Individuals with OCD are typically aware that their obsessions and compulsions are irrational, yet are unable to stop engaging in them due to the amount of distress caused.

## OCD shares traits with several other disorders including ADHD, Autism Spectrum Disorders, and General Anxiety Disorder so a proper differential diagnosis is required to determine whether or not a person truly has OCD. is often confused with [Obsessive Compulsive Personality Disorder (OCPD)](http://www.reddit.com/r/OCD/wiki/OCPD). **What do I do if I think I might have OCD?**

You are not alone, and there are many resources available to you!

You should first seek a referral to a psychiatrist or therapist to have your symptoms investigated and have a diagnosis made. Your general medical practitioner should be able to refer you to a specialist. A diagnosis is made after a thorough assessment regarding your symptoms and their severity.

You may not have OCD, and an official diagnosis is the only way to be sure of what you are suffering from and to pursue treatment. Other disorders with similar symptoms include Obsessive Compulsive Personality Disorder, autism spectrum disorders, ADHD, PTSD, BDD, and several others.

Once you are diagnosed, you and your specialist will review treatment options and get you started on a treatment regime that is appropriate for your case.

# There are many things you can do in the meantime to improve your understanding of the condition. [Recommended Reading](http://www.reddit.com/r/OCD/wiki/reading) lists some excellent books on OCD and Cognitive Behavioural Therapy. You can also reach out to communities that can help you through treatment, such as this subreddit and [our discord](https://discord.gg/qFfXeaSu23) **Avoiding Reassurance and Providing Helpful Support**

People with OCD of all forms are naturally compelled to seek reassurance that their obsessions are unfounded, or that their compulsions are unnecessary. For instance, someone with contamination fears will seek reassurance that they aren’t dirty, or that the amount of cleaning/washing they are doing is adequate to clear any contaminants. This is something we see very often on the subreddit.

**The truth about seeking reassurance, and, more importantly, receiving reassurance, is that it is harmful, and interferes with your recovery.** Reassurance provides a short term reduction in anxiety, but in the long term it validates the obsession. **Reassurance seeking is a compulsion, and should be treated like one.** Enabling compulsions does not make it easier to deal with the obsession - it allows the obsession to grow deeper roots in one’s mind.

It’s for this reason that reassurance seeking and providing reassurance are discouraged on [r/OCD](https://www.reddit.com/r/OCD). Although it can feel like you’re being helpful and kind, giving reassurance to someone with OCD is like giving a recovering alcoholic a fifth of vodka for Christmas.

Another thing that falls into the same territory as reassurance is enabling. Enabling means providing someone with OCD the means to engage in their compulsions or obsessive thoughts with less outward harm. An example that we see occasionally is suggesting that someone with handwashing compulsions should purchase softer, less irritating soap. Enabling a compulsion is problematic in two ways: it validates the compulsion, since it fails to address the obsessive cause of it, and it allows the person with OCD to engage in compulsions more frequently and with less motivation to fight them.

So, how can we support people with OCD without providing reassurance or enabling their OCD? It’s harder, and less obvious, but there are ways to help someone through an obsessive episode without validating their obsessions.

1. Have the person properly **identify the obsession driving their compulsion.** In clear terms, what is this person afraid of happening, and what do they believe is the solution? By expressing these thoughts externally, it makes it easier for one to identify the flaws in the logic of their obsession. It also makes it clear to all parties how you can address the obsession without defaulting to reassurance.
2. Address requests for reassurance by clearly stating why you won’t provide it. “I think you’re asking for reassurance. Remember, reassurance is not helpful, it’s harmful. Therefore I’m not going to answer,” is infinitely more helpful than responding with statistics about germ transference, or whatever else.
3. Focus on **preventing compulsive responses to obsessions.** An exposure response is the compulsive action a person with OCD takes to attempt to relieve the anxiety caused by exposure to an obsession. In some cases this is a clear-cut compulsion, while in others it can take the form of rumination, mental compulsions, isolation, etc. Find out what response the person is taking to their obsession, and try to stop the cycle at that stage.
4. **Be kind, compassionate, and respectful.** Reassurance is not the only way you can help someone. Share similar experiences and how you overcame them. **Be respectful of boundaries** - not everyone with OCD can stop a compulsion cold-turkey without having a panic attack. Take small, firm steps, and be aware of how the person responds to them.
5. Assist them in seeking professional treatment if possible. Do they have a therapist and/or psychiatrist? If possible, try to give them a push towards treatment if they haven’t already pursued it. You can’t cure their OCD, but you can help them through an episode.

# **Sources and Further Reading**

[OCD Center of LA on reassurance seeking.](http://ocdla.com/reassurance-seeking-ocd-anxiety-1952)

[PsychCentral on reassurance and OCD.](http://psychcentral.com/lib/ocd-and-the-need-for-reassurance/)

[AnxietyBC on addressing reassurance seeking.](http://www.anxietybc.com/parenting/how-address-excessive-reassurance-seeking)

[IOCDF on self-directed treatment.](https://iocdf.org/expert-opinions/expert-opinion-self-directed-erp/)

[WHEN REASSURANCE IS HARMFUL By Paul R. Munford, Ph.D.](https://accounseling.org/wp-content/uploads/2018/04/When-Reassurance-is-Harmful.pdf)

[Reassurance as a compulsion.](http://cognitivebehavioralstrategies.com/seeking-reassurance-an-often-unrecognized-compulsion/#.VaQbbJNViko)

## **OCD Treatment Options**

There are **two treatment paths** that are pursued by most people with OCD: behavioural therapy and medication.

### Therapy

The form of therapy shown to be most effective at combatting OCD is a form of **Cognitive Behavioural Therapy (CBT)** known as **Exposure Response Prevention (ERP).**

CBT is a type of psychotherapy based on behavioural and cognitive principles, which work to solve problems with thinking and behaviour. CBT is used to treat many mental illnesses, including depression, anxiety, eating disorders, OCD, psychosis, and substance abuse.

ERP, as the name suggests, focuses on preventing the compulsive or obsessive response to a patient’s exposure to a trigger. An example of ERP for a patient with contamination-related obsessions would be to have them touch a toilet seat then avoid washing their hands. Simultaneously, the patient and therapist monitor the anxiety produced by this action over several minutes or hours. As time goes on, the anxiety subsides naturally, without having to engage in the exposure response. As therapy progresses, the anxiety produced by this exposure reduces, and the patient is increasingly able to ignore their obsessive thoughts. Similar scenarios can take place for any form of OCD or Pure-O.

See [Finding a Therapist.](http://www.reddit.com/r/OCD/wiki/therapist)

### **Medication**

Medication is another form of treatment. It’s important to note that medication for the majority of patients is **not a cure-all;** OCD medications help relieve symptoms and reduce anxiety, but a form of CBT is recommended for overcoming the condition at its core. Medication allows many patients the push and anxiety reduction they need to be able to effectively pursue therapy.

Several forms of medication are prescribed for OCD. See the [Medication List](http://www.reddit.com/r/OCD/wiki/medication) for a more in-depth exploration of medication types and specific medications.

The most common medications for OCD are **Selective Serotonin Reuptake Inhibitors (SSRIs)**, a form of antidepressant medication.

Other non-SSRI antidepressants are also frequently used both independent of and in cooperation with SSRIs. These work in similar ways to improve concentration of critical neurotransmitters to improve mood and anxieties. Antidepressants, for the most part, work by changing the way your body reabsorbs and produces certain neurotransmitters associated with mental illness. Depending on your medication, they may increase concentrations of serotonin, norepinephrine, and/or dopamine. These changes occur gradually over several weeks.

Other drugs not classified as antidepressants can also help combat the symptoms of OCD. Benzodiazepines and similar drugs are used primarily to fight General Anxiety Disorder and panic disorders, and are also useful for many patients with OCD. These anti-anxiety drugs are faster acting and have a more pronounced effect on mood.

You must work with your doctor to find the medication plan that works for you, and in many cases this is a long process of trial and error. All medications work differently on different people.

**For many people, the most effective treatment plan includes both ERP therapy and medication.** There are other patients who are more successful with one or the other, but a psychiatrist will typically recommend a mix of both treatment options.

## **Finding a Therapist**

Finding a CBT/ERP or other type of therapist in your area is easier said than done. Your goal should be to find a therapist who specializes in treating OCD. Any therapist is, for the most part, better than no therapist, but a specialist is ideal for successful treatment. Your doctor will often have experience with many therapists in your area, and it’s best to first talk to whoever made your diagnosis to hear their suggestions. They may also be able to get you a referral to a specialist who may otherwise be fully booked. But in many cases you’re unfortunately on your own in finding a suitable therapist.

[Psychology Today](https://therapists.psychologytoday.com/rms/prof_search.php) is an excellent resource for finding therapists in North America. This site has tools for easily narrowing your search to specifics, like “Male therapist who specializes in CBT for adolescents, speaks Spanish, and has experience treating OCD.” Once again, ideally your choice will have OCD not only listed as one of many issues they will treat, but also as a specialty. Many therapists accept various kinds of insurance, and many more have a sliding cost scale based on your needs.

## **Common Obsessions and Compulsions**

Note: **This list is by no means complete or exhaustive.** Many compulsions and obsessions will inevitably be missing from any compilation. An obsession is an intrusive thought or idea that causes anxiety. A compulsion is any action, physical or mental, carried out to relieve the anxiety of an obsession. Almost anything can fit these criteria, and if you aren't on the list you still are almost definitely not alone in your symptoms.

**CAUTION** These are not separate types of OCD, they are all the same disorder and as such, many people will find themselves having obsessions and compulsions from multiple categories as well as experiencing shifts in the content of their intrusive thoughts over time.

### Checking

**The act of checking, through thought or action, is the compulsion, done to relieve anxiety related to being unsure of things.**

Memory - analyzing your memory to ‘make sure’ that something happened or didn’t happen.  
Appliances and locks - checking that doors are locked, stoves are off, taps are off, etc.  
Obsessive re-reading - repeatedly reading and re-reading written work to make sure nothing bad was written, or to make sure no information was missed.  
Illness symptoms - researching the symptoms to an illness to see if you’re developing it.  
Communication - sending texts and emails, calling people to make sure they’re safe.  
Checking is often done repeatedly, dozens or hundreds of times.

### Contamination

**Fearing physical contamination, that things may cause illness, are tainted or dirty. Avoidance behaviour to avoid contracting or spreading contaminants.**

Hypochondria - anxiety that one may become ill or may have a serious medical condition.  
Inability to use public facilities, doorknobs, phones, bannisters, public transit, etc.  
Refusing to shake hands  
Anxiety regarding eating food prepared by others, or serving food.  
Anxiety when visiting hospitals.  
Social anxiety related to spreading or contracting contaminants.  
Avoiding certain objects for fear of them being inherently contaminated.  
Excessive hand washing, tooth brushing, showering.  
Excessive cleaning.

Cleaning and washing is often done repeatedly until the person with OCD ‘feels’ things are no longer contaminated. This can cause severe skin damage and other health concerns, and takes up massive amounts of time.

### Mental Contamination & Illness

**Fearing contamination or inconsistency of one’s mind and thoughts.**

Fear that intrusive thoughts have permanently contaminated one’s mind.  
Fear that one is a sociopath, psychopath, or incapable of empathy or emotion.  
Fear that one is developing severe psychoses or mental illnesses like schizophrenia.  
Anxiety regarding past actions destroying one’s morality.  
Anxiety regarding perceived changes to one’s morals or opinions, often as a result of exposure.  
Religious obsessions regarding intrusive thoughts.  
Mental compulsions, prayer, etc to attempt to purify one’s thoughts.  
Physical cleaning and washing to attempt to clear contamination of the mind.

### Hoarding

**Excessive inability to discard or dispose of things.**

Obsessions that insignificant things may be needed one day.  
Psychological ‘hoarding’ of memories, thoughts - intense internal rumination and categorization.  
Anxiety that discarding objects involves discarding related emotions, events, people.  
Obsessive collection of notes, forms, papers, lists, etc.  
Excessive management, organization, and cataloguing of otherwise insignificant objects.

### Intrusive Sexual Thoughts

* General Sexual Aggression; intense anxiety that the sufferer may be at risk of raping or sexually assaulting somebody.
* Pedophilia, or POCD; intense anxiety that the sufferer may be sexually attracted to children, and/or may be a risk to children.
* Sexual Orientation OCD, or SO-OCD; intense anxiety that the sufferer may be sexually attracted to the same sex. The reverse can also be true for homosexual people with OCD.
* Incest thoughts, intense anxiety that the sufferer may be sexually attracted to family members.
* Intrusive sexual thoughts about other people while the sufferer is in a committed relationship, fear that this constitutes infidelity.
* Gender Based OCD - intense distress that the individual may be a different gender than they know themself to be.

Intrusive sexual thoughts often invoke an involuntary groinal response unrelated to true sexual attraction, which leads to further confusion and anxiety. Grouoinal responses are irrelevant to actual attraction especially for younger individuals. Sexual obsessions are frequently accompanied by a form of checking. For example, a person with SO-OCD may watch gay/lesbian pornography to try and determine if it arouses them.  
Sexual obsessions often cause intense anxiety regarding societal acceptance of their perceived sexual attraction, as well as relationship-related anxieties about their sexual attraction to their partner.

### Relationship-Related Obsessions

**(ROCD) - Obsessive doubts over the sufferer’s relationships.**

Intense analysis of the depth of feelings for one’s partner, or the feelings of the partner towards the sufferer.  
Hyper-analysis of any perceived fault or point of contention in a relationship.  
Constantly seeking reassurance and approval from one’s partner.  
Doubts of the sufferer’s or their partner’s faithfulness.  
Questioning one’s sexual or emotional attraction towards their partner.  
Hyper-analysis of interactions with other people relating to a fear of emotional infidelity.  
Compulsive, excessive confession of any perceived fault.

ROCD obsessions can also occur regarding non-romantic relationships.

### Superstition

**Fear that unrelated intrusive obsessions and compulsive actions are somehow connected.**

Superstitious compulsions are done to dispel an intrusive thought. For example, obsessing about one’s family dying suddenly, and flicking light switches on and off 10 times to prevent this. As with all OCD, the sufferer understands that these actions are irrational, but they are still unable to disconnect them from the obsession.

Numbers - compulsions regarding lucky and unlucky numbers, days, etc.  
Predictions - compulsions done to prevent or guarantee a predicted event.  
Avoidance - compulsive avoidance of certain things to prevent the occurrence of an obsessive thought.  
Words - compulsive avoidance of speaking, writing, or reading certain words

### Religious Intrusive Thoughts

**Scrupulosity - Obsessions and compulsions related to religion.**

Obsessive analysis of past sins, fear that one will be forgotten or not forgiven.  
Anxiety related to intrusive thoughts during religious actions, in sacred buildings, etc.  
Anxiety that prayers have been recited incorrectly - compulsive repetition of prayers.  
Compulsion actions regarding religious objects.  
Intrusive sexual thoughts about religious figures.  
Anxiety regarding how faithful one is towards their beliefs.  
Compulsive, excessive confession of any perceived minor sin.

### Violent Intrusive Thoughts

**Obsessive fears of being violent, or of violence happening to themselves or others.**

Anxieties that one may harm children, loved ones, or innocents.  
Avoidance of dangerous objects - fear one may lose control of themselves.  
Anxiety that one may impulsively commit suicide or cause themselves severe harm.  
Fear that one will poison others - avoidance of preparing food or drink.  
Fear that one may act on random intrusive thoughts.  
Avoidance of public places for fear of causing harm or receiving harm.  
Intrusive thoughts of violent imagery regarding self or others.

### Harm or Loss Related Obsessions

Intrusive thoughts regarding harm happening to loved ones, self, innocents.  
Obsessions about loss of relationships.  
Supersitious compulsions to prevent these events.

### Symmetry

**‘Just Right’-ness - Obsession with perfect symmetry, or other perceived correct actions or arrangements.**

Obsessive order and arrangement of books, spices, etc., for fear of some catastrophic consequence.  
Maintaining symmetry of touch and action - touching everything with both hands, etc.  
Obsessive accordance to routine - completely restarting a given routine if a single step is done incorrectly.

### Sensorimotor or Body-Related OCD

**Intense anxiety regarding senses or bodily functions.**

Fear of permanent manual control of breathing, blinking, swallowing, etc.  
Fear that one’s heart rate or blood pressure is abnormal - obsessive tracking of heartbeat.  
Hyper-awareness of various senses - feeling clothes against one’s body, obsessive tracking of soft noises, etc.  
Obsessions about maintaining a certain weight, skin tone, body fat, etc.  
Intense awareness of minor variations in body or bodily functions.  
Compulsions relating blinking, breathing, swallowing to other obsessions.  
Fear of losing control of manual bodily functions.  
Compulsive skin picking or hair-pulling.

### Rumination

**Excessive, prolonged thought and analysis of a specific question, theme, etc.**

Detachment from reality because of internal dialogue.  
Excessive analysis of one’s intentions, values, or morality.  
Visualization of obsessions, theoretical possibilities, etc.  
Inability to stop thinking about a given topic.

## **Primarily Obsessive OCD (Pure-O)**

Pure-O is lesser-known manifestation of OCD that presents with **fewer observable compulsions**than a typical case. The nature of Pure-O varies greatly between patients, but the central theme is usually the **emergence and intense rumination about a disturbing intrusive thought, mental image, or frightening impulse.** Examples include intense doubts about one’s morality, sexuality, religiosity, health, or relationships. [See Common Obsessions and Compulsions.](http://www.reddit.com/r/OCD/wiki/Symptoms) The sufferer understands that these fears are unlikely or impossible, but the anxiety and self-doubt that stems from the thought makes them seem real or meaningful.

The colloquial name "Pure-O" is misleading, as subtle, mental compulsions can be found in most cases of Pure-O. Things like mental and memory checking, scanning, and rumination are fully internal but fit the criteria of a compulsion. Many people with with Pure-O also occasionally experience typical outward compulsions.

These obsessions are often related to questions like “What if I’m lying to myself?”, “Am I really capable of doing something like that?”, and similar “What if?’s. The distress caused by these questions and thoughts leads to a cycle of intense reassurance-seeking, mental checking, and further rumination.

Pure-O is treated in much the same way as typical OCD. ERP-based CBT, frequently combined with medication, has shown similar success rates. Other forms of CBT such as Acceptance and Commitment Therapy (ACT) are also sometimes used to treat Pure-O. Therapy focuses on exposure to triggers and preventing the typical response to that exposure, which for someone with Pure-O often takes the form of rumination and reassurance-seeking. The consequence of the intrusive thought are accepted without seeking an answer to the questions inherent to Pure-O.

**Academic Study Recruitment for Reddit**

Please fill out this form in your post when publishing research for OCD Please note the following:

1. We do not allow undergrad research, school projects, or casual research requests for social media and blogs. Only accredited research will be accepted.
2. Your study must be from an accredited institution, and you must have ethics approval for any human trials/studies that require it.
3. We do not allow spamming of studies. Please post once every 6 months.
4. Please do not ask moderators to promote your studies. While we might pin a study here and there, please do not beg us to promote/post your studies.
5. Use the post flair (located at the bottom right corner) “Study Recruitment”.
6. Low quality studies might be rejected — for example, while we try not to gatekeep science, we will not allow studies that ignore existing literature, or could be harmful to our members.
7. Compensation is not required, but please mention whether there is or not.
8. If you'd like to share results later, please post with "Study Results (Prelim)" as your post flair.

Please fill out the following form for your post, and copy/paste it in your own post. NOT mod-mail.

What is your Study:

Lead Researcher Name:

Lead Researcher Credentials:

Institution Name:

Advisor (For thesis level):

Will this work be published?:

Compensation:

Method of study (In person, online):

Time required:

Link for participation:

Email to contact for questions:

## **OCD Medication Master List**

Important note:

**Always** consult your doctor before changing your dosage or discontinuing your use of any prescription drug.

While on any of the following OCD medications you should **avoid most other drugs**, and consult your doctor about possible interactions. Your experience on other drugs while using antidepressants will likely be very different and unexpected, and as a result doctor supervision or consultation is recommended. Most antidepressants, especially MAOIs, can cause serotonin syndrome when mixed with other serotonin-related drugs, notably MDMA.

On many OCD medications, especially antidepressants, it can take weeks or even months for you to begin showing improvements. Be sure to give your medication a fair trial before considering, with doctors' supervision, changing your dosage or medication.

### Selective Serotonin Reuptake Inhibitors (SSRIs)

SSRIs are the most frequently prescribed medication for OCD, as well as many related disorders like depression and anxiety. The majority of patients respond positively to SSRIs and they have few major side effects, so they are a common first-line treatment for OCD. Most SSRIs are available in cheaper generic forms. For most patients, SSRIs take several weeks to build up to a high enough concentration to have noticeable effects on OCD. These are subtle drugs, and won’t change your personality, creativity, intelligence, or identity. They work by slowly improving the general trend of your mood, and slowly reducing the power obsessions hold on you.

Each SSRI works differently on different people. Many patients get lucky and have a positive experience on the first one prescribed to them, but many others must try several different SSRIs before they find the one that works for them. It’s important to give your medication a fair trial of at least 4-6 weeks, unless you experience severe side effects. Regardless, never discontinue or change the dosage of your medication without consulting your doctor.

Sertraline (Zoloft, Lustral)Fluoxetine (Prozac, Sarafem, Lovan)Fluvoxamine (Faverin, Fevarin, Floxyfral, Luvox)Escitalopram (Lexapro, Cipralex)Paroxetine (Paxil)Citalopram (Celexa, Cipramil)

### Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)

SNRIs are similar to SSRIs in function. They can be more potent, and they also affect the reuptake of the neurotransmitter norepinephrine. As a result, in some cases they can be effective in treating OCD where SSRIs fail, especially when other conditions are present.

Venlafaxine (Effexor)

### Monoamine Oxidase Inhibitors (MAOIs)

MAOIs are a type of antidepressant which work to inhibit the activity of an enzyme responsible for the deactivation of serotonin. This improves the concentration of serotonin over time. MAOIs have been shown to be somewhat effective at treating problem cases of OCD. MAOIs are generally reserved as a last-line treatment option for OCD when other antidepressants have been ineffective. There are many dietary and drug interactions with MAOIs that make them less safe than SSRIs, so when prescribed MAOIs you should ensure your doctor makes you aware of potential interactions and side effects.

Phenelzine (Nardil)Tranylcipramine (Parnate)

### Serotonin Antagonist and Reuptake Inhibitors (SARIs)

SARIs work through a similar mechanism as SSRIs. SARIs have been shown through investigational trials to be effective at treating OCD. SARIs have sleep-inducing and anti-anxiety effects. They are typically only prescribed as a last-line treatment option for OCD.

Trazodone (Depyrel, Desyrel, Mesyrel, Molipaxin, Oleptro, Trazodil, Trazorel, Trialodine, Trittico)

### Tricyclic Antidepressants (TCAs)

The TCA Clomipramine has shown great promise in treating OCD, and are frequently prescribed for patients who don’t respond to SSRIs monotherapy. TCAs have potential drug interactions with other antidepressants, so psychiatrist supervision is recommended for patients using them alongside SSRIs or other drugs.

Clomipramine (Anafranil, Clofranil)

### Tetracyclic Antidepressants (TeCAs)

TeCAs are closely related to TCAs, and function similarly. The TeCA Mirazpine has been found useful in alleviating OCD, and is a popular non-SSRI antidepressant for many other conditions.

Mirtazpine (Avanza, Axit, Mirtaz, Mirtazon, Remeron, Zispin)

### Other Antidepressants

Bupropion (Wellbutrin, Zyban)

Bupropion is one of the most frequently prescribed antidepressants in the United States. It has fewer side effects than most other antidepressants, and is frequently used to supplement other antidepressant medications which failed to treat the condition on their own. Bupropion works by inhibiting the brain’s reuptake of norepinephrine, which works well when combined with an SSRI. Bupropion is rarely prescribed purely to treat OCD.

Agomelatine (Valdoxan, Melitor, Thymanax)

Agomelatine is a melatonergic antidepressant, which has shown some efficacy in treating OCD. It is a somewhat popular alternative to other antidepressants because its side effects don’t include sexual dysfunction or discontinuation syndrome, like SSRIs. Agomelatine may have minor interactions with the SSRI fluvoxamine.

### Atypical Antipsychotics

Some atypical antipsychotics, primarily prescribed to treat schizophrenia or bipolar disorder, have shown efficacy in treating OCD when used as an adjunct medication alongside an SSRI. These drugs have more potent side effects than most antidepressants and are generally prescribed in low doses as a last-line treatment option.

Quetiapine (Seroquel)Aripiprazole (Abilify, Aripiprex)Ziprasidone (Geodon, Zeldox, Zipwell)

### Benzodiazepines (Benzos)

Benzodiazepines are a class of drug primarily used to treat anxiety. All benzodiazepines cause some level of sedation, sleep-induction, and muscle relaxation, and as a result the more potent of them should be taken with caution. Depending on the type prescribed, they can be fast-acting with a short half-life (good for as-needed treatment of panic attacks or anxiety spikes), slow-acting with a long half-life (good for general anxiety and constant agitation), or somewhere in between. Benzodiazepines are rarely prescribed for OCD by itself, but for those suffering from a co-morbid diagnosis of a pure anxiety disorder, they can help through spikes of anxiety that worsen OCD. These drugs are safe for short-term use, but long-term use should only be done under the supervision of a specialist, as after too much use they can be highly addictive, have serious side effects, and cause fatal withdrawal if not tapered. Do not consume alcohol while using benzodiazepines, as they are both CNS depressants and can cause potentially fatal CNS depression.

Alprazolam (Xanax)Chlordiazepoxide (Librax)Clonazepam (Klonopin, Rivatril)Clorazepate (Tranxene)Diazepam (Valium)Lorazepam (Ativan)Oxazepam (Serax)

### Ketamine, Psilocybin, and others.

There are ongoing investigations that suggest drugs like ketamine and psilocybin may be useful in alleviating mental illness, including OCD. **Consult your doctor** about potential interactions before using non-prescription drugs with prescribed antidepressants. Thoroughly research these drugs, their side effects, and how they interact with your mental illness(es) if you plan on using them. Current research and clinical application of these drugs is inconclusive.

## **Obsessive Compulsive Personality Disorder (OCPD)**

**OCPD** is a personality disorder **often mistaken for OCD.** OCPD is characterized by a preoccupation or “obsession” with perfectionism, order, symmetry, attention to detail, control over situations, and excessive planning, at the expense of flexibility and efficiency. Unlike OCD, OCPD is not ego-dystonic, meaning that **someone with OCPD feels their actions are rational and reasonable, and is satisfied when they complete these tasks.** People with OCPD may have trouble maintaining relationships, and may find their leisure time occupied by these activities.

OCPD is frequently mischaracterized as OCD due to public misunderstanding of both disorders. Though it may interfere with their day-to-day lives, people with OCPD do not experience the intense anxiety and irrational compulsions typical of OCD, and often don’t feel that anything is wrong with their behaviour. OCPD can present alongside OCD, as well as other, similar disorders, but they are not inherently connected.

[/r/OCPD](https://www.reddit.com/r/OCPD)

## **Recommended Reading**

[**The Imp of the Mind**](http://www.amazon.com/The-Imp-Mind-Exploring-Obsessive/dp/0452283078)

In The Imp of the Mind, a leading expert on Obsessive Compulsive Disorder explores the hidden epidemic that afflicts millions of Americans.

In the first book to fully examine obsessive bad thoughts, Dr. Lee Baer combines the latest research with his own extensive experience in treating this widespread syndrome. Drawing on information ranging from new advances in brain technology to pervasive social taboos, Dr. Baer explores the root causes of bad thoughts, why they can spiral out of control, and how to recognize the crucial difference between harmless and dangerous bad thoughts.

[***The Mindfulness Workbook for OCD***](http://www.amazon.com/The-Mindfulness-Workbook-OCD-Compulsions/dp/1608828786)

If you have obsessive-compulsive disorder (OCD), you might have an irrational fear of being contaminated by germs, or obsessively double-check things. You may even feel like a prisoner, trapped with your intrusive thoughts.

Despite the fact that OCD can have a devastating impact on a person’s life, getting real help can be a challenge. If you have tried medications without success, it might be time to explore further treatment options. You should know that mindfulness-based approaches have been proven-effective in treating OCD and anxiety disorders. They involve developing an awareness and acceptance of the unwanted thoughts, feelings, and urges that are at the heart of OCD.

Combining mindfulness practices with cognitive behavioral therapy (CBT), The Mindfulness Workbook for OCD offers practical and accessible tools for managing the unwanted thoughts and compulsive urges that are associated with OCD. With this workbook, you will develop present-moment awareness, learn to challenge your own distorted thinking, and stop treating thoughts as threats and feelings as facts.

[***Brain Lock***](http://www.amazon.com/Brain-Lock-Yourself-Obsessive-Compulsive-Behavior/dp/0060987111)

An estimated 5 million Americans suffer from obsessive-compulsive disorder (OCD) and live diminished lives in which they are compelled to obsess about something or to repeat a similar task over and over. Traditionally, OCD has been treated with Prozac or similar drugs. The problem with medication, aside from its cost, is that 30 percent of people treated don't respond to it, and when the pills stop, the symptoms invariably return.

In Brain Lock, Jeffrey M. Schwartz presents a simple four-step method for overcoming OCD that is so effective, it's now used in academic treatment centers throughout the world. Proven by brain-imaging tests to actually alter the brain's chemistry, this method doesn't rely on psychopharmaceuticals. Instead, patients use cognitive self-therapy and behavior modification to develop new patterns of response to their obsessions. In essence, they use the mind to fix the brain. Using the real-life stories of actual patients, Brain Lock explains this revolutionary method and provides readers with the inspiration and tools to free themselves from their psychic prisons and regain control of their lives.

[***Overcoming Obsessive Compulsive Disorder***](http://www.amazon.co.uk/Overcoming-Obsessive-Compulsive-Disorder-Books/dp/1849010722/ref=sr_1_1?ie=UTF8&qid=1436796011&sr=8-1&keywords=overcoming+ocd)

[***Being Me with OCD: How I Learned to Obsess Less and Live My Life***](http://www.amazon.com/Being-Me-OCD-Learned-Obsess-ebook/dp/B00GFU4Z6E)