

To help you understand... "Pure-O"



Please be aware that developing a full understanding of "Pure-O" can be challenging for sufferers and non-sufferers alike. Although this guide has been written by someone with years of first-hand experience of OCD, it is intended to offer a personal perspective, rather than a clinical analysis of the condition.

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We've All Had a Nightmare...

Putting OCD aside for a moment (easier for non-sufferers to do, of course), think of a nightmare that you've had. As long as it doesn't stress you too much, try to recall a really nasty one that perhaps left you feeling anxious, troubled, possibly dirty and definitely very unhappy.



You might prefer to keep the detail to yourself because, in the cold light of day, it really wasn't pleasant at all. What's more, you might not want to talk about it because, let's face it, it was **your** mind that scripted, directed and produced it. The full works: **your** imagination.

True, the unwanted sequence of thoughts might have been triggered by an unpleasant experience, a gruesome news story or a scary movie, book or tale – but it was your mind, **like any human mind**, that was capable of creating it.

Intrusive Thoughts and Excessive Worry



It seems clear, then, that we're all capable of having intrusive thoughts, whether or not we suffer from OCD. It also seems fair to say that thoughts that are unwanted will unsettle or upset us, and may well cause anxiety to some extent... which is very true of OCD thoughts.

In fact, the 'O' in 'OCD' (the **o**bsessive part), involves unrelenting, unwanted thoughts that result in anxiety. **Lots** of anxiety.

Sadly and often, with any form of OCD, these thoughts also result in low self-esteem and depression, which can even lead to self-harm.

“Pure-O”... so What is it?

Pure-O is a form of OCD in which sufferers are plagued by unwanted, troublesome thoughts that they despise beyond measure.

It's called Pure-O because there typically aren't any **outward** signs of **compulsive**, cancelling behaviour. With Pure O, the compulsions take the form of **unseen mental rituals** – but they are compulsions nonetheless, which is why the term “Pure O” is somewhat imprecise.

Sufferers tend to be very secretive about their Pure-O because it involves them being forced to confront their **very worst fears**. And with the full potential of the human imagination at its disposal, Pure-O does a very effective job of agonising sufferers' minds.

Unfortunately, not all family, friends, colleagues and even support professionals understand how painful, unwanted and despised the obsessive thoughts always are.



Can't Talk About It

Unless those with Pure-O (indeed any form of OCD) have taken a very significant step towards recovery, they are likely to find it **extremely difficult** to talk about their unwanted thoughts. This stands to reason, because they will find the intrusions horrible and abhorrent, however hard the condition might try to convince otherwise.



For those providing support, the detail of the thoughts shouldn't need to be a focus of attention; the aim is to understand that Pure-O will find a way to feed upon those deepest, innermost fears that exist within us all... and that sufferers are as desperately **opposed** to those thoughts as anyone could be.

Why I Can't Talk About It

Typically, sufferers' initial intrusive thoughts will be based upon the wholly unjustified worry that they'll cause or will something very-much unwanted to happen. (Pure-O, and OCD in general, thrives on exploiting feelings of **responsibility** or **guilt**.)



Worse still, the obsessive fears will tend to feature loved ones and/or those who are vulnerable, as their subjects.



As the above represents the **worst case scenario** – the very bottom line – sufferers quickly become trapped in a cycle of torment, haunted by every conceivable variation of the unwanted thoughts.

It's **not** a happy place to be.

Separating Obsessions from Compulsions (Part 1)



The **absolute key** to understanding any form of OCD, including Pure-O, is in recognising that obsessions and compulsions are **opposing forces**. Obsessions are always **unwanted** thoughts that cause anxiety, and OCD compulsions are always **counteractive** thoughts or actions (as will be demonstrated shortly).

“So why...”, you might ask, “... do we keep coming back to the ‘C’ in ‘OCD’, even though we’re examining Pure-O?” The answer to that question is that the ‘C’ is present... even though this causes a lot confusion.

Whereas the obsessions and compulsions are **obvious** and **opposite** in other forms of OCD (shown below in two very real but somewhat stereotypical examples of the condition), they require a bit more examination with Pure-O.

| Obsession | Compulsion |
|--|--|
| have unrelenting fear of contamination | feel and act upon repeated need to wash hands |
| have unrelenting fear of theft | feel and act upon repeated need to check locks |

Separating Obsessions from Compulsions (Part 2)

Examples of obsessions that may not be associated with **outward** signs of compulsions might involve any of the following (which is far from being an exhaustive list but serves to illustrate the common principles).

| Obsessions |
|--|
| have unrelenting fear of causing harm |
| have unrelenting fear of inflicting sexual abuse |
| have unrelenting fear of turning against one's religion or god |
| have unrelenting fear of taking an overdose |
| have unrelenting fear of steering into oncoming traffic |
| have unrelenting fear of switching sexual orientation |
| have unrelenting fear of being untrue or unfaithful to a relationship |
| have unrelenting fear of shouting something offensive or inappropriate |



The recurring themes are twofold. Firstly, the obsessions involve **unwanted** and **unrelenting** thoughts. Secondly, they cause anxiety because they all represent the **complete opposites** of the sufferers' true feelings.

Separating Obsessions from Compulsions (Part 3)

So what about the compulsive, counteractive element?

The confusion surrounding the compulsive part of Pure-O occurs because sufferers can often:

1. suggest feelings of being “drawn to” or “urged to” do the very things that they fear (therefore mixing up the obsessions and compulsions), and
2. find it hard to define what, if anything, they feel they do to compulsively resist the obsessions.



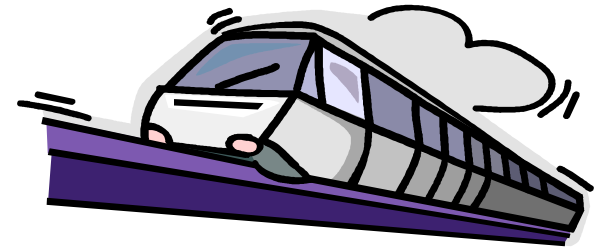
In explanation of the second point, we might need to stop thinking of an OCD compulsion as being a tangible action and perhaps redefine it as:

“A reflexive mental or physical reaction to an unwanted, intrusive thought.”

In explanation of both of the above points, we’ll call upon a **non-OCD** scenario to help illustrate...

Separating Obsessions from Compulsions (Part 4)

Imagine that you're aboard a busy, rush-hour train and you're desperate to get home to answer a call of nature.



Comparison with **Obsession**

As the train slows to a halt on the congested tracks, you feel **increasingly anxious** and find that you are unable to focus on anything other than the **fear** of the **worst-case scenario**. In fact, as the minutes tick by, your mind begins to **taunt you** with the thought that you might just **give in** and do the **very thing that you fear**.

Comparison with **Compulsion**

In a **reflexive mental** and **physical response**, you frantically try to **fight off** the unwanted thought and to **reassure yourself** that you are **still in control**, crossing your legs and tensing every muscle, so as to feel that you are **resisting** the feared occurrence.

Separating Obsessions from Compulsions (Part 5)

Outcome

Stressed to the eyeballs, you held on and made it home with your dignity intact. Note that, all-the-while, your fellow passengers remained blissfully unaware of your suffering and observed **no outward signs** of your resistance to the invisible anxiety, barely even noticing the frown of concentration on your face.



Crucially, the taunts that you might have given in to what you feared represented an **anxiety** attached to the **obsession**; they did **not** form a part of the compulsive response. At no point did you stop resisting the fears and compulsively “go with the flow” of the unwanted thought (excuse pun).



Of course, it’s important to comment that the limitation on this analogy is that going to the toilet is a very normal event; it was simply the context of the crowded train that made the feelings so unwanted. So what if something absolutely cannot be allowed to happen...?

Perception of Risk

Fear of losing control is proportional to a person's perception of risk. The worse the perceived consequences, the greater is the fear of losing control.

As an example, imagine that you've been told that you have to walk a 30-foot-long plank, which is 1 foot wide and is 2 feet above soft ground.



For most people, the perceived risk would be low and the task would seem easy.



A **perception of low risk** leads to a **low** anxiety response, which leads to **minimal** fear of losing control and **little** need for reassurance. However...

A Proportional Response



... If the level of risk is felt to be **considerably** higher, so is the fear of losing control.

Unwanted, Intrusive Thought (compare with **Obsession**)

“You’re going to fall and die”

Reflexive Mental and Physical Reaction (compare with **Compulsion**)

“No... have to keep balanced... must go slowly... must try to stay calm... need to focus straight ahead... must take deep breaths... need to use arms for control...”

Fear of Losing Control (compare with **Obsession**)

“But that huge drop... you can *feel* your balance wavering... your mind’s eye can *see* you tumbling... you can *feel* yourself being drawn towards the edge...”

Reflexive Mental and Physical Reaction (compare with **Compulsion**)

“No... can’t happen... have to hang on... need to fight for life... need to kneel down so *can’t* fall... must crawl... need to look away from the drop... need to *regain control*...”

Same Plank; Different Challenge



In this scenario, which could be relevant to those with or without OCD, we can see the way in which the OCD thought process unfolds. The perception of such an **enormous risk** leads to a **huge** amount of anxiety, an **all-encompassing** fear of losing control and a **massive** need for reassurance.

As a reflexive mental and physical reaction, *every* part of you does *everything* humanly possible to **counteract** the threat and to regain control. *Every* remaining drop of concentration goes into monitoring *every* tiny flinch of *every* sinew in your body, as you seek to reassure yourself that you're resisting *every* perceived pull towards the edge, as you face your life and death struggle...



Isn't it interesting that while you're doing all of that fighting, putting up all of that resistance, all you *appear* to be doing is sinking to your knees... which may well sound similar to OCD?

Compulsions (Part 1)

In practice, **covert** OCD compulsions may or may not have any rational connection with the perceived threat, and might include any of the following examples (again, *not* an exhaustive list):

| Compulsions |
|--|
| feel and act upon repeated need to count to a preferred, “safe” number |
| feel and act upon repeated need to cancel a thought before a moving object goes out of sight |
| feel and act upon repeated need to fight for a “good” or “safe” thought before breaking a hug |
| feel and act upon repeated need to hold breath/ not swallow when looking at a feared thing |
| feel and act upon repeated need to think “NO!” or to recite a “safe” word or phrase to oneself |
| feel and act upon repeated need to “check” and reaffirm feelings for a partner |
| feel and act upon repeated need to undo/redo what was being done when had intrusive thought |
| feel and act upon repeated need to plead “why me?” and wish, literally, for the thoughts to stop |
| feel and act upon repeated need to check, test & challenge that the unwanted thought isn’t true |

Compulsions (Part 2)

Avoidance is a further, covert reaction that can seem necessary, in an attempt to combat the obsessive fears and to **seek reassurance** that they **can't possibly** come true. This means that such behaviour also represents OCD compulsion.

| Avoidance Behaviours |
|---|
| compulsively avoid those people associated with the fears wherever possible |
| compulsively avoid knives and sharp tools wherever possible |
| compulsively avoid particular routes home wherever possible |
| compulsively avoid social situations or busy places wherever possible |

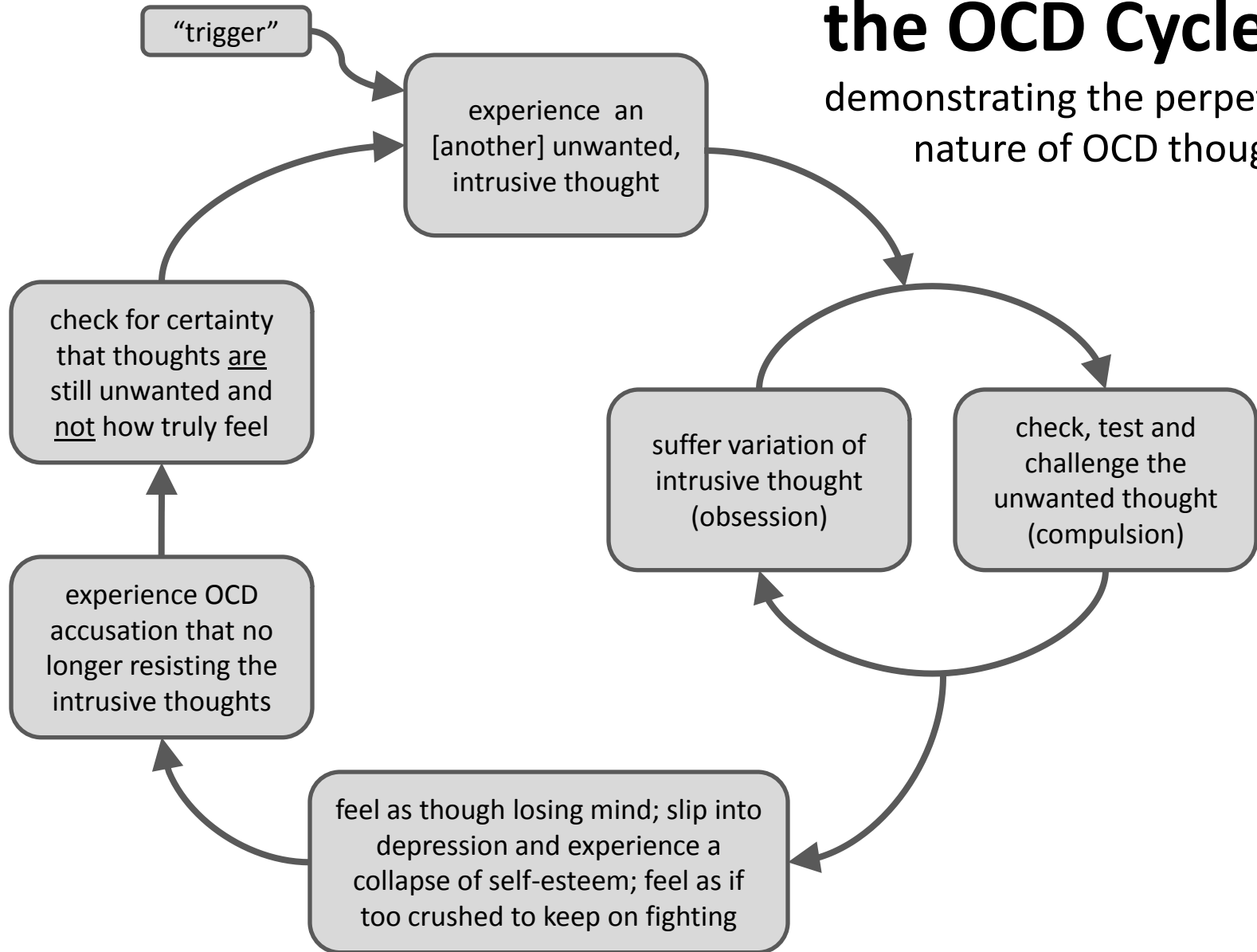


Avoidance might be felt to offer short-term relief – but it is **not** a long-term solution. In fact, it reinforces the fear associated with the obsession. If a potential trigger for anxiety has been avoided repeatedly, it makes it all the more scary when it *can't* be avoided.

Sufferers of OCD should be encouraged to **resist avoidance behaviour**.

the OCD Cycle:

demonstrating the perpetual nature of OCD thoughts



“What if...?”

At some point during the rock-bottom stage of the OCD cycle, sufferers are likely to encounter a painful, new thought: that they might have stopped resisting the intrusions and have started “accepting” them. This highly unsettling accusation, **which is again a fear of losing control**, exploits sufferers’ vulnerability to the maximum – leading quickly to the final stages of the cycle and, in all likelihood, causing a rapid return to the depression phase.



And, to be frank, if you can deal with day-to-day life while all of **that** is going on, **you’re a stronger person** than you’re likely to give yourself credit for.

The Facts of the Matter

“So am I giving in?”

“Have I stopped caring?”

“Do I actually want these thoughts?”

These are questions that will be familiar to Pure-O sufferers... or, more precisely, these will be the Pure-O accusations (obsessions) that sufferers will find themselves **compelled to challenge**.



The answer, of course, is an emphatic “**NO!**” to all.

Scary Monsters

To put this into context, think back to early childhood and a time that you might have feared the monster under the bed, in the cupboard, etc.



If reassured or accompanied by a trusted adult or older sibling, you might have felt able to challenge your fears and check that the monster wasn't truly there. Without that reassurance, however, you most likely felt too paralysed by anxiety to contemplate such a move – so instead lay in trepidation.



Clearly, the reality that you **didn't** arm yourself with your heaviest toy and go on the attack, **did not** mean that you had given in to the monster. Rather, it meant that – at that time – you felt too vulnerable to tackle it in its lair... so you **suffered in silence**.

Suffering in silence is typical of OCD, which makes it important for anyone whose life is affected to seek help from their GP.

A Cry for Help... and a Call for Understanding

The fact that OCD thoughts are so intimately and personally distressing can pose a challenge, for sufferers as well as family, friends (even professionals), when sufferers finally manage – even slightly – to “open up”.

Considering that it takes a significant need for help for sufferers to begin to talk, it can often happen **only** when they have hit rock-bottom and feel most desperate, having endured the OCD cycle countless times.



As a result, and in spite of knowing what they **want to say** about the **pain** and **anguish** that they have felt, the revelation can arrive in a surprising form: “I’m worried that I’m going to cause [an unwanted thing] to happen”.

Sadly, in the absence of understanding and/or knowledge on the part of the listening parties, this can lead to confusion for those on the receiving end and to bitter disappointment on the part of the sufferers, who – having finally managed to speak about those fears – might not get an educated and sympathetic response, **just when it is needed more than ever**.

Breaking the OCD Cycle

Knowledge, therefore, is the answer – which is hopefully where this text might help.



If you're suffering with any form of OCD, perhaps try to pluck up the courage to present these pages to someone you can trust, or to a professional if you need to start a discussion about how you truly feel.

The road to recovery involves breaking the OCD cycle, which means training the mind to respond differently to the unwanted thoughts; not giving in to them but accepting that although they are hurtful, they are **just thoughts** and, as such, are weightless and immaterial. It can take support, encouragement and possibly professional guidance to make that realisation come true – but if you are a sufferer, you will become a much **stronger** and **happier** person when it happens.

For further **information**,
to **connect** with other sufferers online,
or simply to **read** of their similar experiences,
the author recommends visiting the OCD-UK website at:

www.ocduk.org



Registered charity number: 1103210

Working with and for people with OCD