

# List of different types of OCD

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## Introduction

When I was the clinical director of a training site for doctoral students, I had a student working with me for 2 consecutive years in a work-study position; among the many memories I had from our time together, some of them are related to those days in which I used to walk into the office and see those colorful post-its so well put together on the white board for different tasks, and the different files organized by level of priority; to be honest, it was like a piece of art and the excitement that came from going over those documents that were so beautifully organized was priceless!

Our mind craves organization, categorization, and classification, and some of us, like myself and my student, just love it! Sometimes, grouping pieces of data together makes things just more manageable to track, remember, make decisions, and so on. And let's face it, psychologists may be prone to assembling, classifying, and putting things together, as you will see next.

Because intrusive thoughts are more common than not, the academic literature has grouped the different obsessions and compulsions clients have reported into themes, and that's how most of the books – academic, self-help, and blog posts on Internet- ended up referring to different types of OCD.

You may have heard about sub-types of OCD, like contamination OCD, washers, checkers, existential OCD, harm OCD, and so many others; while this classification is very popular, what starts, maintains, OCD is the same for all of these forms and the principles of the treatment are also the same for any form of OCD. Now, let's pause for a second and imagine if we have to add a new type of OCD every time there is a new obsession reported by a person; even if this obsession is frequent, it is quite impossible to continue adding and adding labels to the already long list you will see in the next few pages. Some specialists will agree that there are four dimensions of OCD: harm, unacceptable thoughts, contamination, and symmetry (Abramowitz et. Al. 2017).



Living Beyond OCD Using Acceptance Commitment Therapy: A Workbook for Adults  
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In the attached document, listed in alphabetical order, there is a list of the most common themes of obsessions and compulsions, that different types of literature, academic and self-help books, have named and recognized over the years.

One thing to learn from this long table is that the list of sub-types of OCD is exhausting and it's impossible to capture all the themes of obsessions since our brain can latch into anything and everything without discrimination or any consideration; also, as you learned about the different themes, you can see an overlap between them (e.g. harm OCD and pedophile OCD; existential OCD and pure OCD, and so on). In my humble opinion, not so humble at times, the organization of themes of OCD served a purpose in which we need to help the public to get access to services but, psychologist we just went wild with it, and came up with hundreds of them.

This list of themes is always going to be incomplete but trying to capture all the fears, worries, and anxieties that a reactive mind comes up with, is like preparing to lose a marathon in which the mind is always going to be the winner. This table is always going to be behind!

I can assure you that all these different types of OCD are just names, denominations, or tags you put into the theme of obsessions and compulsions; they don't mean that if you have a different problem or a different struggle. What starts, augments, reinforces and maintains OCD is the same regardless the theme; so, more than boxing obsessions, focus on learning core skills that apply to all of them is key.

Cheers,

Dr. Z.



What's the theme?	What is this theme about?	How does this theme look like and how does it feel?
<p>Aggressive OCD or Harm OCD</p>	<p>The theme of these intrusions is about harming yourself or others either by direct or indirect result of your actions.</p> <p>It can involve lethal forms (e.g. stabbing, suffocating, strangling, shooting, poisoning oneself or another); self-harm and fears about causing harm to others because of carelessness (e.g. if I don't pay attention, they may fall down on the stairs; if I trip down when holding a knife, I may stab them).</p> <p>People dealing with aggressive or harm obsessions usually hold onto the thoughts of "because I think so, it makes me so" or "if I don't do anything, if I don't prevent it, it's the same as me causing it." It's as if having these violent images or thoughts makes them a violent person, or reveals their true aggressive persona; and, if they don't pay attention to them, they may act on them or accidentally harm others.</p> <p>Avoidant behaviors include people who could cause harm, tools that can be used to harm, news, books, movies, or any other material related to harm.</p> <p>Compulsions include checking that a person is okay, asking others if they did anything weird, checking their intentions—did I really want to hurt my kid? -anticipating future scenarios in case they may potentially cause harm to themselves or others; analysis past scenarios or reviewing past</p>	<p>Let's go over two examples:</p> <p>Sebastian, a college student, went to visit his parents for a summer; they were doing the usual things they do, going for camping trips, cooking meals, going for runs with her brothers, watch movies and tease his sister on and off. Sebastian was very close with his family and always looked forward to spending time with them after a stressful semester at school.</p> <p>After watching a documentary about typography, he went to sleep around 11 p.m. as he usually does. While sleeping Sebastian had a nightmare about "slicing his parents" and woke up thinking about it the following day. Sebastian was shocked at having that image, because deep down he loves his parents and wouldn't ever do anything to hurt them or his siblings; Sebastian didn't know what to make of it, kept thinking whether he actually wanted to do, so checked his feelings towards his parents, started writing down the good moments he had with them to prove that he doesn't want to harm them. He started avoiding being in the kitchen with his parents because he's afraid about holding knives around them and prefers to be with both of them, versus only with one of them, just in case he ends up attacking. them</p> <p>Thomas, a stay-home dad, was doing laundry as part of his regular weekly activities while the kids were at school and his wife at work. When pouring the laundry detergent into the laundry machine, he quickly had the image of blood on it instead of water. He shakes his head, and was a bit confused; as he continued doing errands in the house, picking up clothes and cleaning the mess the kids left, he</p>



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	<p>scenarios to make sure that nothing has happened and, therefore, they're innocent.</p>	<p>sees images of blood covering the curtains, he shakes his head again, and takes a deep breath.</p> <p>Thomas, not wanting to alarm his wife, goes to the kitchen to have a glass of water and then sees dead bodies, and mutilated parts. Thomas gets petrified thinking he's losing his mind. He has never experienced these types of violent images, or doesn't know what to do or who to talk to about them. He feels lonely, horrified at himself for having those images, and confused about what he's really made of; in his worst days. He sat down for hours while holding his head between both hands as if he could make it stop.</p>
<p>Contamination OCD</p>	<p>This is, perhaps, one of the most well know forms of OCD since it has been disseminated through social media quite often.</p> <p>People with fears of contamination get hooked into the fear of "being contaminated" because of direct contact with different substances such as toxic chemicals, dirt, germs, garbage, sticky substances, or bodily fluids (saliva, semen, faces, etc.), or contact with objects that are contaminated by any of the contaminants.</p> <p>Very common compulsive behaviors are handwashing, excessive long shower, wearing hand gloves, sanitizing different areas, changing clothing that has been exposed in the street environment before getting in contact with furniture in the house, asking others if it's safe to go to a particular place or if a stain that a person</p>	<p>Let's think of the following scenarios:</p> <p>When Patricia walks into an office to fill out a job application, she carries her own pen, because of her fear about the possibility of "getting contaminated and getting an illness when of using pens from a public area."</p> <p>On her way to the grocery store Patricia saw a reddish stain. She immediately had the thought–this could be blood? Did I step on it? She checked the stain from different angles, trying to figure out if it was dry or not, its size, it's texture; she called her friends to ask what they would do or whether she should throw away that shoes she wore.</p> <p>When hanging out with others, Patricia generally avoids shaking their hands, or waits for others to open doors of public spaces.</p>



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	<p>stopped in is safe; or replaying the past triggering situation until a person.</p> <p>Avoidant behaviors usually include avoiding contaminated places like hospitals, public bathrooms, people who have a particular illness, shaking hands of people that could potentially contaminate them, and so on.</p> <p>Past literature use include within fears of contamination also fears about emotional contamination; however, the last couple of years, the theme of metaphysical OCD has captured these fears related to contamination obsessions.</p>	<p>Throughout all these episodes, Patricia feels very embarrassed about having to do all these checking behaviors, worried if people see her doing them, and frustrated at herself for not being able to stop them.</p>
Existential OCD	<p>This theme of obsessions involves philosophical, existential, and reflections about life issues that while seem natural, reflects that every person goes through at some point or another. When these thoughts are obsession they come along with extreme distress. It's hard to let it go, and there is an ongoing search for resolution to these themes.</p> <p>Common obsessions are about death, life after death, feeling love after death, making the best of life, whether the emotions are the right emotions in a given situation, immortality, life after death experiences, and others.</p> <p>Compulsive behaviors are scanning memories in which experiences happen-replaying situations when a person fall love-discussing with others; dissecting past encounters when having a feeling</p>	<p>Theresa was signing a life insurance for first time in her life. After meeting with a financial advisor, she agreed that it was important for her to do so to protect her family.</p> <p>When signing the document, the person across the desk made a comment along the lines of, "do you think that you're living your life as you wanted to? Theresa paused for a moment and thought on the question; It was as if for the first time she was wondering about it, and became quiet. After signing the documents she walked towards her car, trying to answer that exact question: have I been living my life as I wanted so? Theresa mechanically started driving the car but couldn't stop thinking about it, and started replaying moments in which she felt connected with others, difficult times with her family, dating issues. but she kept wondering "whether she's living life at her best; whether she's making the right choices about how to spend her time, her money and so on..."</p>



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	<p>to make sure it was the right feeling; discussing about these topics as a form of "figuring them out" and have the right response, searching online, reading philosophical books.</p>	<p>Theresa also ponders about the impact of her behaviors on others as a form of obsession: Am I doing right for others? Am I having impact on other people? Am I balancing things out in my life?</p> <p>She noticed at times she's able answer those questions with a semi-satisfying response, until they show up again and again, so often that she goes on a deep spiral down of thinking about matters that don't have an absolute response.</p> <p>Theresa felt very exhausted about going into a spiral down of thinking, dwelling, pondering about these matters that were no fun. They were actually very stressful because she cannot let them go and struggles with not having a definitive response.</p>
<p>Hyper-awareness OCD</p>	<p>This form of OCD is also known as Somatic OCD or somatosensory OCD.</p> <p>This group of fears are related to concerns about the quality of specific bodily reactions or bodily function like the breathing, swallowing, amount of saliva, itching, ringing in the ears, blinking, body smell, and so on.</p> <p>Common compulsions are contacting doctors, searching online, checking bodily functions, the quality of them, intensity of them (am I breathing the same amount of air than this morning? Is my tingling sensation moving from one finger to</p>	<p>Consider Sharon and Rudolph's day-to-day situations:</p> <p>Shareen gets triggered when perceiving any movement or changes in light in her peripheral vision; she checks around, moving her eyes slowly, checking if there is something there, and continues checking until it feels comfortable. Shareen is concerned that if she doesn't check around, her peripheral vision will be affected.</p> <p>Rudolph had a dentist appointment for a regular cleaning; he showed up on time for his appointment, and when having the teeth cleaning procedure, he noticed that the technician spent more time on the bottom right of his teeth. At the end of the procedure, Rudolph felt a bit of an</p>



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	<p>another one?).</p> <p>Because the focus of these obsessions are involuntary bodily reactions that happen automatically in a person's body, people are afraid about not being able to stop being aware of them, stop thinking of them, or distracting from them since they're so present at all times.</p> <p>OCD sufferers with this form of obsession usually engage in massive dosages of body checking and body scanning; some of them may still show up to regular day-to-day activities so there is not behavioral avoidance and no one will notice their struggle, but their attention is completely hyper-focused on their bodily sensations.</p> <p>It's also important to distinguish these obsessions from medical conditions, singular and complex ones; a person with this form of OCD genuinely experiences physical discomfort, but their over-reactive brain amplifies that experience and meaning of that physical experience. Despite medical professionals ruling out the possibility of a medical condition, the fear about something being wrong is extremely intense that drives checking behaviors and mental compulsions.</p>	<p>itch and sharp sensation in that area, so he immediately asked for a mirror; he checked whether there was an irritation and whether the redness of it was similar or different than the rest of his gum. He asked multiple times about it to the technician, and was told that those reactions are natural, but as soon as he left the dental facility, he searched on his phone about those reactions.</p> <p>Rudolph found multiple websites. While reading all types of information, he continued to inspect his gum in front of a mirror, asked his wife to contact another dentist just in case, and got hooked on the thought, "I'm afraid that if I don't do anything about it, my gum can have major problems later on, get weak, and I may even loose bone in that area." Rudolph couldn't let go of this fear and felt temporarily better when reading blogs, asking his wife to book appointments, monitoring the redness and sharp sensation of his gum when eating different types of food, testing if temperature of food affected that area, trying different toothpastes, and taking pictures on a daily basis.</p> <p>For Rudolph, the fear about getting sick and having an undiagnosed condition, even though doctors have denied that possibility, made him feel very apprehensive and consumes his day to the point that he concentrates all his efforts, energy, and resources trying to "figure out" what could go wrong with his body in the future.</p>
Just right OCD	This term usually refers to obsessions about a sensation or feeling that is interpreted as "weird, uncomfortable, distressing, off feeling", and because it's so uncomfortable, sticky, and hard to	<p>Let's think of Allyson, Theresa, and Todd's struggles to see how this theme of OCD looks like:</p> <p>When Allyson walks in her living room, she notices a weird</p>





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	<p>let go, as obsessions are, a person engages in compulsions related to symmetry, ordering, arranging their physical environment, or any other form of compulsive behavior until it "feels right." Because of these organizing behaviors, this form of OCD is also known as perfectionistic OCD.</p> <p>A popular misconception is that people dealing with these types of obsessions or compulsive behaviors in general, they're very organized, neat, and like perfection, but this is an assumption that is far from what actually happens in a person's shoes.</p> <p>Some people with this form of obsessions, when triggered by fear, may engage in what it looks like "perfectionistic behaviors" like arranging their environment, as a compulsion, in a way that "feels right" to them and not necessarily in a symmetrical manner all the time (e.g. moving the wallet in oblique position to the person's leg).</p> <p>In addition, to that, some of them may prefer to keep things organized, but that doesn't mean everyone who has an obsession or any form of OCD will automatically inherit those preferences.</p> <p>And just to make it crystal clear, the compulsions or organizing behaviors are driven to avoid the discomfort that comes along with uncomfortable feelings and the obsession that "something is wrong and off." The organizing compulsions are not necessarily to avoid that something bad or a catastrophic ending from happening-but with the</p>	<p>feeling when detecting the position of the TV in regard to the painting in the wall, so she arranges both objects until it feels right. Sometimes she arranges them symmetrically and sometimes not.</p> <p>Allyson leaves her house every morning to go to work, but when walking through the backdoor, she walks in and out multiple times. Sometimes 4 times, sometimes 8. But as a rule, she only stops going back and forth until it feels right and satisfies her.</p> <p>Allyson also engages in mental compulsions related to keeping track of her activities because she's afraid of "losing her mind and decompensating at a cognitive level", so every day she keeps track of her activities by matching one word with a specific activity, including routinely ones and occasional ones: "Walking up" is the word that matches her morning routine, but if she picks up a book that day, she will add the word "book" to her list; "breakfast" is the word that matches the action of preparing her breakfast with her regular meal and cereal, but if there is a different milk or different cereal she will add that word to her list, so the word will be "breakfast-vanilla;" if she stays at her parents' home and one of them made her breakfast, the word will be "breakfast-mom-vanilla," and so on. The list of "matching words" keeps growing as Allyson moves along with different activities throughout the day and she continues to repeat them to herself often and a different number of times until they feel right to her. If someone talks to Allyson when she's in the middle of a mental compulsion, Allyson gets very upset and comes across as angry, because she has to re-start with the mental compulsion.</p>



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	<p>purpose of neutralizing, getting rid of, or minimizing the distress that comes along.</p> <p>Lastly, when referring to this form of OCD, the term "just right" also includes mental compulsions characterize by a person repeating sayings, making lists, counting words, praying, or any other form of mental compulsions until they feel right.</p>	<p>At the end of the day, Allyson, continues her mental compulsion and analyzes whether this list of "matching words" is different than the one from yesterday and whether that has a particular meaning for her or not.</p> <p>Allyson feels exhausted most of the time because she spends a significant amount of time in her head, and while she genuinely cares about connecting with others, she doesn't know how to manage when on the surface it looks like she's angry with others but feels actually scared about the outcome of not completing her mental compulsion.</p> <p>Theresa was concerned about not explaining things right and using the correct words when delivering a presentation at work; so at the end of her presentation she asked her teammates if they understood what she said, if she looked as she knew what she was saying, if her ideas were conveyed properly; at home, she replayed in her mind how her delivery.</p> <p>Todd was dealing with an obsession of making mistakes when completing essays and writing projects in her English class, so he compulsively wrote all directions given by the instructor, asking other classmates to share the directions they got, and compared notes. Todd couldn't start working on the essay or projects unless he got re-assured that he was doing it right and perfect. When working on the essays, he re-wrote, re-typed it multiple times, but got stuck because he doubted if a "particular word" was the right word on his essay.</p>



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<p>Metaphysical OCD</p>	<p>This form of OCD is one of those new sub-types that have been recently identified as such, so there is not much literature on it, although it has affected many individuals' lives before but regardless, keep in mind that it doesn't matter the form of OCD or types of obsessions or compulsions you're dealing with, the principles of treatment apply to all forms of it. I'm just offering you a review of the different sub-types of it to highlight that it's actually challenging to keep thinking of OCD as having different types because the list is exhausting and never-ending.</p> <p>With this theme of OCD, people get triggered with particular feelings, vibes, or energies as if those experiences are symbols, cues, or omens that could cause harm to themselves or others; some past literature has referred to this theme of obsession as emotional contamination, but as I mentioned before, referring to "metaphysical OCD" is just a new term.</p> <p>I don't know where you live, but where I live, Bay Area, California, beliefs about alternative energies are very common. So, let me clarify that I'm not saying that it's a wrong thing to hold onto those beliefs; I'm saying that when having a reactive brain it's extremely challenging when it gets hooked onto this type of obsessions that are reinforced and seen as the norm.</p> <p>For instance, a client of mine got confused because her peers were all about making</p>	<p>Fernando always loved to travel, explore different types of food, learning different languages, and get immersed into different cultures. Every vacation he had, he took the opportunity to travel with his parents, uncles, and cousins to any place, either locally, within the country, or internationally. Traveling was Fernando's passion.</p> <p>During his senior year of high school, his cohort decided to travel to Bolivia, Peru, Paraguay, and Ecuador. Fernando was looking forward to that trip for months since he hasn't been in South America. He wanted to practice Spanish and see indigenous cultures. During his trip, Fernando had strong vibes when visiting some sites and when talking to some indigenous people that hours later, he started pondering compulsively about the "meaning of those energies."</p> <p>Fernando started hugging people in a different way when feeling bad energy so he could only have good vibes, otherwise he was afraid that something might happen to him. He continued checking his vibes about colors, shapes, and activities as they moved on; when having those negative vibes, he quickly tried to recreate positive ones by thinking about something good that happened to him, imagining people who have good energy, and talking to people with good vibes.</p> <p>After his trip, Fernando met a girl that somehow, didn't have good energy, and hours later Fernando got laid off from his job as camp counselor. When receiving the e-mail, Fernando's brain made the connection that the girl's negative energy caused him to lose his job, and he couldn't stop thinking about it.</p>



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	<p>manifestos (asking the universe and visualizing specific scenarios or outcome of situations they wanted to have and if these outcomes happened, they were attributed to this manifesto power).</p> <p>There is a difference between practicing flexibly some activities, like saying manifestos, versus rigidly attaching meaning to them; a reactive brain can easily get hooked onto thoughts like "because I think so, it makes me so; I feel it, therefore is true; thinking about it, makes it happen," that a person ends up easily attributing power and meaning to every single words, sentences, or feelings, and establishing a cause-effect relationship</p>	<p>Fernando's list of compulsions and avoidant behaviors kept growing and started to include basic activities such as chewing more times or eating food until it feels right; changing clothing for good vibe colors; not reading a book if it has bad energy, discontinue watching a movie when having bad vibes; avoiding specific machines at the gym; and avoiding words that had a bad vibe.</p> <p>Fernando felt very stressed about catching and neutralizing the vibe of things, but he got hooked with the thought that "indigenous people have lived for years in this way, so energy experiences must be true." Fernando didn't know about obsessions, the nature of OCD, the nature of unwanted thoughts, or the power of compulsions; he didn't know that every time he avoids something or did a compulsion, he was reinforcing OCD episodes over and over.</p> <p>Fernando lost sense of how to organize his life around what he cares about, showing up as the friend he wants to be, and as the person he wanted to be. Fernando felt down, depressed, and sad about his world getting narrow and narrow; he didn't know how to handle all those yucky feelings he had about many things around him.</p>
Moral OCD	Check religious OCD.	
Pedophile OCD	Pedophile OCD encompasses obsessions about molesting children, feeling sexually attracted to children, and even committing incest.	Let's consider the situations that Suni and Thomas went through:



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	<p>Unfortunately, this may be one of the most misunderstood forms of OCD even by clinicians.</p> <p>Here is a variable that makes this complicated, but not unworkable when dealing with pedophile obsessions: groinal responses.</p> <p>Everyone experiences groinal responses-tingling, itching, scratchy reactions-and everyone experiences arousal reactions that varies in degree from moment to moment, and these responses are dynamic instead of ecstatic experiences we have. These groinal responses get triggered when we're with our romantic partners, without them, and when hanging out with people of all ages, including children.</p> <p>The challenge is that these uncontrollable reactions are quickly interpreted by a reactive brain quick to prove that something is wrong with the person that has them, and if they have those reactions, it means, they want to act on them.</p> <p>A person dealing with these obsessions can easily spend significant amounts of time compulsively replaying past scenarios when dealing with triggering situations, checking their bodily reactions for potential signs of sexual attraction, or anticipating and preventing if how would they handle future situations if they were to have them, which as you can imagine, is humanly impossible because nobody can anticipate how our body is going to react or how others will behave.</p>	<p>After Suni gave a bath to her 2-year old kid, and touched her vagina; Suni quickly had an image of her daughter's naked body and with it the thought of "Am I a pedophile? Did I like touching her parts? Why did I have that image? If I touched her private parts and have this image it's because I'm a pedophile." Suni spent hours and hours replaying other times she gave her daughter a bath, changed the diapers, changed her clothes, or the times when she held her daughter on her lap.</p> <p>When having these images, Suni started telling herself, "I'm not pedophile, I'm not pedophile, I didn't do anything, didn't feel anything."</p> <p>Here is what's important to remember to avoid any confusions: when Suni has these reactions, those moments are extremely painful for her and end up in a wave of a panic reaction because the thought of being a "pedophile" is one hundred percent incongruent with who she wants to be, her character, and her personal values.</p> <p>On top of all those painful moments Suni had rushing through her mind, she didn't share any of this with anybody because she was hooked on the thought that "saying it aloud" somehow proves the validity and accuracy of the thought.</p> <p>Suni felt that she was crazy for having these thoughts, that there was something fundamentally wrong with her for having them, and didn't know how to get unstuck from her own mind.</p>



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Perfectionistic OCD	Go to the section "just right OCD."	
Post-partum OCD	<p>This class of obsessions include intrusive thoughts about harming the recent deliver babies, contaminating the baby with toxic products, or accidentally harming the baby. Some authors have also reported fears about doing something sexually inappropriate or emotionally contaminating the baby with bad energy or bad vibes.</p> <p>It's extremely distressing and panicky for a parent to experience and acknowledge these intrusive thoughts when they are expected to be happy and bubbly about becoming a parent; and because of this social pressure, therefore, there is much secrecy around this theme of obsessions.</p> <p>While most of the literature has suggested that mothers are affected by post-partum obsessions, there is preliminary research that suggests that fathers experiencing this type of obsessions as well (Abramowitz, 2001 – XXXX).</p> <p>Compulsions can be repetitive routine behaviors when for sleeping, checking that the blankets are not close to the kid's face so the baby doesn't died suffocating, multiple times checking that there are no other objects in the crib, holding a mirror to check if the baby is breathing, checking with others if the baby is okay, asking people to be</p>	<p>Let's think of Sheela's after delivering her first baby:</p> <p>After her delivery, she brought her baby home, and in her first weeks, she experienced with all the peaks and valleys that come with it: loving the baby every day, feeling exhausted for not sleeping, learning the baby's needs, bonding with the baby, watching the baby sleeping, and just living maternity all the way.</p> <p>One day Sheela's baby had high fever so she spent time next to her, checking her temperature, giving liquids to the baby, and changing one diaper after another. While changing diapers, Sheela had the thought, "what if I insert my finger in my kid's vagina" and she got really terrified and disturbed about this thought as if having it means she wanted to do so.</p> <p>Sheela couldn't let go of this thought, prayed at night hoping it would go away and that it never happened; she kept it secret, and a week later, told her husband he needed to take time off from work because she couldn't continue taking care of the baby alone.</p> <p>As time passed by, Sheela couldn't stop thinking about the bizarre thought about touching her daughter inappropriately, and replayed over and over how she changed her diaper when having that obsession and all the interactions she had afterwards. Sheela couldn't bear</p>



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	<p>with them when being with the baby, and so on.</p> <p>Avoidant behaviors usually are avoiding being alone with the baby, changing the baby's diapers, being around sharp objects, giving a bath to the baby oneself, holding the baby, walking while holding the baby, feeding the baby, and others.</p>	<p>this obsession, felt terribly guilty about having it, and took it as a manifest that she maybe secretly wanted to harm her baby, which made things worst for her.</p> <p>Sheela was physically exhausted for all the chores that came with taking care of a baby, and on top of that, mentally exhausted for all the efforts she was making in her head dealing with this obsession.</p>
<p>Pure O, Pure OCD, or Mental OCD</p>	<p>"Pure OCD" is a term that has created controversy among clinicians, researchers and OCD sufferers because as it's written, somehow it conveys the message that a person dealing with Pure OCD doesn't have either public compulsions or compulsions in general, and may have only "pure obsessions."</p> <p>Here is my take: there is no need to argue about this label but to it in context, as we have done with the other labels about different forms of OCD we have reviewing in this chart.</p> <p>If you look at the literature on OCD, most of it was focused on public compulsions that are visible to the eyes of everyone and while, there were some writings about people that have mental compulsions, no much was written about it. Who knows how many people got undiagnosed because of it and didn't know they were suffering with OCD.</p> <p>With the premise, let's briefly clarify that pure OCD</p>	<p>Let's think of Jessica and Jack's struggles with mental compulsions to make sense of this form of OCD; keep in mind that you will read many other examples of mental compulsions in the chapter "<i>the trilogy the makes your life miserable.</i>"</p> <p>Jessica lives a battle with obsessions about forgetting key information about her personal life that makes her feel extremely distressed. When getting triggered, she creates mental lists and pictures of all the different tasks she has to complete during the day as a matching activity between the word that describes the activity and the memory of the activity. If for whatever reason Jessica gets interrupted in the middle of her compulsion, or gets confused about a particular activity, she starts recalling all over from the beginning of her day.</p> <p>Jack, was a lawyer in transition between firms, so he had some extra time in his hands to do fun things; he was watching movies, reading books, going for mini road-trips here and there, and overall enjoying his month off. In his way back from eating Thai food, he saw a woman reading in the train the book "Zen and the art of motorcycle maintenance." He was kind of curious about the title and asked few questions to this person. At the end of their ride,</p>



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	<p>or mental OCD is a myth given that all OCD episodes include both, an obsession and compulsions and as you have read before, if a compulsion is private, then we call it mental compulsion.</p> <p>The term of "pure OCD" can be triggered by all types of obsessions, from fears of getting contaminated, existential themes, doing things right and everything in between. The key characteristic is that the compulsions are private, no one sees them, and even the sufferer doesn't know that is engaging in a mental compulsion, because all what they're focus on is on getting rid of the distress that comes along with those wacky obsessions.</p> <p>In the chapter, "<i>the trilogy that makes your life miserable</i>" there is a chart of the different form that mental compulsions have so you will read more about them there.</p> <p>Just to give you a preview, some of the mental compulsions look very low key like saying sentences, repeating words or counting numbers, but they can also be very complex like replaying past scenarios over and over until they feel right because your brain is holding onto a memory that feels safe, right, and blocks the disturbing obsessions.</p> <p>Sometimes, the clients I have worked with, they quickly engage in mental compulsions that gives</p>	<p>Jack was quite curious, so he ordered the book on his cell phone.</p> <p>When reading it, Jack found himself pondering about the purpose of life and whether he was living the life he supposed to live. He found himself sad, confused, and scared about not having with certainty a response to these questions. Jack spent hours trying to remember different life memories since his childhood to this moment of his life thinking about whether those moments were truly meaningful for him, if he was living at his best, and the more he did the more he, sometimes found moments of relief, but other times, he kept going because he was afraid about missing important indications that could repeat for him in the future.</p> <p>When Jessica and Jack experience those thoughts, as natural reflective thoughts as they may look like, for Jessica and Brad, they come with tons of desperation, distress, and fear because they cannot fully figure them out.</p> <p>Jessica and Jack didn't know they were relying on mental compulsions in response to the severe distress they experienced when having those obsessions. That's how tricky mental compulsions can be.</p> <p>Every day Jessica and Jack woke up, their brain woke up too; they didn't have other choice. It wasn't their fault. They didn't design their brain. They didn't choose their parents or genetics. Jessica and Brad didn't know that all the overthinking, dwelling, replaying, and over-analyzing they were doing when trying to solve the obsessions problems, was exactly what was making them feel that they were losing their mind.</p>





What's the theme?	What is this theme about?	How does this theme look like and how does it feel?
	<p>them re-assurance, that are hard to catch for a person that is not familiar with OCD.</p>	
<p>Relationship OCD (ROCD)</p>	<p>R-OCD covers obsessions related to relationships; while initially this term only included obsessions affecting romantic relationships. These days, the academic literature also reports case of R-OCD between parent-children, and even relationships with spiritual authorities in some cases.</p> <p>While it's natural for all of us to deliberate about the fit of a romantic relationship, the fit with a partner, whether our feelings for them are real or not, the degree of panic, fear, and anguish that comes with these reflections is considered a form of OCD; reflecting of life matters it's one thing, but having obsessions about relationships that are hard to let go, that are more like sticky thoughts, and that when unsolved one cannot move forward with their day-to-day activities is extremely painful.</p> <p>Current writings recognize Relationship OCD as having two variations relationship-centered and partner-focused (Doron, G. &amp; Derby, D. 2017). In plain language, these variations can be seeing in three types of common obsessions and many variations or combination among them:</p> <p>(1) Is this the right relationship for me? (e.g. am I just settling down? Would this relationship be a long-lasting one?)</p>	<p>To understand better this form of obsessive thinking, let's briefly think of David:</p> <p>David is the father of three children, has been married for over 18 years, works full time and does his best to have a regular rhythm between work and family life.</p> <p>One day, his teenage daughter, Martha, started arguing with him about wanting to go for a sleeping over. The argument ended up on her being upset and running to her bedroom, and David talking to his wife about how difficult is to raise teens. The next day, David woke up thinking about "do I love Martha, I guess I do, but is it possible that I don't?" He felt awful that day and called his wife to ask if he has ever treated her differently than the other kids; even though she answered that she never noticed anything, David couldn't stop thinking about it.</p> <p>At the end of day, when going to pick her kids up from school and driving, he started checking how he was feeling about his daughter when she was talking, laughing, or listening to music. David even asked her daughter to recall the most challenging conversations they had together, so when she was recalling those events, he was trying to remember how she felt about her in those moments to make sure "he loved her."</p> <p>David couldn't understand what was going on, was upset with himself for thinking in such a bizarre way, and was</p>



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	<p>(2) Do I really love this person? (romantic partner, parent, child, religious figure)</p> <p>(3) does this person really love me?</p> <p>People struggling with this theme of obsessions can spend years not fully committing to a partner in a relationship, and it may even appear as if they have "commitment phobia;" but, they maybe struggling with intrusive thoughts about relationships.</p> <p>Frequent compulsions may include testing their feelings when spending time with their partner (e.g. am I in love, do I feel love?), searching for the Aha or warm feelings inside, checking their sense of attraction, their romantic memories, or comparing current feelings with feelings they had with different partners across relationship.</p> <p>Common public compulsions are: asking for re-assurance about being loved, asking others about if they observed cues that their partner loves them, discussing about the quality of the relationships with their partners.</p> <p>Avoidant behaviors may be: not saying "I love you to a partner," not responding to compliments about the relationship, avoiding having intimate relationships with a romantic partner, and others.</p>	<p>petrified at the idea of "not loving his daughter" and also at the thought of "talking to others about it." He often, what type of monster I'm, that I don't if I love my daughter?</p>
Religious OCD	Check Scrupulosity OCD.	



What's the theme?	What is this theme about?	How does this theme look like and how does it feel?
<p>Responsibility OCD</p>	<p>This category of OCD refers to the unsettling fear of being irresponsible and causing harm or potential harm intentionally or by accident; as you can see is very similar to the theme of harm OCD.</p> <p>The academic literature has highlighted that OCD sufferers, in addition to obsessions, they present with an extreme sense of hyper-responsibility about their behaviors and the impact of them on others.</p> <p>Other authors have tagged obsessions about responsibility as a theme, and that's how the name of responsibility OCD emerged.</p> <p>Obsessions about causing harm to others can vary from causing death, fatal, and harm to cause emotional harm or other types of harm like environmental harm (e.g. pollution) moral harm and so on. Please check "harm OCD" for a more elaborated explanation of this.</p> <p>A subtle difference that some authors note is that at the core, clients with this form of OCD are engaging in compulsions to prevent harm and also to prevent feeling guilty, remorseful, or regretful.</p>	<p>Frank was very thoughtful about protecting the environment, and during college, he participated in different grassroots activities to create awareness about the interaction between the environment and human behavior.</p> <p>After graduating from college, Frank decided to go to law school to pursue environmental law.</p> <p>He enrolled and started his academic year in September. During a lunch gathering, he couldn't stop noticing how his classmates didn't recycle plates or caps, threw everything to the garbage, and didn't care about using many plastic utensils. Frank felt quickly a strong wave of heat going through his body and thought, "what if I don't do anything about it, then global warming is going to accelerate. The islands of plastics will grow, and I cannot live with it. What if I don't do anything about it, does that make me a bad person? I can't live with it."</p> <p>Frank, discretely started picking up his classmates' trash and separated the recycling items in a corner of the launch room. At the end of the gathering, Frank was wondering if he did recycle all items properly, whether he left residuals of glass that could harm the earth and cause death to other species. Frank, got hooked onto that thought "did I do it right so the planet doesn't get more damaged?" After replaying in his mind what he recycled, how he did it, he felt still uncomfortable, so he couldn't stop asking a classmate next to him: did I separate properly recyclable from non-recyclable items, right?</p>



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		<p>In chapter, <i>obsessions are the norm</i>, you learned that everyone has obsessions, and they can vary from being "not so weird to ultraweird." Frank's fear about harming the environment is not so weird, but the degree of guilt, distress, and agony that Frank experiences because of them, makes it hard to keep going on with his learning and schooling activities and torture him. Obsessions, even the not-so weird ones, are extremely distressing.</p>
<p>Somatic or Somatosensory OCD</p>	<p>Please check the description of Hyper-awareness OCD.</p>	
<p>Scrupulosity OCD</p>	<p>Scrupulosity OCD or Moral OCD speaks to obsessions related to the fear of intentionally or accidentally committing immoral acts, being an immoral person, saying or doing things wrong, or engaging in any form of behavior that goes against a person's morals, standards, or religious beliefs.</p> <p>The specifics of an obsession that is incongruent with a person's religious beliefs varies from person to person given their religious background. For instance, within the Jewish community some examples of obsessions are fears of violating dietary restrictions, or disrespecting Shabbath. For a person of a Christian background, some obsessions involve offending God, going to hell, or disrespecting religious authorities. (Huppert &amp; Siev, 2010).</p>	<p>Let's look at daily struggles that Tammy and Tim encounter:</p> <p>Tammy was talking to her mom about how her marriage is going, and she felt weird and concerned about not saying the truth as if she was intentionally lying. Tammy said things like, "I think this is what happened... I'm not fully sure but I think this is what I say..." After the conversation, Tammy was struggling with a figuring out compulsions: did I say the truth? Is that what really happened? What did I exactly tell my mom? If my mom saw me looking down, she may think that I was lying."</p> <p>When Tim was walking in the street he heard a teenager saying, "oh gosh, fuck this." Tim started getting fearful about committing a sin since he was walking by this person, and could be associated with him.</p> <p>In another occasion, Tim was at a service and got</p>



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	<p>Most common compulsions with this form of OCD include excessive praying, asking for re-assurance, figuring out or replaying a religious practice, asking God for forgiveness, confessing sin, checking over and over their behaviors to see if they committed a sin, avoiding spiritual contamination, or avoiding spiritual services or figures that are triggering for them.</p> <p>Unfortunately, individuals struggling with OCD related to this type of obsessions struggle distinguishing what's a religious behavior from a compulsion to the fear of not following and living accordingly to their religious beliefs. In fact, a person may see a compulsion as a commendable behavior, even though is driven by fear that is debilitating and hard to let it go, as usually obsessions are characterized.</p>	<p>distracted listening to two children talking and playing; he started thinking, "if I wasn't paying attention, does it mean my faith is not strong enough, does it mean I don't care about God? As a compulsion, Tim told himself "God knows my heart; God sees what I'm made of; God trusts me."</p> <p>For Tim and Tammy, having obsessions about their morality was really sad for them, because they grew up valuing their morals and religious principles, respectively. Having to doubt their behaviors as immoral or sinful made Tim and Tammy feel absorbed often as they spent hours searching for the truth, feeling very discouraged when not knowing the answer, and confused about what type of person they really are.</p>
<p>Sexual orientation OCD, HOCD, Gay OCD.</p>	<p>This is another form of OCD that is usually misconstrued and underdiagnosed; common obsessions are about sexual orientation, infidelity, sexual deviations, and at times, sexual thoughts related to religious authority figures or religious figures. (Gordon, 2002).</p> <p>These forms of obsessions have nothing to do with a person's view of homosexuality, but with intrusive thoughts, worries, fears about feeling attracted or wanting to be with the opposite sex of what they have been usually attracted to; this applies for</p>	<p>Consider Tom's experience with this form of obsessions to make sense of what he goes through:</p> <p>Tom felt attracted to boys since he was a kid; he had a crush on his best friend in elementary school, was curious about him but didn't say or do much about it because of his religious background. During his adolescence years he had some sexual encounters with both boys and girls, and as time went on, around age 16 he came out as gay. He went on his life living as a homosexual, had different partners, went to college, graduated, started his own company, but in his late thirties, he had a dream about</p>



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	<p>people of all gender orientations. For instance, a homosexual person could have intrusive thoughts about being straight and so on.</p> <p>And just to make it crystal clear, a core difference between sexual orientation obsessions versus being confused about sexual orientation or having sexual fluidity is that obsessions are extremely upsetting, stressful, pop out of the blue, and are inconsistent with a person's history of sexual preferences. Sexual obsessions are also different than sexual fantasies or horny thoughts, because the latter ones involve pleasure, fun, and are enjoyable.</p> <p>People having sexual obsessions may have thoughts along the lines of "I notice I'm paying more attention to girls than guys, like I like checking them out, and checking how cute they are, is that because I'm gay?"</p> <p>Sometimes people with this form of obsessions are terrified that somehow, they're in denial of their real sexual orientation, and would entertain thoughts such as, "maybe I'm just scared about coming out; maybe one day I'll wake up and I'll have to come out of the closet."</p> <p>Compulsive behaviors may include checking whether a sufferer feels more attracted to people of a different sexual orientation than what they're attracted to; checking their desires to have sexual contact with the other person, e.g. do I want to kiss her? Do I want to have sex with them?; testing</p>	<p>being straight and having sex with a woman. Tom woke up in the middle of the night, hyperventilating, and feeling frightened.</p> <p>Tom didn't know about OCD so he started journaling about all the reactions he had when interacting with woman, when watching movies, shows, or commercials involving woman, checking if he had any physical attraction to them, and started to engage in more stereotypical gay behaviors to prove to himself he was gay.</p> <p>Tom also started replaying all the relationships he had with women before, trying to remember how it felt to be with them checking if what type of butterflies did he have for them, whether he got turned on or not, and often got hooked on the thought, "what if I'm straight and I just have been denying it all this time?"</p>



What's the theme?	What is this theme about?	How does this theme look like and how does it feel?
	<p>their intentions at times when hanging out with others of a different sexual orientation; figuring out the physical sensations they experience, trying to find the meaning of having these thoughts; confessing about their thoughts about the opposite sexual orientation of theirs just to make the point that they're not "that."</p> <p>Avoidant behaviors usually include minimizing contact with people who are triggering, watching TV shows or any social media related to people of the sexual orientation that is triggering for them.</p> <p>People struggling with this theme sometimes gets hooked onto thinking along the lines of, "because I have those thoughts, means they're important and that I want to do those things."</p>	
<p>Suicidal and self-harm OCD</p>	<p>Suicidal or para-suicidal behaviors are usually associated with mood disorders like depression or bipolar, eating disorders, and chronic emotion regulation problems.</p> <p>While certainly that's the case, there are also people that experience intrusive thoughts about committing suicide or doing self-harm behaviors that are very upsetting to them because they don't want to do any of them; those intrusions are from their intentions but they get shocked when having vivid images about harming themselves.</p>	<p>Thomas, an engineer in his mid-thirties, was driving back from a long meeting at work and found himself appreciating the structure of the bridge he was driving one; while thinking of the amount of work, calculations, heavy work it may have needed to build it, he somehow had the thought, "what if I jump of the bridge? Thomas was perplexed at thinking that way, and then his mind continued, "do I want to jump of the bridge? Does it mean I want to do so?"</p> <p>Thomas started telling himself compulsively, "I am not going to do that; I don't want to do that, but I can do so; is there any part of me that want to do so?" He then spent the rest of his commute listing all the events that happen recently</p>



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	<p>The variety of suicidal and self-harm obsessions may vary from feeling terrified about getting depressed and committing suicide, jumping of a bridge, slitting wrists, intentionally losing control and crashing a car when driving, or even fear of overdosing with medications, just to name a few of these obsessions.</p> <p>Suicidal obsessions show up as images of a person committing a suicidal or self-harm behaviors in any form; thoughts of what if...; do I want to...; I think I want to;" and sometimes, a person's brain may pair strong sensations in their body with "wants." For instance, if they're waking in the street and felt this rush of a sensation in their body, they may get trapped with the obsessions "It feels as I want to jump to the car and kill myself."</p> <p>Talking about death, suicide, or self-harm has been another taboo topic for years. It's only recently that we hear more education and information about it, and yet, there is no much information about intrusive thoughts around this theme so it can be extremely distressful for the OCD sufferer and also for a therapist that is not familiar with OCD since unintentionally. When conducting risk assessments, exploring a person's feelings or even 5150 in some cases, the cycle of OCD is being reinforced and a person feels learns to "feel safe" and "knows that won't do anything harmful" when these precautions are taken.</p>	<p>that will be an indication that there is a part of him that wants to die: a project didn't go well at work. His boss got fired, he doesn't like his new boss, his wife is unhappy with the number of hours he works, his friends complain that he doesn't have much time for them, his parents passed away last year, and his kids barely want to spent time with him now that they're teenagers.</p> <p>After thinking all that, Thomas felt much more distressed at the idea that he may unconsciously want to die, could commit suicide, may want to do so, and he's not even aware of his wants, which means "he maybe decompensating and is not fully aware of the seriousness of what's he's going through."</p> <p>When preparing dinner with his wife, Thomas asked her if she noticed him getting more stressed, upset, or feeling down about things lately ...just to check the severity of his symptoms. She answered his questions, a bit distracted because was arranging the dinner, which led Thomas to ask again when lying down in bed; but then, he wasn't satisfied with how she responded because she was tired which meant she wasn't fully paying attention.</p> <p>The following day, Thomas asked similar questions but still felt unsatisfied because his wife was in a rush to drop the kids, which meant her responses weren't thoughtful enough. The chain of feeling unsettled with any response she gave him about whether he wants to harm himself or his potential decompensation was so badly that Thomas continued asking the same, day by day, text by text, and conversation after conversation.</p>





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		<p>Thomas started researching about symptoms of depression, signs of suicide, and he contacted the suicide crisis line a couple of times. He had no idea he was dealing with OCD; his over-reactive brain was jumping with any cue that indicates he has the potential to harm himself; it was a nightmare for him to leave his house, go to work, and take with him his brain.</p>

