

OCD: understanding the cycle

Intrusive thoughts, visible rituals and the ones nobody sees

OCD can be exhausting and difficult to talk about. It is much more than liking things tidy. This sheet explains a pattern that may help you describe your experience and seek support. It cannot tell you whether you have OCD. You do not need a perfect explanation to ask for help.

1 An unwanted thought, image, urge or doubt

An obsession is intrusive and distressing. It may involve harm, contamination, relationships, morality or a feeling that something is not right. Unwanted thoughts can occur without OCD; assessment looks at the wider pattern, distress and impact on daily life. [1]

2 A strong pull to make things feel settled

A compulsion is something you feel driven to do to reduce distress or prevent a feared outcome. It might be washing, checking or asking the same question repeatedly. It can also be silent: replaying memories, counting, repeating words or mentally trying to cancel a thought. [1, 2]

3 Relief, followed by another doubt

A ritual may bring brief relief, but the urge to repeat it can return. Searching online or asking another person for certainty can become part of that loop. The aim of support is to help you respond differently, with care and a plan. [1, 2]

Support does not have to settle every doubt

You can ask someone to listen, sit with you or help you arrange care. Repeatedly proving what a thought means may keep you stuck. If loved ones are involved in rituals, changes work best when agreed sensitively with your treatment team. [2]

One part of everyday life I would like help getting back to

A few words are enough. You can skip writing and bring this sheet to an appointment.

Finding OCD-specific help

A useful conversation can start with the impact on your day

Ask about CBT with ERP

Cognitive behavioural therapy (CBT) with exposure and response prevention (ERP) is a recommended treatment for OCD. With a trained therapist, you agree steps to face triggers while practising a response that does not rely on rituals, including mental rituals. The plan should fit your needs and circumstances. [2, 3, 4]

This sheet is not an exposure programme. Keep following genuine safety and medical advice. Medicines may also be considered; choices or changes need to be discussed with a qualified prescriber. [3]

Words you could bring to a GP or therapist

I get caught in repeated doubts and things I feel I must do, including in my head. It is taking time from my life. Could we assess this and discuss help from someone experienced in OCD and ERP?

Ask about experience: How do you work with OCD and mental rituals?

Ask about the plan: How will we agree the pace, review progress and involve support if I want it?

If you need help urgently

Contact your GP, out-of-hours GP or care team if distress feels unmanageable. In Ireland, Samaritans 116 123 and text HELLO to 50808 offer listening support. If you intend to harm yourself or someone else, or cannot stay safe, call 112 / 999. Elsewhere, use local services. [5]

Sources and further reading

Guidance and research on OCD care. This is an original educational handout, not a tested treatment.

1. [NHS: OCD symptoms and getting help](https://www.nhs.uk/conditions/obsessive-compulsive-disorder/) (www.nhs.uk)
2. [NICE CG31: OCD treatment recommendations](https://www.nice.org.uk/guidance/CG31) (www.nice.org.uk)
3. [NHS: OCD treatment](https://www.nhs.uk/conditions/obsessive-compulsive-disorder/) (www.nhs.uk)
4. [Ost et al. \(2026\): Long-term follow-up of CBT for OCD](https://pubmed.ncbi.nlm.nih.gov/37500000/) (pubmed.ncbi.nlm.nih.gov)
5. [HSE: Get urgent help for a mental health crisis](https://www2.hse.ie/eng/health/mental_health/urgent_help.htm) (www2.hse.ie)

Sources checked 3 October 2026. The organisations cited have not endorsed this resource.

More free information and support routes

More about OCD and routes to support

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