Pure O: when the compulsions are in your head

A short guide and three worksheets for unwanted thoughts and the checking nobody sees

“Pure O” is a nickname for OCD in which the rituals happen mostly in your mind. An unwanted thought, image or doubt arrives. Then, to feel safe again, you start working on it: reviewing, checking, arguing, trying to be sure. From the outside nothing shows. Inside, it can take hours.

It is not a separate diagnosis, and you do not need to be certain it fits you to use these pages or to ask for help.

What the hidden ritual can look like

Tick any you recognise.

- ☐ Going over a memory or conversation again and again, looking for proof
- ☐ Checking how I feel, or what my body did, when the thought came
- ☐ Arguing with the thought until it feels settled
- ☐ Swapping a “bad” thought for a “good” one, or repeating a phrase, prayer or number until it feels right
- ☐ Asking someone to tell me it is all right, or confessing so the feeling goes away
- ☐ Searching online for the answer
- ☐ Staying away from people, places or things that set the thought off
- ☐ Something else: _____

Each of these brings a little relief, which is why it is so hard to stop. But the relief does not last, and the doubt comes back asking for more.

Prayer, reflection and thinking things through are ordinary parts of life. They belong on this list only when they are done to cancel a fear and have to be repeated.

About the thoughts

Almost everyone has unwanted thoughts at times, including disturbing ones. A thought is not a wish, a plan or a fact about you. Having thoughts about harm is not the same as wanting them or being likely to act on them. It is still important to be on the safe side and talk to a doctor or mental health professional about them.

> If you might act on a thought, have a plan, or cannot keep yourself or someone else safe, contact your local emergency services or a crisis line now. Free helplines are on page 4.

These pages are a starting point, not a treatment. Use one sheet at a time, in any order, and stop if it is making things harder.

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Worksheet 1: Noticing what I do next

You cannot change a ritual you have not spotted. For a few days, catch one or two moments a day and jot them down afterwards. A few words are enough. You do not have to write the thought itself.

When and where	What set it off (a few words)	What I did in my head	About how long	What I could try next time

What I am starting to notice:

Keep it light. If filling this in turns into another way of checking, or of getting it exactly right, put the page away. That is useful to know in itself, and worth telling a therapist.

Already working with a therapist? Bring this page. Forms designed for therapy are at jonathanhaverkampf.com/mental-health-help/ocd-forms/

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Worksheet 2: Letting a thought be

This is practice in responding differently: letting the thought be there without doing the ritual. You are not trying to like the thought, believe it or make it go away.

1. Name it. “This is a thought I didn’t ask for. And here is the urge to check.”

My own words: _____

2. Let it be there. Like a radio left on in the next room: you can hear it, and you carry on.

3. Leave the question open. “Maybe, maybe not. I’m not going to work that out right now.”

My own words: _____

4. Put off the ritual. If you cannot drop it, delay it by ten minutes and do something ordinary first. Then decide again.

5. Turn back to what matters. Choose the next small thing you care about. The thought can come along.

What I will turn back to: _____

What to expect

The urge to check often gets louder at first. For many people it eases with practice. You will slip back into reviewing sometimes. Everyone does. Notice it kindly and begin again.

Day	What I practised	What I noticed

> Stop and get advice if this is making you feel much worse, or if you feel at risk of harming yourself or anyone else.

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Worksheet 3: Talking to someone

It can be very helpful to talk to someone. These thoughts often come with shame, and shame grows when it is kept alone. You choose who, when and how much. You do not have to describe the thought itself.

Words you can borrow

To someone you trust:
"I've been getting stuck on upsetting thoughts and going round and round them in my head. I don't need you to tell me it's fine. It would just help not to be alone with it."

About reassurance:
"When I ask you if everything's okay, it helps for a minute and then I need to ask again. Could you stay with me instead, or help me do something else?"

To a doctor or therapist:
"I get unwanted thoughts that frighten me, and I spend a lot of time checking and reviewing them in my head. Could it be OCD? I'd like to talk about treatment, including ERP."

My own words: _____

_____

_____

Questions for a therapist

- ☐ Do you work with OCD?
- ☐ Do you use exposure and response prevention (ERP)?
- ☐ How would we work with rituals that happen in my head?

The treatment with the strongest support for OCD is a form of CBT called exposure and response prevention (ERP). When the rituals are mental, it should include them. Any decision about medication needs to be discussed with a qualified prescriber.

Someone to listen, day or night: Samaritans 116 123 (Ireland, UK); text HELLO to 50808 (Ireland); call or text 988 (US, Canada); Lifeline 13 11 14 (Australia); call or text 1737 (New Zealand); elsewhere, findahelpline.com lists free helplines. In an emergency, call your local emergency number.

Sources, checked 5 November 2026: NICE CG31; NHS (OCD symptoms and treatment); HSE (OCD treatment); Mind; OCD-UK; International OCD Foundation; Radomsky et al. 2014; Abramowitz et al. 2001; Twohig et al. 2018. Full list with links: jonathanhaverkampf.com/pure-o-ocd-and-psychotherapy/

An original educational handout. It is not a tested treatment and it cannot diagnose OCD.

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