Detecting and Defusing Thought Traps

Metacognitive Training for Obsessive-Compulsive Disorder (myMCT)

Edition 3.0
(Adapted to English by Sarah Murray)

VanHam Campus Press 2016 (Hamburg)
Dear Reader,

Thank you for your interest in myMCT—*Metacognitive Training for OCD*!

Why “metacognitive”? You may have wondered whether there isn’t a simpler word. You are not alone! The publisher was afraid that a foreign word might scare away readers. In addition, some of our colleagues did not think that the term was completely appropriate because techniques other than metacognitive ones are considered in this book. However, there were a number of reasons to keep the term *metacognition* (i.e., thinking about thinking). This book deals with specific thought traps that contribute to OCD and teaches ways to diffuse them. It stimulates an examination of our own thinking: which thought contents are normal and which are not, how can I change the contents of my thinking and banish agonizing thoughts? These are all metacognitive questions.

myMCT combines the perspectives of various theories, especially metacognitive and cognitive-behavioral approaches, as well as some psychoanalytic assumptions that relate to parental education and coping with negative emotions, particularly aggression. In our opinion, differences among these approaches have been overemphasized in the past. Different terminologies—and sometimes also vanities—have blocked their synthesis. Don’t worry, terminology is kept at a minimum, and myMCT is written in plain English. It is not a scientific text.

An earlier version of *myMCT* was evaluated in 2009. Eighty-six people affected by OCD took part in the study, which assessed its effectiveness. More than 60% of the participants indicated that their symptoms were reduced after applying myMCT. The training group showed a significantly greater decrease (i.e., not due to chance) in symptoms relative to people who did not get training. Since then, there have been a number of additions, some of them proposed by study participants, and it is our hope that these changes have made myMCT even more effective!
This book is mainly directed at those who are affected, but it is also useful as a collection of resources for therapists.

100% of the author proceeds from myMCT go to our working group at the University Medical Center Hamburg-Eppendorf (Germany) and support our research on OCD.

We wish you much success!

Steffen Moritz & Marit Hauschildt

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Preface to Second Edition

Dear Reader,

We are pleased to present you the updated and expanded English-language version of our self-help manual less than one year after the first edition.

For the second edition, we have incorporated comments and suggestions for further improvements from our readers. Thank you! Several of the previous exercises have been optimized, while a number of new exercises have been added to the book (e.g., exercises aimed at reducing “magical thinking”/fusing thoughts and actions).

Unlike the first edition, which was written by a single author, we are now two authors. Quite a few exercises were inspired by “Metacognitive Training for Depression” (D-MKT; Jelinek, Hauschildt & Moritz, 2010), which was co-developed by the second author.

The focus of the second edition of myMCT has remained the same: Metacognition. The book encourages people with OCD to reflect on their thinking, particularly on those thought styles or distortions that contribute to the development and maintenance of OCD. Metacognitive Training aims to help in detecting such “thought traps” and offers numerous practical examples and exercises for how to defuse and avoid these traps, in order to find a more helpful way of thinking.

Just like the first edition, *Metacognitive Training for OCD* primarily addresses people with OCD. The collection of exercises resembles a toolbox (except for the sledgehammer!): Take your time to read and try out which tools help you best to get your OCD under control. Those tools that seem useful to you can then be added to your personal toolkit.

Wishing you much success

Steffen Moritz & Marit Hauschildt
Dear Reader,

Welcome to our self-help manual, now in its third edition.

The new edition has been expanded with a series of exercise worksheets. Some of the new exercises are based on so-called Acceptance- and Commitment Therapy (ACT; among others Steven Hayes of Nevada, USA) and “Positive Psychology”, which – for example – is the imagining of desired outcomes in unclear situations. This is a method, which aims to attenuate the tendency of many affected persons to catastrophize. The general approach of our training is based on “Cognitive Behavioral Therapy”, but can be understood as integrating different therapeutic “schools”. In addition to our own exercises (for example the association and attention split), we have integrated verifiably effectual techniques from new therapeutic trends, which we believe to be meaningful complements.

We are especially happy to report that a completed scientific study, comparing the first edition of this manual with so-called psychoeducational treatment, showed an improvement on total OCD symptoms after four weeks in the group of patients that received this self-help manual. Moreover, a follow-up after six months shows an improvement in the cognitive distortions, which were addressed in the manual. In total, 128 persons with OCD took part in the study. In an ongoing study, we are now investigating if a tailored version of this self-help manual, fitted individually to the relevant cognitive distortions of the participant, is equivalent to the complete version.

We are leaving you with a truism: it is neither possible nor wise to conduct all the exercises on a regular basis. Try out each of the presented exercises and integrate firmly into your daily life those, which have shown themselves to be valuable to you. After a certain time, examine if the right moment for continuing with another exercise has arrived.

Steffen Moritz & Marit Hauschildt

Hamburg, March 2016
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**Introduction**

**Goals, Theoretical Background, and Structure**

**Goal of Training**

The intent of myMCT is to impart knowledge and coping strategies for thought traps typical of OCD. Thought traps are unhelpful ways of collecting and making sense of certain information such as paying attention to potentially dangerous aspects in the environment rather than to neutral features, thinking that everything must be perfect, or feeling overly responsible for others. They can play a role in causing OCD and its progression. However, not everything that looks like OCD is actually OCD. It is important to distinguish between an inaccurate and unhelpful thinking pattern that contributes to OCD, and habits and behavior that appear compulsive but are appropriate in a certain context and do not produce psychological strain such as how pilots or surgeons “obsess” over details in their professional lives, but hopefully not at home.

This training program is divided into a number of units with each unit covering a particular type of thought trap or distortion. In addition, accompanying or secondary problems, like depression and low self-esteem, are addressed in the final unit, as are common fears of OCD patients like schizophrenia or severe brain lesions. Although the book is written for people with OCD, some units may also be helpful for people with Obsessive-Compulsive Personality Disorder (OCPD). We will explain the difference later in this chapter.

If you have had treatment for OCD in the past, you may be very familiar with some of the ideas and exercises in this training program.
How to Work with myMCT

Don’t take on too much: the motto “quality rather than quantity” counts in this book. You should work intensively on the topics relevant to you, rather than working superficially on a lot of topics.

Every thought distortion is related to a core issue, which are listed for you on page 22 (see also the corresponding chapter question in the table of contents). Read every question carefully and answer spontaneously. You should especially pay attention to chapters whose core questions you answered with “yes”.

Spend more time on the chapters which are relevant for you and immerse yourself in the content by conducting the exercises. We know from plenty of research findings that new knowledge is best learned by repeating, immersion, and utilization. That’s the reason we call our approach a “training”.

This training manual contains both information to read and practical elements. The practical sections are marked with the following symbols:

Pages with a question mark ask a question that you should answer for yourself before you read the next page or paragraph, which will provide you with solutions or possible responses.

The tool symbol represents a practical exercise which helps you to become conscious of your thought distortions and gather new (corrective) experiences.

You will find worksheets for the practical exercises that are marked with the paper-and-pen-symbol.
Don’t cheat!

The learning and “aha” or “eureka” effect of the exercises is much greater if you attempt to work through tasks that are marked by one of these symbols before you continue with the next page or paragraph. Otherwise, something occurs that psychology terms a hindsight bias: new knowledge automatically combines with existing knowledge and gives you the impression that the new is already well-known.

Self-awareness and experience are prerequisites for lasting change. Reading may make you smarter, but it doesn’t achieve anything in and of itself.
Theoretical Background

This program is partly inspired by theoretical models developed by the research teams around Paul Salkovskis and Adrian Wells as well as the Obsessive-Compulsive Working Group. It also contains techniques and ideas developed by our own working group in Hamburg.

The foundation of myMCT is a psychological understanding of OCD that aims to correct thought distortions.

Where do thought distortions come from? Exaggerated responsibility, perfectionism, and fears that bad thoughts may lead to bad deeds do not come out of nowhere. Sometimes, experiences during childhood and adolescence can play a role, including strict schooling or controlling, demanding, or indifferent parents. A religious environment that emphasizes the existence of an omniscient and punishing god can also be a fertile ground for OCD. Such experiences shape children’s beliefs about themselves (“I am bad.”) and the world around them (“Don’t trust anybody.”) as well as coping strategies in difficult situations such as excessive checking for fear that mistakes will be severely punished. What was useful or even necessary in childhood often plagues later life and can have a boomerang effect. We can not, however, draw general conclusions about early factors. There is no single biography of OCD; everyone has his or her own unique story.

⚠️ We request some patience on your part before we begin with the training of individual thought distortions. Some concepts need to be explained first. Please don’t skip these pages.
Introduction

What Is OCD?

Because many people with OCD have the tendency to keep their illness secret, often out of shame, and to postpone or even reject treatment, the incidence of the disorder was underestimated for decades. We now know that OCD occurs in up to 3% of people in all cultures throughout the world. Cases of OCD have been described over the centuries, and it is by no means merely a disorder of Western civilization. More than 90% of people experience obsessions and compulsions at some time. The transition from normal fears and rituals to unwanted obsessions and compulsions is blurry and often hard to distinguish. Unhelpful coping strategies such as rumination and overestimating the importance of a harmless negative thought may turn a small nuisance into a big problem.

But what exactly are obsessions and compulsions?
What Actually Are...

These two groups of symptoms are at the forefront of OCD:

**Obsessive Thoughts**

A tornado gathers...

**Compulsive Actions**

... and discharges
Introduction

What Actually Are... Obsessive Thoughts?
Obsessive thoughts are unpleasant thoughts, images, or impulses (e.g., the idea of having infected someone with an illness) that keep coming into one’s mind even though one does not want them to. These thoughts are often unrealistic ideas, sometimes dealing with violent or overtly sexual themes, that contradict a person’s ethics and attitudes.

People with OCD usually regard their obsessive thoughts as the product of their own mind (unlike in people with delusions; see Thought Distortion #14: Does This Mean I Won’t Get Better Again and Might Even End Up Insane?). Still, these thoughts cause intense psychological strain.

The affected person feels helplessly at the mercy of his/her thoughts and experiences feelings of guilt or shame because of their content.

Obsessive thoughts can occur even without compulsive actions [so-called “pure O” (O for obsessions)].

A tornado gathers...

What Actually Are... Compulsive Actions?
Compulsions are actions or rituals a person feels driven to perform over and over again. They can be physical or “motor” acts such as washing one’s hands and checking the door, or else mental actions such as counting or repeating rhymes in one’s head. The affected person usually feels compelled to do these things by their obsessive thoughts.

Rituals are deceptive in that they give a person a sense of safety or the feeling that they can prevent bad things from happening, even though the bad thing would have had only a tiny chance of occurring whether or not the ritual was performed. In many cases, those affected strive to protect themselves and/or significant others from danger by performing rituals. The attempt to resist a compulsive action is usually accompanied by great fear. Without treatment, the intensity of compulsive actions tends to increase over time.

... and discharges
Avoidance and Safety Behavior: Other Frequent Problems in OCD—What Does This Mean?

Avoidance
Avoidance behavior is the deliberate attempt to steer away of situations or places that trigger obsessive-compulsive thoughts and/or actions. For example, stopping driving out of the fear of losing control at the wheel and running someone over.

A type of *pre-emptive obedience* frequently develops: Situations are avoided that involve the very distant possibility that obsessive thoughts or compulsive actions might be triggered. In extreme cases, the affected person no longer leaves home.

Safety Behavior
“Safety behavior” refers to measures that are intended to defend against harm or the responsibility for negative consequences. This may include wearing good luck charms or wearing gloves to prevent infection with germs. This is a concealed form of avoidance: The anxiety-provoking situation is not completely avoided, but the affected person is not fully exposed to his or her exaggerated fear. The attempt to suppress “bad” thoughts represents another form of safety behavior, which we will address in ▶ Unit #5 (Must Bad Thoughts Be Suppressed?).

Even though safety behavior provides relief in the short term, it reinforces the intensity of the obsessive thoughts in the long run because it creates the illusion that they are “needed” and that the fear is lastingly reduced by it.
Obsessions and Compulsions Are Usually Centered Around the Themes Below.

<table>
<thead>
<tr>
<th>OCD</th>
<th>Common Obsessive Thoughts</th>
<th>Common Compulsive Actions</th>
<th>Avoidance and Safety behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contamination</td>
<td>- &quot;I could infect someone.&quot;</td>
<td>- Washing</td>
<td>- Not leaving the house.</td>
</tr>
<tr>
<td></td>
<td>- &quot;I could become infected with AIDS.&quot;</td>
<td>- Cleaning</td>
<td>- Not entering certain rooms.</td>
</tr>
<tr>
<td></td>
<td>- &quot;The house could be contaminated with environmental toxins.&quot;</td>
<td>- Excessive use of disinfection agents</td>
<td>- Not touching door handles.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Not shaking hands.</td>
</tr>
<tr>
<td>Responsibility for Mistakes</td>
<td>- &quot;I could have run over somebody by accident.&quot;</td>
<td>- Controlling, checking</td>
<td>- Stop driving the car.</td>
</tr>
<tr>
<td>or Disasters</td>
<td>- &quot;I could have ignited a fire by carelessness.&quot;</td>
<td>- Excessively seeking reassurance through other people that nothing happened or will happen.</td>
<td>- Stop using electronic devices.</td>
</tr>
<tr>
<td>Order and Symmetry</td>
<td>- &quot;I must have everything just right.&quot;</td>
<td>- Tidying up, sorting, arranging objects parallel or repeatedly align objects using a certain rule.</td>
<td>- Not recieving visitors for fear of chaos.</td>
</tr>
<tr>
<td></td>
<td>- &quot;Things have to be done in a specific manner.&quot;</td>
<td>- Skipping of odd numbers.</td>
<td>- Important activities are only carried out on &quot;good days&quot;.</td>
</tr>
<tr>
<td>Hoarding and Collecting</td>
<td>- &quot;I have to save everything.&quot;</td>
<td>- Hoarding</td>
<td>- Not leaving the house in order to avoid the temptation of collecting.</td>
</tr>
<tr>
<td></td>
<td>- &quot;All of it is important.&quot;</td>
<td>- Filing</td>
<td>- Avoiding social contacts.</td>
</tr>
<tr>
<td></td>
<td>- &quot;I could be held accountable if I lose important things.&quot;</td>
<td>- Actively gathering information to the point of searching through the garbage.</td>
<td></td>
</tr>
<tr>
<td>Aggressive, Sexual,</td>
<td>- &quot;I could commit murder.&quot;</td>
<td>- (mental) rituals for neutralizing of thoughts (e.g. praying, counting, &quot;counter thoughts&quot;)</td>
<td>- &quot;Dangerous&quot; objects (e.g. knifes) are removed from the apartment.</td>
</tr>
<tr>
<td>Religious / Moral Obsessive</td>
<td>- &quot;I am a bad person, because I have negative thoughts about my parents.&quot;</td>
<td>- Suppressing thoughts</td>
<td>- Certain places (e.g. schools) or people (e.g. children) are avoided.</td>
</tr>
<tr>
<td>Thoughts</td>
<td>- &quot;I could be a paedophile.&quot;</td>
<td>- Repeated reassurance from other people</td>
<td></td>
</tr>
</tbody>
</table>
Introduction

Your OCD Symptoms

Now list your obsessive thoughts and compulsive actions. Don’t forget to identify possible avoidance and safety behaviors.

What Makes Things Worse!

Some strategies adopted by people with OCD make things worse. The present program should help you to abolish these strategies, and to replace them by more helpful forms of coping.

<table>
<thead>
<tr>
<th>What Makes Things Worse</th>
<th>Instead</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Avoidance</strong></td>
<td></td>
</tr>
<tr>
<td>Although avoidance reduces obsessive fear in the short term, it increases it in the long run: areas of life in which a person previously felt secure are gradually lost.</td>
<td>Face the feared objects or situations! Reconquer your environment, but also set realistic personal goals. Don’t be too hard on yourself; it will take time and courage to get used to doing certain things again. Break them down into graded steps and gradually go back to doing activities you had stopped doing because of your worries. This approach represents the core of the confrontation treatment (also known as exposure and response prevention) and will be dealt with in ►Unit #4 (Is the World a Dangerous Place?).</td>
</tr>
<tr>
<td><strong>Safety Rituals</strong></td>
<td></td>
</tr>
<tr>
<td>For example, wearing good luck charms leads to the illusion that they alone prevented a catastrophe.</td>
<td>Discard good luck charms and things that help you get through a situation but take too much time and diminish your sense of self-determination. Luck is not something you can control. If you are not engaging with the world, good things will definitely not happen. So try to get out there, face things with a smile, and make your own good luck! Again, we will turn to this in ►Unit #4 (Is the World a Dangerous Place?).</td>
</tr>
</tbody>
</table>
Introduction

**Thought suppression**
The attempt to suppress thoughts only makes them stronger. It’s like trying to hide more and more things in a cupboard, eventually it can’t hold them anymore and things start falling out, typically when you don’t want them to!

Don’t try to control your thoughts. Accept bad thoughts as normal. Let them drift past, another thought will come along and then another and then another. Let the thoughts pass like a bus you don’t want to ride. You don’t have to get on and pay the fare. This topic will be discussed in detail under Thought Distortion #5 (Must Bad Thoughts Be Suppressed?).

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**Obsessive-Compulsive Disorder ≠ Obsessive-Compulsive Personality Disorder**

It is important to distinguish between OCD and Obsessive-Compulsive Personality Disorder (OCPD). The difference is not as minor as the verbal similarity suggests. While OCD is characterized by tormenting thoughts and actions that the sufferer perceives as absurd or at least highly inappropriate, people with OCPD do not view their rituals or behaviors as abnormal. Put to the extreme: they do not perceive themselves as pedantic, but rather others as careless. They do not deem themselves overly tidy, but others as dirty. The English language has a number of—unfortunately negative—terms for such people: control freak, clean freak… People with OCPD often develop psychological problems over the long term as a result of exhaustion or tensions at work or with the partner because their obsession with accuracy means they can’t get things done, or because they don’t meet their own standards for cleaning and checking.

If this brief definition describes your behavior, we advise you to read the units on perfectionism (Thought Distortion #9: Good Is Not Good Enough), craving for truth (Thought Distortion #10: Can I Achieve the Ultimate Truth), and inflated responsibility (Thought Distortion #8: Am I Responsible for Everything).

Remember: The eyes see everything but themselves. Therefore, talk to people who are close to you, and ask them how they judge your behavior.

Too much order or just right?
Identify Your Problems!

Absorb the definitions as well as the relationship of obsessive thoughts to compulsive actions. If you haven’t done it yet, list your complaints on the table presented a few pages earlier. Identify your own avoidance and safety behavior: What are you avoiding out of fear of OCD symptoms, and which rituals do you use to get through situations?

Become informed about your disorder. The information about OCD on Wikipedia or other sources may be helpful.

Exercise #1: Pause for a Moment:
Letter to Your OCD

Dear reader, before you start with the exercises pause for a moment and ask yourself the following questions: “Do I really want to change something and, if yes, what exactly?”. Be honest with yourself. What is troubling about your symptoms? How is OCD harming you? What does OCD take from you? Are you perhaps indecisive? Are there situations where OCD is helpful for you (“Better to be safe than sorry”: it is better to accept a compulsion than to be inattentive to your environment)? What do you have to give up when you decide to give up your OCD? Are you ready for this? Why? Grab your pen and write, e.g. a (farewell-)letter to you OCD (Worksheet 2a (letter) or Worksheet 2b (pro-con list)).

Worksheet 2a / 2b

Maybe you ask yourself what this is good for? Well, research suggests that clarifying the motivation to change, the psychological strain, and also the inner resistance at the beginning of the therapy increase the therapeutic success. Change is an active process, which requires an inner willingness and attitude. That doesn’t mean, that your motivation to overcome OCD has to be at 100% every day. Probably you will notice that your motivation varies. On some days you almost even lose hope or come to terms with OCD. Especially on those days it can be helpful to read your letter once again to remind yourself, why you decided to go (or not go) a new way without OCD, despite all the obstacles. A letter could look like the following (if writing a letter doesn’t appeal to you, you could instead use the pro-con list from the worksheet).
Dear OCD,

As you have noticed, I made an appointment with a therapist last week and I got myself this book.
To make it short: I don't feel good with you anymore and I want you to leave.
All your threatening („Clean the kitchen or do you want someone to die from all the germs?”, „Check again if the door is locked or do you want to risk a burglary?”) and all your doubts („What happens if...?”) made me unhappy. Instead of protecting other people, as you want me to believe, you have only brought harm to my friends and family because they all have to submit to you.
I don't even let my friends come to my house, because it would end in new checking and washing rituals. I don't have the strength anymore, you took it away from me. I also know, that there were times when I somehow needed you. I could hold tight to you if there was little else to hold on to.
Also now you offer me a short-term security - but for too high a price!
If I would know that I still have 10 more lives to live I would probably endure this a little longer, but I only have this life. I want to dedicate myself to those things which are really important (family, friends, in the meantime forsaken hobbies like gardening) and don't want to listen to your horror stories anymore. That is the reason why I want to learn to get over you. This book is one of the actions which I am taking. You of course know that I am fickle and sometimes lack the power of endurance. But I have to finally say fare-well and live my life without you. And I can reassure you that I will not give up and I won't let myself get discouraged by setbacks.
I don't want to go down to your level, therefore – despite everything – I send you my best regards

and say goodbye!

Your former friend

We will begin with the Metacognitive Training for OCD (myMCT) in the next step.
What Is Metacognition?

Meta = Greek for beyond  
Cognition = derived from the Latin word for thinking  
Metacognition = thinking about thinking

MyMCT has three major purposes:

(1) It is dedicated to typical cognitive distortions in OCD. Cognitive distortions relate to the content of thoughts, see for example ► Unit #9 (Good Is Not Good Enough?) or ► #8 (Am I Responsible for Everything?).

(2) The training also deals with metacognitive beliefs. These relate to our personal ideas about thought processes. How does thinking work? How can we influence it? For example, many people with OCD have the metacognitive conviction that bad thoughts inevitably lead to bad deeds (► Thought Distortion #2: Do Bad Thoughts Lead to Bad Deeds?), that “bad” thoughts must be suppressed in order to avert their influence (► Thought Distortion #5), or that brooding helps (► Thought Distortion #11: Does Brooding Help to Solve Problems?).

(3) myMCT also addresses secondary problems like depression (► Thought Distortion #13: Am I a Failure?) and common fears relating to certain illness models (► Thought Distortion #12: OCD Is a Brain Disorder—So Does That Mean I Can’t Do Anything to Change It?) or that OCD may turn into psychosis (► Thought Distortion #14: Does This Mean That I Won’t Get Better Again and Might Even End Up Insane?).

myMCT Training Contents

Normality Reflecting on what constitutes normal thinking. What are thoughts capable of doing and incapable of doing?

Thought traps Identifying thought traps that contribute to the development and perpetuation of OCD

Defuse thought traps Correcting thought distortions through guided self-knowledge, behavioral experiments, and critical discussion
Typical Thought Distortions in OCD: Units with Exercises

- Unit #1: Are Bad Thoughts Abnormal?
- Unit #2: Do Bad Thoughts Lead to Bad Deeds?
- Unit #3: Must Thoughts Completely Obey My Will?
- Unit #4: Is the World a Dangerous Place? (Overestimation of Danger)
- Unit #5: Must Bad Thoughts Be Suppressed?
- Unit #6: Is Danger Necessarily Present When Feelings Alarm Me?
- Unit #7: Do Obsessions Irrevocably Poison Thoughts?
- Unit #8: Am I Responsible for Everything? (Inflated Sense of Responsibility)
- Unit #9: Good Is Not Good Enough? (Striving for Perfection)
- Unit #10: Can I Achieve the Ultimate Truth? (Intolerance of Ambiguity)
- Unit #11: Does Brooding Help to Solve Problems?
- Unit #12: OCD Is a Brain Disorder—So Does That Mean I Can’t Do Anything to Change It?
- Unit #13: Am I a Failure?
- Unit #14: Does This Mean That I Won’t Get Better Again and Might Even End Up Insane?
Introduction

Thought Distortions

The following 14 units deal with thought distortions that, in the opinion of many experts, create and/or intensify obsessive thoughts and compulsive actions. Similar forms of OCD may be caused by very different types of thought distortions. Consequently, there is no ideal way to treat OCD that is equally suited to each affected individual. It is therefore likely that one or more of the units or exercises may seem (and perhaps are) irrelevant to you. However, you should not skip these sections as you may become aware of some thought distortions while you are reading them, or perhaps afterwards.

Do you notice areas in which you select, evaluate, or process the same information differently from other people? For example: do you have a very sensitive antenna for danger? Do you have a tendency to be overly cautious? Do you feel extremely responsible for everyone and everything? Are you more vigilant about dirt and germs than others? If you answered at least one question on page 22 with “yes,” this book may help you…

Let’s Go!

Don’t cheat!

Please stick to the advice to seriously think about the solutions and answers to the questions posed, before you continue reading — regardless how meaningless, time-consuming, or familiar the topics seem to you at this point.

Don’t read the book all at once, rather over a longer time. Often certain insights need time until they finally sink in. It may also make sense to read chapters again at a later time.
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12. Grafic by the authors

THOUGHT DISTORTION #1

Are Bad Thoughts Abnormal?

Incidence of Obsessive Worries in the Population
Introduction to the Topic

What Is Normal?

What Is Normal?... A Survey

How many people without OCD do you think responded with “yes” to the following statements?

<table>
<thead>
<tr>
<th>%</th>
<th>Thoughts related to contamination with germs and dirt</th>
</tr>
</thead>
<tbody>
<tr>
<td>?</td>
<td>I avoid touching objects in public places such as handrails in train stations so that I don't contaminate myself with dangerous germs.</td>
</tr>
<tr>
<td>?</td>
<td>I wash my hands after touching money.</td>
</tr>
<tr>
<td>?</td>
<td>I am certain that electromagnetic radiation from mobile phones will make me sick.</td>
</tr>
<tr>
<td>?</td>
<td>I am very afraid that cockroaches or other vermin could invade my home.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>%</th>
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The solutions can be found on the next page...
These Are Results from Our Own Survey of 100 People without OCD or Other Psychological Disorders to Questions Relating to Contamination, Magical Thinking, and Superstition.

Many worries and rituals that plague people with OCD are also experienced by the average person!

<table>
<thead>
<tr>
<th>%</th>
<th>Thoughts related to contamination with germs and dirt</th>
</tr>
</thead>
<tbody>
<tr>
<td>34</td>
<td>I avoid touching objects in public places such as handrails in train stations so that I don’t contaminate myself with dangerous germs.</td>
</tr>
<tr>
<td>28</td>
<td>I wash my hands after touching money.</td>
</tr>
<tr>
<td>23</td>
<td>I am certain that electromagnetic radiation from mobile phones will make me sick.</td>
</tr>
<tr>
<td>19</td>
<td>I am very afraid that cockroaches or other vermin could invade my home.</td>
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What Is Normal?... A Survey

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<td>?</td>
<td>Everything must be in its right place in my home; otherwise, I’m afraid that chaos will break out.</td>
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<td>When I am irritated, I stay away from others because I am afraid of snapping.</td>
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THOUGHT DISTORTION #1

These Are the Results from Our Own Survey of 100 People without OCD or Other Psychological Disorders Relating to Aggression, Morals, or Sexuality.
Most people know all too well the fear of being considered stupid or unreliable.

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# What Is Normal?... A Survey

How many people without OCD do you think responded “yes” to the following statements?

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<td>?</td>
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These Are the Results from Our Own Survey of 100 People without OCD or Other Psychological Disorders Relating to Perfection, Checking, or Hoarding.

Most people share the fear of being considered stupid or unreliable.

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Transition from Normal to OCD

Experts agree that fears and intrusive thoughts typical of OCD such as that the house will burn down because the coffee-maker was left on also plague people who do not have OCD, and that these thoughts are not pathological as such. Having “bad” thoughts is normal! Our brains sometimes produce thoughts that don’t make sense and are unintentional. Who is not familiar with the experience of standing on a high tower and having the thought: “What would happen if I jumped?” Most non-sufferers have had the entire spectrum of OCD thoughts and feelings, including occasional negative feelings towards loved ones:

“I sometimes feel intense anger toward people whom I actually like very much” (63% responded “yes”); “I sometimes think bad things that I don’t actually want to think” (48% responded “yes”).

Importantly, each of the surveyed people affirmed having had at least one of the fears listed in the tables! Only in combination with additional factors, which will be discussed in the following units, do these types of fears lead to problems in everyday life, psychological strain, and perhaps OCD.
Why Does Hardly Anyone Talk About Them?

If the above-mentioned fears are so widespread, how come hardly anyone talks about them and openly admits to them?

Appraisal

One essential reason why many people do not speak about their “bad” thoughts is that they are aware of their absurdity and hence do not experience any feelings of fear, guilt, or tension. Back to the tower example (“What would happen if I jumped?”); while climbing down from the tower, most people’s thoughts have already drifted toward other topics, and the incident will soon be forgotten. People affected by OCD, on the other hand, cannot get over their panic and disbelief: “What kind of a terrible thought was that? Since I’m already thinking about jumping, will I actually do it some day? Can I still rely on myself? Can I dare to put myself in such a situation again?”

People affected by OCD often judge more (self-)critically than others.


**Shame and Social Taboos**

Sexual thoughts, but also envy and jealousy, are still taboo topics in large portions of society.

This is why many people are only honest about these issues with really close friends (if at all).

As humans, we also have a tendency to put ourselves in a good light and conceal what we consider our dark or ugly side. We try not to show strangers and people we care about the things we like the least about ourselves or which feel the most private.

**Strict Morality and Religion**

Some people were taught as children that certain thoughts are dirty, wrong, or even dangerous. In fact, a number of religious and moralist texts do distinguish between evil thought and evil deed. Some children were taught, “Watch your thoughts lest they become words. Watch your words lest they become actions.” However, there are also many religious texts that recognize that it is not possible for human nature to be just good, think only good thoughts, and perform only good deeds. That is why the Bible quotes Jesus as saying “Let the one among you who is without sin be the first to throw the stone.” Even saints and Jesus’ disciples committed serious errors or were tempted (e.g., Jacob cheated his brother Esau in the Old Testament, etc.) by greed or lust.

According to many Catholic and Islamic clerics, religious quotations should not be interpreted without their context, as this easily prompts misinterpretations.

It is the core aim of Unit #2 (Do Bad Thoughts Lead to Bad Deeds?) to convey the message that there is a crucial difference between thoughts and actions. As you will see, exaggerated inner control and surveillance by some kind of mind police promotes these problems.

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**Exercises**
Exercise #1: Immorality Even in Moral Role Models

Do you consider yourself to be particularly immoral?

Do some research on the Internet on how often moral authorities (e.g., priests, business leaders) have engaged in misconduct. Just think of two recent US presidents: Bill Clinton and his affair with Monica Lewinski—and his subsequent lie (“I did not have sexual relations with that woman!”) or Barack Obama, who admitted to taking illegal drugs as a young man. Must we simply condemn these two statesmen? Do we really have to dismiss all their positive actions and qualities because of their lapses?

This is not a matter of putting prominent people in the pillory—or completely excusing their behavior. However, to err is human. We all make mistakes!

We should follow moral principles but also forgive ourselves for transgressions that harm no one. Morality and human nature should be brought into harmony. We will return to this point when discussing the next thought distortion. Why should we forgive others’ but not ourselves? Answer: We should.

Former US President Bill Clinton
Exercise #2: Getting Along with Others and Setting Boundaries

Exchange with Others
Reflect on situations in which you were especially hard on yourself. Ask whether the last exercise applied to you. Talk with someone you trust to detect extreme moralistic attitudes that burden you. If you are afraid to confide in a friend, you may want to use the Internet to communicate with other people affected by OCD; there are many Internet forums dedicated to OCD.

Setting Boundaries
Imagine someone constantly interrupts you at a party or family celebration. Make your voice heard in a friendly way (“I’m not done speaking yet”; “I would also like to say something about that”) or look for a more considerate person to talk to. Make your well-being the priority. After all, this is also your party.

Feel free to also say no to a friend, for example, when you are asked to lie for him. Saying no will probably not endanger the friendship—if the person is a good friend. A true friend will actually expect you to say what you are thinking openly and respectfully, and to act accordingly.
Acceptance not Actionism

As we explained at the beginning of this chapter, OCD controls the lives of affected persons with an almost medieval cruelty. Disregarding even the smallest moral boundaries or principles results – in a figurative sense – in the pillory or debtor’s prison. Each violation gets immediately avenged or at least negatively commented on. Often it involves yourself, sometimes also others. The following information and exercises aim to let you practice calmness, lenience, and understanding for yourself. In this way you can learn how to save valuable energy which you can then use for the really important things in life. For this it is important to first categorize critical situations based on the coordinates „importance“ and „influence“. Cost and benefit should stand in a favorable ratio. We should only act if something is really truly important and we also have a realistic amount of influence on the situation (e.g. to settle an argument with a friend). Although it goes against human nature, in many cases it is more advisable and especially healthier, not to act, but to accept things as they are.

First, an extreme example to bring the concept of acceptance closer to you: we can almost do nothing against our own death or the decreasing power and the frailness in age. Of course, we can try to exercise up into our old age and try to keep our brain fit through mental activity, but it will not change anything about the way life goes – even if we try very hard. We have to accept the way of life. More things than we are willing to admit are not in our realm of influence. We have to learn to accept this and to react appropriately. Often we use too much energy and especially our good mood trying to change situations which are unimportant or nearly unchangeable. Also we try to fight against our own feelings or thoughts which are triggered by certain situations. But acceptance doesn’t mean inactivity. An example: you probably got this book because you suffer from OCD and want to change something and this is good. But despite having all this willingness for change, it can be helpful to accept that OCD is (or was) a part of your life. There were once „good reasons“ why you developed it. Being under stress or in certain situations can let certain symptoms occur again (as we will show you in ►Thought Distortion #12 (OCD Is a Brain Disorder—So Does That Mean I Can’t Do Anything to Change It?) you are in good company: many people suffer at least once in their lifetime from a mental disorder). Quarreling with the facts or fighting against your inner experiences (thoughts, feelings) uses up important resources, but doesn’t bring you any closer to your real personal goals (e.g. living a self-determined, fulfilled life).

Acceptance doesn’t mean giving up. It helps you to focus on the important goals in life.
Another, less dramatic example for demonstration: imagine springtime has begun. You’re making a cycle tour and arrive at a garden restaurant, which is full because of the nice weather. You get a free seat pretty quickly, but the drink you order takes a long time. Later you can’t make eye contact with the waiter to get your bill. You start to get upset with yourself, that you were stupid enough to sit down in this café. In a situation like this you would normally have run away, would have left the money lying on the table and would have brooded about the situation at home. Instead of embittering the nice spring day or accepting the incident as a typical sequence in the „movie of your life” („nobody pays attention to me”, „why don’t I act smarter?”, „nobody respects me”, „I can’t stand for my opinion”), wouldn’t it be better to simply enjoy the nice day and look at the going-on in the restaurant? What is the new fashion, who is still wearing winter clothes, do people really still drink Aperol Spritz?

Try to accept things in others but also in yourself. Every couple of days consciously try to be gentle with yourself and others (Exercise 3). Change the unpitying sentencing of the OCD and be more generous – especially with yourself.

Another example: at the moment you are under a lot of pressure and forget to relay a message to your colleague. Of course, it would be better if it hadn’t happened, but it is human to make mistakes. Instead of apologizing over and over again (one time is enough!) or worrying about how this could have happened, just let it be and don’t desperately try to find clues for a general forgetfulness or even dementia.

Another example: you’re on the phone with your mother and she doesn’t ask about how you are doing, although you’re not feeling well at the moment. On the contrary she constantly talks about her own small pains. Try to accept this with a small smile on your face. At 65 years of age it would be difficult to change her – and she has other good sides. If you start to get angry – that is okay, too – don’t judge yourself for those feelings – also this would waste energy (compare: „The Vicious Cycle of Aggression, Guilt, and Disappointment”).

Often we have mixed feelings (e.g. disappointment, if for example a friend can’t help you with your work, but at the same time you can understand him or her). Our friends are important to us and we wouldn’t want to break with them. On the other hand, we get very upset about certain faults (e.g. that a good friend doesn’t tell you that he’s on holiday for four weeks or if a friend tells office stories without introducing the people, as if it were a popular TV show of which you should’ve watched all the episodes). Also these feelings are fine – but that doesn’t necessarily mean, that you have to act as you feel. If you already have told the person to no avail what bothers you, but the friendship is still important to you, then try to look past it or accept your friend’s „human”, or maybe even „all too human” faults. But, at the same time accept the negative feelings, which these faults trigger in you. Pay attention to how your feelings are changing.
Exercise #3: Take a More Lenient Approach

Make notes in ▶ Worksheet 3 of those situations in which you want to try to react differently than before by accepting irrelevant or inevitable things, instead of getting upset right away, judging yourself or others, or fighting against it.

Do a kind of exercise: try everyday to react with serenity to things which normally you would judge sharply or which would make you upset. Be happy about the energy and time you are saving and which you can now use for more important things or thoughts. Your fingernails and your blood pressure will be thankful!

The fight of the knight Don Quijote against the windmills symbolizes the fights of humans on unimportant sideshows.

Acceptance
I want to learn to accept the following things about myself and others:

- Myself:
  - I want to learn how to deal with my problems better, but also accept that there are going to be setbacks.
  - I cannot always fall asleep easily and maybe on the next morning I feel a bit weak. That’s the way it is.
  - I’m in a bad mood today.
  - I sometimes get upset with people who mean a lot to me. That’s the way it is.

- Others:
  - Not everybody understands my OCD and my individual problems.
  - My girlfriend’s voice is a little annoying and loud. Neither her nor I can change anything about it.
  - Not all of my friends regard courtesy and a punctuality as highly as I do. It is fine, that I am disappointed, but it doesn’t help if I withdraw.
The Vicious Cycle of Aggression, Guilt, and Disappointment

Many people with OCD tend to have pent-up anger—often fueled by their high moral standards—for both themselves and the surrounding world, but also by shyness and difficulties being assertive.

On the one hand, in psychological studies, these persons agree more frequently than other people with statements like:

“I often have feelings of hatred toward people whom I actually should love.”
“I do not feel as close to my friends/relatives as I act on the outside.”
(latent aggression).

On the other hand, they also frequently affirm the following statements:

“I am frequently worried about the well-being of my friends.”
“I have feelings of guilt if I forgot to forward a message to a friend.”
(morality/excessive responsibility).

These conflicting feelings usually become more intense during the course of the disorder and can turn into a vicious cycle as shown in the figure below.
The aggression-hypermorality dilemma must be tackled at both ends to achieve lasting results.

On the one hand, negative feelings should be expressed in a socially appropriate manner; blind anger, for example, just intensifies the problem and feelings of guilt may arise and counter-aggression occur. On the other hand, exaggerated notions of morality that often derive from one’s upbringing and/or from false inferences drawn during childhood (e.g., a child’s false belief that her parents would not have divorced if only she had behaved) must be questioned. Often, these ideas have worked their way deep into the mind and behavior.

Negative feelings or even a bad words spoken to loved ones are not mortal sins but all too human, and also excusable.

Many obsessive thoughts involve aggression and death (e.g., someone could die or be harmed) and lead to much emotional anguish. So…are people with OCD perhaps indeed more aggressive and violent than others? No! Aggressive obsessive thoughts are a by-product of inner conflicts that have not been completely worked through. However, it is known that people with OCD are not prone to act aggressively or violently. Otherwise, our jails would be filled to overflowing with prisoners compulsively cleaning their cells! Moreover, ten thousands of psychotherapists would have made themselves guilty of a crime by encouraging the affected people to face their aggressive impulses by means of exposure therapy (Thought Distortion #4: Is the World a Dangerous Place?).
**Exercise #4: Anger Management**

**Assert yourself in a socially appropriate way.**

**Address the Conflict and Work It Out**
Have you stopped communicating with a friend because of an old unresolved conflict? Contact him or her and talk about the conflict. Say what bothered you, but don’t overdo the criticism because otherwise you risk “winning the battle but losing the friendship.” Refer to the facts and speak in the first person ("I was sad that you hardly said a word to me at the New Year’s Eve party” instead of, “Everyone noticed that you ignored me once again.”) and avoid generalizations (“That just shows how selfish you are.”). Don’t expect the person to agree with everything you say. If possible, build bridges, that is, make it as easy as possible for the other person to talk, and above all, admit to your own mistakes (e.g., “We may view this differently …and I am not saying that my way is better than yours…”I’m sorry if what I did hurt your feelings”) ! Express your wishes or expectations directly (e.g., “For me, it’s important…”).

**Keep a Cool Head**
In addition, it is advisable to let a certain amount of time pass before you respond to a tense situation in which the consequences are not easy to foresee and may be momentous. For example, wait before you send an angry response to an e-mail from a friend or employer who has hurt or enraged you. Sleep on it for a night. Things often appear in a different light once we have allowed ourselves to cool off.
Exercise #5: Acceptance and Appreciation for Yourself and Others

Praise Yourself
People with OCD often focus on their own mistakes and shortcomings. Change your point of view. Write down occasions on which you have done something good for other people or for yourself, things like patching a bicycle tire, visiting a sick aunt, donating something, comforting someone on a self-help forum, encouraging yourself after a setback. Or tell yourself out loud, “I did that well.” Strategies for increasing self-respect and self-esteem will be proposed in greater detail later (Thought Distortion #13: Am I a Failure?).

Worksheet 4

Self-praise = no praise? This certainly does not apply to people who are too hard on themselves!

Self-Care
Look for ways to balance yourself and to let off steam once in a while, such as sports or (power) walking. Although this does not resolve any conflicts, it does take the edge off the anger.
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9. Graphic by the authors
THOUGHT DISTORTION #2
Do Bad Thoughts Lead to Bad Deeds?

Thinking ≠ Doing
Introduction to the Topic

Do Bad Thoughts Lead to Bad Deeds? (If you think bad thoughts, will you act on them?)

Is it true?
You Are Not the Thought!

Do bad thoughts lead to bad deeds? Not necessarily!

- For example, up to 20% of all people think about suicide at least once in their lives, but very few actually go through with it. The situation is similar for thoughts about crimes such as theft.
- We are confronted daily by the media with disturbing news and images. This alone makes it impossible to have only pure and innocent thoughts. The recurrence of these images in this “mental cinema” does not mean that we are fascinated by them or endorse them. It just means that we are forced to process the information.
- Sometimes anger can also be vented in our thoughts and can actually reduce the likelihood of acted out aggression: for example, we can tell our boss to shove it—in our imagination!
- Although horror or crime novel authors may have a fertile (and sometimes bloodthirsty) imagination, they are rarely murderers (inglorious exception: Jack Unterweger from Austria). Many of them have experienced upsetting things in their lives or previous jobs and now develop and process them in their novels. Tess Gerritsen and Patricia Cornwell, for example, worked in the medical and forensic fields, respectively.

Books by Tess Gerritsen: the author worked as a physician for many years and found the inspiration for her crime novels in her medical experience.
Exercises

Exercise #1: Can Thoughts Move Things?

Take a feather or some other very light object, like a piece of paper, and place it on a table in front of you.

Now try to move this object in a certain direction with your thoughts alone!

Worksheet 5

PLEASE PERFORM THE EXERCISE BEFORE YOU READ FURTHER
Can Thoughts Move Things? **No!**

You cannot move even a light object like a feather with the power of your thoughts!

People with OCD frequently have the false belief that they can positively or negatively influence people or things solely by the power of their thoughts. This is called “thought-action fusion” (TAF).

There are three types of fusion beliefs:

**Thought-Action Fusion**
Thinking something automatically starts an action process (e.g., the concern that I could do something bad to my children will inevitably lead me to do it).

**Thought-Object Fusion**
Thoughts change physical objects (e.g., an impure thought during a religious service will defile the church).

**Thought-Event Fusion**
Thoughts cause occurrences (e.g., a bad thought or failure to perform a certain ritual will lead to an earthquake).
Exercise #2: Fusing Thoughts and Actions

Many people with OCD know that their thoughts cannot actually influence external things.

But still they continue to have a certain doubt about it. Test this out by repeating the experiment with the feather.

Then, do the following:
- Predict 10 cards in a shuffled deck of cards
- Guess which number from 1 to 100 a friend is thinking about at the moment.
- Predict the exact scores of several upcoming sports events.
- Remove a spot on the wall by means of your thoughts.
- Try to inject a complex sentence into another person’s mind by means of telepathy so that this person says it aloud.
- Direct the body movements of other people.

Worksheet 5

You think that this is silly and you already know that it doesn’t work?

Do it anyway to convince yourself that you are reallyreallyreally incapable of it. Again, “magical thoughts” are not unusual. Take another look at the results of our survey of people without OCD in the first unit (see questions on “magical thinking and superstition”).
Digression: Bending Spoons
Have you ever watched Uri Geller or other magician bend spoons on TV by the power of their thoughts? Is it possible that thoughts can directly influence objects and people after all? Do at least some people have this special gift?
This alleged magic is based on simple tricks. If you still have doubts, watch the extremely entertaining DVDs by Gerry & Banachek, among others. Step by step, they explain how to create the illusion of changing the shape of spoons or cutlery or even breaking them with “mental powers.”
Exercise #3: The Uri Geller Experience

As with exercise #3 in Unit #6 (Is Danger Necessarily Present When Feelings Alarm Me?), the following exercise only works if your OCD is open to a little fun. It was inspired by an episode from an - in the meantime discontinued - German comedy show. The host, Oliver Pocher, was making fun of the new show by Uri Geller who is known for bending spoons (see above), and who was casting “the next Uri Geller” from mentalists with supposed supernatural powers, claiming the ability to foretell the future and read or implant thoughts. The sometimes breath-taking demonstrations were in fact based on tricks. TV shows like the “Masked Magician” have revealed a lot of these tricks to a broad audience. But, back to the comedy show. Pocher dressed as a magician and after incanting some “mumbo jumbo” and with much ado accomplished several “wonders”. For example, with feigned effort he opened an invisible “closed” door in the air and teleported his power to an automatic sliding door (well... after someone triggered a circuit, of course). Now you try to get things to happen that would have happened anyway (e.g., get a cuckoo clock to cuckoo each hour), or approach moving stairs and say some magic spell so that it moves (don’t forget to step on the trigger). Play superman and tear apart an invisible heavy door when approaching a sliding door like at an airport so that it opens. What’s the point in doing this? To confront your concerns in a humorous and yet absurd way may decrease the fear associated with thought-action fusion. Your fragile insight that you do not really possess supernatural powers is strengthened by blending fear and anxiety with other feelings, especially doubt and fun...

Banish “magical thoughts” with some hocus-pocus!
Exercise #4: Thought-Action Fusion (TAF)

Learn to break out from the Thought-Action Fusion. Depending on your dominant type of fusion belief, try the following:

For Thought-Action Fusion (Thoughts Cause Actions)
Try to cause the following to happen by just using the power of your mind. Set a time limit and give your mental powers a minute to make the event happen. Make an old lady on the street spontaneously throw away her walking cane; make a man tears off his T-shirt; make the person to whom you are talking spontaneously say the word “downstream.”

Worksheet 6

For Thought-Object Fusion (Thoughts Change Objects)
Try to change the following objects by using the power of your mind. Again, set a time limit of 1 minute. Change the color of a car; cause a statue to lose one arm; turn water into cola; make a traffic signal change to blue; increase the size of a fire hydrant; reconstruct a broken bottle out of its shards.

Worksheet 7

For Thought-Event Fusion (Thoughts Cause Occurrences)
Try to make the following events happen by using the power of your mind (again, set a time limit of 1 minute). Activate a car alarm; make the second hand of a clock stop; turn on a fan; open a window; make a flying bird land in a certain place.

Worksheet 8

On the theory that even a stopped clock is right twice a day, take notes. In the very unlikely event that one of these things actually happened, look at how many times they didn’t.

One goal of the exercise is to show that your thoughts are not as powerful as you may think. Another is that it involves shifting the focus of your worry without simultaneously suppressing obsessive thoughts or avoiding the situation. As we have seen, both suppression and avoidance just reinforce the problem; this will be discussed in detail below.
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THOUGHT DISTORTION #3
Must Thoughts Completely Obey Your Will?

Thoughts Roam Free!
Introduction to the Topic

Can Thoughts Be Fully Controlled?

Can you think of examples in which thoughts take a different course than you intended?
Most of our thoughts can be influenced, but they are flighty—they do not always obey our will, and they lead a certain life of their own.

**Examples**
- **Some positive examples:** Flashes of genius or ideas; spontaneous jokes that surprise you; using a foreign word without knowing that you knew it.
- **Some negative examples:** Black-outs during exams; Freudian slips such as expressing gratitude for the “hostility” instead of “hospitality” shown at a friend’s house.
- **Other examples:** Muddled words/slips of the tongue; a prepared formulation is expressed differently than planned! Errors tend to slip in when one tries to force something. Increased self-attention and perfectionism (still to come: Thought Distortion #9: Good Is Not Good Enough?) even increase the probability of such errors.

Our thoughts are like a bunch of balloons – they are the prettiest when we let them go.
Negative Thoughts are “scarecrows in the wind”

Where do negative thoughts come from? Shouldn’t our thinking be our best friend? Negative thoughts about oneself reflect a lot of different mental processes. It is advisable to differentiate between constructive self-criticism (for example “How can I learn from my mistakes?”) and a reflexive self-abasement (for example “I can’t do anything right!”). While in some cases self-critical thoughts are understandable and appropriate (for example, feeling ashamed on being found to be telling “little white lies”), self-accusations (for example, “You aren’t capable of doing anything!”) pop up in your head automatically. These automatic negative thoughts can be seen as “conditioning” (psychoanalysts speak of internalization or introjection), i.e., they are the “descendants” of hurtful, insulting or over-critical comments, which got drummed into you during the previous time of your life - for example by parents, classmates, or superiors. These negative, critical comments got so internalized over time, that in similar situations they can be triggered easily. The debasements originally expressed by other people are now being repeated by your inner voice. Your own so-called “internal critic” has taken over the job of others.

Automatic negative thoughts are no rationally-guided evaluations, rather can be understood as a kind of (thought) reflex. What often makes the evaluations seem so threatening is the fact, that negative thoughts change with the time and do not always say exactly what the other people might have said in the past. Negative thoughts are like “scarecrows in the wind”, which seem to lead a life of their own.

Some people with OCD and depression have in addition a pretty blossoming imagination and often experience such thoughts enriched by processing of sensory stimuli (e.g. loud thoughts, seeing catastrophic pictures), which make them appear even more realistic and frightening. Also the fact that thoughts force themselves into the consciousness suddenly and often anonymously (that means without being able to identify the direct cause; the thoughts simply don’t say: “Hello, here is your mean Aunt Helga again, who used to tell you that…”) confer on them the character of truth. The attempt to suppress these thoughts is doomed to fail as we will show you in different places in the book – especially more detailed in ▶ Thought Distortion #5 (Must Bad Thoughts Be Suppressed?). Instead it is helpful to take the scariness away from the thought scarecrows through taking the wind out of their sails respectively clothes.
Exercises

Exercise #1: De-scaring the scarecrow

Try the following strategy to deal with automatic negative thoughts such as „I have no worth; without me everyone would be happier“:

**Step 1: Notice and Name**
Identify and name the thought as what it is: a recurrent, disruptive thought, e.g. „Aha, it’s back again, my personal „scarecrow thought“; “Welcome back, inner critic“; or „This is an automatic thought – not more, not less. I guess where it might come from, but I don’t agree with it.“

**Step 2: Imagine**
Give your thought a shape of its own. Who is articulating the thought? Imagine your inner critic, e.g. your mean Aunt Helga. Maybe you change the shape of your imagination (e.g., it gets as small as a barking little puppy dog or wears a silly hat, rides a broomstick etc.) or use a symbol (e.g., a scarecrow) for these types of thoughts. Objects like a playing radio are also possible. Demonic or horrific pictures should perhaps be left out. In the end, your thinking is not your enemy, just as you cannot blame the wind for sometimes turning into a storm.

**Step 3: Have a Conversation**
Talk with your thought. What do you want to reply to your inner critic / Aunt Helga / the scarecrow? With which inner attitude (sorry, upset, bored...) do you enter the conversation? (e.g. „There, there, Aunt Helga, you always seem to have the same old story! You’re boring me!“). Try to remain poised and calm.

The noticing, naming and imagining of thoughts makes them more concrete. As soon as something becomes concrete we can handle it more easily. It also brings a certain distance between you and your thoughts. It clarifies: You are not the thought, you only have it. By having a conversation with it you make it clear: You decide, whether you want to listen to the thought or not.

You can also easily apply this strategy to your obsessive fears (▶ Thought Distortion #5: Must Bad Thoughts Be Suppressed?).
There are always thoughts running through our head. Some make sense, a lot of them don’t. We can look at thoughts as a type of white noise. It’s our choice to which thoughts we want to pay attention – and to which we don’t. New psychotherapeutic techniques drawn from Buddhist tradition advise us to build up a certain distance to your thoughts through metaphors and mental images (▶ Thought Distortion #5: Must Bad Thoughts Be Suppressed?).

Imagine your stream of thoughts as a small river. Imagine it to be fall and the river is carrying many leaves and branches. As soon as you have painted this scene before your inner eye place your thoughts („I don’t like anything at the moment“ or „this is stupid“ are also thoughts!) on a floating leaf and your negative, aching thoughts on a strong branch. The branch sometimes gets stuck on the riverside and rapids might develop. Follow the scene until the river makes a bend and is no longer visible. Then start over again. The stream is a symbol for thoughts and can sometimes carry more, sometimes less water – sometimes it’s clear, sometimes murky. You can let the river flow in certain directions and it can be useful to you (like a creek powering a watermill), but you cannot control it completely because your thinking consciousness is not the source, but merely a part of the river.

We found the scene of a stream to be helpful for imagining basic processes. If, however, you attempt to not think a thought and suppress it by building a dam, the river still exists. The pressure increases and ultimately your small dam is washed away ▶ Thought Distortion #5 (Must Bad Thoughts Be Suppressed?).

You might also imagine your thoughts as bubbles of carbon dioxide in a big bottle of fizzy water. They come out of seemingly nowhere, rise up, and then vanish. Or maybe balloons floating up into the sky. It is important that you learn, that thoughts are quick occurrences, which you can only partially influence. This is especially true for their contents. Observe them without judging and let them come and go.

You might wonder: Why all these images? Us using many metaphors doesn’t mean that we like to be poets in our leisure time, rather it has two deeper reasons. First, the process of thinking isn’t very well understood. We have known for quite some time that thought processes take place in our brain and get sent and modulated as nervous impulses. How it really works though is still a riddle even for scientists. Second, the images stress that, although thoughts happen in our heads and somehow are connected to us, they are often not under our control nor our responsibility.

The autonomy of our thoughts doesn’t mean that they are smarter than us or have a better insight.
Building on the ideas from above, a technique known as Acceptance- and Commitment-Therapy (ACT) may also be suitable:

**Thoughts as an Orchestra**
You’re the director and decide who, when, and how much, you listen. Which thoughts plays the first violin? Who has a solo today? Who gets a break and doesn’t play at all?

**Thoughts as a Part of a Giant Buffet**
You decide how to fill your plate – depending on your personal needs. Are you hungry for thoughts or are you full? What don’t you have a taste for? What do you have a taste for? Sweet or savory? Do you want to eat a classic meal today (for example a burger), one that you always feel like eating, or are you maybe in the mood of trying something new (for example, a sushi roll)?
Exercise #3: Take Different Positions on Your Thoughts

On the one hand, thoughts in our heads are our thoughts, on the other hand we don’t have full control over them, as is also true with our emotions. Exactly this characteristic makes our thinking so special and vivid. To make this clear we suggest to try following „thought games” (some of these are from Rolf Dobelli):

- Do you see yourself as the guard or the prisoner of your thoughts? Why?
- The best ideas develop under the shower. Where do your worst ideas develop?
- Which thought would you never think?
- Are there thoughts which you’ve declared war on? And how do you wage this war? Do you believe you have a chance of winning?
- Which thoughts can you never remember?
- Which thought has never been thought before?
- Imagine your thoughts as a picture. What do the individual thoughts look: colorful or black and white, small or big, soft or hard, round or edgy, cloudy or sunny...

What did you notice, as you were thinking about these questions?

Of course you will not have found an exact answers for every question. That wasn’t the aim of the exercise. In fact, this exercise should have demonstrated how many wonderful things our thinking can do. We can take so many different positions on our thinking and get closer to our thoughts in a lot of different ways (e.g. as a scientist, an English teacher, a marveling child, a neighbor bothered by noise...). And that can be great fun!

Look upon your thinking as a gift, a sort of „surprise bag”, which similar to other bodily functions doesn’t completely underlie our control. It can always surprise you again with its creativity. Be curious and get facinated by what our thinking can cook up and holds in store for us (“Interesting thought, where did my thinking get that from?” „Wow! I’ve been thinking for days about this problem, now I find the solution!”).

Thought games are helpful metacognitions („thoughts about thinking”). They can not only be fun, but can simultaneously train your „cognitive flexibility”. They can help you break out of one-sided, deadlocked or unflexible thought patterns, which are known to foster psychological problems. So, let your thoughts be free.
Exercise #4: Delight in Your Thoughts

Try to take delight in your thoughts!

Dwell on beautiful thoughts and memories (e.g., holidays, a lovely evening with friends, a crush). Just let your mind “project whatever thoughts ““it wants. Bad thoughts may sneak into the harmonious world of these pleasant images—like when people at the movies whisper or stand up to get popcorn. Don’t let this irritate you. It is important to allow your thoughts to go where they may.

When they are lonely and frustrated, some people find it helpful to engage in inner dialogues with fictional characters (even cartoon characters!), significant others, or celebrities. Clearly, these dialogues are not a substitute for “real” conversations. Nevertheless, feelings of belonging, comfort, and relaxation often emerge once things are off our chest. Inner dialogues are successfully adopted in grief counseling to say farewell to a loved one, and to express things left unsaid. To whom would you love to talk, and whose voice and face can you imagine well enough to do it? Invite the person to take a walk on a virtual beach and see what happens. Such dialogues are not everybody’s cup of tea. Try it two or three times and then decide for yourself if this is helpful or not. It doesn’t hurt to try!

Worksheet 10

Let your thoughts play the “projectionist.”
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THOUGHT DISTORTION #4
Is the World a Dangerous Place?

Overestimation of Danger
Introduction to the Topic

People with OCD occasionally overestimate the probability of bad occurrences. For example, many people estimate the danger of unknowingly contracting HIV from an HIV-positive person at 50% and higher. In reality, it is less than 1%*!

Sometimes we lack vital information, or we have been given the wrong information in the past. For example, some parents—often with the best of intentions—exaggerate certain risks so that their children will pay attention. Perhaps you remember being told not to go to a particular neighborhood where you might be kidnapped, or to turn off the lights so as not to cause a fire, etc.

What Other Reasons May Contribute to Such Errors of Judgment?

* These statements are in no way intended to downplay the danger of HIV. However, the actual danger of infection is far smaller than generally assumed; you can’t just contract it through the skin, or from sweat or saliva.
Reasons for Errors in Judgment

**Unrealistic Pessimism**

Studies by our working group have shown that people with OCD usually *don’t* have an *unrealistic optimism bias* (*unrealistic optimism*: belief that positive events are more likely to happen to oneself than others and negative ones are more likely to happen to others).

For example, a typical smoker without OCD thinks that other smokers are more likely to get lung cancer than he is. By contrast, the smoker with OCD considers himself top on the list.

**False Calculation of Probability**

People with OCD often overestimate the occurrence of complex events. To demonstrate, estimate the probability that your unlocked home will be broken into and robbed today: “20%?”

Now combine the necessary preconditions. Mathematically, this is done by *multiplication* (x).

The danger that someone will ever attempt to break into a residence is at most 10%. The probability that it is open and no one is home is possibly higher, perhaps 20%; that a burglar is stalking the area today is perhaps 20%.

The probability of this occurrence is therefore at most **0.04%** (0.1 (10%) x 0.2 (20%) x 0.2 (20%)!)

**Perpetuation of Threat**

A negative event is projected onto a future occurrence. Instead of “once doesn’t count,” an affected person thinks “when it rains, it pours.”

**Distortion of Perception**

Studies have repeatedly shown that people with OCD have the tendency to stay “stuck” with danger signals or tend to direct their attention to such stimuli. If a patient is shown the image of a dirty rag or a door lock in psychological tests, his/her eyes are averted more slowly to other objects in comparison to people who are not affected. As a result, danger signals are overrepresented in consciousness, and a sense of approaching danger easily gets overblown.

**Exaggeration**

As studies have shown, people suffering from OCD usually feel much more threatened about the consequences of adverse events than do non-affected people—and sometimes even more threatened than those with other psychiatric disorders. Review the consequences of your greatest worry, for example, developing schizophrenia or making a serious error at work (see also Thought Distortion #14: Am I Going Insane?). When considered realistically, many of these fears are very improbable, or their consequences not as devastating as expected.
Exercises

Exercise #1: Get Informed!

What adverse events are you especially afraid of, and which ones do you think are especially probable? Write these down and get informed. Look up answers in reputable and objective sources—and not ones that cater to gloom and doom.

You may not get a 100% all-clear signal because life, after all, is sometimes dangerous, but your exaggerated fears will likely be put in perspective.

Broaden your focus instead of narrowing it to the incident that you fear! Don’t just chase information about everything that could go wrong and how often. Find out about counter-measures as well. If you fear cancer, for example, it is good to know that it’s not the inevitable death sentence it used to be. There are good treatments for many kinds of tumors. Look these up.

Our police does good work. Many crimes such as burglaries can be solved and often stolen or lost goods re-surface or the insurance pays for the loss. Your darkest fear is a fire in the house? Unless you are living next to a paper factory, chances are good that the fire department can deal with it—and even better that it will never happen.

Worksheet 10
Exercise #2: Calculating Chains of Probability

Identify the factors that must line up perfectly for a feared event to occur such as that your parents will be swept away by a tsunami during their holiday in Thailand).

Each factor (probability of a tsunami; their presence on the beach at the wrong moment; lack of advance warning; your parents do not recognize the danger in time…) has a specific estimated probability of 0.01 (= 1%) to 0.5 (= 50%) to 1 (= 100%). Factors have to be multiplied with each other. Each additional factor considerably reduces the probability of the occurrence as a whole (read more about this on the previous page).

Think carefully about all included factors. Each factor will drastically reduce the probability of a feared event actually occurring. Example: If three of the preconditions have an estimated probability of 25% each, the probability that the feared event will occur is below 1,6% (0,25 x 0,25 x 0,25 = 0.0156 = 1,56%).

In the following table the calculation of probabilities for a burglary in your apartment is a variation of the above example.

<table>
<thead>
<tr>
<th>Feared occurrence: Burglary resulting from unlocked door</th>
<th>Respective probability (from 0.01 (=1%) to 1 (=100%))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factor 1: The door is not locked.</td>
<td>40% = 0.4</td>
</tr>
<tr>
<td>Factor 2: A burglar is close to my apartment.</td>
<td>30% = 0.3</td>
</tr>
<tr>
<td>Factor 3: ...exactly on the day when the burglar is close to my apartment, I forgot to lock the door</td>
<td>50% = 0.5</td>
</tr>
<tr>
<td>Factor 4: Of all possible apartments, the burglar focuses on mine.</td>
<td>30% = 0.3</td>
</tr>
<tr>
<td>Factor 5: The burglar doesn’t get disturbed by anybody and can complete the burglary without being noticed.</td>
<td>70% = 0.7</td>
</tr>
</tbody>
</table>

The product results from a multiplication (x) of the probabilities listed above: 0.4 x 0.3 x 0.5 x 0.3 x 0.7 = 0.0126 (0.5 e.g., are 50%). This results in a probability of 1.26%.

In this manner calculate the probability of your own feared event.

Worksheet 11
Exercise #3: Splittling Attention

Many people with OCD are literally on the lookout for danger signals such as unusual sounds while driving. Even though most people with OCD acknowledge that this is exaggerated and unhelpful, they are rarely able to turn off their hyper-awareness.

Simple distraction (humming a melody, listening to the radio) is not successful in most cases. The perception quickly snaps back into the old mode and is once again on the alert for the “usual suspects”. The following exercise will familiarize you with a method which we call attention splitting that is based on a similar principle as association splitting which will be presented in Unit #7 (Do Obsessions Irrevocably Poison Thoughts?).

Instead of suppressing the way you monitor your environment (which usually leads to the opposite effect, see Thought Distortion #5: Must Bad Thoughts Be Suppressed?), broaden your attention to include other items. Depending on whether your search for dangers targets optical (smoke or blood), acoustic (warning sirens, children’s screams), or smell stimuli (gas, charred cable), use the same sense, but direct your attention to new stimuli…

For people with OCD, stimuli related to danger literally stand out.
Depending on which sense tends to monitor your environment, direct your attention for a certain amount of time (about 15 seconds) to one of the things listed in the table. Then, switch the direction of your perception to another target using the same sensory organ.

<table>
<thead>
<tr>
<th>Eyes</th>
<th>Ears</th>
<th>Nose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay attention to:</td>
<td>If you are in the car, you might pay</td>
<td>You might smell the air to see if you can</td>
</tr>
<tr>
<td>Yellow objects in the room</td>
<td>attention to:</td>
<td>identify some of the following odors:</td>
</tr>
<tr>
<td>Blue objects in the room</td>
<td>- The sound of the air conditioning in the car</td>
<td>- Flowers</td>
</tr>
<tr>
<td>Green objects in the room</td>
<td>- The sounds from traffic signals</td>
<td>- Perfume</td>
</tr>
<tr>
<td>If you are on a bus or in a park:</td>
<td>If you are on a bus or in a park you might</td>
<td>- Nicotine</td>
</tr>
<tr>
<td>People who look cheerful and then people who look bored</td>
<td>pay attention to:</td>
<td>- Rain-soaked clothing</td>
</tr>
<tr>
<td>People with blonde hair and then people with black hair</td>
<td>- Cell-phone conversations: Think about what the person on the other end of the line may be saying</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Focus on the sound of men’s voices and then the sound of women’s voices</td>
<td></td>
</tr>
</tbody>
</table>

Instead of restricting your attention solely to the presumed danger, let your senses roam. You will see that this is easier than directing your attention to something completely different, which tends to create a type of pulling effect—pulling you right back to your ominous thoughts. Be sure not to completely suppress the source of the original stimuli or danger. Instead, change the direction of the perception and perceive your environment as a whole instead of just in sections.

The goal of the exercise is not to ignore the (presumed) danger signals but to perceive other things as well:

1. Make the croaking sound of OCD mute by adding the many other voices to the sensory choir!

Allow your gaze to wander around and intently pay attention to only one quality of perception (e.g., a particular color) at the time.
One main pillar of cognitive behavioral therapy (CBT) is confrontation treatment. The affected person gradually faces his or her fears and learns how to cope with situations that he/she completely avoided such as shaking people’s hands out of fear of infection, or couldn’t stand, even for a few minutes, such as leaving one’s child alone out of fear he or she might get hurt.

An essential learning goal in psychotherapy is to come to the realization that feared consequences do not occur—even after longer exposure. To the astonishment of most people with OCD, during confrontations, the initial fear does not culminate in unconsciousness or a heart-attack; instead, it gradually subsides on its own (so-called habituation) without any change in the situation itself.

Confrontation treatment should always be customized to the individual’s predominant fears. The method introduced here uses a progressive approach: You climb the ladder of your own fear rung by rung without performing any rituals. Especially if you do this on your own, don’t rush to the top of the ladder right away (this type of confrontation treatment would be called massaged confrontation or “flooding”). Instead, take it rung by rung and allow yourself some time to feel comfortable after each step before you proceed up the ladder. This way, go step by step all the way up the ladder.

Each confrontation exercise should be tailored to individual needs.
The ideal way to formulate a fear ladder is with the help of a therapist or close friend or relative. Begin with an OCD-related situation that is almost too much to face; then continue on to other situations that cause you even greater fear or other negative emotions. The rungs of the ladder are stage goals that can be further adapted over time. On the next pages we will provide examples and instruct you how to do it.

**Why Isn’t Insight Enough?**

To know that your own behavior is not helpful and stopping it are two very different kettles of fish. Avoidance behavior is a type of motor learning that is especially stubborn and ingrained (overlearned*). The spirit is willing but the flesh is weak.

*Climbing the ladder of your own fear...*

* = Motor learning is much more resistant to deletion than factual knowledge. For example, we rarely completely forget things like how to ride a bicycle or other such skills. In people with dementia (e.g., Alzheimer’s) memory contents—including one’s name—are increasingly erased. However, Alzheimer’s patients are still able to learn new motor skills such as simple piano pieces.
Preconditions
While each exercise plan should be costumized, you should follow the basic rules below:

Insight Is The First Step to Recovery
You must become aware of the absurdity or at least the exaggerated nature of your fears before you decide to confront them. If you are deeply convinced that your compulsive actions are justified, then skip this unit and work on the other units first. Confrontation therapy does not work on a purely passive level, unlike taking medications or getting a massage.

Without a Safety Net
The exercise should be done without any aids (e.g., safety behaviors or tranquilizers). If a rung is too high, add smaller stage goals. You should endure the situations for as long as possible: half an hour or even longer. Consciously experience the anxiety-provoking situation. Like a test-driver who reports the driving behavior of a new prototype to a control center by radio, give yourself feedback from time to time on your level of fear, from 1 to 10. This approach will increase your sense of control. If you can’t complete the exercises or they trigger too much fear at the beginning, the confrontation can, at least initially, take place in your thoughts.

Before and After
In order to avoid hindsight bias (see introduction), it is important to think about what you are specifically afraid of and what might happen before you start the exercises. This is the only way that you can record and enjoy your success once you have achieved it.

Patience
Setbacks happen. Exercises that you mastered with ease yesterday may suddenly seem overwhelming. Your momentary mental state plays a large role here. Think of a high jumper. He can’t always exceed his previous performance: After a record high, he may start knocking down the bar like a beginner. It doesn’t mean anything in the grand scheme of things.

Exposure to Obsessions
To confront fearful thoughts, speak “bad thoughts” into a recording device. Listen to the recordings until the fear decreases (as with the practical confrontation exercises described later). Alternatively, extract one core word from the sentence and say it aloud repeatedly. Often, its negative charge will decrease with fast and frequent repetition. While the word might at first evoke fear and negative memories, it will eventually become an empty shell.

When Is It Time to Stop?
The goal is not to make yourself immune to revulsion or fear. On the other hand, you should not compromise or settle with regaining small areas of your life. You should attempt to reconquer every bit of life that OCD has robbed you of. After the exercise is before the exercise? Yes, but don’t forget to praise yourself after a successful exercise and allow yourself a small reward.
Examples for a Fear Ladder
This is what an exercise plan for people with a washing (left) or checking (right) compulsion might look like…

<table>
<thead>
<tr>
<th>Situation/ Difficulty</th>
<th>Washing (fear of contamination with germs)</th>
<th>Checking (fear of running over children with the car)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Look at a garbage bin from a distance of 5 yards.</td>
<td>Touch a car from the outside.</td>
</tr>
<tr>
<td>2.</td>
<td>Look into a garbage bin.</td>
<td>Get in the car without driving it.</td>
</tr>
<tr>
<td>3.</td>
<td>Approach a person who looks disgusting to you at a distance of a few yards.</td>
<td>In a parking lot: Start the car but don’t drive it yet.</td>
</tr>
<tr>
<td>4.</td>
<td>Without gloves, shake hands with a friend or acquaintance and don’t wash your hands for at least 2 hours.</td>
<td>On a busy street where children play: Start the car but don’t drive it yet.</td>
</tr>
<tr>
<td>5.</td>
<td>Smell garbage bins for a longer period of time.</td>
<td>In an empty parking lot: Drive the car for 5 yards without looking in the rear-view mirror</td>
</tr>
<tr>
<td>6.</td>
<td>Shake hands with a stranger.</td>
<td>Drive the car for 50 yards in an empty parking lot without looking in the rear-view mirror</td>
</tr>
<tr>
<td>7.</td>
<td>Hold on to the handle of the bus with bare hands; touch the inside of a garbage bin.</td>
<td>Drive the car for 500 yards in an empty parking lot without looking in the rear-view mirror.</td>
</tr>
<tr>
<td>8.</td>
<td>Let your clothing touch other people in the subway.</td>
<td>Drive on a country road with one person as a passenger without looking in the rear-view mirror.</td>
</tr>
<tr>
<td>9.</td>
<td>Eat something that has just fallen onto the floor in your house.</td>
<td>Drive alone on the highway without looking in the rear-view mirror.</td>
</tr>
<tr>
<td>10.</td>
<td>Sit on a toilet at a train station for a longer period of time.</td>
<td>Drive on a street where children play without looking in the rear-view mirror.</td>
</tr>
</tbody>
</table>

Although it is important for you to reach your own boundaries and maybe even exceed them, you should not unnecessarily overshoot the goal. It is not helpful to do things that would also disgust most non-OCD people, like preparing a meal at a train station toilet; that they would also find offensive, such as insulting patron saints to a believer; or that are even illegal, like driving at 70 in a school zone. Exposure should help you to reconquer your old environment—not to make you immune to disgust or train you to be a stuntman.
Let’s Go

Preparation
1. Be aware that your fears are unfounded or at least very exaggerated.
2. First, do some brainstorming to identify situations that trigger slight to major fears in you. Spend some time to recall problematic situations. You may have forgotten some triggers as you may have lost awareness of some triggers due to avoidance and withdrawal. It may also be difficult to grade the accompanying fear as all situations seem impossible at first.
3. Then write down the situations in the following table—on a scale from 1 to 10 (little to extreme fear).

10 Rules for the Exercises
1. If possible, first do the exercises in the presence of a therapist. If a therapist is not available, a relative or friend may assist instead. However, he or she should be familiar with the concept of confrontation (some good self-help books are available). If possible, the person helping you should seek advice from other relatives of OCD sufferers (most Internet networks for OCD have discussion forums for relatives).
2. Only climb one rung of your fear ladder at a time.
3. Do not engage in compulsive behavior like checking or concealed rituals like praying or counting while doing the exercise.
4. Spend up to a certain amount of time, which you have scheduled beforehand, doing the exercises on a regular basis. Progress is most likely achieved if you exercise daily. While your head may be convinced right away that the feared consequence will not take place, your body and feelings usually lag behind, and it takes time to overcome ingrained tensions and anxiety.
5. Stay in the situation for as long as you previously scheduled it and recognize how the fear is diminishing.
6. Setbacks do not mean failure. Try it once more or include some intermediate steps.
7. Each exercise should take effort, but don’t unnecessarily overshoot the goal.
8. While you do the exercise, report the degree of your fear (from 1 = absolutely relaxed to 10 = panicked) on a regular basis.
9. Confrontation exercises are not a “Bushtucker Trial” as in “I’m a Celebrity—Get Me Out of Here.” Close your eyes and get through it. Accept your anxiety as part of the normal emotional spectrum. If you feel anxious, that’s good, it means that this exercise is working, allow yourself to feel anxious and wait for the wave of anxiety to pass.
10. If you have forgotten an important situation, adapt the “fear ladder” and incorporate a new step.
Creating Your Personalized “Fear Ladder”
Now apply the exercise to your fear(s). Create your own “fear ladder… Before you start, schedule a sufficient time for the exercise (e.g. 2 hours) and conduct it on a daily basis.

Worksheet 12

Keep the Real Aims in Mind!

It is not the aim of exposure to extinguish your fears once and for all. Fear is a normal and important response to threat or unpredictable situations. As we showed in the first unit (Are Bad Thoughts Abnormal?), even people without OCD have fears. It takes more than applying some techniques to overcome your problems. You also need a new inner attitude: Accept yourself and your feelings. Learn to incorporate fear as part of your emotional spectrum, but without being dominated by it.

Instead of devoting all your energy and effort to permanently fighting against your feelings, identify and pursue real goals. What do you want to accomplish in your life? Which domains would you like to reconquer (meeting your friends or playing with your children)? In what areas would you like to grow as a person? What feeling other than panic might be a new target emotion in a particular situation? Minor tension would be an improvement.

Do not forget that negative and positive feelings interact and spice up your life. There is a German saying that goes: *Nothing is harder to endure than a run of good days.* In other words, uninterrupted good fortune makes us stop appreciating what we have. Contrast is what allows us to perceive and enjoy the good times. Exposure exercises should not only help you to reconquer lost terrain, but also to sense yourself holistically and to get rid of “feeling phobia” that results from the incorrect perception that *fear = abnormal = bad.*
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7. Graphic by the authors
THOUGHT DISTORTION #5
Must Bad Thoughts Be Suppressed?

Thought Control
Introduction to the Topic

Must Bad Thoughts Be Suppressed? ("I shouldn’t think things like that.")

Try the following:

For the next minute, do not think of an elephant!

Can you do it?
Thought Suppression Does Not Work!

Suppression of negative thoughts—Does it work? **No!**

You either thought directly about an elephant, and/or things that are related to an elephant (e.g., zoo, safari, Africa, etc.) or about **not** thinking about an elephant. In either case you were thinking about an elephant.

Our thoughts cannot simply be switched off on command (annoying catchy tunes—“ear worms”—are another example).

The effect is even stronger if we attempt to suppress unpleasant thoughts such as self-reproach (“I am a failure,” etc.). Sometimes the thoughts can become so intense that they seem like someone else’s (induced) thoughts!
Thought suppression does not work. On the contrary, thought suppression often increases the intensity, frequency, and power of a thought.

This may prompt incorrect conclusions such as

- “It would have been worse if I had not attempted to suppress it.”
- “It appears that something evil is lurking within me that is slowly taking over.”

A better approach

- “Thought suppression does not work and even intensifies obsessive thoughts.”

Instead of Suppressing Thoughts, Seek to Distance Yourself from Them Emotionally...

If you are plagued by powerful negative thoughts, do not actively suppress them or counter them with oppositional thoughts (e.g., desperately thinking about attractive adults if you are concerned you may be pedophile).

Pay attention to what is happening inside instead of intervening: like a visitor at the zoo who looks at a predator from a safe distance. The thoughts will eventually calm down on their own.

Thought suppression is used by many people with OCD and, as shown, often leads to a paradoxical increase in obsessive thinking! If you succeed in abandoning this unhelpful strategy, you will have made a lot of progress!
Exercises

Exercise #1: Thought Suppression Does Not Work

Convince yourself that thought suppression does not work. Think about the paradoxical effect of thought suppression.

Consciously try *not* to think of something (it doesn’t work!); on the other hand, give free rein to those thoughts that you usually want to keep on a “short leash.”

You will see that the impulsive element of the obsessive thoughts is usually reduced by dispensing with thought control. This is a bit reminiscent of children who have been strictly prohibited from doing something. It is the prohibition that often brings about the urge to disobey.

As previously discussed, thoughts are thoughts and not the same as deeds (▶Thought Distortion #2: Do Bad Thoughts Lead to Bad Deeds?).
Exercise #2: Alternative Approach for Dealing with Negative Thoughts

Take an observational and distanced attitude toward your thoughts. Look at them as if they were passing dark clouds or a tiger in the zoo. Do not interfere!

A tiger behind bars is as unlikely to harm you as your thoughts. Your tiger (=obsessive thinking) is actually a harmless kitten.

Some people with OCD are helped when they connect their obsessive thoughts to an image or a scene and weaken them by directing these ideas with their mind. Imagine that you are observing a violent storm from a safe shelter, and you can see that the first breaks in the storm are already evident on the horizon. Hang your obsessive thoughts on the blackest part of the passing cloud front. Now let the storm rage (e.g., lightning splits a tree; a tornado demolishes a house). Slowly, the storm will start to let up and reveal better weather ahead. Try to visualize this scene for at least 1-2 minutes.

Or else imagine a grungy and almost empty theater. You are sitting in the last row while your obsessive thoughts perform their usual play. It is not a very good play and perhaps you or other people yawn and head for the exit early. Or imagine a busy train station. Trains come and go. Of course, you don’t jump into just any train—only your particular train. Do the same with your thoughts. Do not jump on every thought; instead try to let most of them pass by (see exercise “Take different positions on your thoughts” thought distortion #3).

Imagine that your obsessive thoughts are just bad actors.
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1./4. Marcus Vegas: under waterline.
   Accessed on: 08/10/2015

2. TheLizardQueen: Big 5 – Elephant.
   Accessed on: 08/10/2015

3. quinn.anya: Eye of the tiger.
   http://www.flickr.com/photos/quinnanya/2058156133/.
   Accessed on: 08/10/2015


6. alexbrn: Punch & Judy.
THOUGHT DISTORTION #6

Is Danger Necessarily Present When Feelings Alarm Me?

OCD and Emotion
Introduction to the Topic

What Feelings Accompany Obsessive Thoughts?

Obsessive thoughts are often connected with fear (e.g., a loved one could die if a certain ritual is not performed), but they can also be accompanied by other emotions:

- **Disgust/revulsion** - e.g., related to bodily fluids, sticky residues, certain animals
- **Feelings of guilt** - e.g., “It’s my fault that my brother had that accident” or “I will be to blame if the house burns down”
- **Shame**—e.g., in relation to aggressive or sexual thoughts
- **Worry/unease** without real panic - e.g., fear of having infected someone
- **Uncertainty**—e.g., with regard to one’s own perceptions or memories
- **Vague feeling** that something is somehow *just not right*
- a “mixture” of several different emotions

What is your predominant feeling?
Feelings Are at Times Bad Advisors

Feelings often signal danger—sometimes long before we have consciously recognized it (“I should have listened to my gut feeling.”). As a result, feelings are important advisors.

On the other hand, feelings occasionally trigger a **false alarm**. For example, when we are very tense, have eaten or slept too little, have a hangover, etc., we may perceive our surroundings more negatively than is warranted.

almost everyone knows that the same film whether *Sleepless in Seattle* or *Godfather* can evoke different emotions in different people, depending on the situation or their state of mind. If you feel bad, watching a sentimental film may be more likely than otherwise to make you cry. On the other hand, it may fill you with cynicism. A variety of factors reinforce our feelings and can even lead to misattributions like a queasy feeling because of an empty stomach may lead to fear of an imminent heart attack or agitation from too much coffee may promote anger.
Especially when experiencing very intensive feelings, we should pause and consider whether or not these feelings are fully justified. Canadian researchers conducted a study about the topic of misattribution: When men crossed the suspension bridge pictured below, they found the women standing at the other end to be more attractive than when they crossed a regular bridge. According to the researchers, this is because the men attributed much of the physical arousal they felt when crossing the gaping abyss to the attractiveness of the woman!

The Capilano Suspension Bridge in Vancouver, Canada

Obsessive thoughts are frequently accompanied by intense feelings like fear, disgust, etc. The affected person usually accepts the feeling at face value, which means that they are seen as an appropriate reaction to the feared occurrence. If it is possible to identify the external influences that artificially “fuel” this feeling, they usually lose their “power” because their exaggerated nature is recognized.
Exercises

What do you feel when you look at this woman?

Would your reaction be the same whether you were in a cheerful, sad, or suspicious state of mind at the moment?

<table>
<thead>
<tr>
<th>Your Mood</th>
<th>Possible Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cheerful</td>
<td>?</td>
</tr>
<tr>
<td>Sad</td>
<td>?</td>
</tr>
<tr>
<td>Suspicious</td>
<td>?</td>
</tr>
</tbody>
</table>

PLEASE THINK ABOUT IT BEFORE YOU READ FURTHER
Exercise #1: Emotion and Social Review

<table>
<thead>
<tr>
<th>Your Mood</th>
<th>Possible Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cheerful</td>
<td>![Happy Face] She looks nice. I wouldn’t mind going out with her sometime.</td>
</tr>
<tr>
<td>Sad</td>
<td>![Sad Face] A woman like that would certainly find me boring.</td>
</tr>
<tr>
<td>Suspicious</td>
<td>![Suspicious Face] Beautiful people are usually shallow and deceitful. I am quite sure that she is gossiping about me right now.</td>
</tr>
</tbody>
</table>
Exercise #2: The Influence of External Factors on Thinking and Feeling

Feelings are like swelling waves that quickly lose their shape

The following can easily lead to false conclusions:

**Sleep Deprivation**
Sleep deprivation can lead to inner tension. Now, it can happen that we wrongly attribute the source of the inner tension, not to the sleep deprivation but to something or someone (e.g. a colleague at work) else. This misperception about the origin of the feeling can lead to further negative feelings (e.g., anger, fear).

**Music**
Certain music can churn us up and stimulate us (e.g., intense feeling of merging at music festivals) but occasionally lead us to false perceptions or improper behavior (e.g., aggression due to loud music).

**Stress**
Stress (e.g., caused by a deadline at work) makes us more vulnerable and often impairs our judgement. We might have the feeling that we can’t escape the “rat race” and worries of everyday life. Our environment appears unmanageable and we see things from a worm’s-eye view rather than a bird’s-eye view. That makes us nervous and we easily over-react.
How do the factors listed on Worksheet 14 influence your well-being and your emotional world?

Worksheet 14

Exercise #3: ...Making a Mountain Mountain Range out of a Molehill

Only for the courageous! This exercise is especially suitable for people whose OCD tolerates a little macabre fun.

OCD is a master of exaggeration and leads people to believe that improbable or even impossible scenarios could actually occur. When your OCD has for the umpteenth time made a mountain out of a molehill, take it to the next level and make a mountain range out of it. Escalate the scenario until it becomes grotesque, and embellish it as much as possible! This frequently diminishes the fear instead of increasing it. This “reverse psychology” is also called paradox intervention.

Example 1

**Obsessive thought:** You have unknowingly transmitted a dangerous disease to someone.

**Conscious exaggeration:** Half of humanity dies within one week. Another quarter mutates into murderous zombies that hunt down the rest, who now only feel safe on the streets during daylight. Decades later, extraterrestrials visit the Earth as part of a research project and find a planet devoid of life. The disease is eventually named after the person who caused it all: You!

Example 2

**Obsessive thought:** Your house burns down because of a defective stove.

**Conscious exaggeration:** Because of the current drought, a firestorm spreads across the continent. Within a few days, the entire sky turns black. Life on Earth becomes almost impossible due to the lack of sunshine. Even though the trial against you is eventually dismissed, religious fanatics accuse you of being one of the Seven Horsemen of the Apocalypse. Satanists worship at the altar of the scorched remains of your stove.
Many people find imaginative exercises or inner journeys silly. However, even rational people with both feet firmly on the ground may benefit. Inner journeys are not the first step to madness but rather directed fantasies; they have been successfully employed by athletes, among others, to increase motivation and performance.

If stress bothers you or you have the feeling that you are about to explode, it may be helpful to imagine a mountain or a pyramid, one that you have climbed or seen, if not up close then in photos or only in your mind. In fast motion, let day change to night in the background before your inner eye. Imagine the mountain covered with snow, then veiled in fog, shining in the sun, and during a violent storm. The mountain stays the same and withstands all weathers. Now, imagine yourself to be like that mountain. Internalize/incorporate the picture symbolically with a deep breath and leave all your struggles behind you. Embellish the inner picture and change it as you like. With a little practice, briefly imagining the mountain may be all you need to put a barrier between yourself and the hectic outside world.
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6. Graphic by the authors with smileys by Weronika Torkaska

7. Graphic by the authors with smileys by Weronika Torkaska


THOUGHT DISTORTION #7
Do Obsessions Irrevocably Poison Thoughts?

Escaping the Net of OCD
Introduction to the Topic

Association Splitting

People with OCD typically process and interpret ambiguous terms in a biased manner. For example, they are more likely to associate the color red with blood than with roses. The number 13 triggers fears of being harmed. Alternative associations such as the children’s book *Jim Button and the Wild 13* (also see next pages) no longer reach the conscious mind. Eventually, more words become “poisoned” over the course of the OCD and become triggers for obsessive fears.

The technique of association splitting is intended to reverse this process, and to return diversity of meaning to the “poisoned” terms. The following pages provide an introduction. To get a deeper understanding, you can download the entire treatment concept from the Internet for free at www.uke.de/assoziationsspaltung. Then click on “English.”
Organization of Memory

Before introducing the technique, some theoretical background information is required. The method is based on the now well-established assumption that the human memory is organized like a network. Conscious contents (also called cognitions) such as words or images are represented in the brain according to their (contextual) meaning. The greatly simplified graphic below shows how flowers, colors, and fruits, for example, are arranged next to each other in such a semantic network.

![Semantic Network Diagram]

If a cognition is activated, the neighboring contents are “pre-warmed” as the activation spreads. For example, activation of the word “apple” (e.g., by vividly imagining an apple or by speaking, reading, or hearing the word) automatically stimulates the meaning fields for words like “pear” and “red.” Such chain reactions reinforce the connection between the individual cognitions. Conversely, the strength of the association between the contents diminishes if the terms are no longer used together. Incidentally, distant associations inhibit each other. This is one of the reasons why it is so difficult to distract yourself from certain thoughts by trying to force yourself into completely new thoughts or activities.

To make this model less abstract, answer the four questions below as fast as possible in the given order:

- What’s the color of snow?
- What’s the color of a physician’s coat?
- What’s the color of a polar bear?
- What does a cow drink?

Oops!? Most people—perhaps you, too (?)—answered the final question with “milk” instead of “water.” The answers of the prior questions (“white”) and the word “cow” pre-warmed the related concept “milk” so that it prevailed against logic. Without the three previous questions, the final question is usually answered correctly.
Association Splitting

For people affected with OCD, the alternative meanings of terms such as cancer or fire have atrophied because these words now only come to mind in an obsessive context (cancer = disease; fire = death, destruction). Their associations do not extend beyond the obsessive meaning, and the affected person often forgets that alternative associations exist (alternatives: cancer → sign of the Zodiac; fire → diamond).

This is where the technique of association splitting comes into play. It utilizes on what is known as the fan effect. If new associations are formed, this automatically weakens the strength of existing associations because the overall charge is now distributed over an increased number of associations.

Association splitting encourages you to seek new associations for your obsessive cognitions. Importantly, the new thought connections should be neutral, positive, and/or witty. In addition, they should also make content-related reference to the respective word or rhyme with it (see figure). You should obviously not use fear-inducing or negative expressions for this exercise.

Here an example for “HIV”:
Exercises

**Exercise: Association Splitting: Liberating Your Thoughts**

The figure below shows an example for fanning the term “13” with the help of association splitting. The goal is to embellish the term “13” with other verbal or visual associations that tend to weaken the context of the meaning. The process becomes more effective when more associations are incorporated and the more intensely these concepts are repeated until they finally become second nature. Compulsive urges can now ideally be controlled. Associations should be practiced for approximately ten minutes every day—and preferably only when no obsessive thoughts are present. The newly learned associations should not be used as a type of safety behavior or ritual to “neutralize” current obsessive thoughts. This technique is not intended as a diversion maneuver; rather, it serves to restructure the train of thoughts in a lasting way.

This exercise often needs to be practiced over many days before it works. Also, it is very important to practice routinely, even if your obsessive thoughts have already decreased. It may be helpful to occasionally replace your selected associations by new ones.
THOUGHT DISTORTION #7

Brief Instructions for Performing Association Splitting

To create and strengthen neutral and positive associations do the following:

1. Seek out a quiet place. Perform the exercises in a relaxed atmosphere.
2. Write down individual words or think of images that represent an important aspect of your OCD system, that is, cognitions that are almost always present in disturbing thoughts (e.g., blood, cancer, door, lock, burglar).
3. Select 1-3 words from this set (e.g., door, lock, burglar).
4. For each OCD-related word, come up with some related associations that share the following properties:
   - are neutral or positive (that is, not fear-inducing; associations that lead outside the obsessive network) and
   - make sense to you personally (words, that rhyme or connect in meaning).
   - Example: door-four, door-The Doors (band), door-adore, door-gold (from “d’or” for “of gold” in French)
   - Avoid any associations that run counter to your obsessive thoughts (i.e., “Cancer—I’ll never get that”), because this contains no alternative meaning and works like thought suppression, thereby fueling an obsessive – or neutralizing - cascade.
5. The new associations are especially well internalized if you contemplate them with as many senses as possible. For a lot of OCD sufferers, the technique works better with visual material. Or you may connect the word with a smell or sound. You can either draw associations or—much easier—find images via search engines like www.bing.com or www.google.com (see previous Figures). Associations may also be funny!
6. Let these new associations become habitual by saying the obsessive thought (or imagining a corresponding fear) either out loud or in your mind (for example, the words door, lock, burglar), and then shortly thereafter say or imagine one of the selected associated neutral words/pictures under 4. Then again, connect the obsessive component with another neutral word or picture, etc. The exercise is a bit like learning vocabulary.
7. Do this exercise for approximately 10 minutes per day and ideally when you have no actual obsessions. Please note: The procedure itself should not become a compulsion or a mantra! The goal is to link the energy that went into negative associations to new associations. The strength and impact of the obsessive thought is decreased by the redirection of energy, which in turn makes the obsessive thought easier to withstand. However, these association channels must be built up or released gradually. It is also important to check the direction of the association: door—four, door—The Doors, door—adore … and not the other way around!
THOUGHT DISTORTION #7

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1. Bernc Hampel for AG Neuropsychologie: Roter Keil (based on the sketch by El Lissitzky)

2. Graphic by the authors


THOUGHT DISTORTION #8
Am I Responsible for Everything?

Inflated Sense of Responsibility
Introduction to the Topic

We bear a certain responsibility to our fellow human beings (e.g., we should not drive through a red light or argue too loudly in the presence of children), but we shouldn’t overestimate our share of responsibility either.

Many people with OCD have an exaggerated sense of responsibility. Negative occurrences that are beyond their influence (e.g., earthquakes, sudden illness in the circle of friends) appear to them as their fault. For affected people, not being able to prevent something feels just as bad as if they had actively caused it themselves. A strict upbringing, especially religious, or adverse life events may also play a role in the development of an exaggerated sense of responsibility. However, this cannot be generalized to all cases of OCD.

When we eat, we may think of those who are hungry. But we shouldn’t feel ashamed, because as individuals we have neither caused the poverty nor can we effectively prevent it. We can attempt to make a donation, buy the homeless newspaper, or offer help to friends who need us, but we cannot save the world by ourselves.

We do not recommend indifference and selfishness; however, we should not exhaust ourselves caring for others, either. Keep your sense of proportion. The choice is not all or nothing. If someone asks you for help in a desperate situation you might give him or her something, but you do not have to give away all your belongings.

Adrian Wells and other researchers assume that an excessive sense of responsibility in OCD stems partially from magical beliefs, especially the illusion that our thoughts alone may cause (bad) things. Read Unit #2 (Do Bad Thoughts Lead to Bad Deeds?) again if these scruples and fears apply to you. In addition, an increased sense of responsibility or exaggerated care may be a cover for anger about the person. Take another look at the vicious cycle of aggression, guilt, and disappointment in the first unit (Are Bad Thoughts Abnormal?). This may not necessarily apply to you, but it is certainly worth considering.

Atlas: Damned by Zeus to carry the world and the fates of human beings for all times.
**Exercises**

**Exercise #1: Not Judging with Double Standards**

People with OCD, often without knowing it, make judgments based on a double standard:

They apply a higher moral yardstick to themselves than to others on the basis of their upbringing.

Consider whether this applies to you. Imagine two to four different mishaps:
- Money was stolen because the car door was not locked while you were out of the country.
- You forgot a good friend’s birthday.

Now think about how hard and unsympathetic you would be or perhaps already have been with yourself in such situations. For any actual or presumed wrong behavior in the future, tell yourself what you would say to a good friend in a comparable situation. You would probably sincerely comfort him and provide some good reasons why his mishap was minor, normal, and forgivable.

**Worksheet 16**

![Worksheet Image](image)

**Exercise #2: Putting the Cart Before the Horse**

Many people with OCD think they are the only ones responsible for failures and negative occurrences. Unfavorable circumstances, bad luck, the possible inevitability of an event, or the role of other people are not taken into consideration or are dismissed.
It is a good idea to distinguish between three different sources for the development of events: **circumstances, other people, and yourself**. If you have an exaggerated sense of responsibility, first think about which circumstances and actions (or even inactions) by other people could have caused or triggered the events in question.

Illustration: When examined closely, occurrences rarely have one single cause. Circumstances and other people, often more than one, frequently play a more important role than we do. People with an exaggerated sense of responsibility begin looking to themselves as the cause—and then they stay stuck there. They brood about their own perceived misbehavior and are incapable of finding any other causes (see A). Instead of putting the cart before the horse here, first think about the contributions made by other people, coincidences or circumstances. Use the pie diagram. At the end, write down your own contribution. You will see how this puts your own influence into perspective (see B).

**Example**

You started working at a restaurant in May and lost your job in October. Even though you quickly found another job, this experience gnaws at you and you blame yourself alone (“I wasn’t good enough, which is why they let me go”).

As shown in the diagram, a series of other factors appears to be more significant.

**Another Example**

Your best friend was unexpectedly left by her partner and is now completely devastated. She couldn’t reach you by telephone because you were at the movies. As soon as you know what happened, you first reproach yourself (“What kind of friend am I; I’m having fun while she’s having a hard time.”).
However, on closer inspection, other factors appear much more significant: the break-up, the ex-boyfriend; the suddenness of the break-up; others were not available either... The “guilt-pie” could look the following:

![Guilt Pie Diagram]

**Now It’s Your Turn**

Break down your own negative experiences. Divide the pieces of the pie below: Allocate the size according to how important circumstances, other people, or yourself were in the development of certain (most feared) occurrences. Begin with the circumstances and other people. There are slots for up to three people and three circumstances. Identify as many factors as possible. Don’t forget the role of the coincidence.

**Worksheet 17**

**Amendment**

No doubt, we must care for our friends and family and not to approach our relationships with emotional coldness. However, caring about others should not lead to exhaustion. Keep a sense of proportion. Helping is not an all or nothing proposition. For example, a friend is planning to move, and you want to help him even though you have a bad back. Don’t ruin your own health; show your good intentions by offering your help with something else such as selecting furniture or decorating the apartment. If a friend is having financial difficulties, better think twice about whether you can or want to help him. Only offer money that you really don’t need, and write up a repayment contract. Otherwise, your friendship may be sorely tested in the end. If you cannot afford to help financially, there may be other possibilities, such as helping to select a suitable bank etc. These examples are intended to demonstrate that it is possible to help someone without going beyond your constraints.
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3. Graphic by the authors

4. Graphic by the authors

5. Graphic by the authors
THOUGHT DISTORTION #9

Good is Not Good Enough

Striving for Perfection
Introduction to the Topic

Perfection—A Must?

Perfection—the Enemy of the Good

Name one truly perfect person: the pope, a US president, an Italian prime minister, Heidi Klum? Each individual has edges and even flaws. People who have “perfect” looks or an excessively smooth manner may even experienced as boring or intimidating. “I am not allowed to make any mistakes”—even in monotonous work, an error rate of at least 5% is normal. To err is human!

Striving for perfection can make us unhappy and fearful. For example, many concert musicians—of whom perfection is expected—suffer from anxiety disorders because of their worries about making mistakes. Are you concerned that the world does not forgive mistakes? Turn on the television! There are news speakers and stars who lisp, who occasionally muddle their lines or do not paragons of beauty. Jay Leno comes to mind, but he is popular nonetheless.

Pay attention to how frequently even top politicians and other media professionals say “uh.” Surf the internet for embarrassing bloopers. In an episode of Sesame Street, a little boy desperately seeks his mother whom he describes as the most beautiful woman in the world. She turns out to be an old and unimpressive lady, which nicely illustrates that perfection is in the eye of the beholder.

Udo Lindenberg – a famous German musician – was troubled by stage-fright at the beginning of his career. He explained in an interview for the magazine Stern, that he overcame it by letting go of false aspirations: “…I said to myself: I’m not Caruso, but Lindenberg and I believe in my songs. You have to have something good, that’s the most important. I’m only the bearer of these happy messages, which are in my songs.”

The young Udo Lindenberg
Perfect Life?

Do you recognize any of the people in these photographs?

What do these people have in common?  
They were or are famous, rich, good-looking, successful…

Anything else?
They are/ were famous, rich, good-looking…. and all of them had emotional problems.

The British football star **David Beckham** (here on an advertising poster) suffers from obsessive-compulsive symptoms. It is difficult for him to tolerate objects in his surrounding that are not arranged symmetrically. He revealed in an interview that his rituals led to a major loss of time as well as interpersonal problems.

**Robbie Williams** became famous as a member of the band “Take That”, which he had to leave due to drug problems. Afterwards, he successfully began a career as a solo artist. In February 2007, he was admitted to a clinic because of depression and his addiction to pills.

**Marilyn Monroe**, a famous actress and model, had major alcohol and drug problems during her career. These were presumably secondary to additional psychological difficulties. She took her life at the age of 36.

**Elvis Presley**, the “King of Rock’n’Roll,” suffered for years from overweight and dependence on medication as consequence of mental health problems. According to reports from his friends, toward the end of his career, Elvis also had financial problems.

The following celebrities are publicly known to suffer or have suffered from OCD symptoms:

Howard Hughes (1905-1976): US American aviator and industrialist
Billy Bob Thornton (born 1955): award-winning US American actor, singer, director
Howie Mandel (born 1955): well-known comedian and quizmaster in Canada.
Exercises

**Exercise #1: Nobody Is Perfect**

**Pay Attention to Apparently Perfect People**
No matter what you may have been taught, it is impossible to be perfect—and not even desirable in most situations. Pay close attention to allegedly perfect people. You will see that even the presenters on the daily news muddle their lines, models have wrinkles, entertainers sometimes crack jokes that fall flat and, as you have seen, even celebrities can have psychological problems. This should not be an occasion for malicious joy, it merely demonstrates that no one is immune from human weaknesses.

**Worksheet 18**

**Exercise #2: Make Conscious Errors**

- Wear a shirt that has a little spot or is badly ironed.
- Put on two different colored socks.
- Consciously use a figure of speech incorrectly.
- Consciously misspell a word in an e-mail or letter.

If anyone noticed the error: So what! Nobody died!

**What Specific Fears Do You Have?**
(e.g., that people will laugh loudly at you in public) Write down an example of your own in the table.

<table>
<thead>
<tr>
<th>Error</th>
<th>Most Feared Consequence?</th>
<th>Actual Consequence?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Tying your tie the wrong way</td>
<td>Everyone notices the error. They laugh at you loudly and the boss insults you (“What’s your problem? My 8-year-old daughter could do a better job.”)</td>
<td>None of the male colleagues noticed. An older female colleague shakes her head, smiles indulgently, and points out the mistake. Then she says, “Don’t worry, my husband does the same thing”</td>
</tr>
</tbody>
</table>
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3. Collection of famous persons: 4.–7. (from left to right)


THOUGHT DISTORTION #10
Can I Achieve the Ultimate Truth?

Intolerance of Ambiguity
Introduction to the Topic

People with OCD often have the urge to get to the bottom of things and have difficulty tolerating uncertainty.

This is normal to a certain degree. Some people read the end of a crime thriller first because they cannot stand the suspense. On the other hand, there are areas in which there is no ultimate truth or where things can change over time. Intelligence is an example of the former; faithfulness and love of the latter. All we can do is accept these things as they are. Absolute truth is not achievable!

Scientists have come to terms with this. No reputable scientific study claims absolute results or infallibility. Some scientific journals (e.g. Journal of Behavior Therapy & Experimental Psychiatry) even require that authors disclose limitations of their studies. Scientists talk about 95% certainty levels, at which point a finding is provisionally viewed as correct—but certainly not as the ultimate truth.

Goethe’s “Faust”: Dr. Faust is the symbol of the scholar who aspires to absolute knowledge...and fails.
Exercises

Exercise #1: The Urge to Know

Can Truth Be Achieved...and Is It Always Worth Striving for?

Make a list of up to five incidents where it would have been unfortunate if you had already known the outcome such as a surprise birthday party. Also write down up to three issues for which no ultimate truth exists because they:

- depend on taste (e.g., art)
- depend on the definition (e.g., intelligence)
- can change (e.g., love)
- depend on the culture (e.g., what is masculine).

Think about the category that describes your most urgent question about the truth such as, “Am I intelligent?”. At this point, you can also include Thought Distortion #4 (Is the a World Dangerous Place?): Would it be so terrible if …? Would the consequences really be devastating?
The Perils of Communication

One Sentence – many truths!

Many social situations are ambiguous. In the above example, we do not really know for sure what the man is implying or how the woman interprets his words. Perhaps he is just describing a fact without any further implications. But it could also be a command, or he might be suggesting that he does not trust the woman’s driving ability. We just do not know and should not jump to conclusions! A distinct true message cannot be deduced.

Human communication is tricky. A scientific study found that e-mails are interpreted differently by the receiver than originally intended by the sender 40% of the time. Adding emoticons to statements decreases but does not entirely solve this problem. :-(
Exercise #2: Getting Rid of Things

Hoarders is a complex phenomenon with many possible underlying causes, including dealing with objects as a substitute for social problems. In a subgroup, the driving force is an urge to control.

While people who crave certainty and truth risk drowning in an ocean of endless information that has to be collected, understood, interpreted, and weighed, some hoarders literally drown in the dirt of their homes. New items are stored but nothing leaves the house because everything is deemed either important or potentially important. The quest for information and objects turns into a ghost hunt without satisfaction.

There are many ways to target hoarding, depending on the underlying cause. However, these exercises should be performed with a specialist. Here are some ideas:

**Confrontation** (see Thought Distortion #4: Is the World a Dangerous Place?)

Once sufficient insight has been achieved that enough is really enough, one bag of junk after the other is thrown away (see Exercise #4). Many sufferers have reported that the fear they experienced ended up being much less lower than expected. It is also a good idea to put two collecting bins in the room, one for subjectively important information and one for junk. When finished, the second collecting bin should be immediately driven to a local garbage dump—and left there.

**Fight Fire with Fire; Counter-criteria for the Reduction of Goods and Information**

Counter-criteria can help to first limit the amount of junk and information, and then decrease it. For example, deletion of at least 20 things from your computer each day, deletion of non-personal information older than 5 years, deletion of copies and documents you can just as well retrieve from the Internet and do not need to print out. A rigid person for whom order and obedience to rules is important and who does not benefit from other techniques may try to limit the urge to collect by using counter-rules. This technique should also be attempted by people with repetition compulsions, who do the same thing over and over again. Instead of waiting until the OCD rule is satisfied, the counter-command is given to terminate the behavior after, for example, only one repetition. Or the ritual may be postponed until later. Again, this technique should only be used when others have failed.
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THOUGHT DISTORTION #11
Does Brooding Help to Solve Problems?

Stuck in the Endless Loop
Introduction to the Topic

Does Brooding Help to Solve Problems?

It is reasonable to reflect on your life, your weaknesses, and your worries. However, it is also possible to overdo it and get bogged down in fruitless pondering. Brooding or rumination is common among people with OCD and fuels obsessive thinking. Sometimes, it may be hard to recognize the point at which productively reflecting on one’s own problems turns into fruitless brooding. However, if your thinking produces more questions than answers and tends to run in circles without getting anywhere, without resolution, it is time to do something about it. Since it is neither possible nor effective to suppress thoughts (see Thought Distortion #5: Must Bad Thoughts Be Suppressed?), try the techniques on the next page.

Everyone has certain operational blind spots. If no external advice or input is taken in (or not even asked for), one can easily get on the wrong track or get stuck in the same thoughts (where “one cannot see the wood for the trees”). Turn to friends, good acquaintances, a therapist—people you trust—to expose yourself to new perspectives and viewpoints and to have an overall view on things (from a global perspective you can overlook the forest much easier). This helps to escape the vicious cycle of brooding!
Exercises

Exercise #1: Stop Sign

First try to use association splitting (see Thought Distortion #7: Do Obsessions Irrevocably Poison Thoughts?; free download of the manual at www.uke.de/assoziationsspaltung) to split or dissolve the brooding thoughts with positive or neutral thoughts.

Another method for interrupting brooding consists of saying “stop” loudly or quietly. Support this with inner images such as a stop sign, or make a fist with your hand.

**Attention: The second exercise does not work for all persons with OCD. Continue with this technique only if you experience some success with it!**

Sports and movement exercises can also be effective. For example, imitate the typical movement of a certain profession such as a conductor in an orchestra or a bullfighter, or tense and then relax different muscle groups successively. The endless cognitive loop is sometimes disrupted by this kind of activity as it redirects cognitive focus and attention.

Some people with OCD are able to escape the endless loop by altering the rhythm of their thinking. This may sound odd, but it is fairly easy to do! Imagine a record player with a little crack so that the same snatch of melody is repeated over and over again. A little jolt and the music continues. Some people achieve this by using the stop technique, or by imagining a loud bang. Alternatively, try to work with the core words or questions that torment you such as cancer, death, why me?; “What if God hates me?”. Bend these words in your inner ear as if they were on a record you play at the wrong speed, or make them sound slower and slower. This often irritates and interrupts thinking processes and sometimes prohibits renewed rumination. Jumping to a related word with a different context may also help (see Thought Distortion #7: Do Obsessions Irrevocably Poison Thoughts?).

**Broken record effect**

Many roads lead to Rome. Experiment and see what works best for you.
Exercise #2: Delay

Compulsive impulses are obeyed directly and preemptively by most affected people out of the desire to avoid fear, tension, or other negative feelings that would be triggered if the action were not carried out. Try the following experiment:

Instead of directly giving in to the compulsion, allocate 15 minutes for the compulsion at a specific later time, say, at 8 p.m. You should set the meeting place/appointment and not your OCD or brooding thought. Many people with OCD find that this works well.

What's the point? Postponing something is not abandoning it!
This exercise has two goals:
• It shows that the obsessive thoughts are not overpowering, but that you—to a certain degree—remain the master of your thoughts.
• The delayed appointment is often forgotten since the pressure of the compulsive impulse is sometimes intensified having drunk too much coffee, getting a headache, stress in the office, or the like. If these situational factors are absent later, the impulses either do not arise or can be resisted.

Come back later…don’t give in immediately but set a time for your OCD.
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THOUGHT DISTORTION #12

OCD Is a Brain Disorder—So Does That Mean I Can’t Do Anything to Change It?

OCD and the brain
Introduction to the Topic

Almost every week new findings are published in scientific journals about brain changes in OCD. The correlations between some peculiarities in the brain and OCD have been a source of relief to some patients (“it’s not me—it’s my OCD”) while others become resigned out of a misperception that OCD involves irreparable dysfunction—just like a defective car.

The brain at work...

1 The brain is the record of its use

Our moods automatically lead to changes in electrical activity in the brain. Long-term influences may lead to more wide-sweeping brain changes. For example, if you consistently practice the violin, areas of the brain that are responsible for the corresponding fine motor skills will become enlarged. Drug consumption can also lead to brain changes. Such processes can usually be reversed, however. The brain is quite forgiving… and also forgets a great deal. This can be unfortunate as when what we learned in school disappears by exam time, but it can also be fortunate in other instances because even bad memories often fade over time.

Some of the brain changes that are found in OCD are minor and do not constitute irreversible defects. Some researchers have not even found any differences in comparison to healthy brains. The reproducibility of many of these findings is quite low. We currently do not know precisely whether the reported changes are produced by the symptoms (meaning that they are a consequence and not a cause) or whether they existed previously!

Even if these changes had already existed before the outbreak of the disease, in comparison to a computer in which the software doesn’t affect the hardware, thinking can change the brain. This has been demonstrated frequently. A study by a working group under Lewis Baxter (University of California at Los Angeles, UCLA) demonstrated more than 20 years ago that psychotherapy for OCD leads to changes in the brain similar to those seen when taking medications!

After reading this book, your brain will no longer be exactly the same as it was before.
Genetics and Neuropsychology

Our genes undoubtedly play a role in the development and architecture of our physical and mental constitution. Genes determine whether we have blond or black hair, whether we are tall or short. Matters are a bit more complicated when it comes to our personality and psyche. Here, genes exert a certain influence as well. However, they do not seal our fate but they do place possibilities and limits; a vast interplay of external influences, experiences, and crossroads in life may turn into something good, cause problems, or remain dormant. Even in disorders for which a high degree of genetic influence has been claimed such as schizophrenia, the genetic impact is at best 50%.

A model of the human DNA, which stores our genetic information

There is currently a dispute over whether people with OCD share neuropsychological deficits beyond the cognitive distortions lying at the core of myMCT. These would include difficulties in higher-order mental processes such as attention and memory, which are measured by certain tests, in which, for example, subjects copy complex figures and later recall them from memory or combine letters as fast as possible (see below). Later, the experimenter assesses how well the task was performed. Results are contrasted with the scores of people with no apparent illness. Experts’ opinion is divided. Whereas our working group never found that patients with OCD perform worse than healthy subjects on attention, intelligence, and memory tests, not all colleagues agree with us on this question.

However, studies that found impairments in OCD patients did not always accurately account for secondary influences. For example, we and other scientists have found that concurrent depressive symptoms lead to reversible and short-term neuropsychological problems. In other studies, the criteria for comparison groups were not optimal. People with OCD were compared to younger students. Detected differences in these studies may not reflect OCD but rather that the controls were “over-achievers”. In addition, perfectionist urges during the execution of tasks (see Thought Distortion #9: Good is Not Good Enough), obsessive checking during task performance, increased self-
attention, fears about external appraisal, brooding (see next Unit: Am I a Failure?), and fears of contamination from keyboards that were not as clean as some OCD patients would have wished may have obstructed their performance. This may well have led to secondary problems. In addition, group differences cannot be applied to the individual. If group differences were found, this does not mean that they affect every patient. The bigger the sample size, the less difference is needed to find a statistically important result—whether or not it is important in real life. Even colleagues who assume some difficulties in a subgroup of people with OCD will agree that these impairments are rather minor and subtle.

A task tapping no-verbal memory: The subject is asked to copy a complex figure and then later recall it from memory. (Picture Word Memory Test, Jelinek & Moritz)
There’s Always Something. Psychological Problems: Between Romantization and Dramatization

According to a new study by the World Health Organization, at least 20% of the population suffers from depression or extreme mood swings at least once their lives. Anxiety disorders, especially social fears (12%) are even more frequent and affect almost one in three people. Substance disorders (e.g. through alcohol or tranquilizers) are diagnosed in 15%. One percent suffers from schizophrenia, 3% from OCD. This list could go on and on. Psychological problems and distress affect more people than advertisements of smiling people and family TV would have us believe. Society simply isn’t honest in confronting this issue. Most people will consult a general practitioner, internist, or cardiologist over the course of their lives and have no problem acknowledging it. To have a physical problem—that’s life! With psychological disorders, however, things are different. Many people who have psychological problems do not seek care out of shame or because they want to fight their “inner weaknesses,” which is how many view their psychological problems, themselves.

Society has a lot of degrading labels for people with mental illness, labeling them nut-jobs, lunatics, or crazies. The establishment of a new cardiology center causes fewer problems and less heated discussion in the neighborhood than does a new psychiatric outpatient center. At times, there is an extreme shift in the opposite direction: people with psychological problems are idealized as geniuses, avant-garde, or rebels who are locked away from society by the psychiatric system. This is an exaggeration and over-generalization as well. Even though studies of artists and writers have confirmed that they have a tendency toward substance abuse and emotional problems (especially extreme mood swings)*, this is not true for everyone.

If we like it or not, we all have a certain disposition to disorders that—with some additional factors—can translate into a problem such as obesity, diabetes, high blood pressure, or psychological problems.

* It is known that some artists rejected psychiatric treatment because they feared that while it might relieve them of emotional pain, it would also rob them of the wellspring of their creativity.
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2. net_efekt: DNA Molecule display, Oxford University.

3. Graphic by the authors team. Jelinek u. Moritz, Picture Word Memory Test
Am I a Failure?

Low Self-Esteem and Depression
Introduction to the Topic

Many people with OCD suffer from low self-esteem. About 50% of them also suffer from depression requiring treatment. Core symptoms include sadness, low moods, loss of motivation and drive as well as a lack of self-esteem. Healthy people also experience these symptoms as the result of acute problems and crises such as job loss or grief. In clinical depression, however, symptoms last over a longer period of time (at least 2 weeks) and substantially reduce a person’s quality of life and ability to function properly.

Depression frequently occurs in people with OCD as a result of various problems that go along with OCD such as exhaustion, social isolation, and withdrawal. Some cognitive patterns and biases that we will deal with on the following pages fuel these complaints.

The table below summarizes the results of a own survey of 123 people with OCD, many of whom reported certain depressive problems.

<table>
<thead>
<tr>
<th>% in OCD</th>
<th>Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>87</td>
<td>I feel tired and exhausted.</td>
</tr>
<tr>
<td>84</td>
<td>For me it is impossible to feel carefree.</td>
</tr>
<tr>
<td>77</td>
<td>I have problems relaxing.</td>
</tr>
<tr>
<td>65</td>
<td>I lack drive.</td>
</tr>
<tr>
<td>65</td>
<td>I feel hopeless.</td>
</tr>
<tr>
<td>65</td>
<td>I am ashamed of my mental illness.</td>
</tr>
<tr>
<td>59</td>
<td>I feel like a burden to others.</td>
</tr>
<tr>
<td>56</td>
<td>I feel socially excluded.</td>
</tr>
<tr>
<td>47</td>
<td>I have forgotten how to feel joy.</td>
</tr>
</tbody>
</table>
Depressive thinking is characterized by biases, distortions, pseudo-logic, and over-generalizations. Like a drop of ink dripped into a glass of clear water, one’s entire view of oneself and other people may be clouded by a single worry.

Individuals suffering from depression often try to suppress their negative thoughts which, as we have seen earlier, often leads to a paradoxical increase in these thoughts. Review Unit #5 (Must Bad Thoughts Be Suppressed?). In addition, rumination, which was the topic of Unit #11 (Does Brooding/Ruminating Help to Solve Problems?), perpetuates depressive thinking patterns.
Exercises

Exercise #1: Reduce Exaggerated Generalizations

Individuals with depression tend to make exaggerated generalizations. They are apt to think things like “Once a loser, always a loser.” Instead of seeing things as “black and white,” try to find more positive and constructive explanations for misfortunes and other negative events.

Try to be as specific as possible: Avoid generalizations that include words such as always or never as well as imprecise and offensive terms such as stupid or fool. Now write down your own examples in the table below and work through them in the same manner as the first three examples.

<table>
<thead>
<tr>
<th>Event</th>
<th>Exaggerated Generalization</th>
<th>Constructive evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>You can’t get your pants to close.</td>
<td>“I’m fat and ugly.”</td>
<td>“I might have gained a bit of weight, but does that mean I’m ugly?”</td>
</tr>
<tr>
<td>You failed an exam.</td>
<td>“I never succeed at anything! I’m a loser!”</td>
<td>“Yes, I failed this exam. The exam was a really hard one! Moaning doesn’t help. I better look forward ... I can repeat it two more times and next time, I’ll study harder.”</td>
</tr>
<tr>
<td>You get stood up by a friend.</td>
<td>“Nobody thinks I’m important. People think they can really treat me this badly.”</td>
<td>“Too bad we didn’t meet; it would’ve been nice. That my friend canceled our date doesn’t have anything to do with me. Last time we had a great time. I also canceled a date before.”</td>
</tr>
</tbody>
</table>
Don’t Project from Yourself onto Others!
Many people with low self-esteem project their view of themselves onto other people: “If I don’t like myself, why should others like me?” Even if you consider yourself worthless, ugly, or untalented, others do not necessarily share this view.
Moreover, human characteristics are extremely complex—like a mosaic. We are all made up of many small pieces that are not only light or dark: And that is how it should be – otherwise the world would be a rather dreary place.

Human characteristics are as complex as a mosaic

What’s the Definition of:

**Intelligence?** Brilliant school performance, having a university degree, being happy, speaking more than one language?

**Attractiveness?** Inner or outer beauty, “that certain something”?

**Success?** A great career, lots of friends, being content with oneself…? Again, there is no “right” answer!

Try to replace unrealistic and absolute demands (“I must...”) with achievable and reasonable objectives! Perhaps go back to ►Unit #9 (Good Is Not Good Enough?), in which we demonstrated that perfectionism often leads to despair.
Exercise #2: Be Aware of Your Strengths

Love is the decision to affirm the big picture of a human being, the details may be as they are (Otto Flake). That should also count for us. Nobody’s perfect! You may think of yourself as a little storage rack with numerous little boxes and shelves. Instead of looking only at the half-empty shelves you should look at your little treasure chests. A common depressive thinking trap is to take one’s strengths for granted and (putatively) lacking talents as indispensable.

Instead of concentrating on your perceived weaknesses and shortcomings, you should remind yourself of your strengths and talents.

We all have abilities, which are not shared by everyone and which we can be proud of. These do not necessarily have to be rare talents, world records, or groundbreaking inventions.

Procedure
Think about your own strengths.

1. What abilities do I have?
   What have I received compliments for in the past?
   *For example, I am technically talented... I am a good listener... I am a reliable person*

2. Imagine specific situations
   When and where? What have I done and who has provided feedback?
   *For example, last week, I helped a friend paint her apartment. I was a great help to her, without me she wouldn’t have managed ... I comforted someone in a discussion forum on the Internet yesterday...*

3. Write it down!
   Write down things that went well, or compliments you received...

Read this regularly and expand. If you have a crisis, go back to these memories (e.g., when you feel that you are worthless). What’s black on white often feels more real to us than our memories, especially because remembering positive experiences seems to be rare in times when we’re not doing well.
Exercise #3: Sensory Circuit Training

Negative experiences and memories dominate consciousness in people with low self-esteem. Positive experiences that every person has had in their life, regardless how bad and sad his or her biography, get muddled in the swamp of memory. To make these memories more salient, you need to dig them out and vividly imagine them. Many people with depression have problems with doing this and may not relive positive experiences with all five senses or get stuck with one memory. Here, the following sensory “circuit training” is recommended.

Imagine positive and/or funny episodes in your life with all five senses as well as your head and heart (see figure). For example, replay in your inner eye how you scored a point for your team. Even if your team ended up losing, relive the moment! Or replay in your inner ear how you were complimented on your new hair cut or people laughed at a joke you made. Recall the purring when petting your cat or how it felt to embrace a good friend. For the final 6th step (head&heart) think about insightful words that have touched you, for example, a quote from a poet, a comforting line from a religious text, or just a street-wise remark from a teenager. If you have problems trying to imagine particular senses (smells are especially difficult), never mind, just switch to the next step. Repetition of the circuit and longer practice may bring some almost forgotten incidents to light. If you practice the exercises over some weeks it may help to convert your “emotional key” from minor to major.
Exercise #4: Dealing with Positive or Negative Feedback

During childhood, many people learned to give more weight to criticism than to appreciation. This may also become a depressive thought trap! Try to find more positive/constructive evaluations for your own negative and positive events.

Enter a particular situation in pairs: once with a good and once more with a bad outcome.

**Worksheet 25**

<table>
<thead>
<tr>
<th>Event</th>
<th>Depressive evaluation</th>
<th>More positive/constructive evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your contribution/comment on an Internet discussion forum was praised by another member</td>
<td>“That person is only trying to flatter me. He is nice, yes... but dishonest.”</td>
<td>“Great that someone acknowledges my contribution!”</td>
</tr>
<tr>
<td>You are criticized on this discussion forum by another member</td>
<td>“I have been exposed, my opinion has never been important, I am stupid...”</td>
<td>“The other person might have had a bad day. Let’s see what the other members have to say.”</td>
</tr>
</tbody>
</table>
Exercise #5: Sampling the Pleasures of the Moment

Often, precious moments rush by without our realizing it. We may want to stop the clock, but we are actually already preoccupied with the next problem or task. In order to more consciously experience or at least prolong these precious moments, try carrying a couple of dried beans or small colored stones in your pocket. For every positive event that occurs during the day, let one of these beans or stones wander from one pocket to the other. But only transfer them for positive events such as special occasions such as a phone call from a dear old friend, or for the “simple” pleasures of daily life such as a good cup of coffee. At the end of the day, look at your “yield” and take some time to mentally return to all the positive things that happened to you that day.

Beautiful moments in life are precious – gather your own treasure
Exercise #6: Being Grateful

For the following exercise we ask you to think about the things you are grateful for in your life. Even if you’re not feeling good at the moment there will be something in your life which you are grateful for. Also if the mental fight against the symptoms is preventing you from realizing it. You can be grateful for people, who are always there for you, for example your grandma, or about things or events, for example a nice apartment, or that you have decided on working in your dream job in another city.

Try to find some other perspective about your illness: you will notice that some things about which you are grateful have a direct connection with your illness (without being grateful to the illness itself). Maybe you have found good friends over self-help-groups or an understanding therapist? Do you now know that you can fully rely on some friends – whatever happens?

Many people with psychiatric illnesses do not want to miss the deep experience, which they encountered through the settlement with their sickness.

For what am I grateful?

Some examples are stated:
- I’m grateful for living in a secure country
- You cannot choose your parents and your soccer team. I’m grateful my team is playing in the premier league.
- Despite all the differences, I cherish my sister.
- Also if I would have easily and gratefully passed on the illness the therapy brought me as a personality on another level. I was more superficial before.

You can make notes of your own thoughts on Worksheet 26.
Emotions like happiness, grief, or anxiety are inner reflections of outer events, which, in turn radiate back to the outside. A person with low self-esteem will be more struck by criticism than a person with a more stable self-esteem. Such a reaction is likely to manifest in a physical or facial expression such as tearing up, hunching over, a low and monotonous voice, or slowness. The complex interaction between external expressions (being) and thoughts/cognitions (consciousness) can turn into a vicious circle if, for example, misery expresses itself in drooped shoulders and a down-in-the-mouth expression. These postures or gestures may trigger compassion from others, which may, in turn, increase one’s feeling of being pitiful and worthless.

One possibility for making use of these automatic processes is to turn a physical reaction typical of depressive thinking into its opposite. Instead of letting your shoulders droop, walk straight and lift your gaze. Try to smile—at least a little. Frequently, such minor changes have a surprising effect: positive thoughts or feelings will begin to blend into your gloomy mood. Physical signals are closely tied to feelings: positive feelings will be evoked by positive bodily expressions. There is more than a little truth to the adage, “Fake it until you make it.”

“The smile that you radiate will come back to you.”
More Exercises to Increase Self-Esteem

- Each evening, write down a few positive things that you have done (up to 5). Then, go through these things in your mind. Scientific studies have shown that things that we learn or think about just before falling asleep are memorized better.

- Tell yourself in front of the mirror, “I like myself!” or “I like you!” At first, you may feel a bit silly doing this, but try it anyway!

- Accept compliments and write them down. Try to remember situations, in which you felt really good—try to remember these with all your senses, perhaps with the help of photos, souvenirs, or other keepsakes.

- Do things you really enjoy like going to the movies or a café or watch an old movie on TV—ideally with others.

- Work out for at least 20 minutes—but don’t overexert yourself. If possible try endurance training, for example, a long walk or jogging.

- Listen to whatever music elevates your mood. – no matter whether this is hard rock, jazz, pop, or folk music …

Worksheet 27
(Information Sheet)
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7. ^@^ina (Irina Patrascu Gheorghita): Happiness held is the seed; happiness shared is the flower. ~Author Unknown. https://www.flickr.com/photos/angel_ina/4552051664/. Accessed on: 08/10/2015


THOUGHT DISTORTION #14

Does This Mean That I Won’t Get Better Again and Might Even End Up Insane?

OCD ≠ Psychosis
Introduction to the Topic

What Does the Term “Insanity” Mean?

Insanity Is Not a Diagnosis!
Insanity is neither a diagnosis nor a precise scientific term. Psychologists and psychiatrists may use a specific term like “schizophrenia” or a more ambiguous one like “psychosis”. Both terms are often used interchangeably even though the term psychosis can also be applied to manic-depressive disorders. In short, people diagnosed with schizophrenia have a reality distortion. A core symptom of schizophrenia is delusion, which is defined as a false, non-correctible conviction such as absolute certainty that the FBI is following you or that reports on the radio or television contain encoded threats against you. Hearing voices and other hallucinations as well as thought disorders in which language is derailed and becomes incomprehensible to others co-occur frequently.

Delusional Ideas Do Not Necessarily Require Treatment!
Up to 15% of the population has occasional delusional ideas. Only about one third of these cases require treatment and respond to medication or psychotherapy. The boundaries between delusions and extreme religious views or political convictions are sometimes blurry.
### OCD ≠ Psychosis

Is OCD like a psychosis? **No!**

The **most important differences** between OCD and schizophrenia/psychosis/delusion are listed in the table:

<table>
<thead>
<tr>
<th>Aspects</th>
<th>OCD</th>
<th>Schizophrenia/psychosis/delusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Degree of conviction</td>
<td>Strong doubts, insight into disorder at least partially present</td>
<td>Strong conviction, no or inadequate insight into disorder</td>
</tr>
<tr>
<td>Content</td>
<td>Concern is mostly related to the idea that something bad could happen to others or to oneself by <em>coincidence or inattention</em> such as causing a fire by forgetting to turn off the stove. Themes often involve taboo topics like dirt, sexuality, or aggression.</td>
<td>Conviction that enemies intend us harm. Themes mostly relate to persecution and spying.</td>
</tr>
<tr>
<td>Boundaries with the outside world</td>
<td><strong>Uncertainty</strong> whether one's thoughts may prompt thoughts or actions in others (direction of concern: from self toward others: thought-action fusion, see ► Thought Distortion #3: Do Bad Thoughts Lead to Bad Deeds?)</td>
<td><strong>Conviction</strong> that other persons are inserting thoughts into one's mind or are prompting actions with their thoughts (direction of concern: opposite than in OCD)</td>
</tr>
<tr>
<td>Course</td>
<td>Frequently chronic if untreated</td>
<td>Episodic, often with intermittent symptom-free periods</td>
</tr>
<tr>
<td>Drug therapy</td>
<td>Mostly antidepressants</td>
<td>(High-dose) neuroleptics</td>
</tr>
</tbody>
</table>

---

**Worksheet 28**

*(Information Sheet)*
Psychosis: the End?

We would like to refute some common myths about schizophrenia. Even though schizophrenia is derived from the Greek words for “split” and “soul,” schizophrenia should not be mistaken with split personality disorder. Patients are not like Robert Louis Stevenson’s, “Dr. Jekyll and Mr. Hyde,” that is, a normal citizen during the day and an unpredictable beast at night. People with schizophrenia are usually not dangerous to other people and behave normally outside the psychotic phase. Most have normal intelligence and are not mentally handicapped. Decades ago, schizophrenia was viewed as a state of utter madness which could not be psychologically understood, and patients were often locked away from society. The scientific view of schizophrenia has changed, though misconceptions linger on. While most experts consider medication to be indispensable in the treatment of psychosis, psychotherapeutic methods are increasingly being used to improve patients’ quality of life and the course of their illness.

Despite popular misconceptions, people with schizophrenia do not have split personalities.
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FINAL WORDS...

Practice! — 154
Feedback — 155
Thank You! — 157
You Are More Than Your OCD and You Can Do More Than Only Fight Your Problems!

Up until 10-20 years ago it was common in the daily routine of a psychiatric clinic and also in psychological-psychiatric scientific papers to equate all patients with their psychiatric illnesses. Patients were talked about as “Depressives”, “Obsessive-Compulsives”, “Schizophrenics” and so on. This has changed. Institutions and authors of scientific articles are urged to speak of people, who also have a psychiatric illness. This might at first seem politically overcorrect and hair-splitting. The thought however is deeper, because in this way the implicit understanding is prevented, that an individual with a complex biography, strengths, weaknesses and characteristics, is considered only as sick or imperfect.

Many people affected people themselves implicitly stick to this outdated type of looking at their illness and define themselves almost exclusively via their illness (e.g. OCD, depression) or their problems (joblessness, being single). How could it be different, you might think, if one spends 8-10 hours a day washing hands, controlling or brooding thus incapable of living a self-determined life? The daily struggle against OCD, which includes hospitalizations, hassles with the insurance company, and perhaps also the social assistance bureaucracy, may obscure your inner compass.

The so-called Acceptance- and Commitment-Therapy (ACT) focuses on this topic. In what might seem a bit morbid, the patient may be encouraged to imagine what would be written on his or her tombstone. Nobody would like to see as the only inscription that on ewas dealing with OCD and made the struggle against it a central aspect of life. Most people – healthy or not – would rather be remembered as good friends, loyal siblings, helping neighbors, convinced social democrats, and so on.

Despite all the hardship, it is important to pursue goals in life, and to stay true to your values – as well as you can. Don’t set the bar too high (for example becoming head of state… on the other hand Lincoln and Churchill are known as excellent heads of states despite their well-known psychological disorders) but also not too low. Stay precise! Think about what you stand for or want to stand for as a person, for example a good listener; somebody who is politically interested or involved and speaks his mind; a convinced Christian, Muslim or also Atheist; somebody, who is connected to nature; somebody who is caring… On which values do you want to base your actions? Not only what you do for others but also what you do for yourself is important. For example, you could try to keep your body in shape and to be proactive with regard to your own well-being by seeking the assistance of a therapist, working through a self-help manual, or reading information websites on the internet…
See this pursuit as a process, in which the focus lies much more on the journey (your life) itself, than on achieving a particular goal. Similar to the way the horizon or the stars on the night’s-sky lead you and give you direction, values can be guiding lights.

Every person has many facets.
**Exercise: Imagination Exercise**

To become more aware of which values are important in your life take some time for the following imagination exercises.

If possible, close your eyes for a moment and first pretend you’re at the end of your life looking back. In your mind articulate some reasons which made your life worth living:

This life was a good life because you might have spent it with people, who are important to you. Who are they?
- You might have done some things in your life, which meant something to you. Which are those?
- Or maybe you learned certain things or had special experiences which you wouldn’t want to miss. What would these be?
- Maybe you saw places that impressed you. Which are these?
- Maybe, you enjoyed special moments and had fun. Which moments were these?

Back in your everyday life, imagine the situation of waking up tomorrow and noticing that the OCD is completely gone.
- What would you do?
- With what or with whom would you spend your time? And where?
- How would you organize your everyday life and your entire life?
- How would it manifest itself that you are living based on your own values in your everyday life?

No life runs on a single track...
**Practice!**

The saying is as true as sounds hackneyed: practice makes perfect.

Give yourself enough time to understand and internalize the things you have read in this manual. Try to work through the suggested exercises and, above all, repeat them regularly as well as train the new thought- and behavior patterns. This is necessary to permanently integrate them into your daily life.

Not all of the discussed thought distortions will appear relevant to you. That is certainly true since hardly anyone displays all 14 thought distortions. However, it is also difficult to recognize yourself or your own thought distortions. As the saying goes, “The eye sees everything but itself.” Often, we realize only in retrospect that we have stepped into a thought trap.

When in doubt, ask a close relative, a good friend, or your therapist whether, in their opinion, you have a specific thought distortion.

Setbacks can happen. This doesn’t mean that you’ve failed and have to start all over again. On the other hand, it is quite normal on the way out of OCD.

Even if you didn’t profit from the metacognitive training, this doesn’t mean that you’re a “helpless” case. A self-help program can seldom replace a full psychotherapy.

**We hope that this book was helpful to you and wish you all the best!**
We look forward to your feedback!

Comments, criticisms, and/or suggestions for improvement are welcome:

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BIC/Swift: HASPDEHHXXX
Thank You!

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