**OCD OF BECOMING INSANE OR SCHIZOPHRENIC**

**WHAT IS IT?**

OCD associated with responsibility can occasionally manifest as thoughts of "going insane" or of becoming psychotic and doing something horrible. Fears such as never feeling like you're in your "right mind" again, hurting someone during a psychotic episode, or performing a horrible deed that you would have no memory of or want to perform are examples of this. These people have a strong sense of responsibility for the people in their immediate vicinity, act morally, and maintain self-control over their actions.

Intrusive concerns about schizophrenia or thoughts about one's mental capabilities in general sometimes cause extreme worry or panic, which can subsequently cause other physical symptoms like lightheadedness. Or maybe you find it difficult to focus due to your obsession with the thoughts, which makes you wonder if those symptoms could also be linked to psychosis, which heightens your anxiety. It may turn into a vicious cycle very fast, making you doubt the most significant aspects of your life, like your capacity to provide for yourself, have a job, and maintain positive relationships.

You might look for anything that could reassure you about what you're going through, solid ground, or answers in response to these uncertainties, thoughts, and growing uneasiness. You look into what you're going through, read about other people's experiences that are comparable to yours, and check with the people in your life to make sure you're acting appropriately and that your experiences are consistent with reality. You may even stay clear of certain individuals, groups, or events for fear that they will bring up your bad memories.

These thoughts frequently become so overwhelming that the person would stop at nothing to get rid of them or to feel less anxious about them. They engage in actions or thoughts referred to as "compulsions" to alleviate their discomfort or get away from their anxieties. The distress that one feels when confronted with intrusive thoughts, images, or urges leads one to engage in compulsions. They can involve seeking out other people's reassurance, imagining a "good" idea in place of a "bad" one, engaging in bodily rituals that provide a sense of security, and avoiding particular circumstances, things, or people.

**SYMPTOMS**

**OBSESSIONS**

People may experience severe intrusive thoughts associated with psychosis, delusions, or acting uncontrollably. We refer to these bothersome and undesired ideas as "obsessions." They can be very unpleasant, causing anxiety or other distress, and they can involve intrusive thoughts, pictures, or desires. A person's fundamental ideas, identity, and ideals are frequently contradicted by their obsessions, which adds to their pain. When someone has obsessions with psychosis or becomes psychotic, they may fear doing something they would never do normally, such as hurting someone they care about while psychotic. They may also fear "going insane."

They can be seen raising the following questions:-

* Am I psychotic or am I going crazy? When will I lose my mind?
* What if, during a psychotic episode, I had already done something horrible?
* What happens if I harm or even kill those I love?
* What if I wind up in a mental health facility?
* What happens if I commit a violent crime like burning, shooting, or something else?
* What happens if I make a silly mistake?
* What if my loved ones stop caring about me?
* How does the state of psychosis feel? Do I feel it at this moment?
* "What if my family finds out and disowns me?"
* "These unsettling ideas keep coming to mind. Does that imply that I'm losing my mind?
* "I'm experiencing strange physical sensations. Is it an indication of a mental illness?
* "Why am I unable to stop these thoughts? I feel as though I'm losing my mind.
* "I continue to doubt my reality. "Am I dreaming this all up?"
* "What if my thoughts indicate that I have a serious mental illness?"
* I'm feeling a lot of different feelings. Does that imply that I'm about to lose it?
* "I have no idea what's real and what's not." Am I becoming insane?

**COMPULSIONS PERFORMED**

People with obsessive-compulsive disorder (OCD) who experience distressing thoughts, ideas, sensations, or desires may turn to repetitive actions known as compulsions in an attempt to cope with their symptoms. The mistrust of their own experiences grows as anxiety about their thoughts gets stronger, which aggravates their anxiety and fear. This sets up a vicious cycle of bothersome thoughts and growing anxiety, which then fuels more symptoms that one can perceive as indications of psychosis.

These compulsive behaviors can manifest in a variety of ways, such as seeking validation from others by questioning, "Do I appear like myself? Do you suppose I'm going to experience a psychotic episode? Have you noticed any changes that I've undergone? They might also attempt to rationalize or neutralize their ideas by stopping them from finishing, slapping their wrist with a rubber band during a "bad thought," saying "no" a lot, or thinking of something nice in response to an unwanted thought.

Furthermore, one should stay away from individuals, places, and circumstances that are linked to intrusive thoughts. For instance, a person can have an intrusive thought while driving and decide not to drive to stop it from happening again, or they might avoid driving because they fear that they will go insane if they drive.

* investigating signs of schizophrenia or psychosis
* requesting assurance from other people
* obsessing about specifics or timestamps of possible locations
* requesting confidence from medical experts
* Avoiding reminders, people, or difficult situations
* examining and reproducing social exchanges

**COMMON TRIGGERS**

Individuals with obsessive-compulsive disorder (OCD) may be provoked by psychological distress, psychological distress in others, information concerning psychosis or schizophrenia, or even anecdotes of persons experiencing psychotic breaks. This includes news articles, motion pictures, and television programs that discuss drugs or mental health. They can notice that they are dwelling too much on the past or overanalyzing social circumstances. These obsessions can occasionally result in strong emotions of anxiety and peril, which can produce symptoms including headaches, dizziness, fast heartbeat, shallow breathing, and trouble focusing. These feelings could therefore be seen as indications of psychosis, which would increase anxiety levels.

* being excessively aroused, for example, by loud noises or crowded areas
* forgetting specifics of what happened or what was stated in talks
* Dizziness or lightheadedness
* Having trouble falling asleep
* having the impression that people are observing you or perhaps making fun of you
* Feeling uncontrollable
* Coincidences
* Strangeness

**HOW ONE CAN MANAGE THE FEAR OF OCD**

* **THOUGHTS AND PERSON ARE NOT ONE**

One of the first things is to educate them on the nature of their ideas and how they operate so they can start to detach from them. Recognizing that our feelings and ideas are not facts or indicators of danger is a common step in OCD treatment. Reducing the significance and validity of those thoughts can help reduce the severe anxiety that is triggered by them and alter your relationship with them so that they no longer influence your choices and actions.

* **PRACTICING SELF-COMPASSION**

Self-punishment and self-criticism are frequent OCD behaviors. Self-compassion, however, is the key to healing. People must understand that this condition was not requested by them. Furthermore, one doesn't deserve to be shamed or penalized for their beliefs. Kindness cannot foster OCD. For it to flourish, fear is necessary. Every time we criticize or punish ourselves, we make it harder for us to fight back! Self-compassion provides us with the resilience to get through difficult times.

* **EDUCATING ONESELF**

The more information you have about OCD, the more capable you are of navigating. The first thing that is important to understand is educating the clients and providing them with the tools they need to approach treatment and progress through the healing process.

* **ACCEPTING THAT THIS IS ANOTHER SYMPTOM OF OCD**

The question, "But what if I am going crazy?" can cross your mind. This is an additional method by which your brain seeks clarity and has the potential to develop into compulsive behavior. Accepting uncertainty is essential for releasing all forms of OCD and restoring mental and behavioral control.

* **SEEKING SUPPORT**

Please get help from a licensed mental health professional if you are unsure if you are experiencing OCD symptoms or if you truly think you are going insane and may be suffering from another mental illness. They will provide an accurate diagnosis and see to it that the right course of action is taken for your particular ailment.

**TREATMENT**

**EXPOSURE AND RESPONSE PREVENTION**

For those who suffer from it, OCD with a psychotic theme can be crippling, yet it is very treatable. Working with a therapist skilled in exposure and response prevention (ERP) therapy can teach you how to manage intrusive thoughts and live with them without experiencing severe discomfort or giving in to compulsive behaviors.

The first step in treatment is to evaluate your symptoms. Next, you and your therapist will make a list of your obsessions, their frequency, and the objects, locations, or circumstances that seem to set them off. To assist you comprehend and creating a hierarchy for ERP, an assessment of your subjective units of distress (SUDs) will be used to determine the circumstances that you fear the most.

Progressing through ERP with a therapist will require discomfort, but it is effective in teaching you how to manage OCD long-term. Exposures can result in an anxiety reduction when experiencing intrusive thoughts, teaching you that you can tolerate more anxiety or distress than you may have believed. In addition, this can help improve your overall tolerance of uncertainty and challenge your belief that when thoughts occur, they are likely to come true.

The following are some instances of potential exposures used to treat OCD's psychotic themes:

* composing a fictional story about becoming insane and carrying out a feared action
* Reading accounts of individuals who experienced psychotic episodes
* intentionally causing modest physical symptoms including dizziness, lightheadedness, and labored breathing
* reading up on the signs and symptoms of schizophrenia

Ensuring response prevention is crucial while handling these exposures. The OCD cycle will only be perpetuated if these exposures are followed by compulsions. Intentionally embracing ambiguity is one strategy to stay away from mental compulsions. Saying to oneself, "I may or may not be having a psychotic break," or "Maybe I am, and maybe I am not," are two examples. Over time, as you learn to accept uncertainty, you may experience less anxiety by developing a new strategy for handling intrusive thoughts.

**COGNITIVE BEHAVIOR THERAPY**

People with OCD often believe that they must avoid a wide range of items, people, and locations, yet by avoiding these circumstances, the sufferer is never allowed to learn what might happen. People are therefore asked to think about acting oppositely as avoiding the situation in CBT. Therefore, in the treatment, of OCD going crazy, people might constantly try to avoid situations and meet people because they think they will not act themselves and do something horrible. A therapist might ask the client to go to the supermarket and check their behavior. With the use of this behavioral experiment, the subjects can ascertain for themselves whether OCD has been lying and whether they have been purposefully avoiding situations.

Avoidance can also take the form of trying not to think about certain things. But the more we make an effort to block out and disregard unwelcome intrusive thoughts, the more frequent they become. Therefore, even though it makes sense to desire to get rid of troubling and persistent thoughts, doing so is harmful. To prove OCD is a liar, we may induce thoughts in CBT to demonstrate that thoughts are meaningless or irrelevant.

Seeking comfort and getting someone close to you to tell you otherwise sounds like a good idea if someone believes they are crazy, that they can't be trusted to secure their house, or that they are accountable for harm. Unfortunately, this urge to seek reassurance reinforces the idea that you are truly capable of doing such things, which keeps anxiety levels high and feeds the OCD cycle. The patient will be encouraged by CBT to stop seeking reassurance and watch what happens to their fixation.

An individual with OCD is more likely to recognize "risky" situations and obsessive thoughts. This heightens anxiety by giving the impression that the world is a dangerous place. CBT explores whether living always on "full alert" strengthens or weakens an individual's OCD belief and assists in acknowledging that there may be a risk associated with most things.

Similar to this, if you have OCD, you usually grow less certain the more you check or engage in other compulsions to be "safe" and "certain."People with OCD frequently argue or mentally check themselves; the individual with OCD will be urged to attempt to avoid these exchanges and observe the results. These behavioral techniques purposefully induce anxiety, but only to the extent that the OCD sufferer can handle it. They frequently follow a highly regimented, hierarchical, step-by-step protocol, beginning with easy exposure exercises and working their way up to far more challenging ones.

**ACCEPTANCE AND COMMITMENT THERAPY**

A type of cognitive behavioral therapy called acceptance and commitment therapy, or ACT, focuses on accepting your ideas and feelings as they are rather than attempting to alter them. Those who experience unwelcome ideas can learn to accept that they have them and stop letting them control their thoughts by combining acceptance with mindfulness and developing more flexible thinking.

* **Cognitive Defusion:** Acknowledging and decreasing the significance of negative ideas, pictures, and feelings;
* **Acceptance:** Letting ideas pass through you without being unduly anxious;
* **Linking up with the here and now:** putting more of your attention on the here and now and less on the past or future. keeping an open mind to the events occurring around you;
* **Self-observation:** Being aware of and conscious of your transcending self;
* **Values:** Identifying your top priorities and the principles upon which you plan to build your life;
* **Devoted action:** Establishing objectives that align with your principles and aspirations, and thereafter realizing these successes.

These six ideas come together to provide a treatment that is both restorative and progressive for those who are battling unwelcome and upsetting thoughts.