



When Your Brain Gets Stuck: Understanding OCD

An explainer, compulsion tracker, and exposure ladder · Created by Simar Gill Lowther, MACP, RP (CRPO)

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At a glance

- OCD is not about being tidy. It's a cycle of unwanted thoughts (obsessions) and actions to relieve the distress (compulsions).
- Compulsions bring relief in the moment but keep OCD going.
- Exposure and response prevention (ERP) is the most effective psychological treatment for OCD.

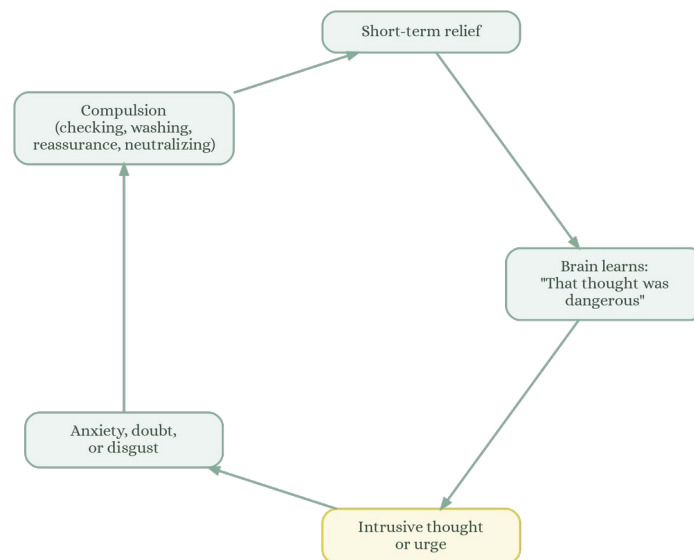
What OCD really is

Obsessive-compulsive disorder involves obsessions: unwanted, distressing thoughts, images, or urges that feel hard to dismiss. It also involves compulsions: behaviours or mental acts done to reduce the distress or prevent something bad from happening.

Common theme	Example obsession	Example compulsion
Contamination	"I'll get sick or make others sick."	Excessive washing or cleaning
Harm	"What if I hurt someone?"	Avoiding knives, seeking reassurance
Checking / doubt	"Did I lock the door?"	Checking repeatedly
"Just right"	"This doesn't feel right."	Arranging, redoing, repeating
Moral / religious	"Am I a bad person? Did I sin?"	Confessing, praying a certain way
Relationship	"Do I really love my partner?"	Comparing, analyzing feelings

The OCD cycle

Compulsions bring short-term relief. But each time, your brain learns that the thought was dangerous and that the compulsion was necessary. Over time, OCD asks for more.



How ERP works

In ERP, you gradually face situations that trigger obsessions (exposure) while resisting the compulsion (response prevention). Your brain learns that you can tolerate uncertainty and discomfort, and that feared outcomes are unlikely or manageable. It is done step by step, at a pace you choose.

What the research says

CBT with exposure and response prevention is the first-line psychological treatment for OCD (Abramowitz, Taylor & McKay, 2009).

A meta-analysis found CBT for OCD produced large improvements compared with control conditions (Öst, Havnen, Hansen & Kvale, 2015).

Tool: My Compulsion Tracker and Exposure Ladder

Day	Trigger / obsession	Distress (0–10)	Compulsion (or resisted?)	How long it lasted
Mon				
Tue				
Wed				
Thu				
Fri				
Sat				
Sun				

My exposure ladder (to complete with a therapist)

List situations from least to most distressing. Each step involves facing the trigger without doing the compulsion.

Step	Exposure (without the compulsion)	Distress (0–10)
6		
5		
4		
3		
2		
1		

Strategies to try

- **Notice, don't neutralize.** Label it: "That's an obsession," and let it be there.
- **Reduce reassurance-seeking.** Ask loved ones to respond kindly without reassuring: "I know this is hard. You can handle the uncertainty."
- **Practise uncertainty.** Small daily experiences of not knowing build tolerance.
- **Be kind to yourself.** OCD is not your fault, and it's very treatable.

Strategies you may not have heard of

These less common, evidence-informed techniques go beyond the usual advice. Try one at a time and notice what works for you.

- **Answer with "Maybe, maybe not."** When OCD demands certainty ("Did I lock the door? Am I a bad person?"), respond with "Maybe, maybe not." It refuses the bait without arguing.
- **Delay, then shorten.** If stopping a compulsion feels impossible, start by delaying it five minutes. Next, shorten it: check once instead of three times. Small wins build momentum.
- **Agree and exaggerate (with your therapist).** Some ERP exercises involve leaning into the feared thought playfully, such as "Sure, maybe the house will burn down, and maybe the whole street too." It drains the thought's seriousness. Use this with guidance.
- **Spot mental compulsions.** Not all compulsions are visible. Reviewing, praying a phrase "just right," counting, or mentally replaying conversations can also be compulsions. Name them so you can work on them too.
- **Name OCD as a bully.** Give OCD a name, like "the bully" or "the Worry Machine." Saying "That's OCD talking, not me" creates distance. This approach is used in child and adult OCD treatment.

Journal prompts

Take your time with these. Write freely; there are no right answers.

What does OCD most often tell me?

What compulsions take up the most time in my day?

What has OCD taken from my life, and what would I reclaim?

How would I like to respond next time OCD shows up?

When to reach out for support

If obsessions or compulsions take up more than an hour a day, cause distress, or interfere with life, please reach out. ERP with a trained therapist is highly effective. Medication can also help, so speak with your doctor about options.

Insightful Journey Inc. offers therapy in person in Oshawa and virtually across Ontario, in English, Hindi, Punjabi, and Urdu. Direct billing available.

[Book a free consultation](#) · 647-982-2527 (call, text, or WhatsApp)

In crisis? Call or text 9-8-8, or call 911.

This resource is for education and self-reflection. It is not a diagnostic tool and is not a substitute for professional assessment or care.

References

Abramowitz, J. S., Taylor, S., & McKay, D. (2009). Obsessive-compulsive disorder. *The Lancet*, 374(9688), 491–499.

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Öst, L.-G., Havnen, A., Hansen, B., & Kvale, G. (2015). Cognitive behavioral treatments of obsessive-compulsive disorder: A systematic review and meta-analysis of studies published 1993–2014. *Clinical Psychology Review*, 40, 156–169.

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