

# The Cruellest Obsession: Obsessing about Obsessing

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If you have OCD, you know the torture of constantly trying to avoid a potential disaster or feared consequence, whether it is harm to you or your family, going crazy, being evil, or forgetting something. The list is as infinite as human imagination. Most of the time, the feared consequences don't occur. Your family doesn't contract AIDS; you don't turn into a serial killer; you don't molest your children. For obsessing about obsessing the fear is the obsessions will never end and as a result your life will be horrible. Now many of you without this obsession may feel this describes you. You fear you are doomed to a life of endless obsessing and misery. What you are recognizing is that this fear is a part of almost all obsessions. However, in most cases, it is a secondary fear; your primary obsession revolves around contamination issues with a primary feared consequence of contracting AIDS. Treatment of the primary fear usually makes paying attention to the fear of endless obsessing unnecessary.

So what does obsessing about obsessing look like? In its most common form, the sufferer is having neutral obsessions in which something feels "stuck" in his mind, such as, noticing your breathing, a song, or a picture. These are called neutral, because there is nothing about the stimuli that is dangerous, upsetting or even unlucky. The entire problem is simply feeling you cannot get them out of your mind. Related to this is pure obsessing about obsessing, which is constantly thinking and obsessing about how your life will be mined by your obsessing with little other content. Some of you may have rituals or avoidances, but the main ritual, the wishing ritual, is usually ignored in treatment. I'll come back to this.

A particularly insidious form of obsessing about obsessing occurs when another form of OCD morphs into it. Take the case of Bill that I discussed in my book, "Freedom from Obsessive Compulsive Disorder." Bill had numerous checking rituals to prevent "disasters." For example, whenever he used the microwave oven, he would be plagued by images of the fire that would result if he didn't perform his checking rituals. At bedtime to avoid thoughts of intruders breaking into his house, he went through extensive door-locking and checking rituals. His concerns and treatment appear to be obvious: exposure tasks focusing upon the possible consequences of a fire in the microwave and eventually breaking into the house. His therapist gave him exposures to do for these compulsions, but Bill's anxiety continued relentlessly.

The problem was the focus of the exposures. Although there had been a point in time when the focus of these exposures had been Bill's feared consequences; this was no longer true. At this point his main feared consequence was that the obsessions would continue forever. So while his therapist was trying to treat his fear of disaster, Bill kept trying to make the obsessions stop. For Bill, treatment became another one of his rituals he was using to try to stop obsessing. The pun- pose of his old rituals was no longer to prevent disaster, but to stop obsessing. Thus, whenever he was confronted by an obsession, he would obsess about what method he should use to stop obsessing: his old rituals or exposure.

But isn't the purpose of treatment to stop obsessions? No! Then does that mean you are doomed to live with constant painful obsessions? Thankfully, the answer is also no. In the remainder of this article, I will discuss: 1) the common mistakes therapists make in treating obsessing about obsessing; 2) the wishing ritual; and, finally, 3) what you can do about it.

The first mistake therapists and sufferers make is illustrated by Bill's situation, i.e., not recognizing the feared consequence, which results in a treatment that focuses on the wrong symptoms.

The second mistake can be illustrated by the case of neutral obsessions. The therapist will use "downward arrow," a cognitive technique, to discover what a patient's core fear is. S/he is doing this exercise to find out how the patient perceives his life will be horrible if he keeps obsessing. The "downward arrow" can be very useful, but the problem is that the therapist may go too far in trying to find the core fear and fail to recognize that the emotional pain of obsessing itself is the worst consequence. The therapist's attempts to focus upon his/her perception of the "real" consequences are misguided. Treatment won't be effective because it fails to address both the wishing ritual and the patient's worst fears.

The wishing ritual is not a straightforward ritual; its core is denial. To understand the wishing ritual, I need to explain denial. Undoubtedly, you've heard psychologists talk about denial. But, have you ever wondered exactly what it is? For example, what does it mean to say someone is in denial after the death of a loved one? Simply defined, denial is comparing reality to fantasy. In the case of death, denial is not a delusional fantasy of believing that the dead are alive; it is comparing the present with how much better life would be if the deceased were still alive. Life might be better if your loved one were still alive. On the other hand, perhaps something more terrible might have happened in the future. Of course, something more terrible in the future isn't part of the fantasy companion. In comparisons between real life and fantasy, fantasy always wins, because we don't include problems in fantasies.

When we compare reality with fantasy, we destroy and demean the moment. For example, imagine yourself with your lover on a beach of a small lake at sunset. And then, suppose you think to yourself: if we were rich, we could be at a fabulous Caribbean resort by the ocean, watching a brilliant sunset with waiters bringing tropical drinks at the snap of our fingers. It's a nice thought. But, by allowing yourself to be consumed by such fantasy wishes, you have tarnished the beauty of your very real lakeside sunset.

We see other instances of denial in life. A woman in a bad relationship may know all her lover's faults, but will say she can't leave him because she loves him. She'll describe how wonderful he can be at times, and wishes he were that way all of the time. What she is really saying is that she loves this man 20% of the time and wishes the other 80% would change. If he changed though, he would be someone else. Does she, in fact, love him? I would suggest she doesn't. Or, to be more accurate, she does love him 20% of the time and what she needs to do is find someone with more of the qualities she loves and less she wants to change. Perhaps no one will be perfect, but she could do better than 20%.

But why would any of us engage in denial? Rituals are supposed to provide some kind of relief, even if it only for a few seconds. The relief provided by denial and the wishing ritual help us to avoid the loss that acceptance brings. For the woman in a bad relationship, acceptance of her true feelings for her lover would involve loss. Her friends will tell her it is great she finally left him. But, what about her fantasy relationship, the one in which she clung to 20% wishing it were more? With her fantasy lover gone, she has nothing but emptiness.

Imagine a gambler who has stopped gambling. Everyone around him congratulates him. Finally, he will get out of debt. His family life will come back together. He won't lose his house. It is a time of triumph. But he is sad. Why? Because, he will never be rich. He'll spend the rest of his life being just like everyone else. Again, this is his fantasy, because in reality he probably never was going to be rich.

Even in mourning, denial can feel better in the short run than acceptance. You can feel this difference in the words of denial versus acceptance. In denial, a person says, "Life would be better if my wife were still here." In acceptance this becomes, "My wife is gone." The sadness of the denial statement doesn't come close to the stark reality of moving towards acceptance. Mourning is the process of moving from fantasy to acceptance. You may always miss your loved one; but you can also relearn to enjoy life in the present. Mourning is not easy to go through. But to avoid the pain of mourning is to be trapped in a fantasy you can never realize. Just like the gambler. Just like the lover. And, perhaps, just like you with your OCD.

In obsessing about obsessing, the wishing ritual involves you imagining how much better life would be if you didn't obsess. Your marriage and your work performance would improve. You wouldn't be so easily upset. You would enjoy life more and so on. These imagings may have some truth to them, but then again they may not. You may have unrecognized relationship difficulties that need attention above and beyond your obsessing. Maybe your boss is difficult and you wouldn't be any more tolerant if your OCD was under control. Life would be better if your OCD was under control, but probably not as good as your fantasy.

Having your OCD under control does not mean that the thought is gone. The reason for this is that any thought will become an obsession, if you want to know something about that thought (e.g., does this make me evil?) or if you want to be sure it won't stay forever. After all, who wants to have an upsetting thought stuck in their mind forever? No one. But, the goal of treatment is learning to have the thought in your mind without caring about it. Note I said learning. If it were as simple as a decision, you would be cured after reading this article. Learning is a process that takes time.

Imagine that you have lost a loved one and that it is three weeks later. You are back at work. Will thoughts of your loss pop into your mind? Yes. Will these thoughts be upsetting and interfere with your concentration?

Yes. If this happened in a movie theater, would this interfere with enjoying the movie? Yes, but your enjoyment wouldn't necessarily be zero. Would the thought stay for the entire movie? Maybe, Would you call thinking about this death only three weeks later an obsession? No. The difference isn't that the death is real, but that you don't say to yourself I must not think about my loss.

Imagine having a headache. It hurts and **it** interferes with functioning and enjoying life. However, most of you can function with a headache. While you are suffering from one, your enjoyment of life is interfered with, but it isn't zero. Sometimes while you are suffering from the headache, you may even have some time in which you don't notice **it**.

Treating obsessing about obsessing or neutral obsession is not a matter of getting rid of the thoughts or images. It is getting to the point where you don't care whether or not they are present. You might recognize that this is the goal of treatment for all primary obsessions. Exposure and response prevention is the path you will take to achieve your goal. As with any treatment, it will need to be tailored to you.

The exposure part is simple; you want to make sure that there is no way to get the thought/image out of your mind. In your environment put as many visual cue reminders as you can. At any office supply store, you can find 3-inch red dots that you can paste in places you are sure to see them, (e.g., the corner of your computer screen, the center of your watch, the bathroom mirror). If someone sees one on your watch, you can simply say it's to help you remember something. In addition, you can make a cassette tape or burn a CD that says a single word every one to three minutes. You should listen to this tape as much as possible. I mean this literally. Wear headphones anyplace where **it** isn't inappropriate. You may not be able to listen at work; but you can while shopping, watching TV or a movie, spending time with your family or going to sleep. You can make the volume low enough so **it** won't interfere with these activities. The more inescapable you can make this, the better.

You may feel this isn't necessary, because your obsession is always there. But this isn't true. Sometimes it leaves, even if only for a few minutes. Then when **it** reappears, your immediate thought is: "Oh no, there **it** is again; I can't believe **it**..." Without meaning to, you are off and running into your wishing **it** was gone. And just like **it** is hard for an alcoholic to stop drinking once s/he has started, so too is **it** hard for you to stop obsessing once you've started. With the one word script constantly playing, the wishing is partially relieved. This is because it's impossible to wish the thought away while the script is playing. In addition, you will also be unable to forget why it is playing, i.e., so that you can get better by learning to tolerate the thought.

The response prevention is a more complicated, because your rituals are mental and automatic. However, the initial goal is to try to have these thoughts in the back of your mind rather than the center. The first thought to work on is how much better you would feel right now if you weren't obsessing. Again, as a result of the wishing ritual you are cancelling out whatever enjoyment you are having. Consider the following two examples.

Example One—Imagine you are in a movie theater and you can hear the soundtrack from the movie in the theater next to you. You have two choices. You can accept (the opposite of denial) that you will only get 50 to 70% of the pleasure that you were expecting, or you can spend the entire movie focusing on the other sound track and wishing you couldn't hear **it**. Because of this, your pleasure will be reduced to 20 to 30%. Or perhaps you will leave the movie and get zero per- cent. By accepting the reality, you will not have a perfect time; but you will have a better time than wishing would allow.

Example two—Now imagine you've lost your arm. Obviously life would be better with two arms and **it** would be impossible not miss your arm at times. However, which life goal makes the most sense: 1) learning to have the best one-armed life possible or 2) comparing every moment and activity to how much better **it** would be if you had two arms which is some- thing that is never going to happen?

Acceptance does involve loss. But **it** allows us to live in and appreciate the present. At this moment, with this form of **OCD**, enjoying things the way you feel you should is not a possibility. If **it** were, your OCD problem would be insignificant. So part of response prevention involves focusing on whatever little enjoyment is present and learning to enjoy the 20 to 40% that can still get through despite your obsessing. This means not avoiding any activities because your obsessing will interfere with them. In addition, you need to schedule and spend time reminding yourself that you are trying to accept whatever you can get in the present. You can change your one-word script recording, so that the one word it repeats every 1 to 3 minutes is "enjoy." This way it simultaneously reminds you of your problem and your goal.

This highlights something else you will have to accept. Treatment will take time. The amount of pleasure I'm asking you to appreciate is not the endpoint of treatment; it is the beginning. But if you are unwilling to take the first step, then don't expect to reach your goal. As I earlier stated, overcoming obsessing about obsessing will make life better. But it will not make all other problems vanish. Examine your life and look at any non-OCD problems you're experiencing that may be responsible for some of your unhappiness above and beyond your obsessions. Anything you can discover probably needs attention and you shouldn't assume that overcoming your obsessing means that these other problems will disappear or won't need attention. In treatment, our assumption is only what is treated gets better. If you only work on your OCD, then that is all that will improve. Obviously, there is more to working on obsessing about obsessing than can be covered in a short article. But it is impossible to work on any problem if you don't understand the problem or the goals of treatment. Hopefully, I've helped you to understand this problem and what the goals of treatment are. Ultimately, overcoming the wishing ritual means moving from denial to acceptance, from fantasy to reality. Reality may not be as pretty as fantasy, but it is far better than the misery of wishing. The ultimate goal of treatment is to be able to enjoy the present for what it is. After all, the only time I can enjoy my family is when I'm with them. When I'm at work, they are a memory of times past and a hope they'll be there for the future. By working on your OCD, you too will find that you can live in and enjoy your world as it is.