



# The OCD Relief Kit

What actually helped me,  
when my OCD felt impossible to manage.



# Before we Start...

I made this Relief Kit for the version of me who was stuck at 3 AM, Googling the same thing for the hundredth time, wondering if I could ever get better...

I hope this gives you some relief...

# Just click on what you need most :)...



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# Understanding your OCD

long read

# Understanding your OCD

long read



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I believe my recovery really began when I took the time to understand how OCD works. I often got caught up in the specific themes of my obsessive thoughts (like harm, health, sexual, etc), but stepping back to learn the mechanics behind my OCD really was a game-changer. In this chapter, I'll try to break down what OCD really is and answer some common questions (the same ones I struggled with), and hopefully give you a clearer picture of your own OCD. These were the biggest lessons I learned, and I hope they help you too!

## What is OCD?

OCD stands for Obsessive-Compulsive Disorder. It's not a personality quirk or a love of neatness – it's a real mental health disorder where a person gets stuck in a cycle of intrusive obsessions and repetitive compulsions. In OCD, your brain essentially fills with unwanted thoughts, images, or urges (obsessions) that cause intense anxiety, and to relieve that anxiety, you feel driven to perform certain rituals or behaviors (compulsions). This cycle can become severely distressing and time-consuming. – far beyond normal worries or habits. In fact, for OCD to be diagnosed, these obsessions/compulsions typically take up over an hour a day (often many hours) or cause significant suffering and life disruption (like it did for me)

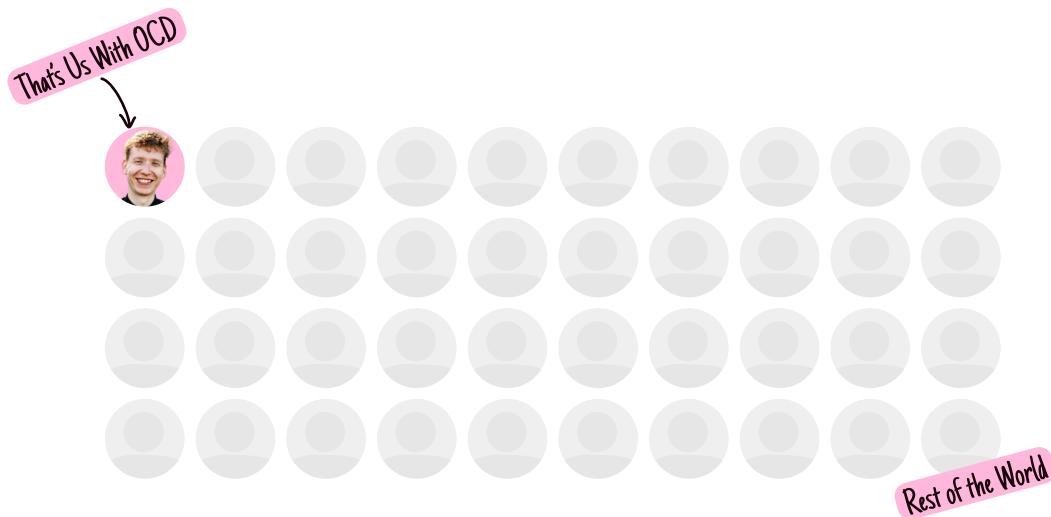
OCD can affect anyone – people of all ages, genders, and backgrounds. It often first appears in childhood, the teen years, or early adulthood, but it can start at any age. Importantly, OCD is not your fault. It doesn't mean you're "crazy" or a bad person; it means you have a treatable condition in your brain. We'll talk more about causes in a bit, but I want you to know up front that having OCD is not a character flaw or something you caused.

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## Is it Just Me that Struggles with OCD?

**Nope.** If you're dealing with OCD, you're far from alone. OCD is one of the more common mental health disorders. Roughly 1 in 40 adults ( **about 2–3% of people** ) will experience OCD at some point in their lives . That might sound small, but think of it this way: 1 in 40 adds up to millions of people worldwide ( **200+ million people, in fact.** ) So in any large crowd, school or company, there are likely a lot more people struggling with OCD, whether you see it or not.



**So as you can see, it's quite common!** But something that's not often talked about is how hard OCD can be... The World Health Organization once ranked OCD among the top ten most disabling illnesses globally . This means the level of suffering and impairment OCD can cause is on the same list as some of the worst medical conditions. (I don't say that to scare you, but to validate how real and difficult OCD can be.) The good news is that because so many people have OCD, a lot of research has been done and we have effective treatments (more on that later). So know that you are not alone in this struggle, **and there is (a lot of) hope.**

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## But why do I have OCD?

I know I asked myself that a lot as well... The honest answer from science is that they **don't yet fully know why** someone develops OCD, and it's definitely nothing you got on purpose. OCD probably has **no single, simple cause**. Instead, research suggests it's likely due to a mix of factors – like the perfect storm between your biology, genetics and the environment you live in that triggered your OCD. Yeah, I wish there was ONE answer to this sh\*t too...

### Genetics.

OCD tends to run in families to some degree. If you have a parent or sibling with OCD, you are at higher risk of developing it yourself. Studies show that between 10%–20% of children with an OCD-affected parent may develop OCD, though 80%–90% will not. This means **genes can contribute, but they're not the whole story** – most people with a relative who has OCD won't get it, and many people with OCD have no family history. So genetics can be part of it (sometimes).

### Brain biology.

Brain imaging research has found that certain brain circuits function a bit differently in people with OCD. Like in error detection, emotion, and habit formation – which kinda makes sense, right? There's also talks that the brain's chemistry is involved. You might have heard of serotonin (a neurotransmitter); medications that affect serotonin can help OCD, which might hint that brain chemistry is part of the puzzle. However, **it's not as simple as saying it's a "chemical imbalance"...**

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I know, it's still vague... Brain differences in OCD are kinda subtle and scientists are still figuring out whether they are a cause of OCD or a result of constantly performing obsessions/compulsions. In short, OCD likely has a biological basis in the brain, but it's super complicated – **there isn't a clear blood test or single "OCD gene"** that you can test for (unfortunately haha).

## Life events and environment.

While **stress or trauma alone doesn't cause OCD**, big life changes or stressful events can trigger the onset of OCD or make symptoms worse if the predisposition is already there (happened with me). Like, someone might have mild OCD tendencies for years, then a stressful college move or the birth of a child or an illness triggers a spike that turns into full-blown OCD.

Certain personality traits (like being very anxious) might make someone more prone to develop OCD when stress hits, but **those traits themselves don't cause it**. Also, the content of obsessions often relates to your environment or experiences – for example: after COVID-19 said hi, there was an increase in people having contamination obsessions about COVID. But again, having OCD in the first place is not only because of the stuff you went through or what happened around you...

## Other factors.

There are some **rare cases** in which OCD symptoms can be triggered by physical conditions. One example is PANDAS/PANS, a syndrome in children where a strep infection leads to a sudden onset of OCD symptoms. This is **uncommon**, but it shows that in some cases the immune system and brain inflammation can lead to OCD-like symptoms. Additionally, some research is exploring hormonal influences or other biological triggers. But for most people, OCD develops more gradually.

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So, why do you have OCD? Probably it's due to a combination of an inherent predisposition (fancy way of saying, because of something in your brain and genes) plus some environmental stressors or triggers that turned your OCD "on" (like big life events, big triggers, or just small stuff that happened in your life right after each other)

Please know that you did nothing to deserve or cause your OCD – it's not because of some thought you had or because you're not strong enough. In fact, people with OCD are usually incredibly strong because they've been coping with these intense fears internally for years (if i may say so myself).

So please don't blame yourself for your OCD. Instead, use that energy to educate yourself about it (which you're doing right now, high five!) and try to seek the right help or support system.

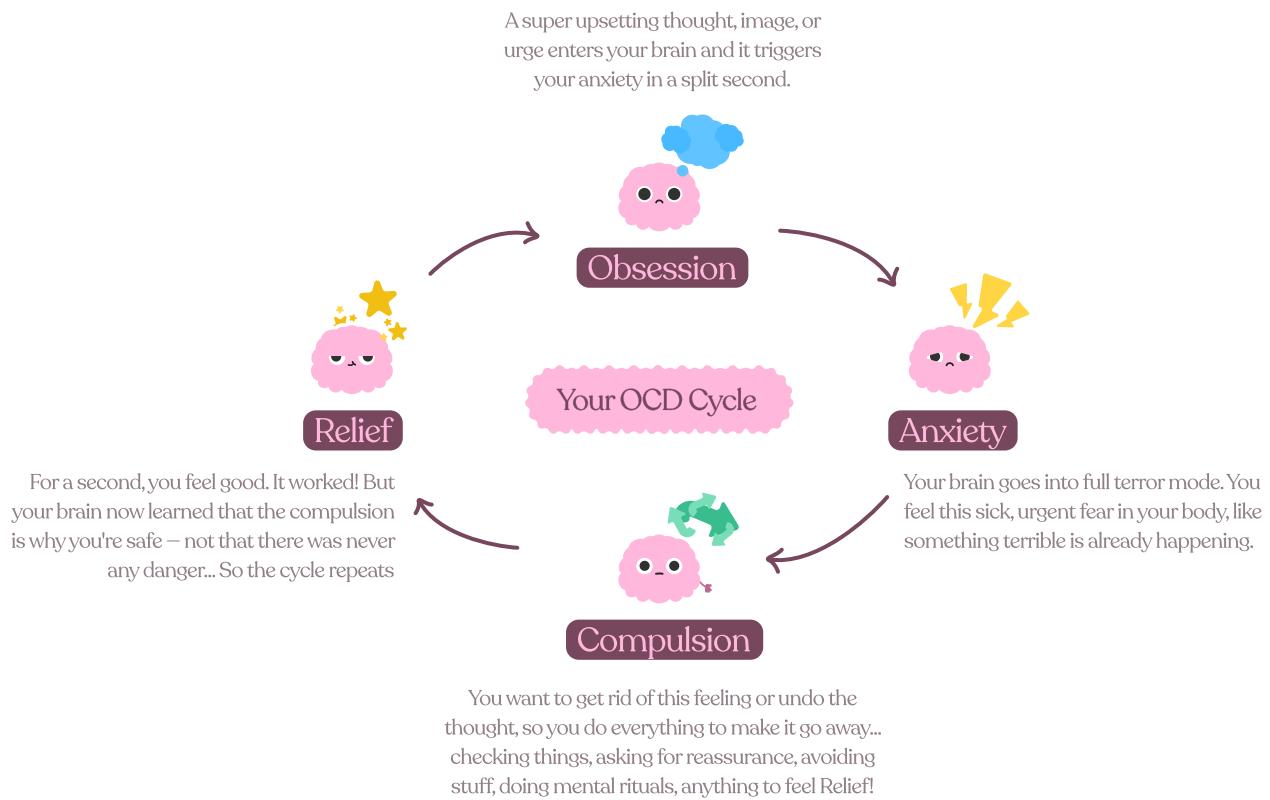
# Understanding your OCD

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## So Why Doesn't my OCD Just Go Away?

Good question! You're struggling with something therapists call **the “OCD cycle”** - a loop of **Obsessions** (stuff we think, feel, or imagine), followed by **Extreme Anxiety** (the gut-punch kind of terror you feel), **Compulsions** (the things we do to feel less anxious), and finally, **Relief** (which feels good in the moment but keeps the cycle alive).

Looks kinda like this:



After a short time, the intrusive thought returns (or a new one comes up) and the whole **cycle repeats**. In fact, often the more you give in to compulsions, the more frequent or intense the obsessions become over time. The OCD cycle can spin faster and faster, consuming hours of your day. Like being stuck on a hamster wheel that never stops and only speeds up with time...

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I hope you can see that the reason why it's not going away by itself is because **breaking this OCD cycle is hard**, and you might be actively keeping it alive... You might not realize this yet, or it might happen in a super sneaky way, but know that if your OCD has been around some time, you are probably stuck in the OCD cycle.

**It is possible to break** this cycle. Basically, ERP therapy is all about teaching you how to resist your compulsions and ride out the anxiety, so your brain learns not to be fooled by the obsessions – but more on that later!

For now, just recognize that when you do a compulsion to feel better, you're not only getting temporary relief, but you are also reinforcing the OCD loop. It's not your fault – this happens to everyone with OCD (including me), it's just how the disorder works. **Understanding** this cycle **is the first step** toward eventually breaking it :)

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## What are Obsessions?

In OCD terms, an obsession is an **unwanted, intrusive thought, image, or impulse** that bombards your mind and causes intense distress. These thoughts feel super “sticky” – they show up repeatedly, against your will, and they don’t go away easily. You might know logically that the thought doesn’t make sense, but still, it feels terribly real and disturbing.

Obsessions often come with super intense emotions like fear, anxiety, disgust, guilt, or a sense of incompleteness. Just know that having an obsessive thought does not mean you agree with them... To be real, people with OCD do not want these thoughts and often find them **deeply upsetting or contrary to their values** (we call them ‘intrusive’ for a reason).

Practically **everyone experiences bizarre or intrusive thoughts** once in a while – that’s normal. The difference with OCD is the frequency and intensity of these intrusive thoughts. Research shows that most people occasionally have random “crazy” thoughts (like “What if I push this dude on the train tracks?” or other weird blips), and non-OCD people usually shrug them off and move on. **But with OCD**, these thoughts stick like gorilla glue. **They replay over and over**, flooding you with anxiety (as if they were important). You feel unable to just dismiss them, no matter how irrational they are, or how much others say not to worry about them... (been there)

Obsessions can be about anything, and they often target what you value or fear. They can be super creative and **can take on countless forms**, not just the stereotypical “ieeee, germss!!!” or “i need this clean” types (though that’s one common type). On the next page are just a few common obsession themes people with OCD struggle with.

# Understanding your OCD

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## Contamination obsessions.

**Fear of germs, disease, or spreading something harmful.**

What if I touched something toxic and now I'll infect someone? What if there's HIV on this toilet seat? What if I poisoned my food without realizing?

## Harm obsessions.

**Fear of causing or failing to prevent serious harm.**

What if I run someone over and don't notice? What if I pushed someone in front of a train? What if I stabbed someone just to see what happens?

## Sexual obsessions.

**Fear of being sexually deviant, dangerous, or immoral.**

What if I'm attracted to a child? What if I want to have sex with my dad? What if I molested someone and forgot? What if I enjoyed that thought about my sister? What if I touched the dog in a sexual way? What if I'm secretly into this and don't know it?

## Religious or moral obsessions.

**Fear of sinning, being evil, or going to hell.**

What if I offended God with that thought? What if I'm irredeemably bad? What if I go to hell for thinking something blasphemous during prayer?

## Sexual orientation & gender identity obsessions.

**Fear of being the "wrong" sexuality or gender.**

What if I'm gay and in denial? What if I'm straight but secretly wish I were gay? What if I'm trans and don't know it yet?

# Understanding your OCD

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## Relationship obsessions.

**Fear of not loving your partner or being in the wrong relationship.**

What if I'm settling? What if I don't actually love them? What if I'm leading them on and ruining both our lives?

## Perfectionism and “just right” obsessions.

**Fear of something being incomplete, off, or wrong in a way that causes danger or discomfort.** What if I misspelled one word and ruin everything? What if I don't reread this exactly 12 times and someone dies? What if this thought doesn't feel “just right”?

## Existential obsessions.

**Fear of life, reality, or self being unreal or unknowable.**

What if nothing is real? What if I'm the only conscious person alive? What if I don't actually exist?

## Sensorimotor obsessions.

**Fear of being permanently stuck noticing a body function.**

What if I never stop noticing my blinking? What if I forget how to swallow? What if I can't stop being aware of my breathing forever?

## Suicidal obsessions.

**Fear of killing yourself impulsively, even though you don't want to die.**

What if I jump off this building for no reason? What if I stab myself while holding a knife? What if I lose control and die even though I want to live?

## False memory obsessions.

Fear of having done something terrible but not remembering it.

What if I cheated and forgot? What if I hurt someone and blocked it out? What if I committed a crime and erased the memory?



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As you can see there are lots of different themes, and we can sometimes struggle with multiple at once! I sometimes still struggle with Sexual, Existential and Harm obsessions (yes, all at once).

OCD doesn't really care what the topic is – if it triggers fear, guilt, doubt, or shame, it will grab onto it. Some people will panic about germs, another about stabbing their partner, another about being a pedophile...

If some of the above sound like your thoughts, you're not alone. And if your obsessions are about something completely different, that's okay too!

OCD can get very specific and creative in finding your worst fears. The key thing is this: an obsession is intrusive (unwanted and upsetting), repetitive, and linked to a feeling of alarm (like “something is horribly wrong” or “something bad will happen”), the age old “What If”...

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## What are Compulsions?

So with OCD, Compulsions (also called rituals) are the **actions** – either physical behaviors or mental acts – that **you feel 'you have to do'** in response to an **obsession**. When an obsession enters your brain and your anxiety shoots up, the compulsion is basically your brain saying: “Maybe if I do X, I'll feel better or prevent the bad thing from happening.”

Compulsions can sometimes be **very visible** (like washing your hands repeatedly) **or** they can be **hidden in your mind** (like silently praying or ‘mentally’ checking stuff). Either way, they are almost always repetitive and feel super strong... You do them to (temporarily) find relief and to deal with the (intense) anxiety the obsessions gave you.

**People with OCD don't really want to do compulsions** – you typically get no pleasure from them – but you feel like you have to, because the anxiety or dread from the obsession is so overwhelming... In the moment, performing the compulsion might give a tiny bit of relief or a feeling of safety. But unfortunately, that relief doesn't last long... The obsessive fear soon comes back, and the cycle starts all over. (The OCD Cycle we talked about earlier)

Your compulsions might start small, but they **usually become bigger over time**. They can become super time-consuming and get in the way of the things you care about – like your school, work, relationships, or even basic daily fun. Many people with OCD can see that these rituals are irrational or ‘too much’, but not doing them causes unbearable anxiety. It can really feel like being **stuck in a loop** you just can't escape. Just like obsessions, compulsions can take many forms. You can find some common types of compulsions on the next page.

# Understanding your OCD

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## Washing and Cleaning

For example **excessive** handwashing, showering, or sanitizing that goes far beyond normal 'cleaning'. Scrubbing until your skin bleeds, using multiple cleaning products on the same surface, throwing away items you feel are "contaminated" are just a couple of examples of these compulsions.

## Checking.

Checking doors, stoves, locks, lights – over and over – to make sure **everything's okay**. Driving back to check if you hit someone, re-read messages to make sure you didn't say something offensive, or check your body for signs of arousal (groinal response) or illness. Anything that can 'help' you make sure that the 'what-if' isn't real.

## Repeating and arranging.

Doing actions **again and again** until they feel "right." That could mean rewriting, rereading, tapping, arranging objects symmetrically, or following rigid routines. Numbers often play a role too (e.g., needing to do something a "safe" number of times). If you're interrupted or mess up, you might start over completely.

## Mental rituals.

**These happen in your head**, but they're still compulsions. You might silently repeat phrases or prayers, count in a certain way, or mentally "review" situations to convince yourself you didn't do something bad. You might want to neutralize bad thoughts or have super long thoughts about preventing something from happening.

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## Reassurance Seeking and Avoidance

Constantly asking others for reassurance (“Are you sure I didn’t hurt you? Do you think I’m a bad person?”), or excessive Googling, chatGPT’ing, just to make sure. They are all compulsions that give brief relief. Avoidance is another: you might completely avoid people, places, or things that trigger your obsessions. For example, someone who fears being a psychopath might hide their knives, or a person that fears he might be gay, might not be able to look at certain Netflix series in order to not get triggered.



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Just know that this is just a small list of what someone might do to ‘defuse’ the Obsessions. Each person’s compulsions can be unique. You might relate to some of the above, or have your own specific rituals. But what they all share is that urgent, gotta-do-it feeling and the fact that doing them only gives you short relief... Before it all comes back.

# Understanding your OCD

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## Isn't Everyone "A Little OCD" Sometimes?

Before i knew i had OCD i **never made the link** with (most) versions on the internet. Although awareness is changing things for the better we can still hear people say stuff like: "I'm so OCD about keeping my desk organized," or "Everyone's a little OCD!" This can be really frustrating to hear when you actually have OCD. And the truth is NO, not everyone has OCD – not even "a little." Liking things neat, double-checking the stove, or preferring order does not equal OCD. **OCD is not a personality quirk** or an adjective; it's a serious disorder.

**The difference is in the degree of anxiety and impairment.** Someone without OCD might prefer their books alphabetized or get annoyed by a crooked picture, but it doesn't consume their day. By contrast, someone with OCD could be tormented by obsessive fears or urges for hours on end. OCD isn't fun; it's not that satisfying feeling when you arrange your closet. It's driven by terror, guilt, or dread. In fact, people with OCD often wish they could ignore the thoughts or stop the behaviors, but they feel trapped by them. Clinical OCD typically devours significant time (more than an hour a day, often many hours) and causes serious distress or dysfunction in life . It's on a whole different scale than everyday habits or preferences.

**So, no – everyone is not "a little OCD."** Casual phrases like that stem from misunderstanding what OCD really is. It can help to educate friends or family (if you feel up to it) by explaining that OCD is extremely distressing and disabling at times, not a cute quirk. According to medical experts, OCD is often debilitating – it was ranked among the top causes of disability worldwide by the WHO, as mentioned earlier. That's far beyond just being picky or detail-oriented.

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The bottom line is this... **OCD is a real medical condition** – not an insult, not a personality type, and not something to be ashamed of. If someone says “I’m OCD about \_\_,” feel free to (gently) correct them or share what OCD actually means. And if you have been blaming yourself or thinking this is your fault, please be kinder to yourself. OCD is an illness (you can manage). **You are not your OCD.** You’re a person who happens to be dealing with OCD, and you’re working on getting better :).



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Ps, just wanted to drop in to say: there is another thing called OCPD (Obsessive-Compulsive Personality Disorder) which is a personality trait-based condition – **it’s different from OCD.** OCPD is where someone genuinely is very perfectionistic/rigid by nature and usually doesn’t see it as a problem, whereas OCD sufferers do see their thoughts/behaviors as unwanted. I won’t go deep into that here, but just be aware when some people say “I’m OCD,” they might actually mean they have OCPD or just a perfectionist personality, not true anxiety-driven OCD.

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## Can I Recover from OCD?

**Yes. Absolutely.** While there's no magic cure where OCD vanishes overnight, people with OCD can and do get a lot better. OCD is considered a chronic or long-term condition for many (meaning the tendency might not 100% disappear), but with proper treatment and strategies, it can become a manageable background noise rather than a life-consuming condition. Some people even become essentially symptom-free (like me). The key is that OCD is very treatable – even when it feels severe, even if you've had it for years.

**The most effective treatment** is a specific form of therapy called Cognitive-Behavioral Therapy (CBT), usually with an approach called Exposure and Response Prevention (**ERP**). ERP is considered the gold standard psychotherapy for OCD. It works by gradually teaching you to face your fears (the obsessions) without doing the compulsive behavior, learning over time that the anxiety does decrease on its own and that your feared catastrophe doesn't happen. It's hard work, but it's empowering – you basically retrain your brain. I explain more about Therapies that work later in this guide.

Medication can also help (many people with OCD take SSRIs or other meds that adjust brain chemistry to reduce obsessional thoughts and anxiety). The combination of **therapy + medication** is often a strong one-two punch. Personally I have never used Medication, so please consider talking about this with a professional if you decide to add this 'tool' to your Recovery Kit.

I won't lie to you: **overcoming OCD takes time and courage.** It often requires doing the opposite of what OCD tells you (like resisting a compulsion and sitting with anxiety in the short term). But it gets easier with practice, and you won't be doing it alone – there are professionals who specialize in OCD, support groups, possibly medication to ease the process, and people like me who've been through it. There is hope!

# Understanding your OCD

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So i hope after reading this you learned the following things: OCD (Obsessive-Compulsive Disorder) is a tough, time-consuming disorder where unwanted obsessions drive you to do compulsions. It's more common than you might think and nothing to be ashamed of.

Understanding that OCD works through a vicious cycle of fear and relief (The OCD Cycle) can help you to see it for what it is – essentially a bully in your brain that can't live in uncertainty. (yet)

Most importantly, remember that you are not alone and **OCD is treatable.** In the next chapters, we'll dive deeper into how to challenge OCD and what tools you can use to find relief.

But for now, give yourself credit: you've just armed yourself with knowledge about your OCD, and that knowledge is a powerful first step toward taking back control!

 ObsessLess

When you struggle with OCD's questions or need guided help... Ollie is there for you.



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 GET IT ON Google Play

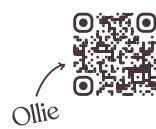


## Reminders to Print

put them where you can see them :)

ObsessLess

Just because YOU  
thought it, doesn't  
mean YOU have to  
solve it



Healing is  
Choosing  
Discomfort  
on Purpose



Freedom Starts  
Where Certainty  
Ends.



Every Time You  
Seek Proof, You  
Teach OCD to  
Keep Asking.





# Books that will help you recover

 resources

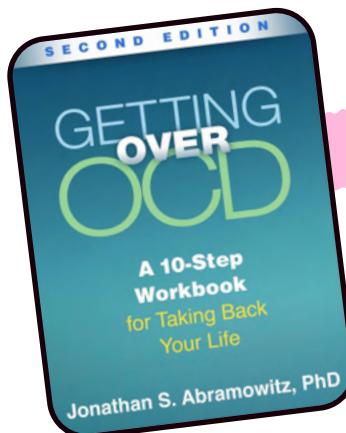
## Books that will actually help you recover

resources



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I read a lot of OCD books that gave me more questions than answers. These three were different. They helped me understand what was going on in my brain, and what I could actually do about it. Also they are excellent self help books for when you don't have access to Therapy!

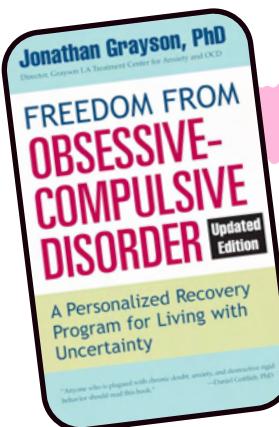


Start here – The best self-help book for OCD recovery.

order here

I wish someone had handed me this on day one, instead of letting me scroll through random self-help books that made my OCD worse.

It's built like a real therapy program, with 10 concrete steps that follow actual OCD treatment. Highly recommend!



Second – More intensive but packed with value

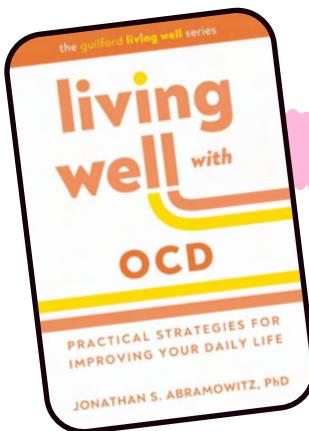
order here

Once you've got the basics down, i recommend this book, it goes a bit deeper into the psychological core of OCD and the struggle to tolerate uncertainty.

It goes beyond standard ERP with more advanced techniques, and also addresses the dark, taboo obsessions most books won't touch.

## Books that will actually help you recover

resources



Great add-on read for living better with OCD

order here

Your ongoing support book, not for initial treatment, but for navigating your life once you've been in therapy/recovery for a while.

Read this alongside the other two books after you've made some progress. Talks about all the things OCD might challenge in your daily life!



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PS! (Here's what I had to learn the hard way)... Don't try to read these books all at once! Your brain can't absorb the information that fast. Try to read small sections of the book day-by-day and take notes on the techniques that resonate with you. And be kind to yourself :)

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When the books aren't enough, or you just need help now... Ollie's there with real-time OCD support.



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# Videos that will save you more than once



## Videos that will save you more than once

resources



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There are a LOT of videos out there about OCD - some helpful, many confusing, and plenty that just made me feel worse. But these two creators **genuinely helped me in my recovery journey.** If you're going to start anywhere with OCD videos, start here.



### Fight the compulsions, not the obsessions

watch here

Mark Freeman really is a great teacher. He thought me one of the most crucial learnings in OCD recovery:

Stop responding to thoughts with compulsions, and your brain will eventually stop sending them because you're not reacting anymore. I devoured his content when i was struggling a lot, highly recommend!



### How to stop having intrusive thoughts

watch here

Found this when I was desperately googling "how to make intrusive thoughts stop." The title gave me hope, but the content was better :).

You literally cannot control what pops into your head, and trying only makes your OCD worse. Try to watch Katie's other content as well! It helped more times than i can count!



# Building your OCD support system

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# Building your OCD support system

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When I was deep in my struggle with OCD, I thought I had to go through it all alone. It felt incredibly isolating – like no one could possibly understand what I was dealing with, right?

The truth is, living with OCD can be very isolating, and having a strong support system can greatly reduce your feelings of loneliness and despair. Once I finally started leaning on the people around me for support, I made plenty of mistakes simply because I didn't know how to build that support system the right way.

In this chapter, I want to share the things I wish I knew back then, so you don't have to learn them the hard way. We'll go through common mistakes to avoid, how to explain OCD to your loved ones, what friends and family can do (and not do) to help you recover, and how both your environment and self-care habits can impact your OCD.

By the end, you should have a foolproof approach to building an OCD support system that truly helps you heal.

# Building your OCD support system

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## Common Mistakes When Building Your Support System

As you might've guessed from that intro, I made plenty of mistakes in my recovery especially when it came to building a solid support system. I'm probably still making some now. But (for me) that's part of the silver lining of getting over OCD: you'll make a lot of mistakes, and each one brings an opportunity to learn and grow. That said, those lessons aren't always easy, or pain free... So to spare you some of the pain, here are the biggest mistakes I'd try to avoid when building your own support system.

### Keeping your OCD a Secret.

OCD often comes with a heavy dose of shame, guilt, and taboo. It can make you feel like the thoughts you're having are so wrong or bizarre that no one could possibly understand – not your friends, not your family, and maybe not even a therapist. I get it. I've been there...

But... This is what I needed to hear back in those moments. You don't have to fight this alone. And more importantly, you shouldn't!

When it comes to telling friends or family, you don't have to share the content of your thoughts if that feels too hard or scary. You can try to let them know you're struggling with OCD, and point them to something that explains it clearly for you – a video, a podcast, a page that helped you feel seen. (For example, I used [\[this video\]](#) to help explain it to my parents when I wasn't ready to talk about it myself.)

Opening up to a therapist can be just as terrifying – maybe even more so. You might think, What if they actually believe these thoughts are real? What if they think I'm dangerous, broken, disgusting? That fear can be super debilitating... But if you're working with a therapist trained in OCD – someone who knows how this disorder works – I can promise you this:

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They've heard it all before. Whatever your brain is throwing at you – intrusive thoughts about harm, sex, blasphemy, contamination, anything – a good OCD therapist won't even flinch ( **trust me i tried** ). They'll recognize it for what it actually is. OCD.

Maybe your OCD might disagree, saying things like: "But your thoughts are different. This is serious. You can't tell anyone." Let me be the one to say it: **No, they're not different** Your OCD is just using fear to keep you silent. Whatever the reason you're keeping your OCD a secret, it's valid. I mean that. But it's also probably not necessary.

Most of people that keep it a secret that I've spoken too – including some that felt impossible to talk about ( **from their perspective** ) – ended up being completely workable once there was the right mix of safety, education, and support.

I'm not saying this to dismiss your fear. I'm saying it because sometimes what feels like protection is **actually OCD trying to stay in control**.

## Using Reassurance as Support.

One big mistake was leaning on my family for reassurance and help avoiding my triggers. At the time, it felt comforting to have them say "It's okay, nothing bad will happen" or to have them do certain tasks for me so I wouldn't get anxious.

Unfortunately, I learned that this kind of "help" **actually feeds OCD**.

If your loved ones constantly reassure you or help with rituals (a behavior called family accommodation), it **might ease anxiety in the short term but it makes OCD stronger** in the long run. At one point I was asking the same questions over and over, never feeling truly certain. My mistake was confusing reassurance with support – when in fact, real support often means to support a person with OCD without giving in to the reassurance. So here is what you can do instead:

## Building your OCD support system

long read

First, explain to your support person that **giving reassurance will actually feed your OCD**. They probably mean well – most people do – but it's important they understand that if they suspect you're asking for reassurance, they should try not to give in, no matter how desperate you might seem in that moment. This can be really hard for them, because it goes against their natural instinct to comfort and protect you. But in the long run, it helps much more than giving that temporary relief.

Ask your support person to **stop giving reassurance** when you're asking about OCD fears. Instead, invite them to say something like: "I know this feels really hard, but I'm not going to reassure you about that." This helps break the OCD cycle.

But, and this is important, **don't turn their support into a new form of reassurance**. Their role isn't to make your anxiety go away. What helped me was setting clear boundaries in advance and committing to them (no matter what). For example: "Can we walk to the store together once? After that, please let me do it on my own, no matter how desperate I get." That way, you make sure your OCD doesn't latch on to the goodness of your support partner.

### Turning your Support Person(s) into your Therapist.

Once my family learned a bit about my OCD, I went all-in: I asked them to catch me every time I did a compulsion. I wanted them to correct me, remind me, stop me, push me. But it quickly turned into a nightmare...

In the beginning, this felt amazing. I felt like I always had someone looking out for me. But over time, it led to more stress, resentment, and even shame. It created an environment where my OCD became the center of my relationship with my family. Not to mention the fact that it **didn't teach me how to spot or face my compulsions** myself. So in that situation, here's what you can do instead:

# Building your OCD support system

long read

Let your support person know how you'd like help, and **set clear boundaries**. For example: "If you notice a compulsion, can you wait until later to gently bring it up, not in the moment?". This creates an environment where you are allowed to make mistakes but are reminded of keeping your promise to keep doing your exposures.

If your support person expects boundaries, create an agreement together about what kind of accountability is useful. Maybe it's a weekly check-in. Maybe it's a code word. But **don't expect** them to constantly watch, correct, or 'police' you'.

If your OCD flares up, or you feel the urge for reassurance rising, it's crucial to protect each other's boundaries. Try to live a life outside of OCD – even if that feels hard or unnatural at first. **There's still a person underneath the OCD**, and they need space to exist too. Agree with your support person that not every conversation has to be about OCD. Make time for 'normalcy': go out, hang out, joke, do something totally unrelated. Your OCD might still tag along, but it doesn't get to call the shots (anymore).

But most of all, remind yourself and your support person, often: Their job is **not** to "fix" your OCD. Their job is to walk beside you, not drag you up the hill. You still have to do the work. No one can recover for you. (read that again until it sticks).

## Neglecting my Self-Care and Self-Compassion.

In building a support system, I focused only on external help and forgot about my own part in this. I'd beat myself up for struggling. I wasn't sleeping very well. I wasn't moving my body or eating properly. And worst of all, I was speaking to myself in ways **I'd never speak to someone I care about...** I was harsh, guilt tripping, and had zero patience for myself.

**That was a huge mistake.** Your support system isn't just the people around you, it's also how you support yourself in the moments between exposures.

## Building your OCD support system

long read

Being kind to yourself while still holding yourself accountable is non-negotiable in recovery. Self-compassion in OCD recovery doesn't mean giving up or avoiding discomfort; it means saying, "This is hard. I'm scared. And I'm still going to do the thing anyway." It means doing one minute of an exposure instead of none— even if your brain screams it's not enough. It means skipping the second compulsion, even if you gave in to the first; going to bed without forcing yourself to sleep and letting that uncertainty be there; saying, "I'm proud I tried," when your OCD tells you you failed; choosing one small act that aligns with the person you want to be— not the person OCD tells you you are; and staying kind to yourself when it all falls apart, then reminding yourself once more: "This is hard. I'm scared. And I'm still going to do the thing anyway."



Mourice

Recovery is often a thin line between keeping yourself accountable and being self-compassionate. This isn't something I can teach you, it's something you have to learn by actively living it.

As a quick recap, here are some red flags to watch out for: when your support person starts to feel more like your therapist than your partner, friend, or parent. When you rely on them to make every OCD-related decision for you. When your inner voice becomes constantly self-critical. Or when you keep finding excuses to avoid doing the hard work. If any of this sounds familiar, come back to this chapter. And remember this stuff takes practice, be kind to yourself.

# Building your OCD support system

long read



**Mourice**

So you just read a bunch of do this / don't do that about support people. Maybe you found it helpful, but it can also feel overwhelming where to start!

I'm here to the rescue! I used a 'Support Map' in the past. A small little sheet that shows you who you can lean on, how you can lean on them, and where the boundaries are. It's important to write this down while your OCD isn't all consuming! Print it out, stick it on your fridge, screenshot it, whatever. The only rule: make sure you don't add safety behaviors in there or 'just a little reassurance won't hurt' kind of things.

I added some examples, fill in the rest yourself on the next page :)!

Support Person	I can ask them for	Off Limits!
Sam (partner)	Remind me of my ERP goal once a day	Can't ask him reassurance, at all costs!
Kai (Friend)	Sit with me during one exposure per week	No panic texting or asking if my thoughts are normal
Lisan (Therapist)	Help design/grade exposures	No emailing outside our sessions
Mom	Drive me to therapy on Mondays	Change the diapers of my kids for me

## My OCD Support Person Map



# ObsessLess

In our app, Ollie can help you tell what's support and what's reassurance. Scan the QR code to ask him for help :).





For when you  
can't stop checking

## For when you can't stop checking



Mourice

One of the hardest things in OCD recovery is to let the 'What Ifs' sit there without you checking something, asking for reassurance, Googling, Redditting, You-tubing, Reading this Relief Guide, etc. Anything to make it bearable. All those things fall under the 'seeking reassurance' category. The immense drive to know 'for sure'.

Here's why it feels so good to get that 'relief' in the moment. It provides immediate relief from anxiety, it feels like you're "doing something" about the problem and other people's certainty temporarily quiets your own doubt. Sounds amazing right? But it teaches your brain that uncertainty is dangerous and must be eliminated...

This is the **hidden cost** of checking or reassurance-seeking: every time you do it, your brain learns that the thought or feeling must be a real threat that needs solving. You're not calming the anxiety (long term), you're training your brain to treat it as urgent and important. Over time, this makes the thought come back more often and feel even more overwhelming.

So here is what you can do instead: Notice the urge - Catch yourself just before asking for reassurance. Delay the action - Even 30 seconds of pause weakens the compulsion. Ask yourself - "Have I been down this road before? Did it really help?" Choose uncertainty on purpose - " **Maybe it's true, maybe not.** I'm not going to solve it right now—and I don't need to."

For when you feel you Relapsed.



**Mourice**

I know this can still feel nearly impossible to do... That's exactly why I created the **Reassurance Time-Out**. It's there for those moments when you can't stop checking and need a hand to **break the cycle**.



8-minute listen

### Reassurance Time-Out Audio

Listen to it here

Listen to this when you've given in to a compulsion, when OCD feels too hard, or when you feel stuck...

 **ObsessLess**

Work on Obsessions, Compulsions, Panic Attacks and many more in our ObsessLess App...



 Download on the App Store

 GET IT ON Google Play



For when you feel  
you Relapsed.

For when you feel you Relapsed.



**Mourice**

I've been through so many relapses I can't even count them... Feeling like I was back at square one, that all my progress was lost or that I would never get better. **Here is what I wish someone told me** during those moments...

## You haven't Actually Relapsed

(read that again)



**Mourice**

Yes. It might FEEL like you did, or that your OCD is worse than ever. But, when in Recovery our OCD can start to act up, because we are noticing our thoughts now instead of automatically doing compulsions like before...

Your brain is secretly testing you to see if you'll stick with recovery when things get tough. **Remember, recovery isn't a straight line...** You're learning a completely new way to handle your OCD, and that takes time and practice.

I've been where you are now... One setback, two, even 50 don't erase the weeks or months of progress that you have already made. Try to see it as a guide to know what to work on next.

For when you feel you Relapsed.



**Mourice**

And yes... Trying to see the positives in Recovery when feeling defeated is hard. Thats why i created the **Relapse Check-in**. it helps you navigate those hard moments OCD throws at you.



3-minute listen

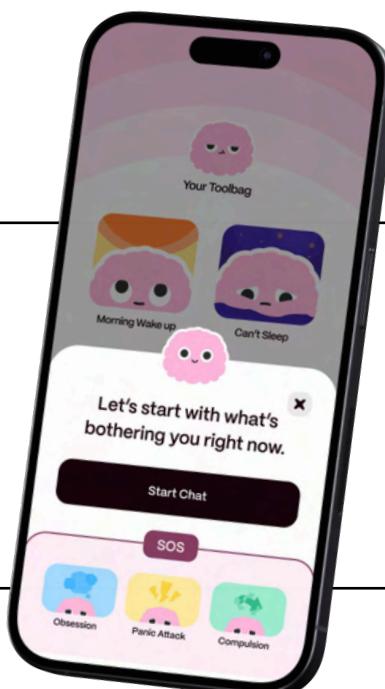
### Relapse Check-In Audio

Listen  
to it  
here

Listen to this when you've given in to a compulsion, when OCD feels too hard, or when you feel stuck...

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More Soon...