The Repetitive Cycle of Obsessions and Compulsions

One of the first steps towards learning to manage obsessions and compulsions is to develop a better understanding of what is happening and why it happens. Below is a model that shows the repetitive cycle of obsessions and compulsions. This cycle can occur so quickly that many people are not aware of the process in the moment. Let’s break it down starting with the obsessions. Obsessions are thoughts, images, or impulses to do something; usually, they are unwanted, and may even seem strange or repulsive. Obsessions are usually accompanied with a sense of anxiety. The anxiety can make the obsessions seem more important, and include a variety of unpleasant emotions and sensations. Understandably, people attempt to reduce the anxiety by doing something, telling themselves something, or avoiding something. In this model, those actions are overt compulsions, mental compulsions, and avoidance compulsions respectively. Although the compulsions temporarily reduce anxiety and create a sense of control, the reduction of these unpleasant experiences also results in negative reinforcement of the obsession. In other words, because compulsions make people feel better temporarily, the obsessions are reinforced and occur again, repeating the cycle.

- Temporary reduced anxiety and increased sense of control
- Negative reinforcement of obsession

- Obsessions
  - Thought
  - Image
  - Impulse

- Compulsions
  - Overt
  - Mental
  - Avoidance

- Anxiety
  - Importance of obsession
  - Unpleasant emotions
  - Unpleasant sensations

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**Example of A Repetitive Cycle of Obsessions and Compulsions**

Let’s look at an example of how this model could illustrate an obsessive compulsive cycle. Consider a woman who has obsessive thoughts, images, and impulses of contamination related to germs. When the obsessions occur, she experiences anxiety signifying that the obsessions are very important (i.e., don’t disregard the thoughts), has strong feelings of disgust, and experiences crawling sensations on her contaminated body parts. She responds by washing her hands (overt compulsion), repeating the word “sterile” to herself to cancel out the obsessions (mental compulsion), or avoids areas that may be contaminated such as bathrooms (avoidance compulsion). Although the compulsions provide very temporary relief, she also re-experiences the contamination obsessions almost immediately, and the cycle continues. As the cycle continues, it can become strengthened resulting in greater sense of anxiety, frustration, and a sense of losing control.

- **Obsessions**
  - “I have germs on me.”
  - Images of germs
  - Impulse to wash hands

- **Compulsions**
  - Wash hands
  - Tell self “Sterile”
  - Avoid bathrooms

- **Anxiety**
  - This is really bad and I’ll get sick
  - Disgust
  - Crawling sensations on skin

- Temporary reduced anxiety and increased sense of control
- Negative reinforcement of obsession

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How Treatments Can Interrupt the Obsessive Compulsive Cycle

There are several treatments that may be helpful to interrupt the obsessive compulsive cycle. Because it is a cycle, any treatment that reduces any of the elements of the cycle, can reduce all of the elements of the cycle. The diagram below illustrates which elements of the cycle the various treatments primarily influence. Exposure and response prevention (ERP), a behavioral treatment, is considered the gold standard of treatment. Exposure to the obsessions eventually leads to habituation and helps to weaken the connections between obsessions and anxiety. The prevention (or delay) of a compulsion is arguably the most important part of ERP – it is the most effective way to break the cycle. Preventing a compulsive response eventually reduces obsessions and anxiety.

Another treatment, medication therapy (MT) can help reduce the anxiety response, and sometimes can also reduce the frequency or intensity of obsessions. Lastly, cognitive therapy (CT) can increase awareness of the cycle and greater acceptance of obsessions, which leads to reduced anxiety. Other strategies that are not “treatments” such as physical exercise, relaxation training, stress management, and increasing social support can be useful adjuncts, but do not necessarily break the obsessive compulsive cycle.