Pullingthe**trigger**®

The Definitive **Survival and Recovery Approach for OCD, Anxiety, Panic Attacks and Related Depression**

By Adam Shaw and Lauren Callaghan (CPsychol, PGDipClinPsych, PgCert, MA (hons), LLB (hons), BA)

From the heart and soul of a lifelong OCD and anxiety sufferer, combined with the expert mind and experience of a leading clinical psychologist, Trigger Press Publishing are proud to introduce the simple yet highly effective self-help method of 'Pulling the Trigger' – a definitive survival and recovery approach for OCD, anxiety, panic attacks and related depression.

THE AUTHORS

Adam Shaw is a UK philanthropist. From the age of five he has suffered from Obsessive-Compulsive Disorder (OCD), anxiety, panic attacks and related depression. Now in recovery, he has vowed to help others suffering from the same debilitating illnesses through the global charity, The Shaw Mind Foundation www.shawmindfoundation.org

Lauren Callaghan (CPsychol, PGDipClinPsych, PgCert, MA (hons), LLB (hons), BA), born and educated in New Zealand, is a specialist leading Clinical Psychologist based in London (UK) and the clinic director of two successful private practices which specialise in treating obsessional problems, anxiety disorders and depression.

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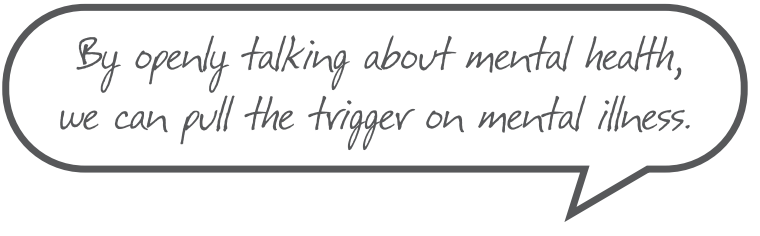
Dedicated to all the sufferers of any mental health issue and their loved ones, and to those working tirelessly across all spectrums around the world to bring a better understanding and awareness of mental health issues through research, support and treatment.



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you are making an incredible difference

All of our **Pulling**the**trigger**® products have substantial enterprising and philanthropic value which generate contributing proceeds towards our global mental health charity,
The Shaw Mind Foundation

MISSION STATEMENT

'We aim to bring to an end the suffering and despair caused by mental health issues. Our goal is to make help and support available for every single person in society, from all walks of life. We will never stop offering hope. These are our promises.'

Pulling the Trigger and The Shaw Mind Foundation

the Shaw mind
FOUNDATION
Supporting children, adults and families
for better mental health. **#lets**do**stuff**

The Shaw Mind Foundation (www.shawmindfoundation.org) offers unconditional support for all who are affected by mental health issues. We are a global foundation that is not for profit. Our core ethos is to help those with mental health issues and their families at the point of need. We also continue to run and invest in mental health treatment approaches in local communities around the globe, which support those from the most vulnerable and socially deprived areas of society. Please join us and help us make an incredible difference to those who are suffering with mental health issues **#lets**do**stuff**.

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INTRODUCTION

COURAGE NOT FIGHT

Accept Your Mind, Own It For What It Is. This Takes Courage, Not Fight

All my life, from being a little boy to a fully grown man, I tried to suppress my thoughts and anxiety because I knew no better and because I felt compelled to fight them. I was frightened, ashamed of and appalled about my mind and my crippling thoughts. It was terrifying, lonely and debilitating. I constantly felt that I was on the edge of madness and that no one or nothing could help me. It felt like a war I was gradually losing every day as my strength would deplete and my energy drain. The day I brought Lauren into my life, some thirty years' later, was the day I stopped fighting and my life changed forever. The day I truly accepted my thoughts and truly embraced them was the day I began to take control; this made surviving my anxiety-based mental illness possible, but more importantly made my recovery inevitable. A new life was beginning for me. No words will ever be enough to thank my wife, Alissa, my beautiful children and, of course, my therapist and colleague Lauren Callaghan for all their unconditional love and support.

Adam Shaw

Adam Shaw: We can all change the game on mental health recovery. It's time for a new way of thinking, so let's make recovery possible for all.

Providing this service through our recovery approach and charity foundation is my passion. Pain and suffering through anxiety-based mental illness has played a big part in my life through childhood, adolescence and adulthood, and at times has come terrifyingly close to destroying me. However, I promise you that survival and recovery can and will happen, as we guide you through our method of **Pulling the Trigger (PTT)**: a combination of **Cognitive Behavioural Therapy (CBT) with a Compassion-Focused Approach**. I can assure all my fellow sufferers, families and loved ones of sufferers, and indeed anyone supporting the **PTT** movement, that through your support and contribution by purchasing this definitive and inspiring recovery approach, you will not only help ensure your own recovery, or that of your loved one, but just as importantly you will also be helping and supporting those most vulnerable in our society and those who are also trapped in a cycle of despair through mental health issues. We achieve this through our global charity organisation, The Shaw Mind Foundation (www.shawmindfoundation.org). It is our mission to show sufferers from all walks of life and around the globe that they are not alone because help and support is available and accessible. Sufferers and their loved ones don't have to give up hope because survival and recovery is more than possible. We promise this.

Within this recovery approach, Lauren and I want to give you the very best of our experience in dealing with Obsessive-Compulsive Disorder (OCD), anxiety, panic attacks and related depression while we encourage, help and support you as you lay your torment to rest. And be assured that's exactly what you will do if you follow our journey. Our approach is a simple yet highly effective treatment for mild to severe anxiety-based mental health issues and is located in Part II of this book. The first section of this book contains my personal story; a journey through the severe struggles I have faced with mental health issues throughout my life. While my story is one primarily dominated by OCD, it is important to stipulate that it has relevance on so many levels to all those suffering with various

anxiety-based mental health issues. I want sufferers and their loved ones to understand my story so they are able to identify the elements which also contribute to their own personal suffering. We have added my story to Part I of this book by way of an introduction to our **PTT** approach and while we encourage you to read and digest my story as a platform to begin your recovery, the magic within this book comes in Part II – the **PTT** approach which will help lead you to recovery and to a life free of OCD, anxiety, panic attacks and related depression.

I call it an approach. In fact, it's more of a survival and recovery manual. Let me explain. At the time of writing, I'm a businessman operating various companies in the legal services industry and living in Lincolnshire, UK. I have a wonderful wife, five great children and a warm and supportive extended family. One would say I have many of the trappings of success for which I consider myself a very lucky man. However, this has not always been the story of my life. There was a time when my mind seemed to be shattered into so many pieces that I felt I could not continue living. The OCD and extreme anxiety that I'd suffered from childhood had spun completely out of control, causing me panic attacks and many regular suicidal thoughts.

In the middle of my last major episode of anxiety and panic, which resulted in my contemplating suicide, I'd attended the Accident and Emergency (A&E) Department of my local hospital, desperately begging them for help. The UK's National Health Service (NHS) being what it is, the A&E Department simply didn't have the resources within its mental health service to do something for me there and then. I felt like I was going crazy and wished someone could put me into a deep sleep that would last a year or more. I just didn't want to exist any more through this acute mental torment I was suffering from.

When I stood on that bridge, staring at the train tracks below and wondering if I had the courage to jump, I was at my lowest ebb. 'If I can't beat this now,' I thought, 'I never will.' And this was from the man who had everything to live for, and many of the things other people may envy. This wasn't a cry for help; I was deadly serious about ending it all. I was in an extremely desperate state of mind, but equally I was rational in my thinking when it came to suicide.

I had ensured my estate was in order so my wife and children would have a secure future. Furthermore, I was deeply concerned for the driver of the train. I didn't want his or her world turned inside out by going through the horror of seeing someone jump in front of a high-speed train and be unable to do anything. My rationale to achieve this was to jump just as the first carriage passed under the bridge. Looking back, I guess I didn't take everything into consideration as the thought never even entered my head about the poor person who would discover my body.

I didn't jump that day. I was almost convinced it was the right thing to do. But something – a tiny bit of hope, perhaps – stopped me from going over the edge. After that day, I told myself that if I got better I would somehow help other people suffering from the anxiety and OCD which had crippled me. At that stage I realised that only by taking matters into my own hands would I start to recover. I make no criticism of the NHS in the UK; it provides an excellent service within its budget. But I needed help there and then, and luckily I was in a position to fund such assistance myself. I realise that many others aren't able to do this, which is why I made the vow to help my fellow sufferers and their families. This book and the recovery approach contained within it is the first step on that road to tackle an illness that affects many people across the world, and probably more alarmingly, the millions more who have yet to be diagnosed.

How did I get better? How did I get to the point in my life where I can now say I've recovered? Well, it's a long story but not a particularly complicated one. I was fortunate enough to meet Lauren, an industry-leading therapist and the co-author of this book and PTT approach, who introduced me to a completely new way of approaching my illness; how to accept the thoughts I was having, embrace them and by doing so, control them. The three short words which sum up these techniques are **Accept, Embrace** and **Control**. Three words that form the basis of everything Lauren and I will teach you in this recovery approach. There is nothing more to it than that.

- You must **accept** that you have anxiety and understand that it is your current state of mind. We do not fight or question our state of mind; we allow it to be.

- You face the fear, **embrace** it, openly letting your fears in and proactively moving towards them. You do not run away by distracting yourself or by trying to 'keep your mind occupied'.
- By doing these things, you eventually learn how to **control** your mental health to see it for what it is – a collection of thoughts; no more, no less. It's about understanding that sometimes control means letting go and accepting that it's OK not to be in control of your thoughts, sensations and initial emotions attached to them.

We have called this approach '**Pulling the Trigger**', or '**PTT**' for short. It is an approach that has evolved from the techniques which Lauren introduced me to, but it also derives from our combined experience, wisdom and expertise, which eventually became the **PTT** approach.

Pulling the Trigger is simple, and deliberately so. Not being a qualified medical specialist, I have no wish to confuse readers with a lot of theorising about anxiety and OCD. This, to me, is unhelpful, and I feel it can actually lead the sufferer down the wrong path, as it did to me over the years. I believe that my experience of suffering with severe OCD and extreme anxiety and finally recovering has led me to a place where I am in the strongest position possible to help my fellow sufferers. This book and the approach contained within it is therefore written, in part, by a long-term and severe OCD and extreme anxiety sufferer, and is aimed at fellow sufferers and their families.

That said, it is through bringing Lauren into my life, a leading anxiety-disorder specialist, that I was finally able to find the courage, mindset and support to break free from my suffering. Therefore, I want to give all my fellow sufferers the very best chance of recovering by having my experience, and the expertise of one of the most talented therapists in the industry, contained within this book, ensuring the reader has the techniques to survive and recover, but just as importantly to live a life with purpose post-recovery. It is a passion and an ethos of ours to show that through the PTT approach and the treatment we will introduce to the sufferer, these techniques and new ways of thinking can also be embraced in your future so you can recapture your zest for life. Why stop at recovery? Help and understanding in this area is so difficult to come across, as I discovered over the years; the information contained within our PTT

approach will finally break down that barrier and give you the help, support and techniques for survival and recovery. It gave me the life beyond that I was frantically seeking for most of my life.

I do understand that for almost all of us suffering as I have done, the journey into acceptance can take quite a while. The instant panic and intense dread of an anxiety-based mental illness such as I had with OCD feels not only debilitating to the sufferer, but brings with it extreme isolation and loneliness when unwanted thoughts and anxiety kick in. For a long time we have been living with thoughts that have dominated our lives, told us to behave in certain ways and taught us that certain patterns of behaviour are the only ones which will help us avoid the anxiety and OCD that torments us. Ironically it is the very avoidance of anxiety and OCD, panic attacks and related depression which makes it feel twice as bad. I and millions of other sufferers have tied ourselves in knots trying to 'understand' what is happening to us, asking why it is that we have to suffer, doing everything we can to avoid bringing on another episode.

Do not get confused between fight and courage when it comes to recovery. Anxiety thrives on and feeds off your internal fight and struggle while you are trying to conquer this illness, but it runs scared of courage as you start to take the steps to face it and see it for what it is; a misfiring emotional response driven by fear and without substance.

Only by ***accepting*** and ***embracing*** anxiety and OCD will you ever learn to ***control*** it, and finally stop it plaguing your life and those of the people around you. Instead of running away from it, walk boldly towards it. Ask it to visit you, again and again. Stare it full in the face and tell it to do its very worst. Because if you do, do you know what will happen? It will back down, shrink away and slink off. Not immediately, but I absolutely promise you that in time, that is exactly what will happen. The technique of **Accept**, **Embrace**, **Control** will eventually allow your mind to desensitise itself to the obsessions and compulsions that swirl around it. Look at it like a parachute jump: at first, the fear you feel on exiting the plane is huge. Next time you do it, you'll be fearful again, but perhaps less so. Then you do it again and again, and eventually so often it becomes second nature. That's

desensitisation. You walk along the high wire, you lean out of the basket of the hot air balloon, you swing across the circus tent on the trapeze, and each time you do it you become that bit more confident, and less fearful. That is how you tackle anxiety, OCD and depression, and the PTT approach will give you everything you need to finally rid your mind of the obsessions, compulsions and anxieties that dominate your thoughts and ruin your everyday life.

The best way to show you how to achieve all this is firstly to take you through my own story, chapter by chapter in Part I of this book. I'm not a doctor, or a therapist or any kind of medical specialist. I'm an ordinary man from the UK with a problem that millions around the world suffer from; worse still, the majority will suffer in silence, so I hope you will be able to relate to at least some of my story. As each chapter progresses in Part I, Lauren will add her thoughts and commentary to what I've been describing in my own life, and then in Part II of the book we will introduce our recovery approach – Pulling the Trigger. Within our PTT approach in this book, we have also included individual sections on support for anxiety and OCD sufferers from a family perspective, fitness and diet, and also our view on using medication for these problems.

I have achieved much in my life, despite my illness (and sometimes because of it – where there are negatives there are always positives!) but this is the biggest and, personally speaking, the most important project and journey I've ever embarked on. Only my therapist and my wife, Alissa, know the full story of what happened to me and how I recovered. I will be sharing deeply personal information with family, friends, colleagues, employees and you, the reader. It's not easy telling people that your illness has pushed you to the very limits of sanity but it's the truth, and I pride myself on my honesty. That's all I have, and I hope that my honesty helps you through your own troubles and serves as a secure platform for you into our PTT approach.

Finally, a word about the title and the approach we've devised of the same name. Many things have triggered my OCD and anxiety, but for an equal number of years I shied away from those triggers, hoping that by avoiding them the illness would go away. It didn't. Now I see that if I'd gone towards that trigger and just pulled the thing –

and I don't mean in a suicidal sense, but simply as a metaphor for facing fear – I would've sorted out my difficulties years ago. Through this book and approach, I want you to do the same. Good luck on the journey, and stay with it, even when it becomes tricky. Recovery is within your reach. We promise this.

Lauren Callaghan: Thank you for picking up the book and having the faith to read and follow our recovery approach. Firstly, a little about me. I'm originally from New Zealand where I studied both Law and Psychology at university. I was heading towards a career in law, and even completed my legal training and was admitted to the Bar, until I changed my mind and decided to continue my postgraduate studies and train as a clinical psychologist. I was interested in human behaviour, and I wanted to be in a profession that helped people and where you could see the direct impact of your hard work in making positive changes for individuals, families and communities. I eventually moved to the UK and worked at the renowned Centre for Anxiety Disorders and Trauma (CADAT) at the Maudsley Hospital in London. While there I also worked in the National Services Team for OCD and BDD (Body Dysmorphic Disorder), a UK government-funded programme to treat the most severe cases of OCD and BDD around the country. I then worked at the National Services CBT (Cognitive Behavioural Therapy) programme for severe and complex anxiety disorders at the Bethlem Hospital, part of the Maudsley Hospital group, which again was a national specialist unit in treating OCD and BDD. I appeared as a therapist on *BEDLAM*, a BAFTA-winning documentary on the treatment of severe OCD and I am a frequent guest speaker on BBC radio about OCD and anxiety problems.

In addition to my clinical psychology training, I am a very experienced and certified CBT therapist. I am a national-level specialist in OCD and BDD, and I teach and supervise psychologists and CBT therapists, as well as presenting at national and international-level conferences on these topics. I am a guest lecturer and honorary researcher at the Institute of Psychiatry, King's College, UCL, where I have both taught and evaluated the CBT training courses and where I am currently involved in research and evaluation of new OCD and CBT treatment methods.

I am passionate about giving back to the community and promoting evidence-based psychological treatments, and until recently I was the chair of the Communications Committee of the British Association for Behavioural and Cognitive Psychotherapies (BABCP). I am actively involved in supporting OCD and BDD charities in many ways, including promoting awareness of anxiety disorders and presenting at annual conferences for sufferers and their families, as well as raising awareness and the profiles of these illnesses by fundraising for the charities. Today, I run two private practices in London, which specialise in a number of disorders including anxiety and obsessional disorders, including OCD and BDD.

The PTT approach found in Part II of this book is an effective treatment for OCD, anxiety, panic attacks and related depression. You will often hear the words 'stress', 'worry', 'anxiety' and 'panic' in relation to everyday occurrences; 'I am stressed at work', 'I hate public speaking, I always panic', 'I worry about that all the time!', 'That makes me feel really anxious' and so on. These terms are often used interchangeably and for all types of situations. In fact, they are all referring to the same human experience, although this human experience may vary in severity and duration. For the sake of clarity, we will use the term 'anxiety' going forward. Anxiety is a human condition. It is a complex interplay of our thoughts, emotions, physiology and our behavioural responses. Rest assured, everyone experiences anxiety to some degree. In this book we are confident of educating you on anxiety, and if you or someone you know experiences anxiety to the degree where it is causing suffering and distress, then the PTT approach will provide you with the tools to challenge it and overcome the disabling nature of anxiety.

Anxiety is a general term that covers the full range of anxiety presentations and symptoms, from minor symptoms such as feeling anxious that you will be late for an appointment (and these feelings dissipate once you make it close to the time) or severe anxiety which manifests itself in an actual disorder, such as a phobia, social anxiety or (in Adam's case) OCD. Not all anxiety sufferers will meet the clinical criteria for an anxiety problem, but they may find their symptoms interfere with living and enjoying life. This book is aimed at helping everyone on that spectrum who experiences anxiety.

'Panic' is another term that is often used to describe an anxious state. However, when we use the term, 'panic attack', we are referring to a specific instance in which a person's anxiety symptoms are physically overwhelming but last for a fairly short time. We describe panic attacks in more detail later in the book and in the PTT approach in Part II, but again, panic attacks are another normal human manifestation. They are scary, distressing and become problematic when they occur in what seem like random situations. We may also expect them in situations we fear, such as public speaking, although they are still intensely unpleasant and make us want to avoid any situations which we believe may bring them on. Panic attacks can occur as single events, or as a feature of another anxiety problem. For example, you may suffer from OCD or a phobia, and you will get panic attacks as part of that problem. Or you may just have had a panic attack in response to a single event and it never reoccurs. Or you may have panic attacks as part of Panic Disorder, which is a type of anxiety problem in which the main symptoms are having panic attacks and fearing that they will reoccur. The PTT approach will help you overcome panic attacks whether they happen as standalone events or as part of another problem.

Adam's personal story in Part I of this book sees him overrun and in some cases debilitated by all these issues, but with his primary illness, OCD, leading the charge in his suffering. While I comment a lot on OCD through Adam's story, there is also a lot that is relevant to all anxiety sufferers. Part II of our book is designed for all anxiety sufferers in mind, not just those suffering from OCD. I'm often asked to define OCD and I reply that, at its core, it is **an obsessional problem that can be about absolutely anything, resting on a bed of anxiety, depression, shame and guilt**. There are more commonly occurring types than others, but in summary OCD is when people have intrusive thoughts that are very upsetting, which they interpret to be very threatening, and thus they want to minimise or reduce the threat.[1] Intrusive thoughts are thoughts that are uncontrollable and pop into our heads uninvited. For example, some worrying thoughts may include:

1 Salkovskis, P. M. (1985). Obsessive-compulsive problems: A cognitive-behavioural analysis. *Behaviour Research and Therapy*, 11, 271–7.

- thoughts of deliberately harming yourself or other people
- worries of contamination or catching a disease
- thoughts that you might be a danger to others or yourself in some way
- worries that something bad will happen from something you did or did not do
- fear of disorderliness (i.e. everything must be in its place before you feel content).

The behavioural or compulsive side of these intrusive thoughts is aimed at reducing the perceived threat and feelings of anxiety and might include such things as:

- excessive handwashing and cleaning
- excessive checking and tidying around the house
- repeating words silently
- avoiding people or specific situations
- trying to undo the distressing thoughts in some way
- excessive over-thinking of the worry or possible outcomes

These are just a few of the more common obsessions and compulsions linked with OCD and anxiety, but the first important point to make is that we all have intrusive thoughts. By no means are you alone. We have an estimated 50,000 to 70,000 thoughts a day and we might remember about five of them. And why do we remember those five? Because we've given a meaning to them. That's OCD – when you have a thought that you attach a meaning to, which then allows it to keep intruding in your brain.

For example, you are waiting for a train and suddenly the thought pops into your head, 'What if I jumped in front of the train?' or 'What if I pushed someone in front of the train?' For most people, the thought goes no further than that. But a person with OCD and anxiety might develop the thought along the lines of 'Oh no, I had a thought of killing myself' and then they go on and worry that it means they are suicidal and a danger to themselves. Or they might think, 'Oh no, I'm dangerous to other people' and the meaning or the worry becomes that they want to push someone in front of the

train. So they start avoiding trains or buses, or any place they may potentially hurt themselves, or where they could hurt someone else. They avoid visiting friends or relatives, they avoid going to work, they avoid all public places. The intrusive thought is 'I want to harm myself or other people' and the meaning or the worry becomes that they are dangerous; the behavioural or compulsive side is that they must avoid situations in which they could harm themselves or other people. And the more the OCD and anxiety sufferer does to side-step the situation – e.g. avoiding transport, public places etc. – the worse the problem becomes.

The thing about OCD and anxiety is that everything you try and do to reduce anxiety ends up reinforcing the difficulty, thereby creating more anxiety. The more you wash your hands (because you feel unclean and worry you will spread germs), the more you will feel anxious about your potential for infection. The more you worry about stabbing someone, the more you will avoid social situations and subsequently increase your anxiety about them. The more you count the cracks in the pavement (because if you don't, something bad will happen to your family), the more anxious you will become if you fail to do it.

As a therapist, my role is to challenge the meanings of the thoughts that lie behind this illness. By this, I don't necessarily mean analysing them in great depth, trying to figure out where they come from, how they have developed, etc. (although for some people, this can be useful). Instead, I try to get the sufferer to look at each thought in turn, and accept it for what it is – just a thought! This will involve talking through the 'evidence' for the obsession ('I am dangerous, therefore I must avoid all situations in which I could cause harm to myself or others') to get the sufferer to see that what they're obsessing about is only *the thought itself*. It's the thought which is causing the distress, not the so-called 'evidence'.

Once we've challenged the meaning and you've **accepted** that it is a thought, and nothing else, then I'll ask you to look at the unhelpful behavioural and avoidance strategies you are using. Instead of trying to reduce the anxiety by avoiding people, things and situations, we **embrace** the difficulty so that eventually it doesn't bring the crippling anxiety. If you have a fear of germs and you compulsively hand-wash,

eventually I might ask you to touch the sole of your shoe with your finger and then put your finger in your mouth. That's going to make 99.9 per cent of all germ-phobics feel very anxious indeed, but each time we do it the anxiety will decrease. With enough exposure, no feeling lasts forever. In this book, Adam will describe how he worried that he might strangle someone. After several sessions I asked him to put his hands around my throat and squeeze. That sounds extreme, but I knew Adam would never actually strangle me. Why? Because it was only *the thought* that was bothering him. When he finally faced his worst fear, he simply withdrew his hands. He **accepted** it was just a thought and we carried on with our session.

There are many types of OCD but at root, the treatment for each type is the same, and it is based on accepting and embracing these thoughts.

Science and psychology haven't pinpointed exactly where OCD and anxiety comes from. There can be an inherited genetic link, but it's by no means guaranteed you will go on and develop OCD. It may be about events as you grow up; perhaps linked to an incident for which you felt responsible, or that you grew up in a house where safety was a constant anxiety. Then again, it can start in your mid-twenties for no apparent reason. As I've mentioned, it isn't entirely necessary that you identify the likely causes as part of your recovery, but for some people (particularly those who ask 'Why me?') it can be useful. You can also get OCD about OCD, and Anxiety about Anxiety, particularly towards the end of treatment. People have had such a distressing time that they worry about the OCD or anxiety coming back. And that's an important part of the recovery process; knowing how to deal with and control those thoughts and worries that threaten to creep in again. I call this the 'maintenance' stage of treatment – maintaining the much-improved mental health you have gained through treatment.

There is also the related **depression**. If OCD and anxiety has taken over your life and you're plagued by worries or thoughts that there is something wrong with you or that you will harm someone, and you're trying desperately to avoid such thoughts and the situations that give rise to such thoughts, then it's no wonder that depression is a factor in this. You start avoiding people and situations; anything

you enjoyed doing you won't do any more and you become very self-critical. Well-known models of depression rely on the cutting out of things that give us pleasure, enjoyment or a sense of achievement, and usually an increase in self-criticism. If we have no enjoyment in our life and constantly beat ourselves up, no wonder we feel down!

That said, the trick is to identify which came first, the OCD and anxiety or the depression. If you were clinically depressed before the OCD or anxiety started then you might need treatment for the depression first – possibly a combination of medication and psychological therapy – whereas if depression follows OCD or an anxiety problem then I'd expect it to alleviate as the OCD and anxiety fades. All of this comes down to effective assessment, and I do think this is important before any kind of recovery treatment is embarked upon. If you worry that the depression has been with you longer than the OCD or anxiety, or is so entrenched it might prevent you from being able to take on board this help, then I suggest visiting your doctor to discuss this, and please visit The Shaw Mind Foundation website (www.shawmindfoundation.org) which offers further information and support on all types of mental health problems.

In Part I of this book I will comment on the aspects of Adam's story relating to OCD and anxiety, and describe how we tackled these in his initial therapy sessions with me. In our description of the PTT approach in Part II I will also give you suggestions, exercises and ways of challenging your worries and unpleasant and distressing thoughts so that you can really begin to get a handle on your own condition. It won't always be easy, and there may be times that you will want to seek one-to-one therapeutic advice outside of this book. However, if you do, please make sure that you find someone who understands the **Cognitive Behavioural Therapy and Compassion-Focused Approach** I am outlining. Otherwise, embark upon reading this book and our PTT approach with an open mind and remember that there are millions of people who are struggling just like you. The fact that you've purchased this book means that you have taken the first step towards your recovery. And if you want to, you WILL get better just as Adam did, and he did so at the point when he thought all hope had been lost.

PART I

ADAM'S STORY

My Desperate Struggle with OCD, Anxiety, Panic Attacks and Related Depression

CHAPTER 1

ADMISSION

Adam: I was in my early thirties and for the third evening in a row I was sitting in the A&E Department at the Northern General Hospital in Sheffield, UK. I'd admitted myself and was desperate for help. If I'd had a physical injury, no doubt I'd have been seen on the first day, treated, and sent home or somewhere else for further treatment. Sadly, it wasn't my body that was playing up; it was my mind. I was going crazy with panic and anxiety attacks, and each time I had a panic attack I didn't think I'd survive the next few minutes.

My sister was with me. My wife, Alissa, and my children were still in Lanzarote (part of the Spanish-owned Canary Islands) where we'd been living for several months. I'd flown home as soon as the signs of anxiety and OCD had crashed into me, but this was worse than anything I'd known in all my years coping with the illness. My sister had found me wandering in the crematorium grounds close to her house and had taken me down to the hospital. She explained to the A&E doctor that I'd had some kind of a mental breakdown and was very poorly. They put me in a room and called out the Mental Health team. Hours later, I was still there, my sister's arms around me as I rocked back and forth in terrible distress.

'What have I done to deserve this?' I thought. 'I've lost control of my life, I'll be admitted to a mental hospital and I won't be able to look after my kids. How have I got to the point where I don't even want to live?'

Still no one came. There were only two members of the Mental Health team on call that night covering the entire city of Sheffield (with a population of more than 550,000) and they were very busy. Eventually, through exhaustion created by hours of intense panic

attacks I left and went back to my parents' house, where I was staying while Alissa and the kids were flying home.

And yes, I really felt I didn't want to live. Unbeknown to anyone, and in desperation, the following evening I told my parents I was going out for a walk to try and clear my head.

This was a lie.

In fact, I parked up at a railway bridge close to my home. I climbed onto the bridge and looked down at the track.

'I don't want my kids to see me like this,' I thought.

'Why should their lives be ruined by what's happening to me? I'm of no use to them because I'm in a battle I can't win and one which is consuming me and gradually killing me.'

No trains passed, though several cars drove across the bridge. Nobody stopped. Perhaps they thought I was drunk, or on drugs or something. In hindsight, if someone had stopped or called the police, this may have pushed me to just jump and I might never be writing these words today. It is still very raw and upsetting for me to think about this; that I was in such a desperate place and state of mind that I had lost all hope and this seemed to be the only answer.

What I did not know then was that I was in a severe anxious state of 'Pure O', in which the sufferer has the obsessive thoughts, but not the obvious behavioural compulsions, although I now know that people suffering from Pure O do have mental compulsions, which Lauren later explained to me. Pure O may sound less distressing than OCD, but that couldn't be further from the truth. With Pure O I got to the point where there was nowhere to hide, no safety barrier or technique or compulsion that would help make the state of anxiety subside. It was almost like I was in a 'locked-in' state that I couldn't escape from. The more I tried to get rid of thoughts, the more they would be there and the intensity would increase. By trying to get rid of thoughts, I was making things worse and going against the whole philosophy in this book and the PTT approach of accepting and facing your thoughts and fears.

My whole being was wracked with pain and anxiety, and my emotions were so clouded that I didn't see suicide as a selfish act.

In fact, those contemplating suicide often think the opposite – that those around you and who love you are the selfish ones for implying that suicide is such, because if they knew the pain and distress you are enduring they would let you go and the pain would end, and that they would in fact be better off without you around in your unwell state. Even so, something – perhaps the tiniest glimmer of hope – was telling me that this most destructive of acts was not the way. There had to be something else, a path that would eventually give me peace of mind in this life, not any other, and I believe this tiny bit of hope was driven by thoughts and images of my wife and children. Alissa needed her husband and my children needed their father. I had no say in the matter – I had to get better.

I stepped down from the bridge and got back into the car. I still felt dreadful, pulled apart by panic, anxiety and the most terrible thoughts. Tomorrow I knew I'd be at the hospital again, pleading for the help which I knew the overstretched NHS could not provide there and then. What I didn't know then, but do now, is that there had been such a build-up of OCD and anxiety up to this point in my life that something had to give. It was almost as if my brain had stopped the lifelong fight I'd put up and collapsed in on itself, giving me acute anxiety and panic attacks.

I did go back to the hospital that day, which was almost becoming a compulsion in itself and still there was no help available. But two things happened. The first, while I was sitting there, was a thought which popped into my head – the first rational one I'd had in days.

> *'Adam,'* it said, '*if you ever do recover from this, or find a way through it, you will do something about it and pass it on. You will not recover in silence. You will be public about it, and by exposing it will aim to help other people suffering in the same way. You will make your wife and children proud.'*

The other thing was that I knew I'd have to get myself better. As I've said, I don't blame the NHS for not treating me properly. They're just so under-resourced and overstretched with work that I simply slipped through the net. I was prescribed a medication called diazepam and was told to expect a home visit from the Mental Health team. Then I'd go on to a six-to-twelve-month waiting list for an NHS therapist who

might be able to help me. Sadly, I couldn't wait that long; I just knew I needed help much quicker, and that being the case, I'd have to take control and find it myself.

I'd woken up the morning after the bridge incident with … well, not exactly *motivation*, but something approaching determination to get this sorted once and for all. Alissa and the kids were home and for them, if for no one else, I had to get on my feet and find a way to live without so much anxiety and mental distress.

For the first time – and I'm sure people with OCD and anxiety will not believe me here, but it's true – I logged onto the internet and Googled 'OCD and anxiety'. It had never occurred to me to do it previously; why, I just don't know, but now I think it was an avoidance tactic driven by not wanting to see or hear other sufferers' stories in case my OCD latched onto their obsessions and further increased my internal suffering. Immediately I came across the website for a UK charity called OCD-UK. What I read was nothing short of amazing; I could identify with so many people's stories on so many levels. For years I'd thought I was alone (even though I knew in my heart of hearts that I wasn't). Now I could read the highs and lows of living with OCD and anxiety by real people right across the country. Not that reading about other people's suffering made me feel any better, but at least now I knew that this affects a lot of people around the world and is classed as one of the most debilitating forms of mental illness.

You must understand this: OCD and anxiety is common, and it's not your fault, you have an anxiety or obsessional problem.

I read on, taking in stories of anxiety and related depression. The stories stopped me in my tracks, resonated with me, made me realise we were all in this together. Similar stories, different experiences; they were all there and for the first time I began to realise that my OCD was, if nothing else, at least approachable. So what could I do about it? There was a contact phone number on the website. I rang it and spoke to a man who explained it was a charity.

'I'm in big trouble,' I said. 'I've had this all my life and I'm at a point where I'm suicidal and have lost all hope. I've been to hospital and they don't seem able to help or understand how poorly and desperate I am.'

'Well, Adam,' he replied, 'unfortunately the NHS isn't built to help people with mental illness, especially not the kind which comes on so quickly. So don't feel guilty.'

He told me the only way I'd get immediate access to treatment was to go private. Now, I knew I could afford this. But what if I hadn't been able to? I'd have been in a terrible situation for a long time. So I was, and am, very lucky. For those less able to afford private treatment the situation is dire.

I took down two email addresses. 'They really are the best,' said the man on the phone. I emailed them both, and got responses immediately. They were both based in London. I told them in no uncertain terms that I wasn't fit to travel, and that they'd have to come to Sheffield to see me. One wasn't prepared to do that. Thankfully, the other was, and that's when I first came into contact with Lauren.

Lauren: As Adam described in his narrative, reaching a crisis point can often be the first time that an OCD and anxiety sufferer acknowledges they have a problem. That's not to say they've never been aware of it before – as we will see in the chapters ahead, Adam was fully aware that 'something' was ruining his life, and while he knew what 'it' was, 'it' had attached itself to him so strongly that he was unable to deal with it properly. Instead, he found many ways to avoid 'it' which, in the short term, helped him deal with his unwanted thoughts while he got on with life in the best way he could. In later chapters of Adam's story we will examine these methods of avoidance carefully, but for now let's look at what OCD is and how it might be affecting you.

Let me ask you this: are you having thoughts that are distressing and unwanted? These thoughts could be about fear of catching an illness, or doubts over whether you've locked the door or left the oven on. They might even be about causing harm to yourself and others, or images of bad things happening to people you care for, or carrying out unspeakable acts yourself. Are they causing you distress? If so, what are you doing about them?

If, for example, you have a thought about picking up germs from a door handle and catching a cold (or worse) your next thought might

be, 'Oh well, I can catch a cold from anything and anyone. So I might as well just turn the handle and open the door.'

On the other hand, you might think, 'If I touch that door handle and I catch something serious, I could pass it on to my daughter, which could make her really ill or even die. So I must avoid it.'

AND in addition to the last thought, you may also think, 'I may have touched other things around the house that could cause illness. So I'd better wash my hands, and maybe my clothes too, and then clean the house to get rid of any germs.'

The first thought – and millions of others like it – is shared by all of us. Who doesn't have the occasional odd thought about something or someone pop into their head? In OCD these are the **obsessions** that people refer to. Obsessions are persistent and uncontrollable thoughts, images, doubts, fears, impulses and worries. These are also known as **intrusions** because they've suddenly intruded on your everyday thinking. They may also take the form of images, urges or doubts. You might be sitting at your desk and suddenly think of a famous actor or actress. That's normal. You might even search the internet and see what films they have made recently. That's normal too. The thought eventually goes and it becomes just one of the many thousands of thoughts you have every day. This is an example of an intrusive thought as it is uncontrollable and pops into our head uninvited.

But let's say you're at the funeral of your best friend's father and you think of the same famous person. So far, this is normal, though you might be puzzled as to why you're thinking about him or her at such a sad event. Supposing, however, you can't get the image of the famous person out of your head and, worse still, you feel incredibly guilty that you're thinking this way and not focusing fully on the sad occasion. If your friend knew, just imagine how badly he or she would think about you!

This intrusive thought has now become a trigger. You try to push the thought away but it won't go. And the harder you push, the stronger the image becomes.

Now, if this has happened to you before, and you know the only way of getting rid of the thought is, for example, by repeating a prayer, or a certain phrase to yourself, or replacing or undoing the intrusive thought with a 'neutral' or 'safe' thought, then the logical next step is to do that thing. The intrusive thought goes away and you're safe – until the next time it pops into your head and causes you distress. This is Obsessive-Compulsive Disorder (OCD).[2]

As I've said, we all have 'odd' thoughts now and again. They can seem mild or they can seem extreme, but they're just thoughts and they remain that way **until we attach a catastrophic meaning to them**. This last bit is crucial. If we give the thought some importance we're attaching a meaning to it, and so it becomes a trigger. The thought during a funeral about the famous person is of no consequence until you associate it with being a bad friend and start feeling guilty. Similarly, if you encounter someone with a cold and you think, 'I hope I don't catch it,' the thought stays that way until you think, 'I hope I don't catch it because if I do I might pass it to an old person and they could die.' The 'because' bit is the **catastrophic meaning** we attach to it.

This is the 'obsessive' part of OCD. The 'compulsive' or ritualistic part is what you're doing, or not doing, about that thought.

For example, you might be walking over a bridge and you suddenly think, 'Supposing I suddenly jumped over the side of the bridge and into the river?' This is by no means an uncommon thought; we're all human and we're all curious about life, good or bad. But attach a **catastrophic meaning** to that and it becomes, 'I'm thinking about going over the bridge; I must be suicidal and therefore I am dangerous to myself and can't be trusted not to jump off something high.' So you start avoiding bridges, or clifftops and high places in general, and there's your compulsion.

Avoidance is a very big part of OCD, as is seeking reassurance. You have an uncomfortable thought about hurting another person, so you start researching on the internet to see if you have psychopathic tendencies or if you bear the same profile as a serial killer, and you constantly seek reassurance from your partner that they think you

2 Salkovskis, P. M. (1999). Understanding and treating obsessive-compulsive disorder. *Behaviour Research and Therapy*, 37, S29–S52.

are not dangerous. **Avoidance** and **reassurance seeking** in some form are very common compulsions in OCD.

Another part of OCD might be **checking**. You spend around half an hour a day checking that the locks on your front door are working, because you have to be certain that they are locked and multiple checks that they are locked can reassure you to some extent that no one will break in. And every time you walk away from the door, a nagging feeling comes in, which makes you doubt whether you really did lock the door! Even though you are pretty sure you have, it seems safer to you just to check once more …

We all have habits or behaviours that we do to make us feel safe, because it is human nature to have fears, rational or irrational, and then to try and mitigate those fears. What creates OCD are the **catastrophic meanings** you attach to these intrusive thoughts, and what you feel **compelled** to do to ensure something bad doesn't happen. The combinations of these thoughts and behaviours must interfere significantly with your life in some way in OCD. If you have a quick wash of your hands before and after every mealtime and that makes you feel better, then fine. If you're washing your hands for thirty minutes each time until your skin is red raw and other people are noticing, then you have a problem. You can check the door once, but if you're driving home from work several times a day because you're worried you didn't lock it properly, this is going to interfere with living your life.

The example of washing your hands until you feel OK is what we might describe as having a **'just right feeling'** – an arbitrary criterion of deciding when a compulsion can finally stop because it feels 'just right'. For example, if you're washing your hands as described above, only you will know when it feels 'just right' to stop. This could last for any length of time, from a few minutes up to several hours. There is no fixed point because the aim is to get it 'just right'. You're trying to get relief but you're not basing this on anything tangible and it may change constantly. As we will see much later in the book, the way to overcome this is to stop the compulsion when it doesn't feel right, thereby challenging it, which is hard because 'feeling right' is based on a subjective feeling.

In addition, people with OCD and anxiety often feel the need to **confess** unpleasant thoughts they're having and by doing this they get some relief. People will admit to having an uncomfortable thought or carrying out a compulsion (or thought about carrying it out) and their confession becomes a type of compulsion in order to seek reassurance, helping to alleviate anxiety or guilt. We will explore reassurance later in the book and in the PTT approach, and we will see just what an obstacle it is to recovering from anxiety and OCD.

Adam mentions a 'Pure O' form of OCD. This is a term that has become a popular description for people experiencing mental compulsions rather than physical rituals or compulsions or obvious avoidance. They still experience intrusive thoughts, and attach a catastrophic meaning to the thought, but the compulsions are usually done in their head too. This might include 'trying to solve the problem', in your head or repeatedly going over the same worry (**rumination**).

There are many, many variations of OCD; in fact, **you can have OCD about ANYTHING**, but all of them have this in common: an **intrusive thought**, or a trigger; a **catastrophic meaning** that is attached to that thought and **compulsions** or behaviours that help the person temporarily alleviate or avoid the anxiety they feel; and strong, distressing feelings of **anxiety, guilt**, and sometimes **disgust**.

CHAPTER 2

BEGINNINGS

Adam: I was born in the UK in the city of Sheffield in 1977 and raised in Woodseats, a working-class suburb of the city. Our family is a close one; as well as my parents and my sister, I have a large extended family which spends many happy times together.

We were a working-class family – my dad was a builder and my mum worked in a bank. My dad came from one of the poorest parts of Sheffield but he worked hard to build a business and compared to other people in the area we were comfortably off. As a child I enjoyed vacations abroad, nice clothes and brand new sports training shoes. Saying that, my parents made me understand the value of money and how hard work brings rewards in life. So striving for the things I like has never been a shock for me because the work ethic was instilled by my parents.

If I'm asked about my earliest memories I can recall scenes like opening my first-ever Spider-Man toy on Christmas Day, or proudly putting on my new Sheffield Wednesday football kit. Sadly, my strongest memories, which began to form from the age of five, are the ones connected with my developing OCD and anxiety (not that I had any idea I had OCD back then, of course).

My first really debilitating memory stems from my earliest days in school. My mum dropped me off every morning, and just to make sure she wouldn't be knocked down and killed on the way home I began to do little 'rituals'. Quite soon after, I attached these anxious thoughts about my mum to cloud formations. It sounds bizarre, but OCD and anxiety can attach itself to anything. I remember seeing a particular cloud and thinking that if I were the only person to see the cloud my mum would die. So I asked some of my friends to look at

the cloud, believing that if they did, it would minimise the risk. Not surprisingly, the anxiety built from there and I dreaded looking into the sky in case I caught a glimpse of a cloud. I begged my mum and dad for a cap that I could wear to school which would prevent me from seeing a cloud, but because I didn't tell them why I wanted it they just thought I was being silly. To this day, there are old schoolmates who remember me saying 'Look at the clouds! Look at the clouds!'

I guess it's funny now, but to a six-year-old it was deadly serious. If I saw those clouds and my classmates didn't, my mum would die, and that felt totally real to me. I felt 100 per cent responsible and accountable for ensuring my mum wouldn't die, something which on reflection is far too much of a burden for a six-year-old. Of course, this took its daily toll on my childhood and therefore my happiness. Perhaps it would have been picked up on now, and something done about it, but back then in the 1980s it was probably seen as slightly odd but otherwise child-like behaviour. Instead, it was the beginning of a journey with OCD and anxiety that would take me to the very darkest of places. This phase went on for a good two or three years before subsiding.

Unfortunately it was replaced by something far more disturbing.

The first time we went to the USA on vacation we were taken to a theme park. As usual, there were queues for all the rides and I remember seeing a disabled boy in a wheelchair who was allowed to go to the front and onto the ride before everyone else.

'Lucky boy,' I thought jealously.

As soon as I had this thought, it came into my head that I was awful for thinking like that. As you would, I suppose, but that thought just wouldn't go away. From then on, every time I saw a disabled person I'd worry excessively that I'd have an evil thought and I worried even more that I'd repeat this out loud to them. At the same time I was anxious about my grandma, who was poorly, and I began to worry that she'd die, and my last thought about her would be a horrible one. So these thoughts about disability, illness, bad thoughts and death became intertwined, and even as we enjoyed the vacation in Florida I was begging my mum not to take me to water parks or even

to the Disney parks, so frightened was I that I'd see disabled people and have terrible thoughts about them. At the time, my parents actually just put my actions down to spoilt behaviour for which I was punished.

In short, I was going to great pains to disguise my fears.

This continued back at home. I tried not to see my grandparents and was always on guard for the presence of disabled people. All this avoidance and watching out for triggers was exhausting and depressing too, because I started to avoid things I liked doing for fear of having bad thoughts. I remember seeing footage of the Queen Mother on TV and being terrified that I'd think a bad thought about her and she'd die the day after. From then on, I couldn't face seeing or hearing anything about the Queen Mother.

And yet I was a popular child, with plenty of friends. I wasn't a loner or particularly unusual, outwardly at least. Neither did I have a difficult childhood. In fact, if the OCD and anxiety had disappeared I'd have been the happiest, most well-balanced kid around. And this continued into secondary school. I was good at sport, particularly basketball and football, and I was captain of these teams. Yet under the surface I was a complete mess and for no apparent reason other than extreme anxiety. The perceived constant battle in my head was energy-sapping and soul-destroying.

My OCD and anxiety distracted me so much at secondary school that I left with just two GCSE qualifications. I was seen as not being particularly academic, but in fact, I was clever enough. I just didn't put in the work because I was spending so much time staring out of the window, trying to manage the obsessive thoughts running through my brain on a loop for most parts of the school day. I didn't want people to know I was a worrier, so it seemed easier to simply disengage and pretend I was struggling academically, both to friends and family. What I didn't know then was that by avoiding it, running away and disengaging, I was simply fuelling it.

The obsessions became worse. I went from thinking I'd swear at disabled people to being terrified that I'd actually hurt vulnerable people, particularly the elderly and young children. I remember

hearing and reading about the James Bulger killing (in which two ten-year-old boys from Liverpool were convicted of the 1993 murder of a three-year-old boy). There was public outrage throughout the UK and almost overnight I talked myself into believing that I too would become a child killer. There were a couple of young boys living round the corner from me and I was sure that one day I'd strangle them. It got to the point that I didn't dare to be around young children in case I led them off and killed them. Items on the news about shootings, stabbings, severe mental illness or people with schizophrenia murdering people used to disturb me deeply, keeping me awake most nights as I'd believe I would do the same to someone else. I was absolutely torturing myself with such thoughts, but couldn't tell anyone. My parents noticed that I wasn't doing as much sport but they put it down to me becoming a bit lazy as I went into teenagehood. It was becoming a huge battle to find the motivation to put on a mask to my parents, and anyone else who might have noticed I was behaving oddly. In fact, it was exhausting.

Funnily enough, the kids at school didn't notice, perhaps because on occasions I was putting my obsessions and compulsions to good use. For example, I would practise basketball shots again and again and again until I got them right. And so I stood out in a positive way. Unfortunately, my schoolwork and academic aspirations went in the other direction, as I've described. Perhaps the will to succeed in some areas was driven by the fear of failure, and I've always had a natural drive to be the best. My OCD pushed me on to succeed (and I do try to look for positives!) but as I grew up and left school the illness threatened to overwhelm me completely, extracting a very heavy price.

Lauren: A question I'm often asked by clients is: '*How and why did my OCD or anxiety problem start?*' It's an interesting question, and although we don't need the answer to learn how to manage OCD or an anxiety problem, we're all human and we like to solve mysteries. It's also important to stress that not all adults with OCD had OCD as children. It can develop in adulthood too so you don't need to have had childhood OCD or anxiety in order for it to come on in later life. Similarly, not all anxious adults experienced

anxiety as children. Likewise with an anxiety disorder, not all anxious adults had an anxiety problem starting in childhood. However, there is evidence that an untreated anxiety problem or OCD in childhood will then continue in to adulthood. In summary, we cannot pick exactly who will develop an anxiety problem or OCD.

Research suggests that both anxiety problems and OCD have biological and psychological origins and can combine with external factors to trigger illness. OCD and anxiety can run genetically in families, with varying degrees of susceptibility to it. However, in some cases it is very clear why an anxiety problem or OCD has developed. For example, in the case of a phobia of dogs, the person had a traumatic experience a few years before which involved being chased by a Rottweiler dog. Or in the case of OCD, a new mother has intrusive thoughts about harming her baby and then went on to develop OCD. When I'm assessing a patient before treatment I will take a holistic view of them, their background and how they view their experiences in life. The latter can give the most significant clues; as I said in Chapter I, **it is not the worry that counts, but the catastrophic meanings we have attached to that thought or experience**.

You may already have a good idea about how and why your OCD or anxiety problem developed, or you may be reading this book thinking, 'Why me? I don't have a clue why OCD or anxiety picked on me!' If you think about the time that your OCD or anxiety problem developed, you may find some clues – did something significant happen at the time? Were you feeling more stressed than usual? Or are there certain rules or ways of living that you grew up with that you think may have contributed to your OCD or anxiety problem? However, even if you are still unsure of why your OCD or anxiety problem developed, rest assured we don't need to uncover this in order for you to get better.

In cases of Childhood OCD, which Adam suffered from, the OCD trigger might be something very simple. For example, a child has mislaid his school jumper after PE. The child's mum has emphasised how important it is to look after his things, perhaps with the implication that something bad will happen if

he doesn't. So the child places meaning on that implication and it becomes a reality – *'If I don't do something (in this case, look after my things), something terrible will happen.'* As a child, you might accidentally touch some dog faeces. That's a horrible thing to happen to anyone, but if a child attaches meaning to it (*'That's dirty, and I'm dirty for touching it'*) that can lead to contamination OCD. The difficulty we can have is that sometimes it is hard for a child to actually tell us what they are worried about, or even make sense of it themselves. This is very normal, and we cover this issue in great detail in our Juniors and Teenagers Edition of Pulling the Trigger (www.pulling-the-trigger.com).

In Adam's case, he was worrying about his mum dying. He looked up and saw a cloud, then attached a meaning to the thought about his mum dying, i.e. that if he was the only one to see that cloud, his mum would die. So what is a normal worry for a child suddenly becomes an obsession, and a compulsion develops from it. It's also normal for children to develop habits, but when these habits become something which causes distress we can be pretty sure we might have a problem with OCD or anxiety. As a parent, you might see a behavioural disturbance, avoidance, or physiological signs manifest themselves first. As we mentioned, children (especially young children) can't always articulate their worries so instead you might see behaviours, including:

- avoidance of things they used to do
- seeking reassurance
- sleep problems
- physical complaints, including headaches and stomach aches
- increased irritability and tearfulness
- becoming more clingy
- school refusal

With childhood OCD you may see more ritualised behaviour including;

- switching lights on and off
- checking locks and taps
- repetitive handwashing or excessive showering

- counting rituals, often at bedtime
- refusing to let go of old or apparently useless items
- requests for family members to repeat phrases or answer the same question.

These are only a selection of behaviours and changes. You might think that many of them go hand-in-hand with 'normal' childhood behaviour. And you'd be right, except that it's possible the anxious child believes:

- *that something bad is going to happen*

And in particular with OCD they may believe:

- *doing this makes me feel better, and less anxious*.

As parents, what can we do about anxiety and OCD in children? With anxious children, it is important to follow a guided approach in helping children overcome their anxiety problem. If they do not receive help, then it is likely that not only will they continue to believe their worries, but they can develop long term anxiety problems that continue into adulthood.

With children you suspect are suffering from OCD, my advice would be to intervene. Interfere with the ritual and see what happens. For example, don't let your child switch the lights on and off a number of times. If it causes distress, ask your child what she/he is worrying about and see if you are able to put their fears into context. It is important to tackle it. Don't accommodate it, because a child can attach extra meaning to the fact you recognise the behaviour and are allowing it to continue. Even if you make your child feel uncomfortable, albeit temporarily, it's important that you intervene to stop the behaviour before it becomes worse.

Sometimes children with OCD don't know why they engage in the rituals or compulsions, only that it makes the anxiety go away. You can still challenge the compulsion by setting up experiments to test what will happen – will the uncomfortable feeling go away if you don't do the compulsion? Once a child realises that the anxiety feeling eventually goes away, they are usually open to challenging more of the OCD and anxiety and doing more experiments. As I mentioned, we discuss childhood OCD and anxiety in our Juniors and Teenagers

Edition of Pulling the Trigger so please refer to this for further help and support on childhood anxiety (www.pulling-the-trigger.com).

If you're an adult with OCD or an anxiety problem reading the above, you might recognise some or all of these behaviours and as I said at the beginning, it may be very helpful to discover an 'explanation' for your OCD or anxiety problem. You may have also seen how these behaviours have acted as a 'friend', both in Adam's life and yours. The little behaviours you performed as a child were a kind of 'comfort blanket'. They helped you feel in control and reduced your anxiety. However, none of us can change or 'fix' the past. If you're still holding on to such beliefs, or you can see how they've grown and taken new shape over the years, now is the time to look at them in more depth and consider what these beliefs mean for you today.