BEYOND SEPTEMBER™ · FREE GUIDE

Do I Have OCD? Understanding the Signs

Only a qualified professional can diagnose OCD — no article (including this one) can. But understanding what OCD actually is can help you decide whether to seek an evaluation.

What OCD really is

OCD is not about liking things tidy. It has two parts:

- **Obsessions** — unwanted, intrusive thoughts, images, or urges that cause distress (about harm, contamination, mistakes, relationships, or taboo subjects).
- **Compulsions** — behaviors or mental rituals done to relieve that distress (washing, checking, counting, seeking reassurance, replaying events).

Signs worth discussing with a professional

- Intrusive thoughts that feel sticky and won't leave, even though they horrify you.
- Rituals or mental routines you feel driven to complete "or else."
- Spending an hour or more a day on these thoughts or behaviors.
- Avoiding people, places, or objects to keep the thoughts away.
- Needing constant reassurance that things are okay.

What to do next

- Tell a doctor or therapist exactly what you're experiencing — including the intrusive thoughts. They have heard it before, and the thoughts are symptoms, not character.
- Ask specifically about **ERP (exposure and response prevention)** — the gold-standard therapy for OCD.
- The International OCD Foundation (iocdf.org) has a therapist directory and clear education.

> Important: OCD is highly treatable. Intrusive thoughts are common and do not make you dangerous or bad. Please bring these questions to a licensed clinician for a real evaluation — this guide is education, not diagnosis.

In crisis or struggling? Call or text 988 (Suicide & Crisis Lifeline, free, 24/7) · Chat at 988lifeline.org