

What to Do With OCD Intrusive Thoughts: A Practical Guide for Glasgow Residents

Most people who live with obsessive-compulsive disorder know this feeling well: you are going about your day, and suddenly a thought arrives that feels completely foreign, deeply disturbing, and impossibly sticky. It might be an image of harming someone you love, a sudden worry about your moral character, or a fear that you have done something terrible without realising it. The thought does not match your values, your history, or your intentions, but it lands with the force of a fact. You try to push it away, but pushing only makes it cling tighter. This is the lived reality of OCD intrusive thoughts, and if you are in Glasgow or anywhere else, you are not alone in wondering what to do with OCD intrusive thoughts when they show up uninvited.

The first thing to understand is that having an intrusive thought does not mean you are dangerous, broken, or secretly bad. The content of the thought is not the problem. The problem is the relationship you have developed with that thought, the way your mind latches onto it and tries to control it, and the compulsions - both visible and hidden - that follow. In my years working with people who experience OCD, I have seen how clarifying this distinction can reduce shame and open the door to real change.

Why Trying to Suppress Makes Things Worse

Most people's instinct when an intrusive thought arrives is to tell themselves to stop thinking it. This is called thought suppression, and research from the Yale OCD Research Group and others has shown that it backfires. When you try to push a thought away, your brain has to keep checking whether the thought is still there, which means it stays active. It is like telling someone not to picture a polar bear. They have to picture it first to know they are not picturing it. Over time, this cycle creates more distress and more frequent intrusions.

Instead of suppression, the evidence-based alternative is to learn a different relationship with your thoughts. This is where understanding [what to do with OCD intrusive thoughts](#) becomes about skill, not willpower. You are not trying to get rid of the thought. You are learning to let it be there without acting on it or fighting it.

ERP Therapy: The Gold Standard

Exposure and response prevention, or ERP therapy, is the most well-researched treatment for OCD, and it is widely available through the NHS in Glasgow as well as through private therapists who specialise in anxiety disorders. ERP works by creating a safe space where you face the situations or thoughts that trigger your OCD, while deliberately choosing not to do the

compulsion that usually follows. Over time, your brain learns that the feared outcome does not happen, and the anxiety naturally fades.

A critical part of ERP is understanding that compulsions are not limited to visible actions like washing hands or checking locks. Many people with OCD experience mental compulsions, which are thoughts you repeat to yourself in an attempt to neutralise the intrusive thought. For example, someone with harm OCD might silently repeat "I would never hurt anyone" inside their head after every intrusive image. This mental reassurance is still a compulsion, and it keeps the OCD cycle going. In ERP, you learn to stop performing these mental rituals, which is uncomfortable at first but essential for recovery.

Cognitive Restructuring and CBT

Cognitive behavioural therapy, or CBT, provides another layer of help through a technique called cognitive restructuring. The idea is not to argue with the intrusive thought, because that gives it more attention. Instead, you learn to notice the thought without buying into its story. You might say to yourself something like "I notice that my mind is offering me a thought about harm right now. That is just a thought. It does not mean I am dangerous." This is a subtle shift, but it changes the meaning you assign to the experience.

Dr. David Veale, a leading UK expert on OCD, has written extensively about how people with OCD often struggle with an intolerance of uncertainty. They want to be 100 percent sure that they are safe, that they are good, that they have not done something wrong. But life does not offer that level of certainty. CBT helps you build tolerance for not knowing, which is a core skill for managing intrusive thoughts long term.

Acceptance and Commitment Therapy for OCD

Another approach that has gained strong empirical support is acceptance and commitment therapy, or ACT. ACT does not focus on reducing the frequency of intrusive thoughts. Instead, it helps you clarify what matters to you in life and then take actions that align with those values, even while the thoughts are present. Someone with moral scrupulosity, for instance, might be so preoccupied with being ethically perfect that they cannot make a simple decision without hours of analysis. ACT would encourage them to act in line with their value of being a caring person, but to accept that they will sometimes make imperfect choices. This is freeing, because it redirects energy from thought-control to life-engagement.



Building a Symptom Hierarchy

When you start working with ERP or ACT, it helps to create a symptom hierarchy. This is a list of your OCD triggers ranked from least distressing to most distressing. You begin with the items at the bottom of the list, the ones that feel manageable, and gradually work your way up. For someone with pure O, a form of OCD that involves intrusive thoughts without visible compulsions, the hierarchy might start with noticing a mild intrusive thought without doing a mental compulsion, and move up to sitting with a deeply disturbing thought for several minutes without reassurance. This structured approach prevents you from taking on too much too fast, which can lead to feeling overwhelmed and giving up.

The Role of Mindfulness

Mindfulness practice fits naturally alongside ERP and CBT for intrusive thoughts. The idea is to observe the thought as an event in the mind, like a cloud passing through the sky, rather than as a truth about who you are. You can notice the thought arise, notice any physical sensations of anxiety in your body, and then return your attention to your breath or to the present moment. This is not about clearing the mind. It is about staying present even when the mind is noisy. Many people in Glasgow have found mindfulness groups or apps helpful as a complement to formal therapy.

When to Seek Help and Where to Find It

If intrusive thoughts are interfering with your daily life, your relationships, or your ability to work, it is a good idea to seek professional support. The NHS in Glasgow offers access to CBT and ERP through its Improving Access to Psychological Therapies programme. You can also find private therapists who specialise in OCD and anxiety disorders. Organisations like OCD-UK provide resources, support groups, and information about treatment options. They also offer guidance for family members who want to understand what their loved one is going through.

One thing I have learned from working with clients is that recovery from OCD is rarely a straight line. There are good days and hard days. The goal is not to eliminate intrusive thoughts forever. The goal is to build a life where those thoughts do not run the show. When you know what to do with OCD intrusive thoughts, you gain the ability to watch them come and go without having to drop everything and respond. That is real freedom.

Post-OCD Growth

It might sound strange to talk about growth in the context of a disorder that causes so much suffering, but many people who have been through effective treatment report that they emerge with a deeper understanding of themselves. They become more compassionate toward their own struggles and more able to sit with discomfort in other areas of life. This is sometimes called post-OCD growth. It does not mean the thoughts never return, but it means the thoughts no longer have the same power. You have learned that you can handle uncertainty, that you can let a thought be just a thought, and that your life is bigger than the contents of your mind.

If you are in Glasgow and reading this while feeling stuck, I want you to know that change is possible. The research supports it, and I have seen it happen many times. Start with one small step. Notice a thought without reacting to it. Call your GP and ask about CBT. Reach out to OCD-UK for information. Talk to a therapist who understands ERP. The path forward is not about getting rid of the thoughts. It is about learning to live well even when they show up.