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Significance of The Bible for an OCD Patient

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**Terapeutický význam biblických příběhů pro pacienta s
obedantně kompulzivní poruchou**

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Diplomová práce

Studijní program: Jednooborová psychologie

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Praha 2023

Declaration:

1. I declare that I have processed the submitted work independently and used only the sources and literature cited.
2. I declare that the work has not been used to obtain any other degree.
3. I agree to make the work accessible for study and research purposes.

In Prague on August 6, 2023

Signature:

A handwritten signature in black ink, consisting of stylized, cursive letters that appear to be 'PK'.

Abstract

This paper focuses on the reflective experience of a patient with Obsessive-Compulsive Disorder who used the Bible to further his recovery. Obsessive-Compulsive Disorder (perhaps more commonly known under its abbreviation as "OCD") is a mental disorder characterized by recurring intrusive thoughts and by behaviors that the sufferer needs to repeat. This study investigates how come that symptoms of the patient lessened when he started reading the stories of the Bible. What exactly about the Bible helped the patient to recover better?

This work attempts to answer this question by conducting an analysis of the patient's field notes through the method of autoethnography. The analysis showed a multitude of themes that could possibly provide an interesting new ways in which OCD treatment could move into in the future.

The study concludes that there may be topics and themes that are not usually talked about when it comes to OCD treatment, topics and themes that could aid in and facilitate recovery.

Keywords: OCD, autoethnography, reflection, the Bible, OCD treatment

Abstrakt

Tato práce se zaměřuje na reflexivní zkušenost pacienta trpícího obsedantně kompulzivní poruchou, který k podpoře své léčby používal bibli. Obsedantně kompulzivní porucha (často známá pod zkratkou "OCD") je duševní porucha charakterizovaná opakujícími se vtíravými myšlenkami a chováním, které má postižený potřebu opakovat. Tato studie zkoumá, proč se symptomy pacienta zlepšily, když začal číst příběhy z bible. Co přesně na bibli pomohlo pacientovi se lépe uzdravit?

Tato práce se snaží na tuto otázku odpovědět prostřednictvím analýzy pacientových poznámek pomocí metody autoetnografie. Analýza ukázala množství témat, která by mohla poskytnout zajímavé nové přístupy, jakými by se mohl v budoucnu ubírat léčebný proces u OCD.

Studie dochází k závěru, že existují témata, o kterých se obvykle moc nemluví, pokud jde o léčbu OCD, témata, která by mohla pomoci usnadnit proces uzdravení.

Klíčová slova: OCD, autoetnografie, reflexe, bible, léčba OCD

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1. Introduction

The goal of this study is to attempt to understand why the Bible always seemed to help me during my toughest OCD moments. OCD stands for Obsessive-Compulsive Disorder. According to the American Psychiatric Association (APA, 2022), Obsessive-Compulsive Disorder is a disorder where the sufferer has recurring obsessive thoughts and is then tempted to perform behaviors called compulsions that are performed in response to these thoughts. For example, the sufferer is dreaded that he can catch an illness and can not stop obsessing over it, these thoughts give him anxiety and he thus proceeds to wash his or her hands repeatedly for prolonged amounts of time. To me, for some reason, somehow, during my worst "spikes" as therapists often call the OCD episodes when the anxiety and suffering get most intense, I always found some refuge in the Bible. Despite not being religious, I was somehow drawn to the story of Jesus Christ and could find not just a mere relief, but even something that often times lead me from my worst spikes into a place of mental grit, a refusal to be a victim to this disorder and a sort of different stance towards OCD and suffering in general. I wanted to examine, from a psychological point of view, why is it that I often could find such a refuge in the Bible. For so many years, the Bible was not just a compulsion to me (compulsion is something one does which provides a quick relief, but in the long term exaburates ones anxiety even more), but it was really something that helped. Not just in the typical compulsive manner of alleviating the anxiety, but it really helped me somehow deeper, in a thorough fashion that I am not yet able to understand.

I deem to believe that the subject matter in my case bears no correlation with any religious notions hidden in the Bible. Is it perhaps possible that by reading the Bible I somehow connected with a divine entity which lead to the consequent alleviation of my suffering? I find this assertion highly doubtful and even if I would not this would not be and could not be a part of this work as it would not be provable by science. As much as this work is going to be subjective since I picked autoethnography as my method of research, it is also going to try to be highly objective, as autoethnography has its given rules just like any other research method, rules that make it such that autoethnography is still aiming to aid the scientific understanding of the world by inductively reflecting on personal experience and not by going into something that has little to do with science, such as religious matters. Despite this challenge of two seemingly irreconcilable worlds in front of me, of the world of the Bible and the world of psychology, I choose to adhere to the world of psychology and approach the Bible from a purely

psychological lens. There should be no theology, nor speculations about the existence of God, no apologetics and other religious matters to be found in this work. My goal is to solely approach my own experience and try to reflect on it. This work is not so much about the Bible, as it is an understanding of my own lived experience and of why the Bible seemed to help me so much with OCD.

What is it, that made it so, that upon not just reading the Bible, but upon reflecting on its message (especially that of the New Testament) and upon thinking about its philosophy I genuinely started to get better from OCD?

This will thus be the sole purpose of this work. This work is and cannot be an attempt to reconcile the Bible with psychology as that would be a dead end that I would deem highly unscientific and plain impossible as cleverer and more educated people than me tried and failed in such a pursuit. Nor is the aim of the work to raise the eyebrows of many academic workers who may not see a point in doing autoethnography in the field of psychology and probably justifiably so, as autoethnography is far from being a method of choice when it comes to doing research in our field, which is a good objection that I will get to in later chapters. The point of this work is to merely see if there is perhaps something that could be learned or gained from the fact that I experienced a betterment of OCD symptoms after reading the Bible for a certain time being. I too myself do not yet understand this, nor the causes of this, nor its possible implications, if there are even any. I deem to take a risk by writing this work as autoethnography is a risky endeavor in our field and as this very matter (that of OCD and the Bible) is currently what is on my mind the most and I could not but do it justice by at least trying to examine what could be behind it. And autoethnography, to my knowledge, gave me the only chance at making such an examination. Since as I tried to look on forums and as I have also written into OCD groups on the internet, I failed to meet anyone else who would seem to have a similar benefit from the Bible as I did. Few had reached me, but it seemed that the Bible had benefited those from a purely religious perspective, whilst I, myself currently a non-religious agnostic, seemed to benefit not from feeling the connection to God upon reading this religious text, but from something entirely else which I do not understand and which I could not put into words. This work is my attempt at both making an understanding of my experience and putting it into words. I will try to link the self-reflection of my experience to as much context as there is for such an obscure theme and thus will do everything that is in my power to make this work somehow work, that is, to make it be a scientifically sounding paper, that, albeit an autoethnography done

within the field of psychology, could hopefully bring some scientifically solid new perspectives into possibilities of OCD treatment.

My main aim with this work is to thus try to answer a question of how come that the Bible seemed to helped me during my suffering with OCD. I have been diagnosed with this disorder when I was nine years old. Since then, I have tried many different therapies, but one thing that for some reason seemed to helped me was the Bible. My attempt with this work is to answer the research question which focuses on what exactly is that reason. Precisely, it would be "How come that the Bible helped me with my OCD?". Since there is no current literature exactly on this topic, I was forced to use a rather (at least in the field of psychology and other more objectively oriented sciences) obscure method of autoethnography. To me, in autoethnography may lie my only chance to answer this research question, since I cannot think of any other way to answer it, as it seems that I had a rather unique experience. My attempt to answer this question can be found in four parts of this work and 22 chapters in total. The work is split onto four separate parts, the first of which is the Theoretical Part and the second of which is the Methodological part. The third is Research Results and the fourth is the Discussion and Conclusion. Firstly, I tried to deal with establishing key terms for the work. Then my aim was to conclude what the possible benefits of this paper could be for OCD treatment and the research of OCD in general. I then moved onto methodology, where I tried to define research questions, find works that could have possibly dealt with similar topics and then I tried to analyze the data – my notes, by coding them into different themes. Finally, themes that came out of coding were taken and answers were provided to my research questions in the "Conclusion" chapter.

2. Theoretical Part

2.1 Key Words

First of all, I would deem it appropriate to establish the key terms that we will be operating with. Such an establishment is necessary as its both a standard procedure for every scientific work and as I believe that with autoethnography this is not only a standard procedure but a necessity, because even the term autoethnography itself is not in common use and many people may not know what it means. We will also be operating with a subterm to autoethnography that is often being used interchangeably with the term autoethnography, a term that is called "self-reflection" as this is what this work attempts at, a self-reflection of an experience. I will also try

to define what Bibliotherapy is and will attempt to map, although briefly, the current terrain of an OCD treatment in the field of psychotherapy, which could give me many interesting hints in the attempt to answer the research question that I partially outlined above in the introductory section. I will also try to define the term “Unconditional Acceptance” which is a term that came up while I was working on this thesis during the process of autoethnography and which I, in the hindsight, find really important for this work.

Self-Reflection and autoethnography

Graham Ixer published the following in *The British Journal of Social Work* in 1999: "Despite the enormous proliferation of literature on the nature and practice of reflection, still little is agreed about what it is, and that which is asserted is confusing and contradictory". Is he right or has it changed since then, as the article was written in 1999? Reflection seems to be an edgy topic in academia. It also seems to be really turning eyebrows in the field of social sciences and psychology. It seems as if many people do not acknowledge reflection as a valid technique for data gathering and dismiss it completely. Others may perhaps see value in it but still feel as if it were too risky to engage in (especially given the time investment and the low probability of ever seeing one's paper published) when one wants to do research and thus rather choose different, more "standard" methods to proceed with. I can present no data to this, but one has to look around at how many autoethnographies get published on universities each year, and although I do not have the concrete number, it feels like it is a rather scarce event to see someone writing an autoethnography. However, there is one particular social science in which reflection and self-reflection are used widely. This field is not so far away from psychology at all as it is focused on in-depth studies of different cultures. This field is anthropology. Anthropologists use the term "ethnography" for reflexive studies and autoethnography for studies where one reflects upon himself, his own life, or any particular aspect of it and mostly on how this "self-notion" affects others and how those others affect that self-notion. I personally believe that if it were for autoethnography to take more part of research in psychotherapy and psychology in the future, it could provide us with very good inside views into the life of patients with which we work. But returning to the crux of the matter, what is really a reflection, then?

I really like this definition by Clarke and Graham (1996), that states: "By engaging in reflection people are usually engaging in a period of thinking in order to examine often complex experiences or situations. The period of thinking (reflection) allows the individual to make

sense of an experience, perhaps to liken the experience to other similar experiences and to place it in context. Faced with complex decisions, thinking it through (reflecting) allows the individual to separate out the various influencing factors and come to a reasoned decision or course of action." This definition claims that reflection allows us to understand our experience better and examine it through engaging in a period of thinking about it. In addition, "reflection involves more than 'intellectual thinking' since it is intermingled with practitioners feelings and emotions, and acknowledges an interrelationship with action" as stated by Brockbank and McGill (1998). However, how does one reconcile this with psychotherapy or psychiatric disorders such as Obsessive Compulsive Disorder and their study? Those who maintain that same notion as I do about the possible beneficiality of reflection for studying these topics include Salma Siddique, a professor at the University of Edinburgh, who focuses on the concept of a so-called "in-betweenness" as a main theme of her attempts to connect ethnography and psychotherapeutic research. She states that: "Ethnography and auto-ethnography can make important contributions to counseling and psychotherapy research. If auto-ethnography situates the researcher with the perspective of the insider and ethnography is from the perspective of the outsider, the researcher is caught 'in-between' these two approaches. Acknowledging the concept of 'in-between-ness' can both cause discomfort and transform the experience of all who engage in the process and enhance the quality of the research." Without going into detail on what exactly Siddique means by this "in-betweenness", I briefly wanted to show that there is a stream of academics who already attempt at using autoethnography for our field. Siddique is but one of the many pioneers who recently experimented with this unlikely but perhaps promising junction. However, articles that cover this connection are still yet very scarcely cited, but it is interesting to read them and study them and they mostly seem to have positive conclusions about ethnography and autoethnography aiding psychotherapy and psychotherapeutic research.

Having roughly established what we can imagine under the term "reflection" let us now try to determine what we could imagine under the term autoethnography. Most research on the topic has been conducted by Ellis and Bochner, whose extensive account on the matter will serve me greatly in providing both the definition and later on the limits of this research method. According to the men named above, Ellis and Bochner (2006), autoethnographers fundamentally aim to show "people in the process of figuring out what to do, how to live, and the meaning of their struggles". This has been my favorite definition of the term. However, even in it, one can notice the seeming lack of the usual objectivity that accompanies most other

descriptions of most other methods. That hints at how autoethnography is often viewed in its modern-day use – as something that almost resembles something half scientific and half art (Ellis, 2011).

Another definition of autoethnography that I like is that of McIlveen. McIlveen (2008) noted that to him autoethnography is "a reflexive means, by which the researcher-practitioner consciously embeds him or herself amidst theory and practice, and by way of intimate autobiographic account, explicates a phenomenon under investigation." All of these are good axioms for what I will be attempting at on these pages. I want to bring here my autobiographical accounts and then derive and investigate my experience from them.

This chapter is focused on providing basic definitions for key terms of the thesis only. I will therefore focus more extensively on the limits of autoethnography in the separate chapter that I have dedicated solely to autoethnography, later on in the methodology section.

Bibliotherapy

Let us start with a very simple definition of bibliotherapy. I like the one by Aiex (1993) who states: "Bibliotherapy is the use of books to help people solve problems". That would then mean that any self-help book, perhaps even any cooking book, anything at all (according to the definition) that helps to get away with a certain problem could be considered as bibliotherapy. That would be a rather large and abstract definition to work with, so let us try to frame it a bit better with some other, narrower definitions. According to etymology.com, the term "bibliotherapy" has its origin in two words. The first word is "biblio" and the other is "therapy". The term biblio (βιβλίον) used to be a Greek word for "book" and the word therapy originally comes from the Greek word "θεραπεία", which meant healing (SparkPress, 2015). Bibliotherapy, based on its linguistic origin, would thus mean something like healing done by books or a book. According to Baker (1987): "Bibliotherapy is the use of literature and poetry in the treatment of people with emotional or mental illness.". However, although all bibliotherapy is a form of reading that should heal, according to Pardeck (1998), there is a differentiation of opinion amongst experts as to what sort of reading exactly heals, is it for instance rather a reading of fiction or of non-fiction? Albeit, this seems to not be as important for our research. Especially since we already established in part that the Bible is viewed here from a psychological viewpoint, as sort of an archetypal story (put in the context of Jungian

psychology) as we will look at later, so whether it is non-fiction or fiction that really heals does not strike me as important for our purposes. Especially since psychological viewpoints on the Bible found in the past (like those of Jung) do not seem to concern themselves with the questions about the historicity or fictionality of the Bible (Jung, 2012).

Moving away from the topic of what genre of books really heals, I find one thing in particular really fascinating about bibliotherapy. As Tzipora Shechtman mentions: "Bibliotherapy is an old practice that started at the beginning of the 20th century, with psychiatrists and librarians cooperating in efforts to help clients with psychological problems. They would offer patients books that fit their unique difficulties, assuming that these people would learn from the process and apply it to their own lives. This could be the sole treatment or in conjunction with medication. It could also be completely self-help or followed by occasional meetings to discuss the book. However, the main focus was on the content presented in the book and its relevance to the difficulties of a person or their problems." That is important for our research. For Tzipora in her book *Treating Child and Adolescent Aggression Through Bibliotherapy* defines bibliotherapy precisely in this fashion - as something that is about the content of the book and its relation to the difficulties of any given person. She does not dwell on the details as much about what precisely should be a material for bibliotherapy as some of her contemporaries do. If it fits the problem, if it is relevant and it helps the problem, it is more than likely a bibliotherapy.

However, the treatment through bibliotherapy is not commonly practiced nowadays. It is not exactly clear why, and I have been very surprised by how even the huge reservoir of information that the internet is, seems to be rather blind to bibliotherapy. The reason may perhaps be, that it all seems almost obvious. Of course, that if you have OCD and you browse Amazon and reach for a copy of "The Freedom from Obsessive Compulsive Disorder" by Jonathan Grayson, one of the leading OCD specialists in the world, that you do not risk many negative consequences and actually have a decent chance of getting at least somewhat better thanks to the book. So it seems quite obvious that a book centered on the given issue may aid one in dealing with that issue. But what about the Bible? Is the Bible in any way helpful? Has it sparked an interest as a good book regarding bibliotherapy? Not really according to the search engines of the internet. Which is fascinating as it is the best-selling book of all times based on which and around of our ancestors orchestrated and constructed their inner lives.

There is, however, a certain branch of not just bibliotherapy, but also psychotherapy stemming from the Bible. A Czech psychiatrist Prokop Remeš stands behind that branch and calls it "hagiotherapy" (Česneková, Vacek, 2016). The core axiom of hagiotherapy can be beautifully explained by yet another author who tries to use the Bible from the contextual framework of archetypal Jungian (or the so-called "depth") psychology. Such an author is reminiscing of Remeš and he is no other than a German psychoanalyst and a priest called Eugen Drewermann (Česneková, Vacek, 2016). Drewermann is a master of sorts when it comes to the "depth" or we could call them "archetypal" biblical elements. In understanding of his viewpoint lies the understanding of the entire hagiotherapy and every single similar field that aims to use the Bible as a tool for psychological growth, or we could say as a tool for bibliotherapeutic benefits. The conclusion of Drewermann is highly reminiscent of that of a former Harvard professor of psychology Jordan Peterson (2017) (whose psychological-biblical lectures on Youtube have been viewed by some 20 million people worldwide, making them the most viewed psychology-related video series in the world to this date, despite Peterson being certainly a very polarising and a rather controversial figure to many, which in my opinion however still shows that many people may be interested in the merger of the Bible and psychology). Drewermann claims that there is no point at all in arguing about the historicity of the Bible (Beier, 2006), whether the events really happened or whether they are just purely symbolic. To him, we can still use these events for psychological growth regardless. Without establishing such a conclusion first, there can be, in my opinion, no means of any bibliotherapeutic use of the Bible. But why? According to Victor Frankl (2020) and logotherapy, the search for meaning and purpose is the key to mental well-being. There is however and cannot be, no search for the meaning of the Bible, at least not psychologically speaking, when one remains stuck in the first phase which is proving or disproving the historicity of the Bible. So while people like Richard Dawkins may argue with Christian apologetics whether the Bible is a work of fiction or of non-fiction, I need to stress the importance of moving past this point or else I believe (just like Drewermann) that there can be no search for psychological meaning of the document.

G. K. Chesterton, a well-known Christian philosopher, mentions in the first chapters of his magnum opus *Orthodoxy* (1908), that to him, it does not matter what the scientists say about how and why apples fall from the tree. Chesterton just saw what he saw, which was apples falling from the tree. He was not concerned as much about the why of the fall as about the what of the fall. He lived in a world where he was more interested in what is happening and what he

sees than in how come that X is now happening instead of Y and what lies behind it. In that, he was way less like the scientists of today and way more like the poets of the past. He simply did not care about whether the Bible is truly historic or not. It almost appears to be a stumbling block, upon which, a bit too many stumble and cannot proceed to move forward regarding this topic. It is almost as if our obsession with science, although highly beneficial and bringing us further and further to a better future for humanity, held us back when it comes to the interpretation of myths, stories, tales, and religion. And by "us" I now largely mean the Western society with its concern of how the apple falls and its inability to enjoy seeing the beauty of that apple falling. I may now sound like a Buddhist scholar or a complete luddite, but believe me, that I am not trying to criticize science in and of itself as I believe it to be a thing of immense help, merit, and hope for all of us. I am merely trying to propose that we should perhaps give up this notion of fighting over the historicity of the Bible and instead look at how and why we could use it as a tool in bibliotherapy. And Prokop Remeš, the above mentioned founder of hagiotherapy, can help us with this very topic. Remeš claims that the Bible is: "Not only about religion but that it is also relevant as it concerns itself with very important life questions." (Remeš, 2010). What does Remeš mean by these life questions?

Well certainly, it will be a question of chastity versus infidelity that King David had to puzzle himself with in the Book of Samuel where David laid down with the wife of a married man. Remeš (2004) frequently mentions this scene in his book *Nahá žena na střeše* (in a literal translation: *Naked Woman on a Roof*). Another important life question may also be a question of integrity and staying true to one's word versus listening to one's conscience, such as portrayed by the scene of Beheading of St. John the Baptist which is usually the story of choice that Mr. Remeš works with in his workshops, which I know since I have personally attended one of them once. There are of course many more such scenes in the Bible. All these scenes in that book, in "the book", have one thing in common. That one thing is exactly what Prokop Remeš hinted at above. The thing that is common for all scenes of the Bible is that they do not contain only life questions, but that they contain life questions that no sensible and psychologically healthy person would not ever have to go through too in their life. Sufferings, traumas, hunting consciences, it is all there. We all have to live it too. That is probably, at least partly, why Jung (1930) said that: "We must read the Bible or we shall not understand psychology. Our psychology, whole lives, our language, and imagery are built upon the Bible." Northrop Frye (1982), a Canadian literary critic, then states this when it comes to the Bible: "The primary and literal meaning of the Bible, then, is its centripetal or poetic meaning". He also states that: "It

seems clear that the Bible belongs to an area of language in which metaphor is functional, and where we have to surrender precision for flexibility".

Precision (scientific view of the world) for flexibility and functional metaphor. If we view these Biblical stories as non-scientific, we will fight them or we will take no interest in them as psychology is a scientific field. But if we try to view them in a way that pre-scientific people may have viewed the world, as stories containing important life lessons, as “functional metaphors”, we can use them in a constructive way when it comes to psychology, such as by using them for bibliotherapy. So, there is this sort of underlying stream of people who viewed the Bible through the optic of the myth and perhaps even through the optic of the psychological. The second is true especially if we take into account that according to James Hillman (1972): "Psychology is ultimately mythology, the study of the human soul". For the purpose of an OCD patient and this work, I think it is time to view the Bible more in the psychological and mythical way and less in the literal way. And that could also enable us to use the Bible for bibliotherapy.

Unconditional Acceptance

Throughout the writing of this thesis, this term came up in my life, literally out of nowhere. Upon writing my reflections on how reading the Bible somehow, strangely, seemed to alleviate many of my OCD symptoms, I came upon the work of Albert Ellis. Unlike Ellis mentioned above, who was an autoethnographer, this person, Albert Ellis, was a pioneer of psychotherapy. Ellis (1988) was the first one who established the foundations of what is today known as Cognitive Behavioral Therapy, or in short “CBT”. Not only did his description of what he called “unconditional self-acceptance” really captured my attention, but it provided extremely useful for the self-reflection of my experiences with reading the Bible. The term unconditional self-acceptance, or in short “USA”, as Ellis used to sometimes call it, may seem almost esoterical, however, it is very far from it. According to Ellis (1988), unconditional acceptance means that a given person rates only their acts on good and bad, but that this person refuses to rate themselves in their totality as a good or bad human being. The same can then be applied on others and on life itself (for example as in: “It was a bad day, but it is not a bad life”). This creates, according to Ellis, what he called unconditional acceptance, of self, of others and of life in general.

Chamberlain and Haaga (2001) built up on this notion of Ellis, conducting what they call Unconditional Acceptance Questionnaire. The studies made on the effects of this questionnaire and the comparisons of results show that low unconditional acceptance is associated with

depression and anxiety. Further questionnaires built around the concept of "USA" too proved these links, but also a link of low levels of unconditional acceptance to heightened perfectionism (Flett, Besser, Davis, Hewitt, 2003).

Although it was always agreed on that people with OCD tend to report higher levels of perfectionism, it was not until the study of Randy O. Frost and Gail Steketee, that this was actually proved by scientific data. The study of Frost and Steketee (1996) showed that patients with OCD scored significantly elevated scores in what the study called "Total Perfectionism", "Concern Over Mistakes" and "Doubts About Actions" compared to non-patient control group. Thus, it is reasonable to say that patients with OCD tend to have higher levels of perfectionism.

Therefore, if low levels of unconditional acceptance according to the questionnaires built around this concept tend to fuel the perfectionism of the patient, working on bettering unconditional acceptance (which according to Ellis was fully possible) could perhaps lower the perfectionism (and maybe depression and anxiety too if we take the study of Chamberlain and Haaga into notice) of OCD patients and thus maybe help their OCD. This term "unconditional acceptance" may thus be very important for our study. Especially for me, as I arrived (somewhere in the middle of my self-reflection) at the belief that it is precisely this concept that was at play the most when I read the Bible. I believe it to be so since the Bible presented me with this image of a man who takes his cross. Unwilling to surrender it, he took on his shoulders, seemingly, all the suffering of the world. If what Jesus does in the Bible is not an example of unconditional acceptance, I do not know what is. And regardless of how strange this may seem, this is why reading the Bible sometimes gave me even more sense than just doing the traditional therapy. I actually felt like I could accept myself, my perfectionism, and even my cross – my OCD, unconditionally, whenever I read about someone who was able to accept his own cross unconditionally.

Obsessive Compulsive Disorder

According to the American Psychiatric Association (APA, 2022) Obsessive-Compulsive Disorder is an anxiety related disorder that is classified by the presence of the so called obsessions and compulsions. Obsessions are, according to the diagnostic manual of disorders DSM-V (APA,2022): "recurrent and persistent thoughts, urges, or impulses that are experienced, at some time during the disturbance, as intrusive and unwanted, and that in most

individuals cause marked anxiety or distress". Compulsions are, according to the manual: "Repetitive behaviors (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly". It is important to note that obsessions may be virtually anything and in the later years, both scholars and patients recognize many different "subtypes" of the OCD disorder (McKay et al., 2004). For example, there is a so called "Pure Obsessional OCD" subtype (Baer, 1994). "Pure O OCD" means any type of OCD that is not behaviourally "visible" as is, for example, contamination OCD, where the person cleans their hands incessantly and others can see that behavior. Thus, "COCD" as contamination OCD is sometimes referred as, could therefore not be taken for a pure OCD subtype. Pure O is a form that is more thought-ful, that is happening in the head, a form where the patient does both his obsessions and compulsions mentally and emotionally (emotional compulsion can be just the mere resentment towards the experience of OCD) and he may thus appear perfectly normal to others as they would not guess, based on the behavior of the sufferer, which appears perfectly normal, that the person may even have a mental disorder.

Treatment for OCD includes behavioral therapy, cognitive therapy, and specific medications (Stewart, 2004). In 1966, Meyer was the first who successfully treated OCD with a behavioral approach (Foa, 2022). Since then, behavioral approaches, when it comes to OCD, seem to be more applied than cognitive ones. Although there are worldwide known cognitive specialists on OCD such as Doctor Raid Wilson, the behavioral approach seems superior today. Even Dr. Wilson, albeit being a cognitive therapist at first, now applies strictly behavioral methods when it comes to OCD treatment as he mentions in a podcast called The OCD Stories, which is the largest podcast platform discussing strictly OCD (The OCD Stories, 2020). The reason why behavioral approach now seems to be superior to cognitive in regards to OCD treatment is explained by Jonathan Grayson, Stephen Phillipson, and many other OCD specialists in a similar way. Generally, it is agreed today that pure cognitive therapy does not work as much for OCD, as cognitive therapy concerns itself with the fact that the distressing thoughts should be in some way or form irrational. Thus, it stresses that the patient ought to "reframe", "dispute", or "reconstruct" the distressing thoughts in a way that he or she achieves more rationality around them, realizes them as irrational, and thus alleviates their intrusive pressure (Phillipson, 2020). However, as Stephen Phillipson, one of the leading specialists on OCD (2020) mentions in his OCD blog article - many people with OCD do actually recognize the irrational nature of their thoughts, but they are unable to give these thoughts up. Phillipson

states: "What changes is the intense experience associated with what is perceived to be threatening thoughts. There is a small subsample of persons with OCD who possess what is referred to as "overvalued ideation". This is the situation where the OCD sufferer loses the ability to deep down discern the irrational nature of what their mind is telling them. The large majority of persons with OCD are incredibly frustrated by feeling anxious about material that they are aware is absurd. Therefore helping persons see the irrational nature of the thought content is counterproductive". I have to however, as patient with OCD who is a member of many groups and online calls with other sufferers, disagree with Dr. Phillipson here. I have met many people (including myself) who actually cannot recognise the irrational nature of their intrusive thoughts and who thus fully believe them. These people therefore cannot differentiate well between obsessions and reality.

But most of the field (at least in English-speaking literature) today seems to not really derive from Albert Ellises' or Aaron Beck's cognitive exercises and focuses more on the cognitive aspect of therapy only in the aspect of explaining the intricacies of OCD to patients (Abramowitz et al., 2005). For this reason, the so-called "ERP therapy" is now referred to as a "golden standard" in the treatment of OCD patients. ERP therapy is the most clinically proven and used therapy for OCD today worldwide (Marks, 1997). ERP therapy consists mostly of the behavioral aspect and unlike in the past, no form of disputing seems to be a common clinical practice among the main OCD therapists. Meyer (Foa, 2022), whom we have already briefly mentioned and who was a great psychotherapist and psychologist, brought his OCD patients to the feared stimuli, exposed them to the stimuli, and then tried to prevent these patients from carrying out their compulsions. This behavioral method later got the name "ERP" which stands for "exposure and response prevention". Later on, ERP has been progressively established by research as the clinically most successful treatment for OCD (Foa, 2022). ERP thus got its second name - "the golden standard of OCD treatment". There are no citations that I can find that could explain who gave this predicate to ERP first, but this term, of the "Golden standard of OCD treatment" is being used by many psychotherapists today. In 1995, researchers Stanley and Turner reviewed a lot of available literature and concluded that at least 63 % of OCD patients got progressively better when treated with ERP therapy. Since then, the numbers in many studies have been even higher, and thus, all major English speaking OCD experts today seem to recommend ERP, many of them even stating precisely that one ought not to get just a standard CBT therapy (where they would try to dispute that person's beliefs as hinted at above), but an ERP therapy, that limits the cognitive aspect of the therapy mostly to education about

OCD and focuses more on the behavioral aspect, on doing exposures and preventing compulsive rituals. One can see for example the website of NOOCD, which is a group of therapists with many world-leading OCD experts and check their website on: <https://www.treatmyocd.com/>. The website recommends and focuses only on ERP therapy for the OCD treatment as many others do in the world of OCD.

2.2 Problems with ERP Therapy

However, what about these people who do not recover using ERP? What about the remaining 37 % in Turner's and Stanley's study? It seems to be almost clear in the field that some form of behavioral exposure should always be used in order to assure the best results for OCD patients. However, could some new therapies help the remaining 37 %? New methods of the so-called "third wave of CBT" such as ACT therapy focus mostly on recognizing one's thoughts, on their non-judgmental acceptance, and on a mindful approach to them (Heyes, 2008). However, many practitioners still combine ACT with some form of exposure work too. Exposure seems to be part of ACT anyway, when we take into account what the founder of ACT has to say on the account of exposures (Heyes, 2008) when being done in the context of ACT therapy: "Exposure work is not designed to reduce anxiety. Instead, exposure gives people an opportunity to practice experiencing anxiety without also struggling with anxiety". Heyes combines exposures with his non-judgmental approach of anxiety in ACT. Thus, exposure can be seen in many different forms of therapies today.

However, a depth-psychology treatment, for example, seems to be largely unavailable for OCD. The reason behind this is self-evident. As exposure therapy (coupled with response prevention) proved to be the most effective form of treatment, many other treatments lost their substantiality. When talking about "depth-psychology treatments" we cannot exclude the opinions of the father of depth-psychology on these matters. Many authors from the times of C.G.Jung refer to the obsessive-compulsive disorder as to "compulsive neurosis" or "anxiety neurosis". Jung follows the same suit when he writes: "Carelessness of all kinds, neglected duties, tasks postponed, willful outbursts of defiance, and so on, all these can dam up our vitality to such an extent that certain quanta of energy, no longer finding a conscious outlet, stream off into the unconscious, where they activate other, compensating contents, which in turn begin to exert a compulsive influence on the conscious mind (Jung,1981).

However, it is not evident these days, that patients with OCD would run away from their duties as Jung suggested, and that their unconscious psyche would thus turn on against them, as there seem to be no known studies supporting this claim.

But what about the Bible? Could the Bible help a patient with OCD? Could it heal him? An answer to that is partly provided in the book called *Can Christianity Cure Obsessive-Compulsive Disorder?: A Psychiatrist Explores the Role of Faith in Treatment* (2008) by Doctor Ian Osborn. This book concerns itself with many figures of the past, such as John Bunyan, Martin Luther, or Saint Thérèse of Lisieux. All these people, according to Osborn, suffered from the so-called "scrupulosity", as people used to call what we now call "Religious OCD" in the past. The author (following the diaries and letters of these historical figures) comes to a strange conclusion in the book, which is that all the above mentioned figures not just suffered with scrupulosity, or the so-called "Religious OCD", but that they have also all recovered thanks to Christianity. Perhaps we then need to focus not just merely on the Bible, but on Christianity in and of itself. However, I would deem that to be way too large of a quest to accomplish, given the recommended size for a thesis, which this work is. However, we can perhaps derive from Christianity that which could act as a catalyst when combined with exposure work. Perhaps this combination then could help connect to OCD treatment in an archetypal way, which could also bring our unconscious psyche to help us combat our obsessions and compulsions. However, we more than likely have no direct evidence of Christianity being able to truly help OCD as there are no largely cited studies supporting this.

2.3 Theoretical Outcomes and Practical Contexts

I want to introduce the general theory behind this study here, which consists of the connection between unconditional acceptance and OCD. I want to put in my notes that I wrote down while reading the Bible. I want to illustrate how I slowly got to the point of believing that why the Bible helps me is that it contains the message of unconditional acceptance, although in a mythical, story form and not in a literal, scientific form.

"When I read The Bible I always felt like there is more to suffering than just suffering. In a way, it felt as if the suffering was not just a hindrance to life, but perhaps its main point when reading this book. It is not uncommon with OCD to feel chronic guilt and anxiety pumping through one's body all day long. It is suffering with a capital S. Like some version of the

antibiotics-resistant virus, OCD can morph and morph into new versions of itself. Every time it hits you with a new fear, it is something totally unexpected. One day you spent afraid of catching cancer, the next you are afraid that you may be a homosexual, just to then end up obsessing over whether you will ever get better, sending you down into a spiral of hopelessness. OCD is a weird illness in that it is like a tailor-made suit. It always strikes into what you currently fear the most. However, the Bible seems to put OCD into perspective. Anytime I read it, I read about a man who took his cross, despite not having to. I read about a man who could have said a word or two and been released, and yet, he refused. What does this have to say about suffering? What does this have to say about right and wrong, good and evil, about life? I guess that it says that the only way out is through."

I cannot fully put in words what this man has always meant for my OCD journey. Not being religious nor a Christian, I can only say that the text always “spoke” to me. As vague as this may sound, it seemed to help me greatly. In a time of great distress, it was easy for me to access the power of this text in a way. I could just feel it meant something, something great that could help me from my misery. I could tell the text was more than it seemed. I am not dismissing religions, but I could not notice that the story of Jesus seemed to me to be not just that, but that it also seemed great in terms of its psychological depth.

2.3.1. Why The Bible?

As Marc Champagne (2020) states about the Bible: "different folks observed the conduct of many moral persons, abstracted out the common denominator in their actions, and then reified the resultant abstraction in a narrative format.". The Bible could be thought of as a myth that contains different characters. Each one trying to embody, although failing quite frequently, the ideal of a given virtue. Christ then containing all those virtues ideally, perfectly. If it is true that the characters of the Bible are "a resultant abstraction in a narrative format" of given qualities or lack thereof of given people, then Christ or rather his passion and his conduct during it could be the perfect abstraction for an OCD patient. The reason is quite simple. Christ was seen by me, in conclusion, like a mythological abstraction of ERP therapy. One could think allegorically of the pharisees in Christ's story as a symbol for OCD and of Christ as a symbol for an OCD patient. An OCD patient who tries to break free from all the rules posted on him. But just like an OCD patient breaking the rules of OCD for the first time (by doing exposures) will probably get even more anxiety and even more intrusive thoughts than before when he was

in the safety of his compulsions, so too did Jesus in the story ended up with the cross, after breaking the rules such as eating or working on Shabbat. This could be my way of what Tzipora mentions above in the bibliotherapy chapter about conducting bibliotherapy by reading the content of the book and linking it to one's struggles.

2.3.1.1 Exposure

Let me expand on the argument established in the above paragraph. First of all, during the writing of my own reflections, I have noticed that the story of Jesus is a story of one giant exposure. A lot of OCD treatment is about exposures. Exposures are what was described in the above chapter. The story of Jesus to me seems a story of Jesus constantly doing something that he knew would get him into trouble. Just like we OCD sufferers have to do with OCD. We too have to provoke it, in a way, pushing its buttons and doing what it forbids us from doing. We have to "break the rules" in a way, the rules OCD made for us. "Don't you dare touching that doorknob with your bare skin!". This is the first way in which the Bible affected me. It is one thing to read about doing exposures and it being beneficial for your OCD when everything in you tells you not to do it, and its another thing (for me at least) to read a mythological story about a man who did that in a sort of par excellence way himself.

Carl Gustav Jung said the following about Christ's suffering: "Przywara (a Jesuit priest) says that suffering is the real secret of Christ, the suffering of God incarnated in flesh. This is indeed a central idea in Christianity and has enormous psychological importance for the West. You do not find the same attitude to suffering in any other of the great religions, not the willingness to suffer, in some cases (such as the martyrs) it amounts to a veritable passion to suffer. There is indeed a meaning in suffering, it is a sort of divine secret, for it is less the human being and more the divine man that suffers." (Jung, 2019).

I find this very interesting, especially the part about the "willingness to suffer". How could one build this willingness? I sometimes feel it a little, upon reading New Testament. I can feel it, no I can know it, that there is something in suffering that could be transformative. Here we however again find ourselves on a thin ice between psychology and religion. I believe the field of psychology is however embracing this very same concept. Why else would we be prescribing exposures if not for the fact that patients must expose themselves to their fears and anxieties willingly in order to get better? Religion (and Christianity especially) seems to then

take it up a notch, when they not just will to suffer, but are in some cases even passionate about the fact that they can suffer (as Jung hints at). I am myself miles away from this passion, but all I need is this willingness. I feel it more when I read the Bible, but why? What is it that it elicits in me, conceptually? I believe that it is like a meditation on suffering and on the meaning of suffering. I try to however read the Bible only seldom as even the things that help me change perspectives can get compulsive if used too often as one may start to use them as a crutch for feeling less anxiety, which is the opposite of exposure.

2.3.1.2 Response Prevention

33 Pilate then went back inside the palace, summoned Jesus and asked him, “Are you the king of the Jews?”

34 “Is that your own idea,” Jesus asked, “or did others talk to you about me?”

35 “Am I a Jew?” Pilate replied. “Your own people and chief priests handed you over to me. What is it you have done?”

36 Jesus said, “My kingdom is not of this world. If it were, my servants would fight to prevent my arrest by the Jewish leaders. But now my kingdom is from another place.”

37 “You are a king, then!” said Pilate.

Jesus answered, “You say that I am a king. In fact, the reason I was born and came into the world is to testify to the truth. Everyone on the side of truth listens to me.”

"Upon reading the above text I can relate this to OCD very well. OCD always offers you a way out. It always tells you that you can justify yourself, that you can somehow, someday, do it so that you will be let free and allowed to escape. It is always asking you "Are you the king of the Jews?" In a way, it thus gives you a chance to start apologizing, to start being like "You know what OCD, no, I did not really mean any of this and I will behave better now, just do not punish me with more anxiety please!" In this way, it lures you into a chance to escape. But the thing with OCD is, that we got to act like Jesus in this scene. We always have some option to do a compulsion. We can bargain with life, complain about our lot or try to seek reassurance and certainty endlessly from others. Such as when people with Health OCD constantly ask doctors about their health or when people with religious OCD constantly go to endless

confessions to make sure they do not end up in hell. We can go over our house and clean everything, we can go rate men and women on the street from one to ten to get some more certainty that we are not in fact gay and that it is "just OCD" and not reality, lowering our anxiety by doing compulsions and seeking certainties, feeding our OCD. We can just always do something. OCD always "summons us into the palace" giving us the space to try to undo everything we did up until that point. You can escape your punishment of agonizing guilt and anxiety if only you confess here and take back everything you have ever said! But that is how OCD goes on. It prompts us to try to lower our anxiety and to get certainty. It fills us with fear upon the premise of uncertainty. What if you really are a homosexual? What if you will die of heart disease? Better check!"

For some strange reason yet again, I feel as if this story really captivates me. Not only is it, in a mythological form, directly what I believe is being recommended for OCD. But it is also in a way more understandable to me than hearing "Don't do compulsions!" or "Do response prevention!". I believe that myths can give us the same message as when we hear something being said literally (such as reading a story about a Narcissus versus being said "Don't be such a narcissist!"). As Jonathan Young, a Ph.D. psychologist and the founding curator of Joseph Campbell Archives points out: "Myths provide guidance for difficult times. They can give encouragement as we struggle to survive horrendous ordeals. I have found that in clinical work, and in my own journey, it is useful to study mythic stories for hope. After all, those classic heroic seekers did get through their awesome challenges. The tales also provide hints on dealing with mid-life crises or other difficult transitions." (Dunn, 2002). I think myths can paint the picture for a better understanding of concepts. And I particularly struggled for some time to understand what ERP therapy really stands for since it appears very paradoxical to face anxiety willingly instead of running away, which used to be my natural impulse for most of my life.

2.3.1.3 Hero's Journey

Christ's story helped me to see what ERP therapy really stands for as the paradoxical nature of it can be, from my experience, hard to grasp. I also like a quote from Joseph Campbell, Young's colleague and a famous psychologist who wrote extensively on the concept of the so-called "Hero's Journey" which is a common narrative pattern that appears in many different myths from across the world. The quote says: "It is by going down into the abyss that we recover the treasures of life. Where you stumble, there lies your treasure". It is this notion of turning

OCD into something of a “treasure” that I believe connects me with the Bible as well. This is what the myth form brings to me. Where the scientific form tells me "Go do ERP therapy (take on your suffering willingly and choose not to leave it when you get the chance to) to heal from your OCD.", the mythical form tells me "Go take your suffering willingly (by for example doing ERP therapy since it is not an easy therapy) and redeem your life". Now the second one to me sounds more promising. Why? Since it goes somewhere beyond. All myths seem to point to the story of transformation through obstacles. As Stuart Voytilla (1999), a screenwriter drawing upon the work of Campbell, claims in his work where he examines the hero's journey: "This Ordeal and Resurrection can represent a “cleansing” or purification that must occur now that the Hero has emerged from the land of the dead. The Hero is reborn or transformed with the attributes of his Ordinary self in addition to the lessons and insights from the characters that he has met along the road. The Resurrection may be a physical Ordeal or final showdown between Hero and Shadow; however, the Ticking Clock of the Road Back has been set. This battle is for much more than the Hero’s life. Other lives, or an entire world may be at stake and the Hero must now prove that he has achieved Heroic Status and willingly accept his sacrifice for the benefit of the Ordinary World. " In every hero's journey, we can thus see that it goes right to this beyond that I mentioned above. It makes you go through the "land of the dead" in order to arrive at something greater in the end, something that will redeem you.

Thus, it all makes sense in the end. In the end, you find yourself back in the "ordinary world" (recovered from OCD) but with newly found skills, abilities, and life perspectives that make you look back with appreciation and gratitude, perhaps finding OCD “a blessing in disguise” in a way. This gratitude often seems to come when one goes to that place beyond just the mere reduction of symptoms. When people not only "recover from OCD", but realize all that it has taught them. I feel like the myth form and the story of Christ summarises this better for me than the scientific lens of viewing OCD and thus makes me more motivated to recover and to go through the often gruesome ERP therapy.

2.4 Implications for ERP

There are thus some implications for ERP therapy that I draw from the Bible. But even if there were not any, there would still be similarities between the ancient text and the ERP therapy. Mainly the three notions mentioned above, that of exposure, that of response prevention, and that of the hero's journey, all seem to be visible, in a mythical, allegorical form,

in the Bible, at least in one way or another. However, is it logical to suppose that we should therefore be able to use this "mythical lens" over the "scientific" one and that it could help us with OCD treatment? I believe that it is perhaps not this very notion that would be what intrigued me about the Bible and that would constitute the resulting message of this work. I believe it to be something else. To me, the fact that the Bible worked for me is, at least based on my reflections, because ERP seems to me incomplete.

There are two main points in which I believe ERP is incomplete. First of all, for me as an OCD sufferer, who used to be treated online by the method of ERP, I failed to grasp the overall "overarching" picture. Put plain and simple, it was hard for me to navigate my journey and the ERP approach seemed rather too simplistic.

Second of all, I believe that The Bible showed that carrying the cross could have sort of "larger than just OCD" implications. Therefore I like the quote of Albert Ellis (1988) that I would like to present here which says: "Make an absorbing challenge and an adventure out of maintaining your emotional health and keeping yourself reasonably happy no matter what kind of misfortunes assail you. Make the removal of your misery one of the most important things in your life—something you are utterly determined to achieve. Fully acknowledge that you always have some choice about how to think, feel, and behave; throw yourself actively into making that choice for yourself". I really do think that OCD can embark me on such an absorbing challenge that I would be otherwise probably completely unaware of or ignorant of.

An interesting person in regard to this practical context is Jung from whom I hope to withdraw some wisdom surrounding the Bible that could support my self-reflective notion that OCD treatment could benefit from a sort of "completion" and "larger than just OCD" implication (which one could imagine as trying to recover from OCD not just to recover, but to in fact fulfill some deeper meaning in life - for example to learn how to carry on with suffering in general). When speaking about more distinct things within Christianity, Jung states that the imitation of Christ does not consist of casting one's burden on Jesus but means undertaking the same experience of life that Jesus had, the way of individuation (Waldron, 2014). I find that truly fascinating. What if by "undertaking the same experience that Jesus had" one could sort of mythologically and archetypally frame his experience into something reminiscent of meaning and hope? Something bringing hope perhaps that much more than just ERP alone?

As I state in my e-book called "Modrý pásek z OCD: Aneb jak se zbavit OCD a objevit svou vnitřní sílu" (Pek, 2023) which I wrote earlier this year (and which could be loosely translated as "Blue Belt from OCD: How to Overcome OCD and Discover Your Inner Strength"), I feel that the best thing to do in terms of OCD is to have two different sets of glasses or lenses through which to view OCD. The first one would be the scientific glasses and the second set would be a sort of mythological glasses. I came to believe in these two "glasses" or two "lenses," since even experts, such as Dr. Daniel Fox, who is a Borderline Personality Disorder (BPD) specialist, say things like (Fox, 2019): "These findings, that individuals with BPD have a brain that functions differently from those who do not have BPD, has not been attributed to just one cause. It is believed that the roots of genetics, psychological and social influences, and early experiences play a part in the development and functioning of your brain and how it, and you, act and react when you think about, evaluate, and perceive yourself, others, and situations.", which sounds perfectly reasonable and scientific. I created a term for this which I call "the scientific lens". Then, you can hear from the same author, Daniel Fox, in the same book about BPD, how he says things like: "This may cause you to fall into your negative beliefs, behaviors, and patterns, destroying your ability to see clearly and to grow, which is what your BPD wants so it can continue to thrive." Or "This is what your BPD wants you to believe and feel, as well, so it can continue to exist."

I noticed this too upon being treated by many psychotherapists who would address my OCD from this scientific lens during one session, by for instance claiming that "OCD is a disorder caused by a lack of serotonin" and then claiming that "OCD seeks to destroy your whole life and everyone and everything that you love" in the next session. It seemed strange to me, already at the age of 9 when I was first diagnosed, how come that you can make the same thing sound so neutral with a seemingly complete understanding of the what, why, and how behind that thing and then say something so "folk" and "informal" in the next session. But as I noticed, during these 15-plus years that I have been suffering through OCD, sometimes the scientific lens helped more, and sometimes what helped more was this other set of glasses, that thing which I now tend to call a "mythological lens". I am surprised I do not see more researchers being puzzled by this and perhaps it is a phenomenon that is commonly talked about or known, but I cannot find anything resembling this, perhaps with the exception of Jungian psychology, which is itself a sort of combination between the scientific and the mythological on all fronts possible. How can we talk about a disorder as a perfectly sense-making complex

of symptoms that is totally valid from a scientific perspective and then switch bluntly into talking about the disorder as if it were some virus with a mind of its own?

Jung believed that the Bible ought to be interpreted symbolically rather than realistically. This aligns with my own perspective presented at the beginning of this thesis. Jung viewed the Bible as a collection of archetypal stories that reflected the inner psychological states of humanity (Answer to Job, 2010).

In the first volume of his visions seminar, Jung stated: "We must read the Bible or we shall not understand psychology. Our psychology, whole lives, our language, and imagery are built upon the Bible." I do not need to understand psychology or my whole life, I would be very glad with succumbing to understanding just my OCD alone. Then conversely, Jung also writes on how we have to understand psychology, to understand religion. I cite from Jung's *Psychology and Religion* (1960), p. 89, paragr. 147-148: "To gain an understanding of religious matters, probably all that is left us today is the psychological approach. That is why I take these thought forms that have become historically fixed, try to melt them down again, and pour them into molds of immediate experience. It is certainly a difficult undertaking to discover connecting links between dogma and immediate experience of psychological archetypes, but a study of the natural symbols of the unconscious gives us the necessary raw material." Therefore we can see two things. First of all, Jung tried to approach the Bible from an archetypal perspective. And second of all, although he deemed the Bible incredibly important (as we must, according to him, read it in order to understand psychology, not just our psychology, but psychology itself), he did not approach it from the frame of religion (with dogmas that would inevitably follow suit with adapting such a viewpoint) at all. It is strange, for it seems like Jung believed that we need to know the Bible to understand psychology and our lives, but at the same time he proposes that in order to embark on a journey that could make us understand religion, we need to understand the psychology of "natural symbols of the unconscious" first.

But still, what exactly did Jung mean when he stated that we must understand the Bible in order to understand psychology? It is a puzzling question. Well, Jung believed that the Bible is the product of a very special stage in the development of the human mind and serves as a sort of historical document of human psychology (Jung et al., 2009). What does that mean? That means that to Jung, what the Bible encaptures is a stage of psychology, of collective unconscious, of the human mind, captured in symbols and archetypes that the Bible contains. These viewpoints on the Bible are highly relevant to our research. Why? Because it shows that

the Bible can be viewed psychologically and because one of the giants of psychology (although certainly a very polarising and controversial figure) stated that it may be of importance for people interested in psychology to do so. This is important to establish prior to any further research, for we are, after all, not in a field of theology but in that of psychology and we are dealing with a book (or rather series of books, since that is what the Bible is) that is mostly thought of in terms of theology and religion, but not in terms of psychology. Furthermore, it is noteworthy that many of Jung's contemporaries and those who came after him held similar beliefs about the usability of the Bible for our psychology. One of them is Paul Ricoeur, a French philosopher and theologian, who wrote extensively on the symbolic interpretation of biblical texts and their connection to human experience.

According to Nirmeen Fawzy, an Egyptian scholar: "(Paul Ricoeur in his theory) concentrates on the ontological dimension of language which turns the text into a mirror in which the reader can see her/himself and understand her/his being and world. Ricoeur's theory of interpretation, which can be applied to literary texts, can be described as a reader-oriented critical theory. It is the reader who creates the meaning of the text after freeing it from its author and all that in view of which it was written. It is also the reader who understands her/himself and her/his world while trying to understand the text." This form of "reader-oriented critical theory" is something that I would like to use for my own autoethnographic account of reading the Bible as an OCD patient. Jung would probably agree with the first part about how one can understand him/herself better and his/her being through the use of the Bible, but he would probably view it in a less subjective manner. As I view it, and the works of Jung are often not easily understandable, I believe Jung viewed the collective unconscious as not just something subjective, but also deeply objective. It was subjective, as much as it was part of each individual's personal psyche, but it was more so objective since it contained archetypes that were shared by all human beings across time. Thus, Jung would most likely say that even if one would read the Bible creating meaning for himself and freeing himself from something, he would probably insist that the Bible still contains some universal, objective aspects of the collective psyche that are contained within it and that the interpretation thus cannot be purely subjective.

3. Methodology

3.1 Autoethnography

What are the benefits and limits of autoethnography? We have already established what the term means, but put simply, why is autoethnography so avoided? The reason is that it has specific limits compared to the more objective methods. However, it can also have its benefits. Does the letter outweigh the former? That question is impossible to be asked as it is impossible to answer because autoethnography has both its pluses and cons. However, we can briefly outline all the most commonly known benefits and do the same for the limits.

I also believe that autoethnography deserves more attention since most research seems to concern itself almost exclusively with its twin sister, ethnography. However, that research that does focus on autoethnography seems to often point to autoethnography lacking objectivity compared to different, more traditional, forms of research. Here, we encounter possibly the greatest limit of this method. According to Ellis and Bochner (2000) "autoethnographers have been criticized for being too self-indulgent and narcissistic; being too 'voyeuristic' and for 'indulging our culture's perverse curiosity about the private... peeking in on damaged selves'. Thus we can see that many people are not very keen on the idea of a research method that is so seemingly loose in its tracks. This study among else attempts to shed some light on autoethnography as a research method used within the field of psychology since it is a belief of mine that the two can create an interesting merger. Previous research has supported this hypothesis, although needless to say, the research is not vastly known among academics and is rather kind of "niché" and mostly read by people who are proponents of using autoethnography in psychotherapeutic research and is not read much by the general public, but this has been already hinted at in the 1.1 Key Words chapter under "Reflection and Autoethnography". Chang in his book called *Autoethnography as Method* (2016) states that many researchers criticize autoethnography for being too narcissistic, however, the solution, as Chang proposes, may be in focusing on something bigger than just oneself and linking autoethnography to the context of others. I hope I establish this at least partially here. I focus on my experience, but I also try to focus on OCD treatment in general, on its possible limits and of its current state. I believe the greatest benefit of autoethnography is that one can do research on a topic that seems unique. I have found no other studies similar to this one and I do not think I could conduct this work apart from doing autoethnography. Thus, despite its many limits, flaws and cons I believe that

it was still a suitable method for conducting this work, without which I would be left with no tools of moving forward in analysing my experiences with the Bible.

3.2 Research Questions and Objectives

My sole aim in this work is to reflect on my experiences regarding reading the Bible to come to understand how come that I felt it enhanced my recovery when compared to just strictly using the ERP approach alone. The main research question would thus be: 1. *What are the underlying mechanisms that account for the efficacy of the Bible in facilitating my OCD recovery?*

Merely, I deem it important to find out the different themes, and the different possible perspectives with which it could have done so. All these themes should be of only psychological origin, not mixed with anything religious nor theological. The reason is that this is a scientific paper, and also that I really do believe that the Bible was relatable to my recovery journey psychologically rather than ontologically or theologically.

If we are about to follow up on this particular question, then I would have to create a sub question that would state: *"What could be derived from this experience of mine for the possible betterment of OCD treatment in the future?"*. I fully acknowledge this to be a rather bold question. But I do not aim to describe the current OCD treatment as wrong and incomplete. I really want to examine, understand and grasp my experience, because I trust that experience and how it helped me in recovery. All science is empirical and although I struggle here with something that many would not deem empirical, I struggle perhaps that much more, since I know that what I have been through seems not only subjective to me but objective somewhat, although it is hard to point why and quite impossible to prove by interviewing people. However, I do believe that despite being based only on my experience, my work can perhaps point something from the perspective of the sufferer which he feels could aid OCD treatment in general.

3.3 Previous Studies and Findings

This chapter is amongst the hardest to establish when conducting autoethnography. Since most of the autoethnographic material is unique, it is sometimes hard to put it in the context of

other studies made on a similar topic. One of the exceptions seem to be studies about various different cultures where the autoethnography is centered on the reflective experience of the researcher from the time when he lived in that culture. This diploma thesis is however unique in that no other work in the world has yet concerned itself with this topic, at least to my knowledge. There are some autoethnographies aimed at unravelling the experience of an OCD patient, but none that would simultaneously be dealing with our topics at hand.

However, I want to attempt to at least map the field of psychology and psychotherapy for anything related to bibliotherapy, the Bible, gratitude and recovery, unconditional acceptance (and all the other themes that I will try to pinpoint and explore in the "Themes and Analysis" chapter) and here, the palette of options seems to be actually quite large.

First of all, I would like to make a quick summary of the historical relations between the field of psychology and hence psychotherapy (since psychotherapists seem to be more concerned with the Bible than strict psychologists) and the Bible. Concluding such a summary could not be made if we were not to take the first man to ever practice something resembling modern-day psychotherapy. The man being Sigmund Freud himself.

So how did Freud look at the Bible? First of all, when most people will talk about Freud and The Bible, they will probably be unable to do so without immediately thinking about Jung and The Bible. Jung was a famous student of Freud and one of the ways in which he differed from Freud was his opinion on all things religious. What we find when we look at the opinions of Freud and Jung on the Bible is that they did not just talk about the Bible itself, but about Christianity in general. Thus, I have found it virtually impossible to separate the two in this chapter. For this reason, I will now present Freud's ideas on Christianity in general, not just on the object of the Bible and his psychological understanding of it, for there are no accounts that I could find of Freud talking about the Bible without taking the whole religion of Christianity into the equation.

So what did Freud have to say about Christianity? To Freud (1962), all religion was the same in that it was all a "mere illusion". In his book *The Future of an Illusion* (first published in 1927) he proposes that a religious belief is a collective neurosis (which is today one of the most famous quotes of Freud). He claims in the book that religion is also at its core an infantile need for a powerful father figure. However, it is important to know, that although Freud remained an atheist for the rest of his life, his views on religion significantly changed from 1927

till his death, which many people fail to recognize. Freud, in his last published book called *Moses and Monotheism*, released in 1939, a year in which Freud also died, states some very interesting new viewpoints about religion. One of the viewpoints stated is that religion is indeed an important part of the evolution of the human race. However, still, to Freud, religion remained a sort of "transitory stage between childhood and maturity" as he called it (1939). And yet, he in *Moses and Monotheism* claimed that religion is not just a neurosis, but that it actually serves an important point in life. He argued that it helps people deal with being overwhelmed by the mysteries of the universe and that it helps them cope with the harsh realities of life and with finding purpose. So Freud, perhaps upon confrontation with his mortality, changed his view on religion quite drastically. Not as drastically as to completely turn his view from atheism to being a man of religion, as he still deemed science to be superior to religion and hoped that in the future all things religious can be transcended into all things scientific, but still, quite drastic for Freud. Let us clarify this change of thinking in Freud. In *Moses and Monotheism* Freud basically proposed that he thinks of religion as of a thing that helped humanity to actually focus not just on the empirical, but also on the inner world. He thus viewed religion as an important transitory stage for mankind.

Taking into account all of Freud's main beliefs about religion, it is also important to establish whether he believed that it could help with anxieties. OCD was always taken for an anxiety disorder, but according to the latest version of DSM-V (2023), OCD is now being taken for a "family of disorders" of sorts, a diagnosis of its own and not something that would fall under the "anxiety disorders" umbrella anymore. However, many OCD specialists, such as the ones named in the above chapters, experts like Jonathan Grayson and Stephen Phillipson, still claim that according to them OCD is in fact an anxiety disorder (*The OCD Stories*, 2020). Whether we want to objectify OCD as an anxiety disorder or not, it is very clear that the intrusive thoughts cause anxiety and that the compulsions that ensue aim to reduce that anxiety. Therefore, when dealing with OCD, one has to deal with anxiety. That is precisely why Raid Wilson, an exclusively OCD psychotherapist, wrote a book called *Stopping the Noise in Your Head* (Wilson, 2016) where he is concerned not just with OCD, but also with all anxieties in general. Wilson claims in the book that OCD gives the sufferer anxiety and that treatment of OCD and general anxiety is thus similar. Such an approach is being taken by more OCD specialists who oftentimes view OCD as just a more nuanced form of anxiety and therefore take it as something that falls under the "anxiety cluster" still. However, whether one views OCD as a separate disorder or an anxiety disorder, I guess no one would claim that the sufferers are void

of anxiety, thus, I hope, we can focus here on what Freud had to say about anxiety and religion. Freud seems to verge in his lifetime, as we discussed earlier, between thinking that religion is not just a catalyst, but the very epitome of anxious life and between verging on the belief that religion actually allows people to cope with reality with all its difficulties - by finding purpose. The latter statement sounds almost like something from Frankl's logotherapy, such a difference did Freud make in his thinking on the matter.

So Freud's position on whether religion can aid with dealing with anxiety depends upon which version of Freud would you ask. Freud however, as discussed before, seemed to take into account religion as a powerful tool against anxiety towards the end of his life. Ernest Jones (1961) claims that Freud was not a pessimist, although he was oftentimes mistaken for one. To Jones, the real word for Freud would be a realist, someone who attempts to be maximally free of all illusions. It is such an interesting portrayal of Freud to call him "someone trying to be free of illusions". Freud used to correspond with Romain Rolland, a French dramatist, novelist, essayist, art historian, and mystic who was awarded the Nobel Prize for Literature in 1915. Rolland was a peculiar man who interested Freud and Freud sent him, in 1923, a letter (Vermorel, 1989) that states: "Dear Sir, that I have been allowed to exchange a greeting with you will remain a happy memory to the end of my days. Because for us your name has been associated with the most precious of beautiful illusions, that of love extended to all mankind. I, of course, belong to a race which in the Middle Ages was held responsible for all epidemics and which today is blamed for the disintegration of the Austrian Empire and the German defeat. Such experiences have a sobering effect and are not conducive to make one believe in illusions. A great part of my life's work (I am ten years older than you) has been spent [trying to] destroy illusions of my own and those of mankind". Freud thus truly viewed himself as the "destroyer of all illusions". It is a question whether this self-image was a cause or an effect of his younger-self war on religion. One is, however, from the entire series of letters clear and that is that Freud was not able to achieve any of the so called religious experiences or higher states of consciousness, or as Maslow would call it "peak experiences", at least not those of religious undertone. The term "oceanic feeling" which is sort of well-known even amongst some people from outside of the field of psychology has actually come from the correspondence of Rolland and Freud.

According to Jones (1974), Rolland critiqued Freud's first book on religion (*Future of an Illusion*) as he stated that he misses in the book any subjective feelings, the sensation of eternity,

a feeling as of something limitless and unbounded - as if it were (that feeling) "oceanic". Rolland there probably referred to what was mentioned above under the terms such as higher states of consciousness, religious experiences or religious peak experiences, which he, as it seems, viewed as an integral part of all religions. As Freud continues in his letter to Rolland we find out that Freud was probably aware of this "oceanic feeling" too, not including it in his book perhaps for a lack of either direct experience of this phenomena or because it was phenomena located largely outside of the scientific field. Freud writes to Rolland: "I cannot discover this "oceanic" feeling in myself. It is not easy to deal scientifically with feelings.. it is very difficult for me to work with these almost intangible qualities". As Jones (1974) states: "Since these amorphous feelings could not be defined objectively, Freud did not investigate the intangible. He never stated that these feelings did not exist, they just were not part of his Weltanschauung." Another man, William B. Parsons (1999), later on, proposed his own view of this correspondence and adds that Rolland then went on to challenge Freud to analyze this "oceanic feeling" regardless. As Freud took up Rolland's request, he interpreted the oceanic feeling as a remnant of the primary narcissistic union between the mother and the infant (The Oceanic Feeling Revisited, 1998). Rolland, according to other letters, believed that the true source of religion are these oceanic feelings. Freud differed. Maybe if it have been for Freud indulging in the same belief, he would have been able to acknowledge that religion may indeed help reduce anxiety, as for example mindfulness, a technique created by Jon Kabat-Zinn that is part of the third wave of CBT treatment for anxiety (as it is a technique coming from Buddhism) proves. Mindfulness was something that Kabat-Zinn (2009) learned from his teacher Philip Kapleau, who was a devout Buddhist and hence a man of religion. ACT, DBT and a lot of other modern forms of CBT therapy aim at (among else) reducing anxiety, and they all stem from religion. Unless one wants to argue that Buddhism is indeed not a religion but a philosophy, which one always may. But this builds up a question - what if there is even more richness in religion that we may use to reduce anxiety? What if there is this richness in Christianity and the Bible? Now meditation and mindfulness may be studied scientifically which is probably impossible to say for the Bible. At least from the viewpoint of psychotherapeutic significance and merit. And yet, I will still try to find some themes in the bible that could prove useful in this regard for OCD treatment.

Moving on, many other great therapists then indulged in this "theology-psychology dialogue" as Janette Graetz Simmonds (2006) calls it. However, it almost seems as if Freud created a sort of "mainstream" line of thinking in psychology that largely denoted religion, even

in the form in which Rolland approached it. The change came with another huge "giant" of psychology, a man already mentioned here briefly, a man named Carl Gustav Jung.

Jung talked much more about religion than Freud, but also spoke about Christianity and even the Bible in particular. A son of a Christian rural pastor, Jung many times expressed his loathing that came after receiving his First Holy Communion as a child (Jung, 1989). Jung claimed that virtually nothing has happened then, even if he expected that his world would be radically changed by this "initiation ritual" of sorts. This, among else, prompted Jung to focus more extensively on religion than perhaps any other great psychologist of his era. Jung believed similar things to which Freud came to towards the end of his life, but Jung was far less critical of religion. Many Jungians even today claim that religion is psychologically extremely important and potent.

Robert Moore, Jung's devotee and student, claims in his book *Facing the Dragon: Confronting Personal and Spiritual Grandiosity* (2003) that religion or any other "central myth" of one's life is not only optional, but necessary, if one wants to be able to project the "grandiose" forces within and not get tempted by the allure of pathological narcissism into thinking that he or she is God. But back to Jung. RJ Woogler in his *Other Selves, Other Lives* (1988) states: "In the years between 1920 and 1940 Jung immersed himself in many classic Indian, Chinese, and Buddhist texts on Yoga and meditation. Tentatively he began to introduce some of the concepts from these writings into his maturing vision of a psychology that would eventually encompass both the personal and the transpersonal levels of the psyche." It seemed that Jung then took religion more seriously than just a transition experience from childhood to maturity (as Freud did) as he also concerned himself with the transpersonal side of religion and things similar as the, as we called it before, "oceanic feeling".

Jung seemed to talk extensively about Buddhism and Taoism. He also talked a lot about Christianity. Unlike the Eastern traditions, Christianity came under his critique quite often, although he acknowledged it to be beneficial way more than Sigmund Freud. As we talked about the oceanic feeling quite a lot on the previous pages, Jung differed from Freud in this very regard greatly. For Jung viewed "faith" as an intellectual adherence to dogmas void of religious experience (Sears, 1990). This religious experience as noted before can mean a similar thing to "oceanic feeling". It ultimately describes this relationship to faith based more on a personal experience than anything else. As Sears continues: "Jung sought experience of God in

a way that left "faith" in the actual existence of God open to question. An interpersonal view of faith was beyond his scientific interest".

Therefore, and this was part of Jung's critique of Christianity, Jung had no interest in concerning himself much with any other faith than intrapersonal faith. Merriam-Webster (2023) defines "interpersonal" as: "being, relating to, or involving relations between persons". Intrapersonal then means, according to the same vocabulary, "occurring within the individual mind or self". Therefore, Jung, who stood behind the intrapersonal view of religion, claims in *Memories, Dreams, Reflections* (1983) that "in religious matters, only experience counted." Murray Stein (1985) argues, that Jung's professional concern, was to treat not just individuals, but the whole Christian tradition as well. From there, we can see, that Jung saw in religion that which Freud perhaps could not. This created two things. First, Jung rejected a lot of things that had to do with strict adherence to dogmas, perhaps upon seeing his father follow this route. And second, Jung was way more open to any kind of religious talk than Freud.

How is that relevant to this thesis? By opening up the conversation about religion from the "intrapersonal" perspective, Jung opened up the gates of psychotherapy for Christianity. Since then, many psychotherapists have talked more openly and positively about religion than Freud, although these two disciplines of human endeavor, religion and psychotherapy, still remain quite separate. However, some psychotherapists started to even claim that Jung's focus on the importance of personal experience and the inner life could help to bring a new level of depth and authenticity to Christian spirituality (Stein, 1986). When speaking about more distinct things within Christianity, Jung states that: "the imitation of Christ does not consist of casting one's burden on Jesus but means undertaking the same experience of life that Jesus had, the way of individuation." (Waldron, 2014). I find that truly fascinating. What if by "undertaking the same experience that Jesus had" one could sort of mythologically and archetypally frame his experience into something reminiscent of meaning and hope? Something bringing hope perhaps that much more than just ERP alone?

3.4 Data Collection

My data collection method since the beginning has been a reflection. The very core of any autoethnography are notes or the so-called "Field notes" and my work is thus no exception from this rule. I have been writing down notes (although needless to say sporadically) from 2017 to 2023. All of these concerned themselves with the Bible and how readings of it affected my life with OCD.

Why was I writing my notes for so long, that is a question that may come to the mind of the reader. Firstly, I was in the grip of OCD for many years and thus, ever since I discovered that the Bible contained stories that I took for somewhat allegorical to my condition, I started reading these stories and reflecting on them. That was in 2017. Since then I have been writing these notes, at least at times. I tried to contain even those that were personal, since I wanted these accounts to be rather raw and unfiltered when it came to the emotional suffering and pain they caused me.

Regarding the precise time and space behind these notes, there were no set rules that I would have followed here. I wrote when I felt like it and it was usually when I experienced severe episodes of OCD and then tried to reflect on the message of the Bible.

These notes have been written almost verbatim, by a method called occurrence recording (Chang, 2016). Put simply, occurrence recording occurs when one writes verbatim. Similar to how Freud would make his patients lay on the sofa and make them "free associate", I did a similar thing with my thoughts. I lay them on the paper as they came. The inspiration was always some story of the Bible, mostly, the story of passion, since I found this story to be the most allegorical to my experience of OCD.

The only difficulty came since some of these notes were written in Czech. I tried to translate these, but sometimes the original meaning seemed to be a bit lost in translation or I have found that these notes did not sound as well in English. Most of the notes, as they were written in the form of writing a personal diary almost, were written in a rather raw fashion, in which I tried to keep them. This was done because I felt that too much editing would do it injustice. I did not want these thoughts to be polished before analyzing them, I wanted them to be in approximately the same fashion in which I wrote them when suffering so I tried to keep this unpolished nature as much as I could, only sometimes editing big grammar mistakes that at times made these notes not very readable.

4. Research Results

4.1 Data Analysis

In this analytical part, let me present the themes that I have identified from my notes and let me show how these can explain research questions.

I have established 5 main themes that I believe to be key for my self-reflection. The first one is unconditional acceptance (1), the second one gratitude (2), the third one is meaning (3), the fourth one is uncertainty (4), and the fifth one is transferability (5).

The way in which I decided to analyze my data is called coding. To introduce coding a little, I have found this quote, which I find quite suitable for our purposes: “Coding is oriented around the central concept of seeking to represent the interplay of subjects’ and researcher’s perceptions of the nature and dimensions of phenomena under study” (Douglas, 2003). Coding is thus, in autoethnography, something that helps us show perceptions and dimensions in which the author sees the topic of the study. Coding is a rather traditional way of analyzing data in qualitative research. However and quite often, there is a lot of critique regarding this data analyzing method. For example, the authors of the (2016) *Qualitative Data Analysis After Coding* article claim that coding is often almost done "magically", meaning that researchers need to, in the end, create some themes and so they just somehow arrive at them. However, despite not only this criticism but also many others, there was not any other more suitable way that I could think of regarding my thesis in which I could analyze my qualitative data. Thus, coding was used and it was used standardly in a way where I took my data and analyzed them into different "codes" and "themes".

First of all, I read through my notes and tried to find some common ground among them. I did so by writing down notes in order to find some commonalities between them. Out of these commonalities then came codes, brackets of data that contained pieces of information that were similar to each other. These codes then served as a prelude to the five different themes that you can see at the top of this chapter, which I derived later on by thinking about the nature of what was it that this data and my reflection on them really showed me.

There is one more notion that I believe to be important to mention here and that is the fact that amongst all these five themes, what emerged as the main and most important theme of the

analysis was "unconditional acceptance". The other four themes are all the same regarding their value in the analysis and the effect that I feel they had on the betterment of my OCD symptoms.

4.1.1 Unconditional Acceptance

Unconditional acceptance came up as the most important theme of all. Why? Because simply put, most of my notes seem to concern themselves with it. Unconditional acceptance is a concept by Albert Ellis (1988), who distinguished three parts of unconditional acceptance. First, we have what he called 'USA' which stands for unconditional self-acceptance. Then we have another concept called unconditional others acceptance, which is aimed at accepting people as they are despite their many flaws. Third we have what Ellis called unconditional life acceptance, which I deem to be the most important here. This unconditional acceptance or rather all three of them, is a concept that stood up to me all throughout the Bible. I am not saying that everyone should thus go, grab a Bible and read it so that they can reduce their OCD. All I am saying is that there is this concept that the Bible portrays in a metaphorical form that can be applied to and practiced throughout life, something one can get better at. Unconditional acceptance is like a skill. And I have yet to see it portrayed better in terms of tales and myths than by seeing Jesus taking his cross. This is not an argument against ERP, but I believe the golden standard of OCD therapy could benefit if it were to add this concept of UA into its OCD treatment. I cannot claim this universally, since there are not studies on people experiencing these benefits, but for what it is worth, it helped me extensively when I coupled UA with ERP.

According to Ellis, it is not just that UA is a theoretical concept, it is a practical psychotherapeutic modality in which one can grow, better himself or herself in and use it as a skill. Why could this skill be crucial to adopt in terms of OCD treatment? One reason could be because OCD is "switching themes" consistently. A theme is the current way around which OCD sends its obsessions. It can be the so-called homosexual OCD and the fear of being gay, where it is not just a physical sensation of anxiety, but OCD convincing the sufferer that he or she lost all the attraction for the opposite sex. It may be harm OCD where people imagine very visually how they kill their spouses and they start to be so triggered by these thoughts that they think it not normal and get convinced that they may be in fact closet serial killers. I am illustrating these themes a little, because my experience has been that many people always thought that my OCD was "just thoughts" when in reality, it made me doubt everything that I took for granted and it made me unable to distinguish reality anymore. OCD switching themes

like this is, as its largely agreed upon, the result of what is the most important, the thing of the most intrinsic value, to any given sufferer. It is these unacceptable thoughts that get intrusive (Melli et al., 2016). This is not true just for the particular sufferer, but fascinatingly enough also culturally speaking. The research of Williams et al. (2017) shows that OCD fears are different cross-culturally. What does this imply? It implies that whatever may be important (in terms of cultural values) in any given culture will be what most people in that culture will most likely suffer from, in terms of OCD. Islamic cultures tend to suffer from religious OCD much more than Western countries. In the West in the past, the so-called scrupolosity (or religious OCD as it is more commonly called nowadays) has been the main OCD theme, dating as far back as the fifteenth century as Osborn (2018) proves in his book.

In Williams et al. study, they found out that in western countries, relationship OCD seems more prevalent than for example religious one. Thus advocating, that for us Westerners, relationships are often probably more important than religion, at least in terms of population average. In Brazil, the most occurring theme was the harm OCD theme, this means OCD that makes one obsessively worried about harming someone by killing them, beating them, or for example poisoning them. In India, the primary theme was contamination OCD, with fear of germs and germ-transferred illnesses. In Japan, the main themes revolving around OCD are those of bringing potential shame to the family of a given individual, sometimes just by having mental illness alone. This could prove interesting from a multitude of angles and to a multitude of sciences, quite possibly especially for psychology and anthropology. Also, more and more themes around climate change seem to spark up in the West, showing that many OCD themes seem to also be a reflection of age and culture.

But why would that all be any important for my self-reflection? Because all of these tabus and cultural norms and unbreakable and unacceptable themes are what make unconditional acceptance, to me, so vital. If it was not for OCD constantly changing themes from one totally unacceptable scenario to the next, it would be, I believe, much easier to recover. Embracing uncertainty and ERP alone works for me, but OCD seems to exhibit symptoms of a mental virus that once cured tends to come again with something yet even more unacceptable. Similar to antibiotic resistant germs. However, unconditional acceptance seems to have the cure for that. How? Because it is unconditional. Ellis taught that no matter what one does, he or she can still accept oneself. A difficult concept to grasp, Ellis (2005) proposes that in order to heal from most anxiety disorders (and not just from them, but from most, to him, "unnecessary

psychological misery") one has to banish rating himself or herself as a good or as a bad person and rather just succumb to rating ones acts in terms of good and bad only. Thus, rating what I do as good or bad, but not rating myself in my totality. To Ellis, human beings were unmeasurable in their worth, in their "goodness" or "badness" and any attempt to do so may harm their psychological well-being (also Ellis, 2005). The same goes for rating others and their actions and life in itself. All these three components compromise the three concepts of UA as hinted above and can be, in my opinion, the missing hallmark of OCD treatment in two ways.

First of all, as OCD themes constantly switch, it is rather hard to get a grasp of them. Most of them also seem to involve some fragment of judging oneself (for example people with harm OCD may be terribly afraid of being "evil people" whilst people with contamination OCD would probably feel guilty for making a mistake of not washing their hands thoroughly enough that they may catch AIDS or hepatitis now) as the study of Bhar et al. (2007) shows. UA could get underneath that as one could learn, not read, but learn over time in a skill-like manner how to not rate his or her entire selfhood but just their actions and thus, how to reduce the amount of overall self-judging.

Second of all, OCD always seems to find what is most unacceptable at that given time, be it the most taboo subject from just the personal point of view or even (as proved above) from the cultural point of view. Thus, implementing the concept of UA (ACT therapy, needless to add, also talks about this concept, not just Albert Ellis, although I personally find Ellises' work the most applicable for an OCD sufferer due to its strict adherence to logic and rationality which to me seems to be lacking in me when OCD strikes) could perhaps make one live in a world of less personal and cultural taboos and thus in a world of less fear, paranoia and unacceptable things such as being gay, being a possible serial killer, someone who due to his "stupid mistake" of sitting on a public toilet possibly catches AIDS, etcetera.

My notes follow:

"First of all, as I go through the Bible more and more I am kind of believing that it is really a map for the human psyche in a way. It starts with paradise, shows a way to lost it and then shows how through what Jung would perhaps call individuation, through the process of sacrifice and hardships one can again gain that paradise. First of all, the Bible starts with Adam and Eve story. I can find myself greatly in this story, as it is a story about two parts, two polar opposites, none of which is doing exactly what he or she should, these parts being Adam

and Eve. It is also a story about this immense, unlimited potential, which to me is God and about the state of perfection which all people seek. This state of perfection is to be symbolized in the Garden of Eden. I am mesmerized by the fact, that this is where the Bible starts. It is like a story turned upside down since most books are more linear and build up toward a happy end or a paradise (the desired state for the main character) gradually. However, this story starts with the desired state and then actually progresses toward death, suffering, and misery. The stories revolving around the idea of a lost paradise were, I heard once in an audiobook, known in ancient times and can be found cross-culturally. For a reason to me unknown, many cultures supposedly believed that the current state of the world and mainly of human beings is somewhat not what it should or could be, that it is somewhat less of what it once was or what it could have been. Almost as if we could be more, psychologically speaking, potential-fulfilment speaking, than we are. I do not know if these stories really were known cross-culturally, but it is an interesting idea for me to play with in my head right now. That all these notions of us not being what we could be were implied in these stories of "lost paradise".

"What strikes me personally the most is that there is a Tree of Knowing Good and Evil in this Biblical story. I instantly recognize a deep symbolism that fits into my OCD experience in that tree. The symbolism is that I constantly and continuously judge all things on good and on evil, on perfectionism and imperfectionism, on right and wrong. Such is this stark line between my white and black thinking that to me it takes virtually any single insignificance for me to start ruminating upon it for hours. If I could only not eat from the Tree of Knowing Good and Evil and let the "serpent" tempt me without responding to it, I could perhaps overcome my OCD. But as the Bible says, the serpent was crafty, he was the smartest, the trickiest of all animals. So too is my OCD an epitome of all lies and mischief that is happening within my psyche. I am, sadly, its puppet and it, able to convince me of absolutely anything, is pulling the strings with the lies that it uses. "You have made a mistake. It will end up in a catastrophe. Something bad will surely happen to you or someone that you love. Why did you have to make that mistake? No one else would make such a bad decision!" I too like Eve am trying to respond back, even if I know that it is compulsive and I try to convince this voice and myself that I indeed did the right thing and that it is not my fault. The more I do that the more the voice usually talks. And then comes my inner Adam and starts blaming Eve for eating from that Tree and blaming even God, which too is an image that symbolically fits my ordeal beautifully. I too, just like Adam, tend to blame myself or others or the world for giving me such a condition to live with."

Here too, as throughout most of my notes I can find some trace of unconditional acceptance. In this particular one, I can see that the metaphor of Adam and Eve fits into this concept for me. Just as Ellis talks a lot about the negative consequences of judging life on good and evil and Marcus Aurelius (who Ellis took for inspiration for his REBT therapy, (Ellis, 2005)) did so too before him, so does the Bible, to me, contain that same message, only in a mythological way. I do believe that the first time I realized that something like a deep level of acceptance may help me with OCD was through the Bible and through this story. Even at times when all I knew about OCD was ERP, I could tell that this story contains something significant for me, something of great psychological value which, if I could derive from that story, could perhaps mean a big shift in my recovery.

And my notes continue:

"I find how Adam and Eve responded a shocking contrast to how Jesus dealt with the very same "deceiver". He just did not respond to him, upon being tempted in the desert, and he managed to always cut the deceiver short instead of going into intellectual debates with him. Perhaps the first story showed how the paradise can be lost and this last one shows how it could be gained. Jesus also did the exact opposite of what Eve did and thus did not lose the paradise, but actually gained it - he, instead of running towards pleasure (since the deceiver offered him material goods if Jesus were to not take his cross), ran towards pain. I feel like this is the very message of the Bible, a message that its structure tells, and one that is evident to me in my situation (as I view the Bible symbolically and sort of subjectively) even before I have the chance of delving deeper into any of the particular stories. I also notice that it is almost chronologically accurate to how I deal with OCD. First of all, I usually eat from "the tree" and feel that something evil and bad has happened, it mostly is that I made some mistake (as fear of making a mistake is my main OCD theme) and I start to think about it obsessively, judging myself in the entirety of my being as bad and also blaming myself for getting into an OCD episode again. Then I am "punished" by the feelings of anxiety and immense guilt over triggering OCD again and I metaphorically "leave the paradise" which to me is any time period where OCD does not bother me or when I feel like I am finally doing really well in life."

"Second of all, I am like Cain and Abel and I start being jealous of others who do not have these problems, as I feel like I too, just like other people, offer sacrifices, but with roaring OCD in the background, I feel like my sacrifices, unlike those of the "normal" people, always fall short of producing long-lasting pleasing outcomes. I then turn my resentment not just

towards other people, but towards being itself. I turn against the very idea of existence since OCD makes me feel that this "being", the whole of existence, is not at all friendly towards me which would conclude that existence or being is sort of wicked or evil in its nature. I start to feel resentment towards life and envy towards others. Third of all, I usually am like Noah and feel like I flood everything, I change what I do completely, I try to compulsively grasp for straws of potential help and I usually enroll in some online course or try to do absolutely anything to get from my current "OCD spike". Fourth of all, I am like Abram, I feel like I cannot have any descendants. That is, metaphorically, that I feel like I cannot be happy, since Abram seemed to have everything in his story, as he had material wealth, but he lacked that which his culture deemed the most important, which was having kids. Abram's or Abraham's wife, as he is later called, was barren. And what is the most important to my my culture, an equivalent of what to Abram's culture was having an offspring? I would say happiness, feeling that one is happy. We all try to achieve that, want to achieve that. Not everyone I know wants to have kids, but everyone I know wants to be happy and usually thinks about it quite a lot – whether this is a good goal to aim at is however debatable, but I aim at that as well. However, even if I feel like I cannot be happy, content with life, finally at peace, achieving my well-being, it feels as if something inside still tells me to try to be happy and so I try once again with my therapeutical endeavours and tryings in order to heal my OCD. In that, I am similar to Abram in that he too tries to follow God into the "promised land", where he would finally have his descendants and I, my happiness and recovery. Fifth of all, I am like all these Patriarchs in the Bible, descendants of Abraham, who tried to also get to the promised land. I try to walk on my "hero's journey". I try to get away from the tyranny of Egypt, where I am a slave (Egypt would be, to me, a metaphor of living with mental illness) and into the "promised land" of recovery. But when I feel like I am finally beating OCD (which is rare) and I thus hope that I will find this promised land, I quite often for some reason turn towards depression instead. That to me is like Moses bringing people from the slavery of Egypt just to then get stuck on the desert. But most of all, I am like Jesus, since I have to carry my cross daily, and ideally, if I want to recover, I have to carry it at least half willingly. Which is not a common occurrence in my case."

Here I found an interesting structure of the plot of the Bible. The Bible is very relatable to me not just in terms of the content, but in its structure itself. Almost as if it mapped out my usual reaction to OCD. First, the judgment of another OCD episode as bad, then I turn into Cain and am envy of others and their "normality" and then I usually try to deal with it somehow, but its mostly spent in suffering, just like a lot of characters in the Bible tried to achieve "the

promised land", but struggled. Also the structure of the book seems to me to be very paradoxical. Many thinkers in the past were puzzled by how this idea of Old Testament God who is described as "jealous", as someone, who hates sinners and who quite often gets angry can be reconciled with the idea of the very accepting and open-minded Jesus. This too reeks similarity to my recovery, because I believe that I have to fight at times, for example getting out of bed when I feel I would rather numb myself in endless social media scrolling and when I have to accept my anxiety, my intrusive thoughts and try to not fight them. It is paradoxical, like two opposites, just like the structure of the Bible. However, back to my notes. The highest way for me to deal with OCD seems to be to take my cross, to accept it unconditionally. The Bible is very relatable to me especially in the context of the five themes mentioned above. Transferability for example. I feel like the book is not just a myth, but that it really is similar to OCD and the way OCD is treated. As I later wrote in the field notes, I believe the Bible to be almost an ERP therapy written in a mythological form. Such a claim may seem not only absurd but perhaps even void of any meaning when we have scientific books that explain all about ERP therapy and how to conduct it. But still, the Bible somehow, somewhat, was able to bring this message of ERP and UA to me, the message of how to treat my OCD better, more thoroughly, in a more comprehensive manner than when I read books about ERP therapy and OCD treatment. My thinking here may not be easily understood, but perhaps a comparison to phenomenology could help. This quote describing what phenomenology is (Moustakas, 1994): "To describe things in themselves, to permit what is before one to enter consciousness and be understood in its meanings and essences in the light of intuition and self-reflection. The process involves a blending of what is really present with what is imagined as present from the vantage point of possible meanings; thus, a unity of the real and the ideal", describes well, I believe, my thinking here. I read and studied the Bible and what was real blended with what was imagined, but it, strangely enough, helped to show me a more nuanced understanding of my OCD.

4.1.2 Gratitude

Gratitude (2):

Let us continue with the notes, where we now also hint at the theme of Gratitude (2), while still exploring the theme of unconditional acceptance. Why gratitude? Because I felt, in terms of emotions (and autoethnography is also about the emotions of the researcher, not just his opinions and thoughts) quite a lot of gratitude upon reading the biblical stories. The best

way to put this would be that it was a felt gratitude for the Bible. A gratitude, that something like this even exists. That I do not have to just try ERP all over again, despite it helping me, but then still being stuck. I felt gratitude that there is something else, something overarching perhaps, something showing me that there is not just ERP, which main message I believe is contained in the Bible (the message of facing one's fears willingly, not trying to run away from them), but that there is also a sort of in omnia paratus, Latin for "ready for anything, preparedness in all things" in the Bible, meaning that I almost approach it, fully knowing that it may sound utterly unreasonable, as a manual on how to deal with OCD.

Of course, here I am perhaps over-reaching again and this paper here really goes on the verge of sounding like a Jungian book more so than a scientific paper. But as autoethnography is subjective, I am sharing my inner thoughts as I want to make some context for the following notes that are about to come. Another Latin phrase that came to mind upon writing these notes below was Omnia vincit amor, a famous phrase from poet Virgil, often translated to as "love conquers all". Here, I would not say just love, but psychologically speaking and in regards to the theme of transferability (3) or the ability to derive some value that would be psychologically sound for the Bible, I think the term could better be omnia vincit acceptio, or "acceptance conquers all".

The notes that I picked for this chapter follow:

"What I think about and what I believe helps me in this situation more than any guideline is that I remember how Jesus stood in front of Pilate. Pilate asked Jesus to defend himself and Jesus did not respond and then, when he did, it was not a response in his defense at all. Pilate could not understand this. There is this man, supposedly a very powerful one, who looks poor, who looks miserable, and who Pilate perhaps even feels genuinely sorry for, the plot-twist, however, is, that Pilate cannot feel so sorry for him, as he has a roaring crowd behind the curtain of this man's own people and they want to see the man dead. And Jesus? He refuses to defend himself. What? How? Why would anybody do it? As a Roman Poncius, I believe Pilate has never seen anything like this in his life and that he surely was eager to tell about it to other Romans at baths that night and see them puzzled as well. However, as hinted in the Bible, Pilate did not want to have the blood of Jesus on his hands for he believed that Jesus is innocent. Please, just say something for your defence and defend yourself in front of these people, apologize to the crowd and we can be over with this. But Jesus of Nazareth just stands there and he does not really seem to be willing to lessen his excruciation, his very own episode of

hell, or to recover anyhow from it by doing or saying anything. Such is the inspiration that I feel from this image, that I wonder if I am not perhaps a fool for deriving my "OCD manual" from the Gospels, but I cannot unsee how weirdly similar is this story to mine. For is this not precisely what ERP therapy says? "E" stands for exposure and it says that when one is afraid of "x", one should confront that "x" willingly. RP then stands for the so-called "response prevention" which means that one should, after exposing himself or herself to the feared stimuli, try to not do anything to lower his uncomfortable feelings. The similarity between ERP and the Bible may, of course, be all just in my head, a sort of confirmation bias in the context of merely just seeing what one wants to see. I do not deny this, but still, reading the Bible seems to help me greatly, and that too I cannot deny. This story, archetypally, I believe, contains the truth of what I feel I need to do, exactly that truth. It shows me what I should do in relationship to my own Pontius Pilate and a roaring crowd, my OCD. And what it shows me is to not take an easy way out when offered, and OCD offers me many compulsions to perform to lower my anxiety. I feel less alone when reading this story. I am not the only one who has to take his cross willingly! And not only that, but I can read about someone else who already paved the way."

Here, under this note, I want to present my notes that were particularly about gratitude, since this first note was about gratitude too, but not directly stated. A multitude of studies show that reading the Bible or church attendance do tend to bring up gratitude gradually (Krause, 2009). I too, upon reading the Bible, felt more gratitude.

Another note states:

"I feel gratitude over my journey. It feels to me as if I am a part of something bigger, everlasting, and ever-encompassing. As if all human beings were called to carry their cross by their Father - by life, destiny, whatever it is. Marcus Aurelius called this thing "the Whole" and he claimed that he wishes to accept whatever this "Whole" assigns him. I don't know, maybe I am completely weird writing these notes and most likely I am, but it feels as if I am a part of some bigger tradition that people before me were a part of also. It feels like I feel gratitude for it, and I do. Gratitude is what exactly? I do not know precisely, but to me, it is a feeling of belonging, of being part of something that others went through, of not being alone. It is very easy on the OCD journey to feel like one is alone, to feel isolated in all these thoughts and feelings that create suffering. But I am not. I feel like I can not only take upon my destiny, which would mean something like taking up my cross, taking my OCD journey willingly, no matter what (since we all have to suffer in life and this is probably, as Aurelius would say, my assigned

part of that suffering). But it feels like I am grateful. Why? Because I have something to learn from this suffering too. It seems that Jesus grows as a character precisely thanks to this embracement of his cross. It seems like I could perhaps learn something from taking my cross as well. And that learning could perhaps make me be even better in certain ways than I would have been if I were to live all of my life without any psychological illness."

Gratitude means according to the server etymonline.com: "good will" and "thankfulness" and it seems to be precisely this for me. Almost as if I believed in the good will of the universe, when I feel gratitude around my OCD. And the Bible seems to help me with that.

4.1.3 Meaning

Meaning (3):

As Frankl (1966) said: "Drive, will sooner or later be dismissed as a status-seeker. In the final analysis, the status drive or the will to power, on one hand, and the pleasure principle (or, as one might term it, the will to pleasure) on the other hand, are mere derivatives of man's primary concern, i.e., his will to meaning, as I call the basic striving of man to find and fulfill meaning and purpose. It turns out that pleasure, rather than being the end of man's striving, actually is the effect of meaning fulfillment. And power, rather than being an end in itself, actually is the means to an end, inasmuch as, if the man is to live out and exert his will to meaning, a certain amount of power - say, economic or financial power - by and large will be an indispensable prerequisite."

I believe that what OCD gave me is a deeper sense of meaning surrounding not just my OCD, but my life in and of itself.

My notes regarding meaning read:

"I believe that my readings of The Bible gave me meaning. To me, there is no thing other than meaning which could possibly pull up the motivation of someone like me. The moment I hear that OCD is a zero-sum investment, or rather what I like to call and think of as a negative reducing investment, therefore, something that is opt to be attempted solely to reduce suffering in life (by recovering), I, for some reason, am not interested. I do not know why, but it seems to me to be a thing even among many people who follow my Youtube Channel about OCD called in Czech: "OCD a Dál". Often times I get emails claiming that my channel got some person's

interest because I talk about how OCD can be a stepping stone for a better life, almost as if you lived to be a better version of yourself after having OCD than if you were to never even have it in the first place. This is what I realized the Bible served me for. It was the first instance in my life where I felt that this dreaded terrible thing could in fact contain some meaning in it. That turned everything into what I would call a positive investment, not just a mere negative reducing one. Meaning that I could actually get something "extra". I could not just fix the greatest problem of my life, but gain a lot of experience, learning, and character growth in the process".

"The difference? I started to like OCD more. Like is perhaps not the right word. I started to respect OCD more. But before I did so, the respect was, for all these years, not there. Why? To me, it was hard to respect OCD as it would equal to respecting a man who comes and flushes my head down the toilet for no particular reason each day and all day long. And that is how OCD felt. Bullying, meaningless, dull suffering. Such dull suffering created a sense of nihilism in me in the past. Nihilism lead me to feel depressed about my ordeal. However, over time, as I repeatedly turned to the Bible to read it and think about its stories from a psychological, OCD related perspective, I felt that nihilism being more and more gone. There is something to say about having a philosophical framework allowing you to deconstruct your suffering. It is a stark difference between having a suffering and between what I now call "donquixoting" of that suffering. Reading the Bible was such a strange territory for me, that at times, I felt like I went insane for turning to this book for OCD help, trying to find some value in it. "It is just OCD, what is the Bible good for?" went through my head. But over time, I realized that I am more into what resembled the infamous character of Don Quixote de la Mancha thanks to my readings. Maybe this is just a mental illness, but maybe it is something more, something like a daring adventure. Where there was a windmill before, now stood a giant."

What I am describing here, is this sense of the Bible being like a meditation on my suffering for me, which helped me to not only view my suffering as something possibly meaningful but to also believe that it could have this "positive investment". Because the Bible showed God, someone who could not have any suffering if he wished to, take on suffering willingly for the benefit of, in the end, the whole world. And so I too realised, that in the end, if we were all to embrace our crosses instead of turning towards alcohol, drugs or other escapes from them, that we can make the world and ourselves a little better. This idea derived from the Bible gave me a sense that suffering may be not detrimental to life, but maybe a right stance towards suffering may be the actual goal of all life. Thanks to this, I was much more motivated

and "turned on" toward recovery. The Bible was the first instance where I felt this. I later on felt it when I realized that the similar philosophy that the Bible provided me can also be found in the psychological world in the works of Albert Ellis. Ellis wrote in his book that one can choose to make his life "an adventure of improving one's mental health, rational thinking and unconditional acceptance" (Ellis, 1988). Coupled with Frankl (2020), who says "How we deal with difficulties truly shows who we are, and that, too, can enable us to live meaningfully." I really took a sort of more nuanced understanding of what my OCD can mean for my life (if I work on viewing it in a certain way) in. The Bible again was the first thing in my life that showed me this. Why? Because I could see it everywhere in its stories. God always seemed to stand on the side of adventure in the book. Abram who was a "tent-dweller" and therefore someone who most likely lived a very comfortable life, heard the calling of God who called upon him to go to the "promised land". I believe I experienced a similar "Call to Adventure" and the call was my OCD. Whether this belief of mine is true or not from a scientific perspective is impossible to prove, but psychologically speaking, it did help me to recover better from my illness and I also believe that I now am less comfort seeking and with better, healthier habits than if I were to never even have suffered with OCD in the first place.

As I write in my accompanied notes:

"Abram was a man of old age, who had seemingly everything. He was wealthy, and had servants, stock, and cattle, but could not have one thing, a thing that was most likely the most valued thing back in the time of Abram - he could not have any offspring. God in the story comes and promises Abram to give him "as many descendants as stars" if Abram only comes and follows God to the so called "promised land". I again find a similarity here between my story with OCD and the Bible. I tried to find answers in the Bible and then realized that what I felt when reading the book was something resembling a deep state of acceptance, trust and meaning. I then started looking for this same concept in the world of psychology. There, I found the work of a very strongly opinionated atheist (which is a little bit of a paradox regarding the topic of this study) - Albert Ellis. As the work of Ellis really helped me to therapeutically reduce my OCD by working on my irrational beliefs according to his books, which Ellis claimed to be a perfectly reasonable way to conduct a sort of bibliotherapy on oneself, I have to thank the Bible, once again, for this. Just like Abram was showed his promised land, the Bible, for the first time, showed me too "the promised land". It did not say "leave the land of your fathers" or "leave what you know" which back then was a meaningless suffering with OCD, comfort zone,

and doing compulsions all the time and then just "get off that land", no, it said "and go to the promised land that I will show you". And a promised land definitely sounds more promising to me than what would be the negative reduction alternative, which would be just leaving where one is right now. This in a metaphorical form is what in the more scientific form (although still very philosophical form) I believe Frankl and Ellis talked about and of course also Jung and many others in the field of psychotherapy. I, upon reading a Bible decided to also have as many descendants as stars, therefore to not just take what I took to be unachievable, but to turn it completely upside down by actually making my weakness into my strength."

I realized that as I believe OCD stems from a lot of irrational beliefs that fuel conditional acceptance and follow in nihilism and victimhood, I will be someone who will develop a skill of not feeling like a victim again, who will as Ellis said, take his life as a daring adventure of developing unconditional acceptance. Without the Bible, I do not think I would get woken up to this possibility and would just leave my goal of dealing with OCD to be that of getting rid of such a terrible thing that I took OCD for - and that does not sound very motivating to me. God in the Bible always seems to be on the side of adventure and on the side of those who go towards that promised land. Not a never land, not away from some land, but to a promised land, a good place of meaning and fulfillment. And when these characters in the Bible really go there, just as Abram, where it is written about him that simply: "Abram went.", without any complaints or excuses, God always seems to help them and be on their side. I somewhat trusted that the same may happen for me, if I would only dare to face my OCD and to challenge it head on, instead of remaining in the comfort of my tent, which was comprised by my many compulsions, self-pity and lack of interest in life. I believed that I may not just leave this tent and find myself nowhere, but that by overcoming OCD I may perhaps learn a greater sense of acceptance in life and thus achieve my very own personal promised land.

My notes conclude on this topic:

"Without OCD, it would be just some land, but quite possibly not a promised one. Without not having the issue of not having any offspring, Abram would probably just have a few offspring. God would probably not call upon him to go to a promised land, because Abram would have nothing to do it for. And thus, he would never end up with "descendants to become as numerous as the stars of the sky" - in mythological terms, he would never fully realize his destiny, if it was not for his original adversity. But because his suffering had to be great, he

went on the likely gruesome journey to the promised land without thinking twice about it, because all he wanted was to have some children. It is likely the same with me and my suffering from OCD. Without OCD, I would quite likely never have the motivation to start learning many things, let alone something about irrational beliefs, which does not sound, pardon it, as a fun topic to a twenty-year-old man. However, with this premise in mind of not just not having an illness, but perhaps after recovering having a much better life overall than if I were to never have OCD, I slowly started to work on my irrational beliefs as described in the books of Albert Ellis. And I have realized since then, that I believe my mental health would quite likely be much poorer than it is today, at the time of writing this thesis, if it never were not for my original adversity, OCD. For that, I am thankful to my OCD and I mean it when I say that it is the best thing that ever has happened to me."

And here is what I wrote at a different time on the same topic:

"Is this not the thing that seems the most meaningful to me about life? That one can have a terrible mental health and work to get an excellent one, or that one can be very shy and work on being social? These sufferings, these areas where we are denied success, seem to be the areas where we may hear our "Call" and if we answer it, we perhaps may go from having no children to having as many descendants as stars, from total failure to (thanks to the motivation from the failure) a great success. For who would go to work on his mental health, if he were to have a relatively good one to begin with? But then, if one starts to work at it due to being depressed or anxious, he may arrive at an even greater mental health than the one that his undepressed and non-anxious peers have. Why? Because that individual has put so much work in that he may achieve a better outcome than those who were given something purely "by nature". As if a hard worker outworked a person of talent in some field of human endeavour. And what would it be that would prompt that person to put in that extra work, if not the extra amount of suffering, compared to others, that life has assigned him or her in that given area? Now I believe that we all have our shares of suffering just in different areas of life, but it is perhaps that suffering may show us where to put in our work and this work can then transform that suffering and thus, the suffering is, in the end and from a hindsight, made meaningful. I believe that this is precisely why God picked Abram in the story among everyone else. He did not pick just someone. He picked a man who had seemingly everything, which I believe is important to the story, but who could not have one thing only – an offspring. Thus, Abram's one area where it was an utter failure was not just turned by 180 degrees into having perhaps

one descendent but multiplied in a large way into having "as many as stars". I believe this story contains many lessons and that it is not a coincidence that all these things happen in it. I believe that it speaks of how to transmute suffering into meaning and shows that if one has a meaningful and positive outlook on life, a friendly stance towards being, the very idea of existence itself, that one may transform his or her challenges and sufferings into his or her greatest victories instead of turning towards nihilism. When I imagine that we could also live in a universe where many of these variables such as mental health would be permanent and unchangeable, it fills me with a lot of meaning for life."

4.1.4 Uncertainty

Uncertainty (4)

Uncertainty is being taken for the main thing in all of OCD treatment. Here, however, I am talking about a different sort of uncertainty and that being my uncertainty if whether what I am doing with the Bible is in fact not compulsive. I introduce this work by claiming it not to be, but throughout my writing of this autoethnography, which was an exploring, real-time process, I have realized that there indeed may be some degree of compulsiveness to my biblical readings. Most of all, I have realized that these themes that I present here were really something that the Bible made me realize about my OCD and it thus broaden my horizons, because I could not understand why I do not recover just by doing ERP alone and reading of the Bible made me expand my recover with all these themes, but at the same time, sometimes I was reading it when in "spike." Instead of "riding the wave" of anxiety and being in the uncertainty of it, I sometimes tried to immediately think of the Bible or read it, in order to get a bigger sense of meaning or a lesser sense of victim mentality from OCD rising up again. This has proven to be probably true because, towards the end of my autoethnography, I seemed to use the Bible so much that it surely made my symptoms worse by becoming a new compulsion. It is important to note here, that anything can become a compulsion, even things that one means well and that really do help, but they do not help if used in order to replace or lower down anxiety or too frequently. As OCDuk.org, one of the largest platforms on the web filled with specialists on OCD claims in an article about compulsions: "It is important not to discount compulsions (rituals) if they do not appear on these lists, remember OCD can latch itself on to absolutely anything, and these are only the most common examples of compulsions".

"However, I then caught myself doing it way too much hoping that I would feel great after it. It does not seem particularly compulsive at first, but this is one thing that we OCD patients are extremely good at, or perhaps, that our OCD is masterful at. Anything that may be helpful even as a therapeutic technique that we may use in a good measured manner, can be turned by OCD into a new compulsion when we start to use it overtly to the point of trying to assume that the OCD spike or episode will somehow subside or not really get as bad. That sends a signal to our brain that we still do not accept it, that we still run away from it and habituation will thus not happen. So I started to think if all this religious symbolism is not just spiritual bypassing of my disorder. But one thing is really true to me in this chaos and I cannot wrap my mind around it. Not writing this just for the purpose of this work or to prove my point, I have to truthfully testify, that this Christian symbolism viewpoint really helped me to feel so much more clarity, such shorter and fewer OCD spikes in intensity and duration and an overall sense of calmness gratitude. It made a drastic difference and I am just trying to understand how it can help one day and feel compulsive the next."

Here I take a hint at this theme in my field notes, but I do believe that this was a recurring theme in all of my emotions and feelings about the Bible throughout many years in which I somewhat tried to deconstruct the Bible or use it for the betterment of my OCD.

As this simple definition states: "Compulsion serves to neutralize the distress brought by compulsive thought." (Frost et al., 2002), one can, as stated in the notes, make a compulsion out of almost anything. It is easy to get away from the mode of ERP and its insistence on response prevention and to instead fail at being with anxiety by trying to somehow neutralize it, even if innocently at first. I, however, after realizing that I did this, tried to strictly study what the Bible brought to me conceptually, while still deriving this felt sense of unconditional acceptance from the sheer awareness of what the Bible describes, which I am describing in more detail under the "Transferability" theme. However, once I have realized that I am indeed being compulsive with my use of the Bible, I try to refer to the book in my thoughts, but to keep it at a minimum and to just read the book when I am not triggered, never in states of exposure where response prevention was needed and where even bible reading could prove (as it did) compulsive.

4.1.5 Transferability

Transferability (5):

"Anyway, my point is this: If all mental health professionals would read New Testaments that they oftentimes find lying in their hotel rooms during travels and were to think about it in relation to OCD, they might understand OCD and its treatment better. Just like the story of Oedipus was the perfect story for Freud to help him name and describe his theory of the Oedipal Complex, the Gospels are, I believe, an absolutely perfect story to describe the theory behind the understanding of and treatment of OCD."

Here I sort of dig again at the gratitude of having the Bible for OCD, speaking from a place of the value of the psychological significance of the Bible for this disorder. When we could derive meaning and great tools that are now saving lives (for example DBT for BPD patients) from Buddhism, why not derive value even from other religions? Is the Bible completely unscientific and so wrongly made that it could prove of no value to psychology? I doubt it. Our whole civilization had this very document before psychology and while psychologists spend some better 100 years dealing with the very same topics that the Bible did, the Bible has a much greater time advantage on psychology.

But maybe there is no transferability to psychology, maybe it is just because I saw in the Bible something that was unique and personal and highly subjective, just like with the Abram story highlighted above and I just related it to my own condition. Such a case would mean that I performed a sort of bibliotherapy or even hagiotherapy on myself, which is a form of therapy that was created by my countryman, a Czech psychologist Prokop Remeš where you study the Bible and try to derive your own meaning from the stories and where these stories serve like a mirror for you to look at your own life psychologically, as described in they "Key Terms" section.

I could see in the transferability especially the similarity between ERP and the story of Jesus. In ERP one is supposed to expose oneself to his or her fears willingly, which strikes me similar as to what Jesus had to go through. However, as in the Jesus story also here we could see that the way it is being done is very polite in a way. It is being done in a way that is very cohesive for me.

I really believe that what made the most difference in my OCD, a sort of milestone that made it so that I went from a large victim mentality and feelings of complete hopelessness with OCD and between feeling like I can handle OCD was the Bible and the sense of unconditional acceptance that it gave me. I did not know how to call it before, or that it was unconditional acceptance. But the Bible gave me a feeling that all these problems that OCD causes me - lack of sleep, lack of focus, lack of enjoyment, inability to workout properly due to lack of sleep, are really not important at all. I could see that underneath these "problems" were really my fears. Fear of being rejected by others due to my poor performances based on a lack of sleep, fear of never being able to focus on anything nor enjoy anything, be it a movie or a trip somewhere, etcetera. OCD in a way, worked like my own personal trainer and it showed me where I still do not accept myself, where these fears are. Almost as if it was telling me "Let go of these, or you are going to suffer!".

But I still could not see why exactly the Bible helps me and how could I transfer this into psychology. Then I realized that Ellis already did.

"Upon reading the Bible I feel this one thing. I did not have a name for it, until today. Back before reading the Bible, my life felt quite literally like some perfectly tailor-made torment chamber. I felt as if all my goals, everything that was ever important for me, be it people, my family, my fiancé, my work, my studies, my success with the opposite sex before I had my fiancé, that it was all always shattered by OCD. I was feeling devastated and victimized, constantly comparing myself to others who seemed to live relatively normal lives in comparison to mine. But then I read the Bible and all of a sudden, I had this "switch" in me. This will be difficult to explain, but in a way, I could now suddenly "turn the other cheek". I could literally and also quite figuratively decide to not be as victimized by my sufferings, to not feel so down from it. Reading the Bible just opened up some new dimension to me, one that I did not know about before. I decided that no matter how other people live and whether they would be happy when something good happens and unhappy when something bad happens, I do not have to live this way. I could since then, allegorically, refuse to "eat from the Tree of Knowing Good and Evil". I could take the same journey Jesus did, when he, instead of taking all the kingdoms and riches (possibly all my important things mentioned above) took his cross, that is, his suffering willingly. In that, Christianity always symbolized some deep truth and I think that today I found why. I could not understand it. Was I missing something? How come that since I discovered the Bible it felt like I could choose this other mode, the mode which I sometimes referred to as the

*"mode of Jesus" where it just seemed like I could choose to view life differently, as not something that is just about achieving all the life's riches, but that is about achieving, no, about deciding, that one could, in fact, have a different outlook on life, a one where these riches do not matter as much, but where what matters is accepting whatever happens to you. I felt such a deep peace from this, that OCD could not seemingly break it. It was, as the Bible says, a peace that surpasses all understanding. Today I finally found a similar concept in the world of psychology. It is the unconditional acceptance of Albert Ellis in his book *The Myth of Self-Esteem*. And I think it fits perfectly to my experience."*

At the moments when I felt this "mode of Jesus" I often times felt bulletproof to OCD. It was almost as if OCD was a drum player who played on all these different drums. Fear of rejection, fear of not living a good life, fear of losing my loved ones. But when I decided to have this different outlook on life, almost as if one would turn a light switch on and off and I suddenly felt as if OCD was showing me where these fears are and as if it was doing me, in a way, a favor, by telling me that I am much too attached on these fears not happening. This attachment was what Stoics warned about and it was what Ellis, the "grand-father of CBT" and one of the most respected psychotherapists of the last century derived his concept of unconditional acceptance from. He said that this concept was around in many different philosophies, possibly even in Christianity to an extent for ages and that one could only decide himself or herself to have this unconditional acceptance or to not have it (Ellis, 2005). I think this is the biggest thing that ever happened to me on my OCD journey. ERP helped me a lot, but unconditional acceptance seemed like the thing that could really overcome OCD. Not only could I, according to Ellis, choose to have it. But at the same time, I felt that what OCD thrives on was the opposite of this unconditional acceptance. Ellis took for the opposite of unconditional acceptance to be the concept of self-esteem. He claimed (2005) that self-esteem constricts itself to a sort of conditional acceptance of oneself, others, and life in general, where one constantly runs for the "good" in life (approval, respect, good things happening to oneself) and runs away from the "bad" (lack of approval, disrespect, bad things happening, illnesses, deaths, injuries). Such is the state of such an individual and his life, that he is constantly on the verge, feeling guilty and anxious, and depressed when things "do not go his way". Ellis went as far as to claim that self-esteem is the worst detriment to mental health that exists (also 2005). He claimed it to be worse than anxiety, depression, and virtually anything else when it comes to one's well-being and mental health.

This opened my life altogether to a new possibility. Since OCD always thrives in targeting your self-esteem and conditional acceptance ("You are a bad person because you have thoughts about killing people.", "You are evil because you were not responsible enough to not contaminate your house."), if one could get into unconditional acceptance, beyond "eating from the Tree of Knowing Good and Evil" and self-judgments, one could perhaps overcome OCD better. This is however a strange concept to bring into psychology. And I, to my knowledge, believe that Ellis struggled with promoting this concept and showing it to people all his life. But as he says in his *The Myth of Self-Esteem* (2005) he, according to himself, struggled successfully. Thus, however, thanks to this concept mainly, I believe the Bible showed itself, at least for me, to be at least somehow transferable to psychology.

4.2 Answers to the Questions

In the end, the Bible gave me a new outlook on my OCD. It helped me to realize that there is more complexity that I could possibly discover relating to my OCD than just doing exposures and trying to prevent compulsions, although this surely is one of the most important parts of treatment. I am thankful to the Bible because, in my stubbornness, I would not have been able to see the themes that were recurring during my field notes, especially since I would probably not be able to grasp a sense of meaning around my OCD and gratitude. The Bible was an archetypal story, as Jung would say, and as such, it taught me a lot.

What would be, however, the answers to my questions? How could I conceptualize what I have learned and bring it forward in a manner which would prove comprehensible, even despite the quite controversial method and topic of the study? I believe that I could answer the main research question which states: "*What are the underlying mechanisms that account for the efficacy of the Bible in facilitating my OCD recovery?*" by concluding the following answer below:

First of, the Bible metaphorically showed me the concept of unconditional acceptance. It was for the first time in my life that I felt a significant difference in my day-to-day experience of living with OCD. Before that, while putting ERP methods to use, I felt quite a difference, but never one as stark as when I started reading the Bible. The question here of course is applicability and it would be tenacious to claim that the Bible can do this for everyone. However, here we get to the psychological concept of unconditional acceptance. At first, I got

to know this concept at college, then later on I found that there is a whole community of OCD sufferers who are using this concept of unconditional acceptance from the books of Albert Ellis, although there are only sufferers with OCD, but they aided their self-recovery by using this concept. The community is called "OCD Recovery UK" and is foundable on Youtube under that name. Nowadays, it is hard to find someone who does REBT therapy or incorporates the concept of UA as taught by Ellis. Most therapist today seem to do CBT, a therapy that stems originally from the methods of Albert Ellis, but is however void of some philosophical concepts of REBT, such as unconditional acceptance, and I deem UA to be very important for me as an OCD sufferer. As Matweychuk et al. (2019) found out, REBT differs from other CBT therapies since it has much more philosophical influence and contains the concept of unconditional acceptance.

Therefore, reinforced by Matweychuk et al. study and seeing that perhaps this answer might work for some, I would propose that further studies on this topic could be used. I carefully propose this, since I realize that I indeed am a very small sample based on which to start doing further research. I also do realize that even if the people from the OCD Recovery UK community could be reached and asked for interviews, they mostly just read Ellis's books and apply his teachings for themselves, which again does not sound very scientific. However, Ellis (2001) was a proponent of a sort of self-therapy, hence his many different books on REBT, in which he claims that one can work on reducing their miserability by working on their beliefs and towards the concept of unconditional acceptance.

Secondly, another thing that I believe explains why the Bible helped me is meaning. I felt infused with a new sense of meaning, with a feeling as if suffering could be somehow not just overcome, but as if it could be central to the betterment of my life, if only I can accept it willingly, which is what I believe is the allegorical message of the New Testament.

Third of all, I felt a deep sense of gratitude thanks to the Bible. I talked more extensively about this under the "Gratitude" chapter.

Another answer that I derived from my field notes is the answer to the subquestion, which states: *"What could be derived from this experience of mine for the possible betterment of OCD treatment in the future?"*. The answer would be that I believe this concept of unconditional acceptance, getting to understand it, grasp it, and possibly expand on it by training one's beliefs, which is a method of choice of Ellis when it comes to growing in unconditional acceptance,

could aid ERP recovery in clinically hard to treat cases by ERP alone. There is knowledge among some authors (Storch, et al., 2015) that OCD, just like any other disorder, could be thought of as a sort of spectrum, since there may be mild cases of OCD, moderate cases, and severe cases.

Of course that Ellis used to work with OCD clients and there is a paper from him focused solely on this issue. The question arises which states that if the concept of unconditional acceptance would truly work well for chronic OCD patients, then how come that REBT is not already more recognizable for this? I believe that ERP is still the golden standard, which we know now, but it was not known back then when Ellis wrote the article. Without the strict adherence of ERP toward eliminating all compulsions, I think that Ellises' advice to many of his clients to for example dispute beliefs for 3 hours every single day (Ellis, 1988) could provide extremely compulsive for someone with OCD just like my Bible readings if done for too long did. But if coupled with ERP and done in balance, it could, theoretically speaking, provide the results that I experience.

In the words of Ellis from his OCD article (Ellis, 1994): "REBT specializes in helping clients to give themselves unconditional self-acceptance (USA) about their being afflicted with OCD, as well as to minimize their low frustration tolerance (LFT) about their affliction. While helping them to ameliorate their self-downing and their LFT (their secondary symptoms) about OCD, it also shows them how to use a number of its cognitive, emotive, and behavioral methods to cut down its primary symptoms of self-defeating countings, checkings, repeating, orderings, hoardings, and other obsessive-compulsive rituals."

I second this notion of Ellis and especially the fact that REBT can lower the secondary symptoms of having OCD, such as feeling victimized by such a disorder when taken into account that most others around the sufferer may not have some similar affliction in form of severe mental disorder that OCD may be.

So I do believe that if there were to be a sample of patients with OCD treated by REBT specialists who would also be knowledgeable of ERP and compared to those treated by ERP alone, that perhaps, those treated by REBT therapists – if they were to not dispute their beliefs compulsively for many hours a day, could achieve better results. I definitely have achieved better results than with ERP only approach, but as hinted at above, that is not a valid scientific thing to say, however, it still provides an interesting incentive for those who would want to

conduct a study focusing on REBT and OCD. The issue however lies in a relatively low number of REBT specialists today. For example, according to <https://albertellis.org/>, the website of the official Albert Ellis Institute, there are only 71 licensed REBT practitioners today in the whole world. For comparison, there are over 100 CBT practitioners in my country alone according to <http://www.cskbt.cz/adresar-terapeutu.php>, which is a network that serves as a directory for finding licensed CBT therapists in the Czech Republic. Therefore, such a study would be hard to conduct. However, some of these CBT therapists may use some of the REBT techniques, as REBT is today often viewed as something that exists under the CBT umbrella. Therefore, I think that the value derived from this autoethnography could also be in incentivizing CBT specialists to try to use more REBT techniques in their work for OCD patients, while not advising what Albert Ellis did (about disputing for many hours a day), but only advising people to use disputing of their irrational beliefs at times, and not all day long, so that it does not become compulsive.

4.3 Recommendations for Further Research

In this part of this work, I would like to recommend to researchers a pursuit of a few revenues that would correspond with this paper and that could, in my opinion, aid in the research of OCD.

I believe firstly that the field could possibly benefit from more studies done on the topic of enhancing ERP therapy (which I due to its importance devoted two separate chapters to) in general. ERP therapy, just as was mentioned many times in this work, is clinically the most proven one, but there are still people who seem to not benefit from it. Alas, I think the subject of OCD warrants further research into how ERP therapy could be possibly aided in helping the OCD patient. Apart from testing ERP effectiveness, I deem to believe that more studies on how to modify ERP for specific purposes or how to add different approaches to ERP (such as studying the effect of MBSR therapy plus ERP, classical cognitive therapy plus ERP, REBT plus ERP etc.) could prove beneficial.

Secondly, the study showed that OCD patients could possibly benefit from the therapy as conducted by Ellis, a therapy that is commonly known as Rational-Emotive Behavioral therapy. The therapy is not in much of a common use today, as it was hinted at in the above chapters that not many practitioners of it are left. Vastly replaced by the CBT therapy, I do believe that

its nature better suits OCD practitioners, as it has a more philosophic approach and as it contains the teachings of the so-called "USA" or "Unconditional Self-Acceptance", which is a topic that I deem very important for OCD and that I went into in the "3.1.1 Unconditional Acceptance" chapter.

I believe that studies of these topics could possibly broaden the scholarly intercourse and general understanding when it comes to Obsessive-Compulsive Disorder. However, and needless to say, as limitations always do affect various studies, mine will not be an exception from the rule. It is this ultimately possible that this work, given its rather subjective nature, has been also subjective in its results. Further work thus has to be done that could potentially prove that the above-mentioned themes, namely that of Unconditional Acceptance, Gratitude and Meaning could aid OCD recovery beyond the scope of just performing ERP therapy, which is taken for the golden standard of all OCD treatment today, but which, as mentioned in the Stanley and Turner and other studies, accounts for "at least 63 %" of people getting progressively better, with the rest of the people however not responding that well to ERP treatment.

Also, there seems to be not much interest in whether the people who get progressively better from ERP are also fully recovering from their afflictions and the studies seem to be content with patients getting progressively better, but not that interested in whether they recovered fully. There seem to be studies conducted on OCD that take full recovery into the equation, such as the study of Macy et al. (2013) that focuses on quality of life with OCD but also includes focusing on whether the patients fully recovered. However, these studies seem to be rare and especially when it comes to ERP and the possibility of full recovery.

5. Discussion and summary

5.1 Discussion

The aim of this work has been to show the patient with OCD and his struggles with trying to answer the question of why the Bible seemingly helped him to recover better from his disorder. The patient has found out about a psychological concept that could explain why the Bible helped him and that concept was the concept of unconditional acceptance.

The key findings have been that there may be some themes that the author derived from his psychological analysis of the Bible that aided him in his OCD recovery. The author concludes that these themes could potentially be brought up in OCD therapy in general to facilitate the results of OCD patients.

These themes were unconditional acceptance, gratitude and meaning. These themes can all be linked to and found in psychological literature and the author accounts his betterment of symptoms to these themes, all of which he found in the Bible. Author also found two themes in his analysis, those of "Uncertainty" and "Transferability" but these merely discuss the possible setbacks and the possible benefits of author's approach and are not directly applicable for OCD treatment.

The study has met many limitations on its way, the main one being twofold.

Firstly, the author used autoethnography, which uses only a subjective scope of looking at a given experience and is thus void of the traditional objective means of arriving at results in usual research, means such as interviews or using questionnaires.

Secondly, since these quantitative data collection methods were not in use and since the topic of the study was hard to find amongst the general OCD population, the author due to writing autoethnography, was the only person on which these results were conducted. It is the belief of the author that researchers could examine these three above mentioned topics in relation to OCD and that including these three topics in OCD treatment could perhaps facilitate the traditional ways of therapy that are currently being done for OCD. The study suggests that further research could be useful on the topic of OCD and the concept of "unconditional acceptance" as taught by psychotherapist Albert Ellis, since no such studies, at least to the knowledge of the author, exist and it was precisely this concept that author takes for the theme that facilitated the most positive change in his recovery.

5.2 Conclusion

This thesis delved in to investigate whether the Bible could potentially aid an OCD patient in any way. It attempted to do so from a rather difficult standpoint of analyzing this ancient and sacred text through the optic of psychology. I have achieved to do so by analyzing different stories, all of which I took for allegories to life with OCD (for example Jesus willingly dying

on the cross seemed very similar to having to accept my anxiety and OCD instead of always fighting it). I also tried to investigate this topic by trying to find different psychologically related ways or themes in which the Bible seemed to help me with OCD.

The central questions for this research were:

- 1. What are the underlying mechanisms that account for the efficacy of the Bible in facilitating my OCD recovery?*
- 2. What could be derived from this experience of mine for the possible betterment of OCD treatment in the future?*

As autoethnography was the method of choice, some field notes were selected that I had written over a period from year 2017 to year 2023. These notes were then compared together and by the use of the method known as coding, five themes emerged that I believe furthered my understanding of OCD and thus improved my recovery.

The results showed that there could possibly be a larger complexity to OCD treatment apart from just using the standard OCD measures and therapies. This complexity seems to answer both of the above laid out questions. The answer to the first question would be the five themes mentioned above, which were the theme of unconditional acceptance, of gratitude, of meaning and of uncertainty, and transferability. The answer to the second then revealed that these themes could perhaps be combined with the so called ERP therapy (the most standard form of therapy for OCD) in helping OCD patients overcome their struggles, as one-third of the patients being treated by ERP still seems to struggle with OCD (Marks, 1997).

Limitations of the work include the highly subjective manner in which autoethnography is done. Autoethnography thus differs from other methods of collecting and analyzing data that can be seen in more objective approaches. Another limitation is that I am the solely one person who experienced these benefits derived from the Bible (especially that of unconditional acceptance). Further research is thus needed due to these limitations, as I could not find anyone else who would try to analyze the Bible as I did through a psychological lens and later on applying that analysis to OCD.

As a whole, my findings thus challenge the existing theory or rather an existing assumption of ERP therapy being the best possible choice of OCD treatment for an OCD patient. Albeit still taking ERP to be pivotal, my work showed me, an OCD patient, in the

process of figuring out that there are more factors that helped, such as the above-mentioned gratitude, finding a deeper sense of meaning, and mostly the "Ellisian" concept of unconditional acceptance. Thus, as I concluded in chapter number 3.3 titled "Recommendations for Further Research" I hereby suggest that future studies could concern themselves with how ERP therapy could possibly be enhanced (such as by the concept of unconditional acceptance or perhaps by inducing more meaning into the treatment) and how that could affect therapeutic outcomes of OCD patients.

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Complete field notes:

11.6.

The Bible has proved to be useful in regard to OCD in the fact that it introduces me to the concept of unconditional acceptance. It is freeing, somehow, to see a man carry all his burdens. All I can think of is that it is not just freeing, but sort of rudimental, redeemable for the infamous man with the beard and long hair to be doing everything he possibly can get punished so far as to be crucified on that cross. What a strange notion it is and what a strange story that is for us to meditate on something. Just as the story of Narcissus serves for us to meditate on the nature of narcissism and self-grandiosity, the story of Jesus could then be meditation for.. Well, for what? As we are the civilization that was practically (Greeks and Roman influence aside now) built on that story, it has to be a meditation on something. Perhaps it is a meditation on how to bear suffering. There is one instance in which I believe Jesus and Marcus Aurelius, a famous Roman emperor and a stoic philosopher would agree upon so much that it would end up with both shaking hands together. This instance is that they both tried to bear their suffering as much as they could. Jesus's story seems to be extreme in this, as it's not just Oh, I have this back pain and let me bear it, but it's oh, here's that staggering amount of suffering awaiting me somewhere in the world, let's get to it and let's bear it! It is weird, non-sensical almost. Something like wanting to not be happy, but wanting to have suffering in one's life. It is this notion of Frankl, this paradoxical going after that which one would want to avoid the most.

I believe this is only where the resemblances between OCD and anxiety treatments and perhaps all psychotherapeutic treatments in that matter and the Bible start. It is inspiring to me, because how could it not be? You take that cross and you do so to not make just yourself better, but the whole world also. And I believe that to be true. Not theologically nor religiously, but psychologically and realistically. Yes, if all OCD sufferers would dare to say "Yes to life" in the words of Frankl regardless, and if they would view the world in a way where they would place a greater value on the ability to bear suffering, I believe the world would be a better place. Their spouses would not have to put all their clothes in the black bags every day and their families would sigh with relief as these sufferers could finally be so economically de-disabled that the families could get twice the income with the renewed productivity of that sufferer. If there is one thing that I believe is spot on when Albert Ellis talks about how to be mentally healthy, it is frustration tolerance. How can you build it, how can we do that? I am sitting here with a very big back pain. I have no clue whether it's real or not as my OCD is an expert in

creating all sorts of physical pain in any part of my body. How do I know? Because many of these times, just when I accepted the pain, it vanished. You won't read that in most OCD literature, but from my experience, my OCD can do it all. Good and happy are the people suffering from just the standard OCD themes, contamination being the shiniest one out of them, and bad do we have it who are suffering from all the less known themes such as sensorimotor OCD or hypochondriacal OCD. I do think that if I would raise my frustration tolerance, I wouldn't even care about this back pain. How do I know? Many soldiers in Vietnam supposedly reported zero levels of pain even when being shot or otherwise seriously wounded. Upon examination, the results showed that the fact that they did not feel pain was caused by being seriously glad that they could return home from the war-bound hell that was Vietnam back then. When I read the traditional OCD advice - "Go do ERP" or loosely translated go and expose yourself to your worst fears and anxieties and then try to stop yourself from doing any compulsive behaviors or thinking by preventing anything you know that usually serves as that, I lose hope.

Why? Because I have been down that road. And it sounds too simplistic. It sounds so simplistic that it sounds too good to be true. And I believe that for me, it is. I have been down the road of creating my 1-10 exposure plan. I have conquered that list three times over and am pretty sure that I have very little to no compulsions. According to all traditional accolades on research I should be recovered by now. And I am not. Then I read The Bible at night and I feel like "Man, there has to be something else!". I feel a deep sense of meaning, but more so a deep sense of over-arching, of my OCD leading to something bigger, of gratitude for having it, almost as if a door before unseen opened up to me. With ERP, none of that is offered to me. I love ERP and yet I feel that it doesn't really prove to go as deep as to really heal such a chronic long-term OCD that I have. But I read The Bible and I feel as if some journey was calling upon me. What journey? That of Frankl when he was in a concentration camp (although totally incomparable when it comes to suffering, I would never trade with Frankl). That of Jesus when he offers to his "Father" to accept the cross. But why? Well, because I believe that current OCD treatment doesn't offer these, that the "golden standard" is not thorough enough to really bring someone like me to full recovery. Milder OCD? Sure. But I believe a vision is needed in order for me to change. A vision of greater than just recovery benefits from having OCD. A vision of this not being in fact a curse, but a blessing in disguise. Doing exposures and not doing compulsions should have worked since it should "change the circuits in my brain and create

new neuropathways". Basic behaviorism almost. Sounds like it should work. But it doesn't completely. The Bible seems to work better for me (in combination with ERP).

7.7.

As I am sitting here, during this 21-day online initiation I think about the last day or two. During the last 43 hours, I have had no food, watched no entertainment on my phone or television, always woke up at 6:30 AM (even despite not being able to sleep last night), had a cold shower, wrote a journal, walked for at least 30 minutes a day or worked out and I have abstained from sex, sweets, and similar pleasures (the only one left is reading a book) that most men today don't abstain from (at least not consciously). I started doing this challenge in order to get a better life structure. Just as alcoholics benefit from having better habits and fostering their treatment, maybe I could benefit from the same thing too. However, as I do this challenge, my OCD goes crazy. It tries to trick me into ruminating and into doing compulsions. As little obsessions as I still had when compared to previous times, whenever I am put into a situation like this - one of struggle and hardship, all these obsessions come back with gravity to them that is extremely unpleasant. I guess the expression "inner demons" rings very true to me here. All in all, I have been triggered by my worst possible OCD topic among many that I have in my OCD arsenal and that is the combo of OCPD and feeling like I have made a mistake and something is now no longer perfect (compulsions here are merely done in thinking, not in behavior) and that triggering my somatic OCD, my ultimate nemesis, almost in a form of punishment (you did a mistake, there goes your punishment for it).

Somatic OCD is hardcore because, unlike other types of OCD, it doesn't cease. As you can halt the coming obsessions by doing a compulsion with classical forms of OCD and thus gain (even if only a brief) relief, there is no such thing as that with somatic OCD. With somatic OCD, as it is in your body and not in your thinking, you feel as if your body is torturing you all day long every day. It doesn't matter what you do, because there is your body and there you have it. With thinking types of OCD, the traditional ones, one can get a lot of relief at times, despite still thinking about his obsessions for 4, 6, sometimes 8, or 10 hours a day. With somatic OCD, you have it for 24 hours a day, since on most nights you are unable to get sleep because of it. For some reason, traditional OCD types have a hard time making me not fall asleep, but when Somatic OCD hits, I can almost always predict that I will have 4 hours of sleep and that is at best, mind you, despite going to bed early. I decided, therefore, to continue conducting this study, to look into the Bible. I look into the story of Jesus dying on the cross. A strange thing

strikes me - Jesus calls to his Father before dying. That's exactly how I feel right now. To many of us with OCD, we feel like we have beaten one theme and finally do better just to be tackled with another theme, even harsher one, often blaming ourselves for somehow doing something wrong and that without it, this new theme wouldn't come.

Then we try to find this feeling that we are addicted to and subjected to, a feeling of perfect certainty, in order to finally feel at peace and able to relax. Well, when it comes to what I said about somatic OCD, even compulsions won't help me here much, I just have to accept that the next few days, maybe even weeks (and sometimes these episodes can last for months before the theme switched or before I felt a few weeks of no OCD), are going to be hell. But this fits into this online "initiation process" that some man on the internet launched and that I am now part of as this initiation is being done by the scripts of C.G.Jung and his "King archetype" and is also based on the works of anthropologist Elias Marcel and Thomas Moore. As I started to realize, only thanks to the story of Jesus, in order to go - as Marcel would put it - from the world of the Mother into atonement with the Father (which to him is the common thing of initiation for every culture), I need to come from the place of being addicted on certainty, which is a form of comfort and similar to being biologically and psychologically in what psychologists would call symbiosis with my mother, and into the world of the father or perhaps rather the Father, which as I see on the story of Christ functions in a way where there is no certainty and assurance, because it seems as if fathers don't behave that way (traditionally fathers were more harsh and not giving that much comfort and assurances).

It's a different kind of certainty, a sort of blind one that doesn't come with the pleasure and comfort of OCD certainty, it is more a feeling of still keeping one's faith in things getting better even in the darkness. And then, almost as if this was the point of the whole process of initiation, one loses even that faith and thus falls into the abyss, where his boyish ego can die and his new ego of a man can flourish, as C.G.Jung and later on Jungian Robert Moore would put it. "Abba (Father), why have Thou forsaken me?".

"Abram was a man of old age, who had seemingly everything. He was wealthy, and had servants, stock, and cattle, but could not have one thing, a thing that was most likely the most valued thing back in the time of Abram - he could not have any offspring. God in the story comes and promises Abram to give him "as many descendants as stars" if Abram only comes

and follows God to the so-called "promised land". I again find a similarity here between my story with OCD and the Bible. I tried to find answers in the Bible and then realized it leads toward unconditional acceptance. I then started looking for this same concept in the world of psychology. There, I found the work of a very strongly opinionated atheist (which is a little bit of a paradox regarding the topic of the study) - Albert Ellis. As the work of Ellis really helped me to therapeutically reduce my OCD by working on my irrational beliefs according to his books, which Ellis claimed to be a perfectly reasonable way to conduct a sort of bibliotherapy on oneself, I have to thank the Bible for this. Just like Abram, the Bible, for the first time, showed me "the promised land". It did not say "leave the land of your fathers" or "leave what you know" which back then was meaningless suffering with OCD, comfort zone, and doing compulsions all day long and then just "get off that land", no, it said "and go to the promised land that I will show you".

"Without OCD, it would be just some land, but quite possibly not a promised one. Without not having the issue of not having any offspring, Abram would probably just have a few offspring. God would probably not call upon him to go to a promised land, because Abram would have nothing to do it for. And thus, he would never end up with "descendants to become as numerous as the stars of the sky" - in mythological terms, he would never fully realized his destiny if it was not for his original adversity. But because his suffering had to be great, he went on the likely gruesome journey to the promised land without thinking twice about it, because all he wanted was to have some children. It is likely the same with me and my suffering from OCD. Without OCD, I would quite likely never have the motivation to start learning many things, let alone something about irrational beliefs, which does not sound, pardon it, like a fun topic to a twenty-year-old man. However, with this premise in mind of not just not having an illness, but perhaps after recovering having a much better life overall than if I were to never have OCD, I slowly started to work on my irrational beliefs as described in the books of Albert Ellis. And I have realized since then, that I believe my mental health would quite likely be much poorer than it is today, at the time of writing this thesis, if it were not for my original adversity, OCD. For that, I am thankful to my OCD and I mean it when I say that it is the best thing that ever has happened to me."

I feel as if I live in a different world. A world where working on my core beliefs and doing what is widely called across all CBT therapies "cognitive restructuralizations" just doesn't

cut it for me. There is a reason why ERP is the most efficient form of therapy for my type of issues and I believe that the reason is that unlike other forms of CBT that want you to be rational, ERP just wants you to be uncertain. Certainty is my drug. It is a form of absolute pleasure, an orgasm of sorts for my brain that is wired in a way that it seems to be able to delight in all forms of perfectionism that much more than other people, but also suffer from the lack of it drastically more than other people. I seem to be on the verge between thinking that I have perfectionistic OCD and OCPD. OCPD is, unlike OCD, a personality disorder and it stems from "Obsessive Compulsive Personality Disorder". Diagnosed with just OCD, I have to wonder why I cannot tolerate any uncertainty that resolves around the question of whether I have made a mistake or not and also any uncertainty that deals with other people doing something that could limit me. My brain is like a detector for those mistakes, both of myself and others and once it acknowledges that a state of utter perfection has been lost, it "punishes" me by sending me something that is not OCPD, but that is almost certainly a form of OCD. That something is my nemesis, it is the nemesis, because to us, on internet forums dwelling OCD patients, there is an unwritten and unspoken rule, that two types of OCD are the absolute worst.

One of them is POCD, where you really are not certain whether you are a pedophile or not and your brain sends you not just obsessive thoughts, but mainly visual pictures and scenes and thus makes for you a nightmare of a situation, especially as you are someone who's brain is like a heroin addict brain but for certainty. You can also get a "groin response" around children, not being sure whether they even physically arouse you or not, OCD can be that convincing, you literally no longer see what is real and what is not. The second most worrying theme would have to then be Somatic OCD, which I, to my great un-pleasure, have. This little-known form of OCD is unfortunately exactly the main villain of my life and despite this perfectionism tendency (or rather urgency), it is Somatic OCD that would definitely have to top the list of the things that ever made me suffer the most. Somatic OCD is a form of OCD where one feels not just obsessions in the form of thoughts, but also in the form of bodily urges and sensations. There are many types of Somatic OCD, but mine focuses mostly on the feelings of my fingers. It is sometimes called hyper-awareness of bodily parts.

I have hyper-awareness of my fingers in my hands and legs. It basically means that I cannot stop noticing the sensation of my fingers. The feeling that I cannot focus due to it or enjoy many important life moments makes the sufferer of this somatic hyper-awareness constantly on edge and anxious. I know this has to sound ridiculous, however, it is something

that one can feel all day everyday and that can be excruciating. It is not a pleasant type of awareness that one would feel during a successful and prolonged meditation. It is a very unpleasant form of this so-called "hyper-awareness" (which sometimes makes people title Somatic OCD as Hyper-awareness OCD instead), where you cannot stop being extremely aware of some of your bodily feelings. This OCD type is very feared among people with OCD for two reasons. One, it's very hard and at times virtually impossible to just reduce the obsessions through compulsions and to relieve these thoughts in their pressure by doing something. Thus, as your body is always present with you and as it doesn't come to your mind what compulsions you could do, you feel these virtually all the time and sort of hope that some other OCD theme will pop up, that will direct the suffering into your thinking instead. Anything but the body. However, there are still compulsions that even people with SOCD do, but they are much harder to find than compulsions of someone with for example contamination OCD, whose compulsions are behavioral and very easily visible. Two, there are only very few people who would win their battle over SOCD, and currently standing, in the online sphere of the OCD-verse on Youtube, Reddit, and other different platforms where we OCD sufferers share our stories, there are only two people that I know of who claim that they have successfully got over Somatic OCD fully. Two people only.

Upon contacting one of them, I have found that he still wrestles with SOCD from time to time as is logical, since the studies show that people being treated with the most effective form of therapy for OCD, that is with ERP therapy, get better, but only in 1/3 of the cases get into what could be called a "no-symptom" recovery or a "full recovery" as it is sometimes called in the OCD community. So there we have it. My very own "Catch-22". It's like having an inner Dark Mother archetype, as Jungians would perhaps put it, inside me that wants me to be perfect in all regards and if I am not, she then punishes me. A punishment in the form of thoughts and anxiety would be enough in and of itself, but with SOCD I find it extremely hard to focus on anything or be good at it. You feel this hyperawareness of the fingers so much that you always tell yourself "How can I focus on the task at hand with this?" And then you can't and then it causes you to feel great anxiety and fail at everything you do or you just do these things worse, which then in response triggers the OCPD part of you that then starts ruminating and thinking about you not doing perfect in life and that in turns aggravates the SOCD symptoms even more and it's a vicious cycle. This OCPD + SOCD combo is then, to me, a combo from hell. But how to break this?

There is not much advice on the internet on how to deal with OCPD or SOCD. People may forget that when I write a work about "OCD" these two may also fall under the category. Or at least SOCD, which is, as mentioned above, OCD that's almost never taken into account and very rarely talked about. OCPD also is something that should be according to some OCD experts part of almost half of all OCD cases, but again, is almost never talked about. This is part of why I write this study, to show that there are some of us with OCD to whom it sometimes feels that psychotherapy provides very little to no answer. There is still the notion that ERP therapy should work for all kinds of OCD the same and I believe that notion, but it's harder to fully believe it when you cannot find anyone who would know how to really work with you with this form of OCD or who would at least go to the internet and say "Hello people of the world, I had SOCD and I did it!". Such is the mesmerizing extent of my vulnerability to this "combo from hell", that I often times, even despite claiming to be recovered (and I indeed did recover from most of the other forms of OCD that I used to display - symmetry OCD, just right OCD, contamination OCD, false memory OCD, health OCD, etc.) and despite even at times helping other people with OCD, I still cling regularly to my small, little, harmless compulsions. One of those compulsions is the fact that every time I get triggered and start thinking that I have made a mistake and start feeling hyper-awareness of my fingers again, I start to try to "Get a lesson" from that situation. Usually, this resolves around me trying to find out what can I learn from that situation and thus feel a little better about it. But as fate would have it, most ERP practitioners would probably put that under "compulsions" as it helps me get certainty and lower my anxiety about the fact that I perhaps really made a mistake. It's very hard for me to get an insight into the fact that all people make mistakes and that I am just a human, not a super-computer that can never make a mistake. OCD is being viewed from the viewpoint of insights a lot. A person may either have zero insight and thus believe their obsessions fully such as is the case with one of my OCD friends who's an architect: "What if I breathe in an invisible cloud of asbestos and it's going to kill me? I should rather cross the street to get away from this building site." Or they may have a partial insight where they know that their obsessions bother them and that it is indeed mainly their obsessions bothering them and not a real outside risks (even if the obsessions always pray on fears that appear to be real and it's hard to distinguish).

Or there are people with the so-called full insight, who seem to have an almost complete insight into their diagnosis and the fact that it's just obsessive thoughts, but they still cannot resist the urge to do compulsions in order to lower the anxiety. It's almost as if their "human

brain" knew, while their "lizard brain" still perceives danger and refuses to get on board with the rational mind.

With my condition, I feel like I have some awareness of how to treat OCD. I feel like I know about the different modalities of treatment, about ERP and how to do it, about how anxiety is indeed a neutral sensation or even a helpful one to us. I know that anxiety does not want to harm us and I semi-understand all the different tenets of CBT and neuropsychology. I know where anxiety gets created, why the brain most likely creates it, and all these other things that I learned on webinars and from therapists and books, but I still, am more often than not, chasing my greatest dream ever. That greatest dream would be, for my particular OCD mind, to achieve a perfect day with no imperfections. I know it is not rational, I have worked on trying to realise how irrational it is, I have worked on the "core problem" according to one of my therapists which is feeling not good enough by shattering that core belief to pieces, I am fully aware that it's just my OCD and yet, at the same time, I am like a heroin addict who cannot do anything but help himself to yet another dose of his drug. And my drug is perfection and seeking certainty that my day will be void of mistakes and other imperfect things. And if I perhaps at times don't chase this, my SOCD starts to usually get involved in the mix. I used to do planned exposures for SOCD as well with a therapist. I put an alarm clock on during different parts of the day and tried to focus on my fingers voluntarily whenever the clock rang. I also worked on all the different themes that my OCD took under very knowledgeable people who seemed to understand the disorder quite well.

And yet, I cannot but still find myself in the misery of SOCD or of my perfectionistic OCD. SOCD seems to be with me, while pretty much every other OCD theme that I did my work on has left. But realistically, it still seems to me that I have OCD. Of course, according to studies, I may have these symptoms for the rest of my life and I know I have to make my peace with that. But I still somewhat believe, that I either still haven't fully made my brain "habituated" or in the words of Jonathan Greyson, one of the leading specialists on OCD treatment, that I still haven't learned how to "live in the world of uncertainty". But I just can't help but think that it will need something a bit more than all that psychotherapy has to offer to a patient like me since I have been working in therapy since I was 8 or 9 years old and I am 25 now. I am sick and tired of suffering and being held back in what feels like nothing else but a bullying of my own mind and I want out.

Freedom is what I am after and no propositions about how it's all just in my brain and how it's not my enemy but something that my brain sends in the form of something like a fire signal that signals that I should protect myself from danger don't seem to help completely. I just feel like I am fighting an inner demon. Thus, I turned to these people who treated demons, the so-called Church fathers, who battled similar things for many thousands of years before a man called Sigmund Freud came and said that all they did has no place in anything because it's based on outdated and hokey propositions. I, however, live in a culture and society that was originally built on the symbol of the cross, which at least to my understanding literally appears like a society that's built all around suffering, as if we were in the past understanding that suffering had to be the key part of our society. In a way, I believe that Christianity is a manual to understanding suffering. And if I have this liability that psychotherapy really helped me with but that I still suffer from and in the words of my previous therapist "It may be that case towards the rest of your life." I would like to seek my answers even elsewhere now. I believe the best way would be to start with the Bible, although there is a large culture of so-called "Early Fathers" who almost appear to be pre-psychologists in their notions about "demons" which we could say had the same meaning for people back then as disorders for us, with the exceptions that we now believe disorders are a product of a disordered mind that in the end just wants everything to work while they believed that demons are a product of the devil and don't want to help us, but ultimately deceive us into greater and greater suffering, working on our demise. Thus, I find myself encouraging my spirits with the Bible and sitting in Ireland on a trip where I am with my girlfriend (soon to be a fiancé, if she says yes to my proposal in just a couple of days, fingers crossed).

As I am here, I open this ancient book after many years passed since my days of religion classes in elementary school. I, for some reason strange to me, although perhaps for a reason not so strange to anthropologists, learn much better from stories than from guidelines such as "Write your thoughts, the time when you had them, and the emotion that you felt". Although I get that these guidelines in CBT are generally useful for the production of greater awareness which is oftentimes crucial, especially for patients suffering from personality disorders such as BPD - it seems to not help me much personally when I try to apply these or similar techniques in my case. I therefore want to run back to the words and claims of anthropologists like Mircea Eliade (who was not accepted as an anthropologist by anthropologists themselves due to his lack of field-work but is accepted as such by virtually everyone else) or psychotherapists stemming from Jung's and Hillman's tradition such as Thomas Moore. Both these gentlemen

talked about initiation and the power of it being lost in our modern world and mainly, they tried to brought this power back by initiation stories. Many great people from the fields of anthropology and psychotherapy believed the Bible to be a literal powerhouse of such stories and that these stories contained archetypes that could play a huge part in our psyche to move toward initiation and ultimately, toward what Jung would call "individuation", which is a process of becoming a psychologically full adult human being with a newly reclaimed freedom of its own accord. A full adult human being instead of just a man-child or a woman-child, who never confronted their shadow and who never sorted up their psyché in the proper order. Upon looking at the cross that prides itself on the cover of this beautiful leather Bible that I am now holding in my hands in this hotel room, I wonder how come no one sees the story of Christ as a literally perfect archetypal story in regards to ERP and all forms of therapies that utilize exposures to one's fears and that work within the context of trying to get the brain towards what psychology calls "habituation" that I already mentioned before briefly. I don't get how we can just implement so much from the East and yet completely skip all the wealth of deep psychology and our own civilization and instead jump directly into the waters of the pragmatic, 15-session standard CBT model. That is at least my belief and understanding right now at this point in my life. I love CBT or rather ERP, which could be classified as part of CBT, as it got me to the point where I am now, where I am able to live as a sensible and (at least at first sight) normal human being who is able to function properly in his day-to-day life.

It also did that in record time after some 2 years of finding a good CBT/ERP therapist and I am immensely glad to the field of CBT/ERP for that, however, something in me wants to revolt against this all-pragmatical approach that places very little emphasis on any so-called "deep" or "subconscious" work as I find ERP working, but void of meaning. And I believe it is that meaning that would be needed for me in order to be able to live with my affliction and lose the sense of it bullying me like an inner demon and no amount of cognitive restructuralization has so far succeeded in overcoming that. I also don't get why we don't use stories that have to be very well rooted within our psyché in order to try to initiate our psychés into what appears to me as a real adulthood - the ability to tolerate, accept and find meaning and perhaps even psychological transcendence in our suffering. I feel like the field of CBT failed us OCD patients in the way that many of the harder types to deal with that fall under the OCD cluster/category are still left stretching their heads and wondering what to do. Focused extremely on certainty, which is our drug, we, the less described types that professionals talk about only scarcely - like SOCD or Perfectionistic OCD or OCPD (whichever one it is of those two in my case), long so

much for some understanding, for some piece of text that could really describe our life and experience instead of just mundane "How to beat OCD - 10 tips" blog post with the picture of hand washing that tries to act as if the only form of OCD was Contamination OCD.

Coming up with the OCD types with their division on Hit and Run OCD, Harm OCD, etc. really helps a lot of us to feel like we are not alone or crazy. It seemed to me like at one time, just some 5 years ago, there was a big depression all over the internet forums that are inhabited by us OCD folks, due to the fact that many people just simply couldn't find themselves in the usual types and thus felt alone, alienated and depressed that much more because before they thought they have OCD, but after looking around on the internet, they found out that they have a really rare form of OCD that pretty much no one else has and started being jealous of the people with the more common types claiming they have it easier. Such people often also fell into even greater despair, as their minds could now tell them: "You see, you really indeed are a special, untreatable case!". Such was the case with me also. Or perhaps I am generalizing, but this is what it felt like in the OCD community for me. And needless to say despite my utmost efforts to believe the medical professionals that "All cases of OCD are really treated in the same way" I too fall sometimes into great despair and disbelief towards the field of psychotherapy with its many professionals. I too at times feel like my OCD is perhaps treatment-resistant and if one type of OCD in particular is being called with this label by OCD patients, it's definitely Somatic OCD, because it is so much more strange than many of the other types because the obsessions are in the body.

It to me at times almost feels like a different disorder altogether, and although I try to believe the medical professionals, I feel like help outside of the field could be, for me, needed. And so, with this notion in mind, I open up the Bible and read. "For to me, to live is Christ and to die is gain." This is one of the first verses that I come across that actually feels to me like it makes sense. How come these people did it? How could they come to the essential meetpoint with suffering where you just not run away from it, but actually greet it, welcome it, and are able to lean into it instead of trying to run out into your many different compulsions? I wonder how was it possible for them since this seems to be the remedy for all my suffering. Since I am not being able to bridge the gap between the current psychological help (although it helped me immensely with my other types of OCD as mentioned before and I generally do believe that what ERP teaches is pretty much the story of Christ in a rationalized undepicted form), I feel like learning how to suffer, how to not fear it, run away from it and actually make suffering and

my embracement of it a firm center point of my life could get me out of this. I remember a book called "Can Christianity Cure OCD" that I have read some 5 months ago before I started writing this dissertation. It is interesting to see how these people like Martin Luther who (fielded with today's psychiatric diagnostic abilities) surely had a so-called "Religious OCD" or "Scrupolosity OCD" dealt with their sufferings and how they actually learned to embrace it so much, that they did not even need the modern psychotherapy to recover.

The strange thing is, that the man who wrote the book, Ian Osborn, M.D., usually insists on the fact that these people did exactly what today's ERP offers, however somewhat intuitively, since they couldn't find an answer in Christianity for a long time until they usually came up with their own twists of Christianity (and thus Martin Luther created Protestantism that changed the face of Europe and Earth, because as a guy struggling with the fear that he would end up in hell no matter how much he repented - he had what today is called Religious OCD, he realised that blind trust in God who would accept him unconditionally anyway, regardless of sins, can save him - the idea of Protestantism emerged there). How did these people do it, however? All these martyrs and holy people of the church, St. Paul, and all the others that came, who were usually martyred, thrown to lions, crucified, or killed in any other shape or fashion that suited to the Roman emperors or any other masters at the time? How come they seemed to embrace their sufferings more willingly than I, an OCD sufferer? I recently saw a picture somewhere of Maximilian Kolbe, a Roman Catholic priest who chose to die willingly in a concentration camp as a replacement for another prisoner who had a family back home. Kolbe felt pitiful for his fellow prisoner as he saw him yelling: "I have a family!" while showing the photo of his family to the prison guards. Kolbe felt so moved that he raised his hand to go into the gas chamber instead of that man. And I cannot even accept and tolerate my own bodily feelings. It's strange to me how someone can not just escape suffering, but actually willingly embrace it or choose it for the better good. Whether these people are masochistical or whether there really is a way to do this, I don't know, but truth be told I know that if I could do the same, I would be saved from my OCD. ERP and all the other therapies acknowledge this by the so-called model of "Habituation" where only upon your wilful encounter and by coming through all your fears instead of running away from them by doing compulsions, you can finally feel free.

First of all, as I go through the Bible more and more I am kind of believing that it's a map. It could perhaps be a map of what could be called a sort of "Anima Mundi" of a human psyche. First of all, it starts with the Adam and Eve story. I can find myself greatly in this story, as it's a story about two parts, two polar opposites, none of which is doing exactly what he or she should be. I also believe this to be the story of this immense, unlimited potential, which to me is represented in the Lord God. I believe it is the story about the state of perfection that all people with OCD seek, about the garden of Eden. I am mesmerized by the fact, that this is where the Bible starts. It is like a story turned upside down on its head. While most books are pretty linear and build up towards paradise (the desired state for the main character) gradually, this story starts with the desired state and then actually moves towards death. The stories of such manner are however depicted everywhere cross-culturally as stories of the so-called "golden age" from which people fell. For a reason unknown, many cultures believed that the current state of the world and mainly of human beings is somewhat not what it should be, somewhat less of what it once was or what it could have been, and all these notions were implied in these "golden age" or "lost paradise" stories.

What strikes me most is that there is a Tree of Knowing Good and Evil in the story of Adam and Eve. I instantly recognize a deep symbolism that fits with my OCD experience in that tree. The symbolism is that I constantly and continuously judge all things on good and on evil, on perfectionism and imperfectionism, on right and wrong. Such is this stark line between my white and black thinking that to me it takes virtually any single insignificance for me to start ruminating upon it for hours. If I could only not eat from the tree of knowing good and evil and let the serpent tempt me without responding to it, I could perhaps overcome my OCD. But as the Bible says "the serpent is crafty, he was the smartest of all animals". So too is my OCD an epitome of all lies and mischief that's happening within my psyché. I am its puppet and it, able to convince me of absolutely anything, is pulling the strings by the lies that it uses. "You have done that wrongly. Why couldn't you think about it twice before doing it?" I too like Eve am trying to respond back, even if I know it is compulsive, and I try to convince this voice and myself that I indeed did the right thing and that it is not my fault. The more I do that the more the voice usually talks. And then comes my inner Adam and starts blaming Eve for eating from the tree and blaming even God, which too is an image that symbolically fits my ordeal beautifully, as I blame others many times or myself or the world for giving me such a condition to live with.

I find this a shocking contrast to how Jesus dealt with the very same "deceiver". He just didn't respond to him, upon being tempted in the desert, and he managed to always cut the deceiver short instead of going into intellectual debates with him. He also did the exact opposite of what Eve did and thus didn't lose the paradise, but actually gained it - he, instead of running towards pleasure, ran towards pain. I feel like this is the very message of the Bible, a message that its structure tells, and one that is evident to me in my situation (as I view the Bible symbolically and sort of subjectively) even before I have the chance to delve deeper into any of the particular stories. The Bible itself based on starting with Adam and Eve and ending with Jesus seems to tell us something about the nature of this "deceiver" and how we should respond to it. I also notice that the Bible is almost chronologically accurate to how I deal with my OCD, even if this will sound insane.

First of all, I usually eat from "the tree" and feel that something evil and bad has happened - I made some mistake. Then I start to ruminate and feel guilty for making it and I leave paradise which is to me any time period where OCD doesn't bother me or when I feel like I am doing really good - almost perfectly good, in life (which is almost never, but OCD convinces me that I am at least close to my perfect ideals). Second of all, I am like Cain and Abel and I start being jealous of others who don't have the same problems, as I feel like I too, just like them, offer sacrifices, but with roaring SOCD in the background, I feel like my sacrifices, unlike those of other people, always fall short of producing long-lasting pleasing outcomes. I then turn my resentment not just towards other people, but towards the being itself. I turn against the being since OCD makes me feel that this "being", the whole of existence, is not really friendly towards me which would conclude that existence or being is sort of wicked or evil in its nature. Third of all, I usually am like Noah and feel like I flood everything - I change what I do completely, I try to compulsively grasp for straws of potential help and I usually enroll in some online course or try to do absolutely anything to get from the situation. I quit what I was doing and I try to start something new. "This does not work, OCD is here again!". Fourth of all, I am like Abraham, I feel like I cannot have any descendants (be finally happy), but it feels like something still tells me to try and so I try once again with my therapeutical endeavors and tryings in order to heal my OCD. Fifth of all, I am like all these Patriarchs in the Bible, I try to walk on my hero's journey, but when I feel like I am finally beating OCD (which is rare) I turn into depression (which is like Moses bringing people from Egypt, but then they were stuck on the dessert). But anyway, enough of this long deconstruction. Because most of all, I am like Jesus.

In the last few days, I realise more and more that there is not any other story quite like the story of Jesus for an OCD patient. If you would like to describe perfectly to someone not just what OCD is, but also how to treat OCD, all you would need would be to read to them the story of Jesus and make them think about it in relation to telling them what OCD is according to diagnostic manuals. I have met many people with OCD (and I too am one of them) who used to be treated by so many different ways of "traditional therapies". What I mean by traditional therapies is that they are always working with therapists who want to uncover their childhood traumas, who want to talk about their family relationships and who desperately believe that they are the ones who will untangle the issue, which this person's condition seems to be. What I heard and what I again myself experienced is that many professionals and I truly don't want to bash them here, who are not either OCD specialists or really good in ERP or CBT therapy seem to not understand what many sufferers do - that there is really as many OCD themes as there is individual people's fears. OCD is almost like a perfectly fitting suit. Unlike other disorders, such as borderline personality disorder that are, although spectrums, pretty much uniform in their expression (there are 4 different types of BPD, but they still are very similar with small differences, although individuals may differ in what symptoms they exhibit, but it seems to usually be the 7 or so written symptoms from DSM-V), OCD is literally a disorder that is a tailored made suit. Everyone may seemingly have completely different symptoms, people may have bodily symptoms, ruminations, heart pains, groin responses, feelings like they will die any second, different themes - different symptoms. You can come to see a therapist and say that you are always afraid that people will come to you and start bothering you on the street, especially drunks and people who do drugs, and thus, you constantly scan your environment and until you do, you cannot feel even a bit safe in it and you have to flee it. This may not seem like OCD but paranoia, but it is a case of one man I know who has this specific OCD fear.

Or perhaps you are afraid that you will not be able to stop being aware of some part of your body and this constant notion of it drives you crazy and so you try to overcompensate, because you are afraid that you will be less perfect in doing your tasks because your attention is not 100 % on them. Or maybe you have a fear whenever you see a child that you could be a pedophile and not just thoughts, but dreadful images, almost gifs or little videos play in your head every time you see one. Or you are a woman who's so obsessed with her boyfriend cheating on her, or with the women that he had prior to her, that she cannot stop thinking about it and always asks him about his past, texts him when he's out with his friends and then questions him

about the "night out" once he returns back home. There are as many types of OCDs as there are people's individual greatest fears.

This notion is something that seemed to be missing. Fortunately, in recent years a very big pile of "themes" or "subtypes" or "types" as they are sometimes called of OCD emerged. Our golden time's classic contamination OCD, our second best old-school friend Order OCD, our lesser known types of Pedophilia and Harm OCD, our even lesser known types of Somatic OCD or Bodily Dysmorphic Disorder (in this one, the person has intrusive thoughts of their visual unattractiveness and usually perceive some concrete body type as defected and their rituals are to compare to others, avoid mirrors, compulsively exercise, etc.). So the first problem happens during diagnosis, many people don't get it or they get the wrong one. The worst fate I can imagine could possibly wait for someone with Pedophilia OCD or what I call Serial Killer OCD (I know a man with that and anytime he hears some similarity between his life and some serial killer's life, he starts worrying, he also is afraid he will just lose control out of nowhere and kill someone, it is like Harm OCD, which is common, but specifically on the fact that he may be a closet serial killer) that would not be diagnosed with OCD and instead hospitalized in some institution. It feels so real, that maybe the OCD person, if they would not get diagnosed with OCD, can convince others, that it really is real - that they are indeed a pedophile or a closet serial killer. And I think this did occur in the past and I think it still does, especially in countries where ERP and OCD are not so vastly known and up-to-date with the modern literature, as most of it is written in English and not everyone, especially people from the former eastern block, may know English on the level of reading academic work in it.

So the first problem may be diagnosis. Then, once you get through feelings of being misunderstood, not really being sure that anybody else ever had the disorder that you do, and feeling like you will never get over this (because OCD will convince you that you are for some reason unique, or you may have a lesser known or yet unknown theme of OCD), you will go and enter therapy. As I mentioned, the stories of people who actually went through therapy just to hear that they have to find and fix their trauma are endless. All the professionals who offer them this advice seem to be behind in the discoveries about OCD treatment and second, they have not read in the literature on how ERP therapy vastly outnumbers any other therapy in the percentage of successful treatment. ERP works so much so that Medical Journal had to take OCD from its top ten list of "The most economically debilitating disorders" where it was alongside cancer and other illnesses (it measured how much it costs the economy when these

illnesses are present amongst people). That's how much ERP works. It is a perfectly tailored suit for a perfectly tailored suit. It is something that is made almost entirely for OCD. Edna Foa, Jonathan Grayson, and many others intended for ERP to be for OCD as much as for example, DBT therapy is for BPD disorder. But I believe this, even if it is a bold statement: If all mental health professionals would read New Testament that they oftentimes find lying in hotel rooms during travels and were to think about it in relation to OCD, they could perhaps understand OCD and treatment better and they could make people's lives, families, society, economy and a whole world a much better place due to it, as many people suffer with OCD. Just like the story of Oedipus was the perfect story for Freud to describe his theory of the Oedipal Complex, the Gospels seem to me to be an absolutely perfect story to describe the theory behind the understanding of and treatment of OCD. The question will naturally arise - why? Well, the answer is manifold. Let's start with one of my days.

22.10.2022

I am on a train, driving to my beloved Moravia from my beloved Prague. I am in what we in the OCD community call "an OCD spike" since I got one of my nemesis to happen to me today. I like how Jon Kabat-Zinn named his book about mindfulness. He called it "Full catastrophe living". Indeed, this seems to fit perfectly with the OCD experience, it is a life full of seeming catastrophes. My current one is my irritable bowel syndrome which stems from my somatic OCD in my fingers that surprised me during my breakfast and from the irritable bowel syndrome come thoughts such as "Oh great, now as your stomach hurts, you will surely also have a bad breath from it!", as my OCD for some reason believes that whoever has a stomach ache will also naturally have a bad breath too. I feel anxious, guilty, I ruminate and I feel very down that it has "hit me again".

I try to imagine Jesus in a situation in which I am in now. I know a few ways that could help me now. I could read at length about OCD to realize that it's just OCD. This would however be a clear compulsion. The goal of exposure is to expose me to the real deal, to the real fear, to the real potential possibility of this stomach pain ruining my day, of it making me less perfect (which I am afraid to death of), and of it making me have a bad breath just when I have to go to meet my girlfriend's family after a long time. And then, just leaving it there, not fighting it, not doing compulsions. "So be it". The goal of exposure is not to just realize that "Oh, it's just OCD" or to remind myself of it and then to get the certainty that it's really not such a big deal after all. I rather like the notion of trying to accept the real fear - that perhaps this is really

limiting me, that this is really destroying me, and that I have to "ride out" this episode like a surfer would ride out a wave instead of trying to seek a way out. Even reminding myself that it's just OCD and reading OCD articles and watching videos on OCD for comfort would ease my anxiety from this episode, made me more certain that hopefully, I won't have bad breath communicating with my girlfriend's family and thus lessen the excruciating nature of this all. So I don't do that. That would be compulsive.

What I think about however and what helps me in this situation more than any guideline is that I remember how Jesus stood in front of Pilate. Pilate asked Jesus to defend himself and Jesus did not respond and then, when he did, it was not in his defense at all. Pilate could not understand this. There is this man, supposedly a very powerful one, who looks poor, who looks miserable, and who I feel genuinely sorry for, the plot-twist however is, that I cannot feel so sorry for him, as I have a roaring crowd behind the curtain of this man's own people and they want to see him dead. This man refuses to defend himself. What? How? Why would anybody refuse to defend himself? As a Roman Pontius, I've never seen anything like this in my own life and I can't wait to tell about it to other Romans at baths tonight. However, I don't want to have this man's life on my hands for I truly feel he's innocent. Please, just say something for your defense and defend yourself in front of these people, apologise to the crowd and we can be over with this!

But Jesus of Nazareth just stands there and he doesn't really seem to be willing to lessen his excruciation, his very own episode of hell, or to recover anyhow from it by doing or saying anything. Such is the inspiration that I feel from this image, that I wonder if I am not perhaps a fool for deriving my "OCD manual" from the Gospels, but I cannot unsee how crazily similar is this story to mine. This story, I believe, archetypally, contains the truth of what I feel I need to do, exactly of that, in my relationship to my own Pontius Pilate. This voice again roaring in my head wanting me to do something, anything, in order to not be further humiliated in this situation, says crazy things to me just to make me try to run away from this anxiety. "Just read some articles that it is just OCD, just get some motivation. You need it now, it will not be a compulsion!" Or "I absolutely cannot afford to visit my girlfriend's family now, let's not go there!". I realize how bizarre these sounds and yet, the one who realizes it seems to be only my neocortex. The other parts of my brain are absolutely sure that I am in danger of immediate threat now. OCD acts and behaves towards these fears as if they were a grave danger. And for my limbic system, they are. The bad thing is that my amygdala and other parts of my limbic

system are my "crisis managers" in a way, and they take over anytime some of my themes come up and beat my rational brain, so no notions of how bizarre this is help.

I try to think of Jesus. Why would he not defend himself? In my Religion classes at elementary school, this always seemed rather dumb to me. The notion that he "did it for the ramification of our sins" didn't really cut it for me. But now, I feel some truth of it. I don't fully understand it yet, but I know that it sums up what ERP says but that it in some way transcends it. It really is like Daseinanalysis, which is an existential form of therapy, combined with ERP. For this story says not just that it is nice to say no to Pilate just to save yourself from suffering, but that it indeed is the reason why you're here - that you are here in this life to find something in that suffering. And that by saying yes to that suffering you can transcend into something else. And thus perhaps see the other, benevolent face of life, perhaps that life is, if you learn to take your cross, good after all. You can transcend suffering into something else perhaps not just for yourself, but also for others. Maybe I can stop doing compulsions and inspire other OCD sufferers to do so too. And also, this sets up an awesome hero's journey of the whole human life. And it makes sense. This idea of sacrifice is what I think I really feel from this story. Something that the Christian saints would call "the vice of sorrow" and the counter virtue to that vice of the so-called "beautiful sorrow". Beautiful sorrow because these men learned how to suffer and how to actually like it. They used to offer their suffering up to God and almost viewed it as some "bank account in heaven" from which they could then pay for others. They willingly embraced some suffering, some mini-cross such as doing hard laborious work and sacrificing it here for their mother to help her lower back pain, there for someone they saw on the street who was old and poor and whom they felt a lot of pity for. They believed that if they suffer, they store "money" in that "bank account" and that God is benevolent to those who suffer willingly and will answer their prayers more.

Psychologically, this is laughable. Although, it perhaps may make, psychologically, a lot of sense. As psychology first concerned itself with the soul and then went on to being more scientific, it may often switch its "soul lens" for its "scientific lens". However, the scientific lens only concerns itself with what is real and what is not real. Soul lens, or perhaps we could call it a "mythological sense" is different. It does not care whether Greek mythology is real or not (and it's absolutely useless to it to even think about that), but it cares that this mythology has lessons that can be dug out just like archeologists would dig out an ancient city. These lessons and the willingness to "dig them out" consist of two presuppositions in my opinion.

First, one has to drop the arrogance of thinking that people in the past had absolutely nothing to offer to our modern-day worldview. And second, accepting that they did not have a scientific lens and thus did not care about the scientific-ness and proof-ability of these stories, but instead cared about living by some lessons contained in stories. They tried to live by lessons that could maybe lessen psychological suffering and made sure that these lessons would be contained in stories - in myths, for future generations to come. And we are part of these generations.

So, even psychologically, when we switch our googles, what these saints did makes a lot of sense and could be taken as a perfect CBT technique for changing our "B" in the ABC (A - Activating event, B - Belief, C - Consequences). If only it was not something that would be outside of the scientific lens without which a modern-day person cannot often operate. Stoics could I think also agree, they were all for science, but they also seemed to like metaphors and stories and both Ellis and Beck who created CBT "stood on their shoulders". I believe that by their "offering up of suffering", the Christian saints were able to do a real act of alchemy. Jung once claimed that while Buddhists have meditation and Hindus have yoga, Christians have nothing, but they indeed have one powerful tool like this too and that was alchemy. And what is a better example of the alchemy of the cross (of the A - Activating event that causes us great distress) than the ability to transfer the suffering it gives us into bliss, calmness, and more empathy for others. And this is what I believe it did. These saints had to, psychologically, I believe, start ruminating and feeling bad first. Rumination is considered to be a scientific term for unproductive, unresourceful thinking. It's thinking in loops that often accompanies anxiety. It makes sense, from a survival perspective as if the brain (the limbic system) starts spinning around about some issue over and over again, it could perhaps come to some conclusion of how to solve that issue and thus avoid the perceived threat better. The issue is that as most treats perceived by anxious people as treats are really not as treatful, the rumination is just causing the person to spend a lot of energy. The rumination also often leads to the life-blaming Cain-like victim mentality of "Why do I have this bizarre thing that doesn't make sense and others don't?". The saints maybe had it a bit easier. I believe they reduced their rumination by their believing in this "heavenly bank account". I believe they accepted their suffering as it helped them to be "closer to their Lord and Savior and walk his journey". And they also believed that God would if they only asked him to transmute that suffering for the betterment of others do so. So they "offered that suffering up" as they sometimes called it and they went from narcissistic guilt and comparison (Cain and Abel dynamics) into building their compassion, feeling like the suffering has some meaning and perhaps into better acceptance of it (and as I

say, some of these saints mention in their letters and books that they even liked suffering, that it was the best part of life for them).

Even if their offering it up wouldn't really work, even if it would never really fix someone or help their life in real or metaphysical sense, it still seems to me to be a pretty decent psychological response to the problem of suffering at hand. And anxious disorders, depression, personality disorders and the like all cause suffering. Even if some would not consider it to be a good psychological response, it still is better than what perhaps most psychologically untrained people would use to cope with these situations. A lot of people would probably just start ruminating about what CBT calls "cognitive distortions" - they would probably start thinking in black and white thinking, overgeneralizing, etc. So it seems to look like there is almost a way to cultivate gratitude for one's suffering. I, for some reason, need to feel this half-scientific and half-mythological look on my OCD. I cannot just do with the feeling that I just need to treat OCD in the same way that I would treat a fever for example. Maybe it is wrong that I view it like this, but I do. I cannot just view my OCD as something inconvenient that I will over time get out of and then it's just gone. That does not really help me to accept that suffering. I am a man of fantasies and notions of great adventures and I feel I have a heart desiring to embark on what Joseph Campbell would call a "hero's journey". And I believe, that upon viewing my OCD as a cross, OCD provides exactly that.

What is a cross anyway? I believe that the cross is sacrifice and that any sacrifice will work towards the betterment of not just myself and the self (meaning the psychological self that can grow from this experience) but also towards the betterment of my family, my friends, the society, future generations and the world and existence as a whole. For example, if I decide to pursue an academic degree, I can count on a lot of suffering which is a sacrifice of the good present times (where I could be eating McDonald's instead), but I do it as I know it will plant seeds for a good future time. This notion of sacrificing the good present times through experiencing suffering willingly, in order to then have the betterment of not just my own life but of all other people as well is something that I believe is a hero's journey and a cross. This is what "having a cross" means to me. This is how I believe I can transcend my small views of how much I suffer with OCD and try to view it as a daring adventure thanks to which I could become a better person in the end (even for the good of others) instead. If Frodo Baggins in the story of Lord of the Rings wouldn't leave his Shire (what Campbell called "Stepping into the unordinary world or leap of faith") he would have never saved not just himself, but also his

very beloved Shire. He also, in the process, saved even the whole world. Now I am not having a Messianic complex here thinking that I am gonna save the world. But I like Adam Smith's notion from *The Wealth of Nations*, that working towards my own good can really help and aid other people's good and can make the world better in the end.

Just imagine if everyone would say no to their own private Pilate. Every time they would have to do their dishes, take their kids to school, or say no to procrastinating on social media. It's painful, it's not pleasant, it's sacrificing the good present times, but there is this notion, somewhere in this distance, that it actually may be very well worth it. I have this notion thanks to the Jesus story. With my mythological, symbolical, archetypal goggles on, I see the archetypal truth in this situation that he is now in at this point of the story and I know that I too have to say no to Pilate because I need to remember "The will of my heavenly father". In initiations that in the past used to happen in all cultures (as anthropology proved) boys were always taken away from their mothers by their father and other men in order to be initiated to become one of the men. That is also what Campbell recognized as a hero's journey of sorts, although there are hero's stories and female archetypes as well, but I am a man and so will use male examples for initiation primarily. There was always an element of sacrifice present. Some boys in African villages had their teeth knocked out by older men as these older men pointed somewhere into the distance saying "Look, do you see that wild bird?" and upon that the boys looked in that direction, and the older men punched them in the face. Native Americans usually did it through giant forest ants who bit the boys causing them immense pain, but if the boys prevailed, the boys were no longer called boys but were considered part of the tribe. This initiation is no longer needed or required in our culture, at least externally, but internally, it is maybe happening within the psychés of all of us. I believe this is what "the Father" calls me to do in order to initiate myself. I need to follow his will and leave what used to be described by anthropologists such as Mircea Eliade as "the world of the mother" which is a world of comfort, mother, "matter", material, goodness, comfort, pleasure, and "the good life" and go into the hard, strenuous, austere and ugly cross, that's rearing its head on me in the form of my recent OCD spike.

OCD is almost like what Mircea called the "Archetype of the dark mother" who doesn't want to let her son go, as she roars "No! Don't take the cross! Just remain in comfort, away from the world, away from suffering, remain with me". This dark mother is beautifully portrayed in the old ancient story of Parsifal, where the mother of the young boy wants to do

everything to keep him at home, even by telling him lies, and away from achieving his destiny of being a knight. She does it because her husband and sons all became knights in the past and died and so she holds onto this last son. Unhealthy attachment bond. The dark mother in the Parsifal story does it to protect the boy from the hardship and possible death, without realizing that it is the death that sometimes has to await a human being in order for them to grow up. The perfect archetypal opposite of this shadow aspect of The Mother archetype would be Mary in the story of Jesus who allows her son to suffer willingly and supports him on his way without trying to keep him comfortable. If I were to pick the Mary of my story it would probably be, as ridiculous as it sounds, ERP therapy and all the great ERP minds and OCD specialists, such as Edna Foa, Dr. Philipson, and Dr. Jonathan Greyson. They paved the way and I cannot be but immensely grateful to these for not putting "a honey around people's mouths", but for always being very real about the commitment, hardship, and the realness of what it really takes to get out what sometimes feels like living hell of having OCD.

23.10. 20:46

As I am sitting here today, I can say that I took therapy for mercy after a long time and I am starting to think that maybe I ventured down the rabbit hole of religious symbolism way too early, before really tapping fully into ERP. I discovered Dr. Phillipson today and realized that what I have is indeed a form of somatic OCD as I always thought. Even the feelings of depersonalization, which I am not sure I even mentioned before on these pages are something that he counts under the SOCD umbrella. I feel as if he sees into my head. And I like it. During a podcast he gave, he explained OCD perfectly. In fact, he explained it so well that I really started to question whether I even need the Bible or religious symbolism to better grasp OCD and to be able to better apply ERP. Dr. Phillipson is a scientist. Albert Ellis being his "god-father" in terms of his worldview, Phillipson is (apart from being ethnically Jewish, just like AE and many other greats of our field were) as far from the Bible as one can possibly be. But to me, this man is God-sent. His explanations of OCD fit directly into my experience, it is a complete explanatory bulls-eye. I welcome it with open hands. As I had a spike today and started to ruminate about it, his video on Somatic OCD helped me to better understand that my greatest fear is indeed part of OCD and not OCPD or some totally new form of OCD. I believe the reason why I cannot stand people limiting me or making mistakes is OCPD which creates a vicious combo with SOCD. First, I feel limited or that I made a mistake and then I get "punished" by getting SOCD, which is the real ultimate fear that always gets me. So I concluded

that I have to work on SOCD with the help of Dr. Philipson, at least his online talks, as I definitely could not afford his rate of 450 USD per session. So there I start, I set out alarms to proactively trigger me. Anytime they set off, I will place my attention on my fingers consciously and willingly. I will remind myself of them so that I can trigger myself, instead of trying to not step on land mines waiting for OCD to get me. The bad thing is, that I still have this paper to turn up and I now started to be worried that I will have to lie on these pages, which would be highly unethical, as I really need to finish this dissertation. This last paragraph is of course something that the reader will never see unless I in the end somehow make my way back to Christian symbolism again. If I do not, I will just write about being worried that it will take me away from Christian symbolism and then make up the rest. No, I would not, I honestly attest. But the whole thesis would have to be thrown into the trash bin. So I hope this can somehow still work.

My strategy unfortunately didn't work as planned. Upon feeling limited by one person who I felt acted unjustly towards me, I started to be absolutely sure that it ruined my "perfect start (or rather re-start) to recovery" and my SOCD started bombarding me again. I became now absolutely certain that my main problem is not in SOCD, but that it is in people triggering me. But I wanted to be - as everyone with OCD does, certain about this. Therefore I concluded the OCPD test and the results surprised me. I had some mixed feelings about possibly having Obsessive Compulsive Personality Disorder since I fit into some criteria, but there are many boxes that I just don't check. I found out, unfortunately, that there are more of them than those that I checked and that I thus should not have the OCPD diagnosis. This surprised me and I started wondering what can it only be. This wondering somehow brought me to the front of the desk where I, sitting with pen and paper, asked myself a rather strange question, as the question is about something that I am totally not qualified to do: "Why not to create my own OCD theme?". But yes, it made so much sense. I just wrote down the main symptoms and started by creating a name. In the end, they say that there is as many OCD themes as there is different unique individual fears that stand behind them. So why not? But what would it be? Blaming OCD? Perfect state OCD? Just right OCD? My main symptoms seem to be fear of making a mistake and accusing other people of "ruining my perfectionism" (sounds like a perfect combination for a potential terrible boyfriend). But what could the name be?

Just right OCD already exists, so we can count that one out from the mix. What about Just right path OCD? Yes! There we go. I deem this last one to not be perfect nor just right (which I suppose is a good thing) but to be the most accurate depiction of what am I going through. Perhaps the name should be just wrong path OCD, as most themes are called by that which one is afraid of, such as harm OCD or pedophilia OCD, but hey, there is just right OCD and perfectionism OCD as well, so let's roll with it. Unlike perfectionism OCD, this OCD theme which I am just establishing concerns itself not with outwardly perfectionism attempted at by cleaning, orderliness, and hard work. It is instead concerning itself with inward perfectionism and with the feeling that one is on a just right path that's almost sanctified by God, being, the universe, whatever fits one's taste. It's almost paradoxical, as I write this work on Christian symbolism and OCD, but I feel that my OCD is absolutely obsessed with feeling like the path which I walk towards is just right and will lead me to "my destiny". If someone interferes in a way that my OCD claims "shouldn't have happened" or that it was as OCD puts it "easily preventable or minimizable, but you failed to do so" the right path is turned by 180 degrees into a path that, according to this OCD theme, is just wrong. This really fits my experience and I feel like I could write a book now about "Just right path OCD". However, as my day goes on, I find myself not being in a more and more deepening gap between the newly found power of the scientific and between what would, as I thought be now surely diminished religious world, but I found that I am actually building bridges between them. For some reason, I felt very good that I finally know what is going on with me (even if I had to come up with my own theme) and for some other reason, it totally fit into my religious symbolism experience and took nothing away from it, on the opposite, it felt like they can coexist together in my experience.

As I took psychotherapy back under my roof, I had a strange thought. I imagined this title "Jesus of Nazareth - The greatest ERP in history" as the title of one of the chapters in this work. And I instantly felt the truth of what the title said. It is unparalleled in it's help that I wrote down this own theme of mine, as I now feel like I have a guide-line that's not just vague, but that's correlating with my day-to-day experience of OCD. It is a framework that allows me to enter on a scaffold from which I can see this whole building site and it feels great up here. However, having the christian symbolism still clicks with my brain more than anything else. It doesn't take away anything from ERP, on the opposite, it perfectly enhances what Dr. Philipson was talking about. Every lesson I ever learned in the past from Dr. Greyson (my first role model for OCD) and now Dr. Philipson (none of them to me is better than the other, their approaches slightly differ, but they are both amazing and true ERP specialists), fits into my readings of the

story of Jesus of Nazareth. Today I read about Jesus being tempted in the desert. What I admire is that he is tempted, but unlike Eve a few chapters ago, he doesn't answer the temptations. He doesn't start ruminating. In the desert, a perfect metaphor for dealing with rumination is portrayed in front of my eyes. In a mythological way, this is something like poetry to my soul. I read the story and I recognize how similar this is to my situation. I am not in a desert nor fasting for 40 days and nights, but I too am preparing myself to take my cross. Well rather, I actually am already taking it. For today I have done what is called planned exposure. In the OCD treatment, specialists recognize "planned" and "unplanned" exposures. It is a public secret that although most patients dread planned exposures, the unplanned ones are oftentimes actually much worse. When you plan an exposure, you at least have some feeling of empowerment or conscious control.

When you don't and it just happens to you, you almost feel like attacked out of nowhere and as it usually happens when you least expect it or when you feel very good or when you do something that is really important to you, it's not much fun. However, planned exposures have a special taste of "I told you so.", that OCD tries to salt and pepper the experience with. This is what I am going through now. I did a planned exposure and OCD now tells me "Why have you done that? I told you not to do it! If you would only listen to me, you wouldn't have the stomach ache that you got out of all that anxiety. Without that stomach ache, you would be able to focus better and your day would be better, and you would make better decisions!". OCD keeps on going like that as I read this story of Jesus in the desert. What I love about it is that he was not responding to this "tempter" in a way that we normally do. Jesus wasn't wasting his energy - and he after a 40-day fast surely only had a little of it left, to try to fight the devil back or to try to outsmart him. When the devil told Jesus what all Jesus could get by renouncing the cross, it was exactly like what OCD told me before I did my planned exposure today. "Don't do it, you can have a really good day, you have zero symptoms of OCD right now and thus could focus much better on work and be happier today". It is to me very similar to how the devil promised Jesus kingdoms and other goods if only Jesus would renunciate his cross. This temptation, this rumination, this unproductive thinking aiming to solve the potential threat by avoiding it or reducing it is what is all too real for my own experience. I am not promised kingdoms, but in a way, I am. OCD can start convincing me about my life being so much better if I don't do the exposure, that this is precisely what then creates this guilt of not listening to it once I do the exposure. But I like the story, as Eve conversed with the tempter in Genesis and it proved to be a bad thing to do, as he was "the most cunning out of all animals" and thus probably longer in

the business of arguing and outsmarting than Eve was. However, Jesus didn't face this same serpent in arguments, he just always sort of rebuked him. Almost like "No, be silent, I am on my mission so stop tempting me". I feel like this is what it takes to recover. This knowledge of why we take our cross and that some temptations will come, especially when we feel weak and they will try to persuade us how happy and amazing and pristine everything could be, if only we choose to lay off our recovery for a bit longer. I am glad I am not laying it off even as I feel guilt now because OCD tells me "I told you not to do it. See? You didn't listen to me and now there you are". What OCD seems to not realize is that this stomach ache is almost like a punishment from it for me not listening to it. It's like the devil tempting Jesus and then shadowing the hearts and minds of people to crucify him. It's a similar thing..

1. 11. 22

ERP therapy, as I proposed many times during my field notes, is built on a single assumption. This assumption is that once we stop running away from the perceived threat, from the object of anxiety, which we may call "X", we habituate to it. As Jonathan Greyson would put it "If you're anxious from X, confront that X and keep confronting that X until the X no longer gives you anxiety". Unlike cognitive forms of therapy and CBT, ERP is not really concerned all that much with cognitions or with changing cognitions. Its aim is two-fold. First, to make sure the patient will understand what habituation is and second, that the patient will gradually move towards it by giving up his rituals and by making a choice to expose himself to that feared object willingly and consciously. Habituation is a process when the brain stops recognizing the threat as a threat, for it realizes that even if the person doesn't react to that seeming threat in any way, the person is still alive, not dead, and not harmed and thus this thread is probably not such a threat after all. The brain, upon realizing this, habitues to the signals of perceived danger and stops responding to them with anxiety. Said neuropsychologically, over time, these synapses that lead to the anxious state atrophy, and the anxious state no longer seizes us.

Is this not the thing that seems the most meaningful to me about life? That one can have terrible mental health and work to get an excellent one, or that one can be very shy and work on being social? These sufferings, these areas where we are denied success, seem to be the areas where we may hear our "Call" and if we answer it, we perhaps may go from having no children

to having as many descendants as stars, from total failure to (thanks to the motivation from the failure) a great success. For who would go to work on his mental health, if he were to have a relatively good one to begin with? But then, if one starts to work at it due to being depressed or anxious, he may arrive at even greater mental health than the one that his undepressed and non-anxious peers have. Why? Because that individual has put so much work in that he may achieve a better outcome than those who were given something purely “by nature”. As if a hard worker outworked a person of talent in some field of human endeavor. And what would it be that would prompt that person to put in that extra work, if not the extra amount of suffering, compared to others, that life has assigned him or her in that given area? Now I believe that we all have our share of suffering just in different areas of life, but it is perhaps that suffering may show us where to put in our work and this work can then transform that suffering and thus, the suffering is, in the end, and from a hindsight, made meaningful. I believe that this is precisely why God picked Abram in the story among everyone else. He did not pick just someone. He picked a man who had seemingly everything, which I believe is important to the story, but who could not have one thing only – an offspring. Thus, Abram’s one area where it was an utter failure was not just turned by 180 degrees into having perhaps one descendent but multiplied in a large way into having “as many as stars”. I believe this story contains many lessons and that it is not a coincidence that all these things happen in it. I believe that it speaks of how to transmute suffering into meaning and shows that if one has a meaningful and positive outlook on life, a friendly stance towards being, the very idea of existence itself, that one may transform his or her challenges and sufferings into his or her greatest victories instead of turning towards nihilism. When I imagine that we could also live in a universe where many of these variables such as mental health would be permanent and unchangeable, it fills me with a lot of meaning for life.

As I read the Bible, I found the first ERP in written history that I've ever heard of. It can be found in the story of Moses. Moses upon leading his people away from Egypt gets to the desert, where his people start worshipping golden calves as gods. One would think that when you get out of the tyranny of something that enslaves you, you will get immediately to the "promised land" and alas, the Bible shows us that instead, you may oftentimes get into the "depression of wandering in the desert". People of the Old Testament probably expected the

same thing and thus were not really keen on the fact that after all the promises they are now stuck in the desert and as years pass, no change seems to come.

God, as a way to punish them, sent poisonous snakes that killed Israelites in large numbers. Israelites started to be so terrified of these snakes that they started coming to Moses and God again and started praying so that God may send these away and that Moses may slip a word for them when communicating with God. And Moses did, but God in an astonishing way did not send the snakes away. Jordan Peterson, a controversial figure whom I do not particularly follow, but who's an important figure in biblical reconstruction for psychological purposes, however, once deconstructed this story. He said that the geniality of it is precisely in God just not sending these snakes away, which we would expect him to do the moment Israelites turn back into him. What Yahwe does instead is that he tells Moses to create an iron snake and a wooden cross and to put that snake on that cross and raise that cross up. Then, he should command all his people to walk past that cross and to look at the iron snake. This way, all Israelites stopped being afraid of that snake and these snakes then, with no fear in the hearts of Israelites, stopped being poisonous to them. This is absolutely amazing to me. Because ERP is not just contained within the story of Jesus, but also in The Old Testament. God could have just killed the snakes or gotten rid of them somehow, but as Peterson states: "There is one thing even better than that. Because if he would only get rid of them, the Israelites would still have a fear of them. But if he did it this way, it's even better, for not only do they get rid of them, but they also get break out of their fear." Thus, this is probably the first recorded account of exposure in written world history. As I read it, I believe that I am inspired by this. However, I am starting to doubt that this could help me in any way. Well, I read it. Great. But how is knowing this supposed to help me with my OCD? I try to find some way as I need to fill this dissertation work with something, preferably something sounding very smart and wise, but I have a hard time finding the reasons in which this story would help me. What it does is that it somehow gives me a greater meaning than just hearing about my amygdala misfiring. I am not dismissing the scientific explanations for OCD as it helps me immensely. However, I feel like this gives me a meaning, a sense that "God" - the good side of life, may be behind this all.

Maybe he initiates me into something greater. God, being, I don't care how you may call it. I know the term God is less in use today. But to me, it just feels like "Yeah, this probably should be happening, it is as if someone or something sent it". When someone tells me I just got to heal my illness, it sounds good too, but I miss the hero's journey in it, the deeper potential.

But reading this story of Moses, I think that maybe I too can stop being afraid of snakes, whatever snakes are to me, and that perhaps it's better than just immediately not having any snakes in the first place. That perhaps even if you would ask me now (and right now I am heavily triggered and in bad OCD spike, having so-called "depersonalisation OCD") I would wonder why it would be perhaps better to just not have OCD at all, but this story almost says that it's better to expose yourself to your fears than to be immediately healed from them. In modern terms, my version of God sending away the snakes would be to pop some pill or go for a brain operation. And my version of exposure is well, this, it is what I am doing right now, feeling not good at all. Can there be some deeper meaning, some good reason for going through exposures instead of just finding a quick fix for healing OCD apart from no real good quick fix being there? Maybe there is. Maybe it gives me my own hero's journey. Maybe looking at the snake for long enough also makes me a better, more emotionally resilient person of a better character, who will be able to withstand suffering more and thus can be a better human being for himself and for others. Maybe. Maybe I am just telling this to myself in order to feel better during this exposure. I however liked another thing that the rather controversial Jordan Peterson said about this. I do not agree with him on many things as I believe he is very "hot-headed" and sometimes thinks in very black-and-white terms, but his Bible analyses I like and he is pretty much the only one who does these from our field. He said that as the serpent on the pole is a pre-reflection of Jesus on the cross, we too may be exposed to our greatest fears and be healed by looking at Jesus on the cross. And as our greatest fear is a fear of death, this exposure can be like a meditation for us. Just look at Jesus and you see death. You are exposed to it. He also talked about walking in the church looking at the stages of the cross and trying to put oneself in the shoes of Jesus, Mary, and others. He said that sometimes we are Judas in life, sometimes we are Mary and we have to send our children into hardships and away from our comforts for them to learn how to live a responsible life. He said you can meditate on all of those in this story. Peterson said all these things and I feel the deep significance of it. The snake on the pole was the first ERP, but Jesus of Nazareth was, to me, the best ERP therapy ever recorded.

If the serpent on the pole was the first recorded account of ERP therapy that I have ever heard of, the story of Jesus of Nazareth would have to be (to me) the best ERP therapy ever made. ERP specialists often talk about how some clients show great autonomy and mindfulness and other factors that make their therapy successful. Well, if I should pick one ultra-successful

one, it would be that of Jesus. Carl G. Jung said that the story of Christ was what he called a "limit story". Limit in a way that it reaches the utmost limit of suffering possible, beyond which it's virtually impossible to go in a story format. As our controversial Dr. Peterson once expanded on this idea: "First of all, Jesus was young, second of all he was betrayed by his people into the hands of the oppressors of his people, third of all, all he ever wanted was to help people and he helped the very people who gave him away, fourth of all he got betrayed by one of his best friends, fifth of all he was subjected to the most painful death known at the time, sixth of all he died in a way where everyone despised him, again, even if all he ever did was to help them, he never did anything wrong, it was unjustified, he knew he had to do it, his mother had to watch all of it, all his friends left him and abandoned him. You cannot write a more tragic story full of suffering than this". And yet, Jesus still went into it. He still went for his cross. He still did the exposure. He refused all compulsions, all rituals, all ways out or to reduce what he was about to face. He pushed zero reset buttons and tried nothing to recover himself from this episode. And it went well. And he said: "Deny thyself, take your cross and follow me".

And all I can say is that yes, this inspires me a great deal. I too carry a cross. It is a reality so real to me that it is impossible to not call it this way. Every single day I carry a cross. Every single day Pilate comes and wants me to avoid it, every single day the devil comes and tells me what I could have instead if I only chose to not walk this way. And yet, just like Jesus, I have to do it. I don't know if it's a will of "The Father" as Jesus would put it, but isn't it in a way? Isn't it that in order to achieve my highest possible potential that I could achieve here (what Jung would call the highest possible manifestable future self) and thus "align myself with God", with being, with the highest possible order in life, that I need to not listen to all the Pharisees in my head who tell me to not do X or to not do Y and to keep their rules, in order to not get into trouble? Am I not to be a free man, embodying what probably the most famous Jungian of the 21st century Robert Moore called the king archetype instead of a shadow lover archetype, who is so addicted to the feeling of perfection, comfort, and reducing anxiety, that he spends his entire life doing one compulsion after another just to avoid his cross? This story is all too real for any OCD sufferer. This story is I believe a meditation for all OCD sufferers. I believe that just reading it makes me more prone to actually walking this journey. And the reason is mainly the sense of greater meaning that feels very specific to my journey that it induces in me. As Mircea Eliade concluded - every civilization needs a great, revolving "story myth" that is central to it so that people are induced with meaning. What better story myth to a civilization where anxiety and depression are the daily bread amongst many young people of my generation, than

a story of a man who literally embodies ERP principles which are known to be the most effective therapeutic principles when one wants to overcome anxiety?

26.11.2022

Yesterday I wanted to write into the journal but did not make any entry into it in the end, because I was feeling a very big spike. I now have lower back pain and neck pain, which I do not want to get into too much. But I feel them, according to OCD, due to seemingly "making a mistake". I now cannot forgive myself and ruminate upon it feeling extremely guilty. One of my greatest OCD themes is the fear of making a mistake. I sometimes try to make one on purpose, but then things may go really wrong. I now love the Phillipson therapeutic approach, but was thinking that I miss reading my Bible a little because I thought that when I used to read it, while therapists like Ellis said: "Yeah, this is unfortunate, but you don't have to be miserable from this", Saints like Father Paisios used to say: "The big pains that I had when I was dying, these were the best things that ever happened to me". While Ellis and now Phillipson were rational, Christians oftentimes wanted to suffer and felt so much connection to God from it and possibly even an inner peace that surpasses all understanding, for the mind cannot get how it's possible to feel this calm during a storm. And that to me sounds like a level up from Ellis and Phillipson. But am I not just spiritually bypassing? Is it really possible? I am not a saint after all.

As I have been getting more familiar with the concept of "offering it up" and the idea of the cross in Christianity, I come to think that this idea is much deeper than what can be said about it on the first sight. And I also believe that it's an applicable idea, that is very practical and not just theoretical. As I have my OCD sufferings now I now try to always say to myself "Jesus, please, accept this suffering and offer it up for my" and then I say members of my family with their concrete issues, or I for example saw a man with terrible scoliosis whom I felt real sorry for and offered it up for him. Thus, it's like sending signals to my brain that all is good, that we can accept this experience which we now have and not run away from it. Offering it up is a concept that some theologians talk about and also many priests and authors of popular Christian books. It is a concept which is summarised throughout the Bible, in which suffering is linked to redemption for others. Such effect may seem alien to a modern person and yet, suffering is indeed how we all redempt not just our own lives, but the lives of others around us

as well. The moment I refuse to bear my suffering any longer and thus reach for a bottle of scotch, I stop being a father who would support what in psychology may be called a secure attachment style with my children and they lose the respect for me and the feeling that they can "submit to me" and turn their attention to where I want them to turn it ("Go make your homework, kid!"). Peter Fonagy a psychologist specialising in developing children into fully psychologically functioning adults writes extensively on this. He states that when the attachment bond is broken, the children will suffer as they can no longer be in "committed compliance" towards their parent. He says that under such compliance, the child trusts the parent so much that he or she can effortlessly direct their attention from what is "instinctive attention" to what is "intrusive attention".

Let's say a wasp flies in by an open window and the children is instantly captivated by it, as it checks all the boxes for it's brain - dangerous - yes, moving at speed - yes, making a weird sound - yes. This would be an example of instinctive attention, which is whatever the brain deems to focus itself on effortlessly due to the need for survival and reproduction. However, as Fonagy argues, if we have a lot of trauma or broken attachment to our parent, we cease to be under this committed compliance to him as we can no longer trust in his lead and thus we oftentimes are unable to follow his attempts to guide our attention from instinctive one to intuitive one. Fonagy then goes on to state that this can result in attention disorder within the child which may then manifest itself as what he calls impaired "mentalisation". I am not going to explain what mentalization is, as it would need to be done in length, but this impaired mentalization then, according to Fonagy, saturates our "p factor" a lot, which is a factor that correlates with all things psychopathological, and especially with many mental disorders, especially personality disorders. P factor correlates most strongly with Borderline personality disorder, which makes sense as we started with attachment in this whole explanation and BPD is a disorder that is being taken for a long time now as something that probably starts off with an unsafe and unhealthy attachment structure. Why was I recalling all of these information about Peter Fonagy's work? How does developmental psychology relate to what I am going through right now? Well, as autoethnography is a reflection of my experience to further understand it, different concepts that have been in my mind or that I come to know during the days in which I write this come to the surface of my consciousness and they have a tendency to link themselves to the topic of the Bible and OCD and help me better understand the relationship which I intuitively feel to exist between the two.

There are two reasons why I brought up what Fonagy teaches about this attention disorder that stems from a broken attachment bond to the main caregiver which then can result in big mental problems and would explain how people get disorders. First, I wanted to make a point how not accepting one's cross may indeed really affect not just one's life, but everyone's life. We take this concept for granted "Now, of course, that if you live your life rightfully that it then makes other people's lives better as well". And yet, we don't live it. We're stuck somewhere between a never-land of hoping that all our sufferings will eventually cease to exist and between somewhere having this notion that sacrifice is indeed suffering and that suffering is indeed the redemption of the whole world. This notion is a rabbit that opens up the door to the wonderland where we can meet our evil queen and beat it and thus, many fail to follow the rabbit, for they know that their whole lives would have to change. However, we still instinctively know this is true. I told a friend of mine about this offering up concept and he told me first that he doesn't get it. After explaining how Christians differ between "suffering" and "redemptive suffering" and how it's similar to how Buddhists view the goal of life as achieving a point of no suffering, but Christian Mystics see it in achieving a point where we learn how to suffer instead of banishing our suffering (by vanishing our ego as Buddhists would complement), he finally seemed to understand a bit.

But then he raised a question "But yeah, even if you basically suffer with your OCD and you say I offer this so my aunt heals her relationship with her daughter that doesn't make it anything more than a technique which would make you feel great, but which has no basis in reality whatsoever." I agree and yet I have to differ at the same time! I believe the notion of sacrifice and redemptive suffering is so real, that it's almost scary how real it is. And it is not just psychological reality or technique to say that I suffer for my family, it is a reality! I don't know if it's a metaphysical one, but reality? Yes! I don't want to use so many exclamation points in my writing so that I don't sound like Albert Ellis in his books (which I love deeply), but I have to, because I am really excited about this. Whenever I suffer from OCD and right now as I am writing this I have what's called "Depersonalisation OCD" which is a feeling of depersonalisation that's on a loop (the same as intrusive thoughts would be, it's part of somatic OCD), I can offer that up for someone. I am offering up my acceptance of that suffering in the very act of saying "God, please offer up this suffering for such and such person". At that moment I start to accept my suffering, at that very moment. Why? Because I no longer think

(and Ellis would like this) "Oh gosh, why do I have this terrible suffering! What a crazy hellish experience that I always get triggered like this, which I absolutely shouldn't and it's so awful that it's driving me crazy! To hell with it!). Hell seems to be this idea that being is in it's deepest nature un-good and that one should thus turn against it. It is like an act of a raised middle finger to go and commit suicide and before that to take many other people with you. That is hell to me. It is an absolute disbelief that suffering could have any sensible place in reality whatsoever and then thus, I need to justify that which is unjustifiable by pointing out at the whole being, the entire existence, and showing off and exposing to all how bad it is by act of utter rebellion against it. I believe that when we offer up the suffering it's the same as when we say "Oh, thank you brain for giving me this anxiety! Although the amygdala in you is misfiring and it's not a real threat, I am still glad that you are helping me to stay safe and that you are vigilant like this", which is what Dr. Philipson recommends to patients with OCD. With OCD it is always an issue that whatever you do that helps you during the OCD "spike" or episode, whatever you prefer to call it, may turn into a compulsion as you would start doing this thing in order to leave that episode by which you would keep sending the signal to your brain that says "I reject this experience. Please save me from it" which the brain would interpret as you running away from the experience and thus the brain's sending anxiety to you would be justified.

However, if you just state it whenever your spike hits you like I do I don't see a difference between saying this and saying what Dr. Philipson suggests. It is just what I talked about before - switching the scientific lens for the mythological lens and discovering that there are times when they may not be so different after all and that they are people to whom the mythological one may induce more meaning and thus help create what Frankl would call more "free space between stimulus and reaction that allows you to choose". Why would it help create that? Because the opposite of hell would be meaning, being, feeling that all and entirety of reality is justified, good, redemptive, proven to be usable, even if it's suffering or terrible and in this that reality, existence and being are ultimately good. I believe that if you can start to believe that when you bear your suffering you offer it up for your family, you are not just pragmatically or psychologically right as in using this as a technique, but that you are also philosophically, religiously and factually right. I don't know about the example of the aunt and daughter. But perhaps if I can get over my OCD I could be less held back at my job, make more money and buy each of them a ticket on a holiday tour where they would meet each other on bus and have few hours to talk things through until they get to Budapest. Or maybe if I offer it up for my fiancé I actually do that not as a religious technique but as a factual thing, that yes, helps me

bear this suffering, but that is so true that it cannot be any less true, for it helps me to not get into compulsion but rather to stay in that suffering (which is the basis for all habituation which is the goal of CBT and ERP therapy) and thus to over time be less controlled by OCD and its time and energy consuming rituals, and thus be able to provide better for her, to be there more emotionally for her and to spend much more time with her, which all three combined would make her life better. Now let's get back a little bit and describe the second reason why I provided an attempt to explain how Peter Fonagy, a world-recognized expert on developmental psychology, describes how disorders are developed. The second reason is, that perhaps, although there are no scientific studies done on this as I last checked, this attachment that got broken with the primary provider could get restored with God the Father, who is an archetypal image of a father which we may all carry inside us. By trusting him and getting into committed compliance to him, he could help us to deflect our attention from instinctive one to intuitive one and thus to get from our addictions and vices to our virtues (for example to get us from what Christian mystics called the vice of sorrow - which could be having terrible anxiety from OCD and doing everything possible under the sun to stop it, to what they called the virtue of Beautiful Sorrow - to allow oneself to suffer and to do so with the utter conviction that this suffering will indeed make the world a better place, not just for you thanks to habituation over time, but also to everyone else thanks to not being held back by OCD all the time). Fonagy explains all sorts of addictions through this apart from just personality disorders.

For in psychiatry, addictions too are taken as a disorder, they are called alcoholism, tobacco disorder, internet addiction, etc., but they are all under the cluster of "Addictive disorders" and they are classified as disorders. Dis-orders. If God the Father is order by showing us where to guide our attention to live a better life (and it is all in leading away from our instinctive attention, for to drink and thus release dopamine, or to watch porn, or to be addicted to tobacco is all a form of purely instinctive attention for the brain), then perhaps by being religious there could be less disorder. I know I am overstressing this work, but I realized I cannot study the Bible without taking religion in context as well. But back to addictions, as I explained before, OCD is literally an "addiction to certainty" in the given area or scenario that one is anxious about. According to Dr. Grayson, "one cannot tolerate even 1 % uncertainty" in that given area or scenario and has to do everything that is in their power to get that absolute certainty over it (by doing compulsions). I believe that me starting to believe in this offering it up concept is really absolutely game-changing for my OCD treatment. Because not only am I able to suffer much better without doing any compulsions (because I still suffer, I just suffer in

a much more bearable way), but I also started using it for working. Like right now. I didn't want to go and write this dissertation, but I just offered it up for my future kids, which we plan to have with my fiancé. Is it true scientifically that my future kids will ever benefit from me writing this? No. Who gives me the certainty that I will ever have any? But is it true in commonsensical terms that I will ever be of more use to the future generations (of perhaps not my own children) if I am more generative and thus create a dissertation and get educated to be a better functioning more knowledgeable member of society? Perhaps.

27.10.

The weird thing was that I started to think about whether my reading the Bible was not a bit compulsive. It's funny as I was absolutely certain the last time I wrote here that there is nothing compulsive about it at all. The truth is that it really helps me to not get into rumination upon having an OCD "Spike". Spike is a term coined by Dr. Philipson that describes the "ability of thoughts to pierce through one's consciousness" and by this of course causes a great deal of emotional turmoil. It's a term commonly used in the OCD community, both in the laic community and amongst professionals. When I have a spike and I just offer it up I feel like it doesn't get into that hellish stage of ruminating about it all the time and not being able to stop and getting into a victim mode. So offering it up works as a barrier towards not feeling completely victimized and as if God/being/existence/universe, whatever one prefers, doesn't have my back. However, I then caught myself doing it way too much hoping that I would feel great after it. It doesn't seem particularly compulsive at first, but this is one thing that we OCD patients are extremely good at, or perhaps, that our OCD is masterful at. Anything that may be helpful even as a therapeutic technique that we may use in a good measured manner, can be turned by OCD into a new compulsion when we start to use it overtly to the point of trying to assume that the OCD spike or episode will somehow subside or not really get as bad. That sends a signal to our brain that we still don't accept it, that we still run away from it and thus habituation will not happen as the anxiety cycle of sending anxiety, registering that one runs away from it, and then feeling relief and a sense that sending the anxiety to the person was right is justified and will continue. So I started to think if all this religious symbolism is not just spiritual bypassing of my disorder and that perhaps the pure letting it be the hardest spike that it can be, perhaps even going to the victim mode and trying to not run away even from that could be a better option.

Basically splitting the religious and the scientific in my mind once again and seeing the gap and being like I have to choose. But one thing is really true to me in this chaos and I cannot wrap my mind around it. Not writing this just for the purpose of this work or to prove my point, I have to truthfully testify, that this Christian symbolism viewpoint really helped me to feel so much more clarity, such as shorter and fewer OCD spikes in intensity and duration and an overall sense of calmness and that the day and my life is good at the end of each day, even if I had spikes during the day or even if "I am not recovered yet" thoughts come up. It made a drastic difference and I am just trying to understand it. My favorite grappling coach and a man who is widely considered to be perhaps the best martial arts coach on the planet that we were bestowed with in the 21st century is someone who continuously inspires me to bridge this gap. The name of the man is John Danaher. A little turnoff into the world of grappling is needed for me to explain why I even had to make this turnoff. Grappling is a sport that utilizes chokes or submissions (tapping with one's hand to the pressure that the opponent puts on one's joints, such as different armlocks) and is only focused on controlling your opponent both on the feet and on the ground by means that are not associated with boxing or kicking. Grappling could easily be subjected to anthropological research, for it is such an old historical thing that has been pervasive in every culture around the world, that it's truly fascinating.

There has not been a single culture that would not develop at least a hint of martial arts wisdom and grappling originated mainly from many forms of Asian arts that mostly came from Japan and moved into China and continental Asia. These arts were, in the grappling context, predominantly Judo and JiuJitsu. John Danaher became famous due to the incredible accomplishments of his students who are considered as best grapplers in the world. John Danaher accounts this success on the behalf of him discovering the lost art of leg locks. In grappling, people used to focus on attacking the opponents legs (mainly ankles and knees) through submissions, but in the modern day and age they seemingly forgot it and it was not in any wide use. If someone used it, it was mostly considered as a waste of time at worst and as a not most productively spent time and energy at best. People were either going after various chokes or attacking the arms of their opponents, shoulders, and elbows primarily, but the leg locks were a lost art. John Danaher is a genius of it's own, having many academic degrees, he wrote at length about different forms of jujitsu in the form of dissertations and theses and the way he articulates himself is unlike anyone else I have ever seen. That's why I take his opinions, even outside the sport of grappling (although 90 % of his thoughts seem to be directed only to the sport) very seriously. He believes that in any field of human endeavor, there are things that

are currently over-appreciated and underappreciated. It is the mission of those who want to move the field ahead to locate these areas that the field currently underappreciates and bring them into the spotlight, or else the field may get stagnant. I believe the underappreciated thing is Christianity. One good CBT therapist once told me that "There was 2000 years of psychology in the west prior to Freud coming onto a scene. Freud just came, without any training and it was a man who created a whole new world and it was and is good, but only based on the experience of his one life. There were 2000 years of combined experience that wrestled the minds of many in achieving the same goal we have today in psychology". Although it is questionable whether psychology dedicates itself to the same goal as Christianity, one cannot argue that as inner peace would be considered an utmostly desirable thing in Christianity, it would so be considered also in Psychology. What's more, there is a book that directly describes how the so called "Christian Fathers" thought and that our modern CBT doesn't just start with Ellis and Beck, but is at certain points almost identical to the advice that these fathers gave and thus has roots which pertain the whole history of the west all the way to christianity and as Christianity took a lot from greeks and romans too (St. Thomas Aquinas for example) we may say that we have a tradition here that is thousands of years old. Why is it important to understand that? Because exposures in CBT and even thinking cognitively on the level where I recognise that there are some conditions which are undesirable, unresourceful and misguided is a very Christian theme. Whether I take these exposures for a cross or whether I only keep my scientific lens it, the result is the same, I gotta face that which I fear and prevent myself from doing any rituals that could result in me leaving that thing and fleeing away from that fearful scenario. Whether I believe that some thoughts may come from "the deceiver" or whether I believe that I am deceived because I hold core beliefs which are unexamined and rusty and not fully objective and factual may not be such a difference as psychologists would like to think. I love science and I am not trying to discredit it.

But I have to say that my experience bridges this gap between the scientific and mythological so much, that I believe I am at my best during my recovery when I take from both. So coming back to John Danaher and his quote, I believe that Christianity is our leg locks in Psychology, the very thing which we currently underappreciate so much that it's ridiculous. It is in the point when we literally ignore it at all cost, while we overlook all the many great perils and wisdom that preceeded CBT and that may in some ways enhance it or show a thing or two in which CBT could move ahead. We are obsessed with mindfulness (the overappreciated in Danaher's example), the 3rd wave of CBT, while dismissing that all exposures and response

preventions (which would fall under the first wave of CBT when behaviorists ruled the field) are a direct stem coming from our civilisation's ability to understand the central point of all human well-being to be the continuous consciously allowed experience of suffering that is wrapped in sense and meaning which (our B - beliefs or our space in which we may create our own beliefs about what happened as Frankl would put it) may in my experience overcome rumination, victim mentality, depression from lack of goodness of existence and it may not just help us to leap over our difficulties or to shake them off, but to feel the peak experiences as Maslow would put it in between, to feel self-actualized from it, as this suffering fills us with so much meaning that the mythological value of the story of the cross will allow in not just mere overcoming of symptoms but in a new outlook of life and learning how to live it in a different way thanks to our disorders and mild psychological impairments (this of course won't be very suitable for someone who's on the autistic spectrum). And yet, I am not gonna lie, trying to bridge this gap has proven itself again and again for me to be hard in terms of putting it on paper, making arguments about it or trying to persuade anybody. I am not good with arguments, I fall short in being able to show people my point of view and I deem to shy away from trying to address this underappreciation because it feels extremely egotistical to point anything out about the field as a complete newbie to the field and I hate this seeming arrogance so much that I try to enclose this whole topic in my mind.

However, I cannot unsee the changes that happened upon taking the Christian symbolism or mythological lens and using it to view my problems, while keeping my scientific lens underneath. So I have to write this. For Ellis said: Although the broad philosophical bases of CBT include the philosophies of Heraclitus, Stoicism, Epicureanism, Hedonism, Buddhism, Taoism, Existentialism, yogic philosophy, Baruch Spinoza, and Immanuel Kant (Ellis, 1997), and I have to say to that, where does exposures, such a large part of CBT, coming from, have you forgot to mention Christianity? And can you separate the two? What is something of value is then lost and only exposures remain that are not as effective without that thing of value which has been lost in the process of transmitting the mythological into the scientific? And I don't deem to believe that it's a coincidence that it's here in the West that people came up with the notion of exposures and build it up to what it is today, it seems obvious to me that this stems from our Christian myths and symbols which are like roots from which many things stemmed in our culture. I cannot of course prove this and I am not trying to, I am just ranting here a little and I hope that is ok, it's not from my hatred for the field, it's for the love of it. I am also not so sure that the CBT notion that a person is responsible for one's thoughts taken to the point where

it's all just cognitions stemming from the past does really justice to many people I have met in the OCD community nor to how specialists talk about disorders.

Take for example Daniel Fox, an internet-known expert on Borderline Personality Disorder. In his book, he spends many chapters describing how BPD is precisely that which I mentioned a sentence before, a set of cognitions, patterns and emotions that stems usually from impaired attachment to the primary caregiver and that it can also stem from genetics. However, in the next chapters, he uses this language: "Your BPD will try to confuse you." Or "BPD will try to keep you in chaos. You have to fight against this and not let it". This language will seem okay to many and many may come to defend it, however it is striking how different the semantics is to the notion that "the disorder stems from one's childhood and genetics". It seems to me that all experts are at the fault of this. And again, I hate how arrogant I may seem and how egocentric this will come off. But take me for a patient here pointing out things that I have noticed while being really grateful for psychotherapy (even if it may not seem like that because all this seems like critique) and trying to point out things that for example a customer on Google would point out to some restaurant, not as an expert or rather a novice who is an expert-wanna be who scolds the entire field. But let's go back for a second to this notion that this and that is a disorder which is perfectly logical in its origination and now is your responsibility to deal with (which I agree with) but with absolutely no notion of it being something that's almost against you, that really is quite just like the deceiver in Christianity.

But that notion always comes in my talks with psychotherapists, in hearing the experts talk on the topic of disorders and in their books. Maybe it stems from our wired Christian symbolisms that I mentioned before, part of which may be this idea that when we can point out an enemy that we would then collect our inner resources better in order for us to get motivated towards taking action. I don't know. However, John 10:10 says that there is an "enemy of souls", a thief that comes to steal, kill and destroy. If I were to read that to anyone currently or previously suffering from a mental disorder (where they have an insight into it, people with low-insight disorders such as BPD would probably claim that they just want to die because the world is an awful place with no space for them, as they are unloveable and worthless without having the awareness that mindfulness helps with of knowing that this is the voice of disorder and not one's inner voice) I think they would agree with it. Even many therapists, I believe, would under the perfectly sensible scientific lens have to agree that they oftentimes use phrases such as "That's the disorder speaking in you", in their therapies. But who is speaking? Does the

disorder have a voice in our mind of its own? Is it a fully alive, functioning organism, a sort of psychological symbiont or a mental virus that possessed us? This is for example where I feel the gap and where I always felt it during my attempts to recover from OCD, many times when I talked to a practitioner. I would love to see from some therapists to try to count how much they switch between perfectly rational explanations for disorders (which of course are not complete, but at least we have hints of where they may stem from) and then between the real "in-trenches" (as Dr. Philpson would probably put it) therapy talk that is about to motivate the patient, but motivate him not just by pointing the enemy in my opinion, but by stating something which he feels is a very real fact, something that may appear more real to him than the notion that "it's XYZ disorder and it's not your fault these patterns and beliefs were formed in you, but is your responsibility to deal with it now".

Although I would agree with the quote at the end of the last sentence, many patients who I know from both OCD and anxiety communities respond sometimes even with anger to these to their own therapists or they vent out online. Once a woman on online forum got really angry as she stated that she feels like her anxiety really bullies her and that it's not just a disorder which is created by her sending the wrong signals to her brain as she felt like the real nature of this anxiety is so nasty and weird that no explanation about the brain being misguided fits and that it's rather a creature of sort living in her mind that tries to do everything it can to destroy her life and make her unable to live. I then heard a BPD patient (who already got an insight into the disorder) that "the disorder had one goal only and that was to drag her all the way towards killing herself". Once I read a man who wrote a funny autobiographical book about life with OCD called "Best OCD moments in history" that his mind declared jihad on him, which I started using as a description of my own OCD experience ever since to explain to people how it feels. A psychiatrist, Dr. Ian Osborn then wrote in his book *Can Christianity Cure OCD?* About John Bunyan and Martin Luther, who from the current psychiatric standpoint (even if it's a prevalent opinion that retrospective diagnosis is useless and can never be fully accurate) sees that Luther and Bunyan, who were both debated largely as to what kind of possible insanity they had to live with, suffered actually from one of the most well research disorders today, from OCD, a so-called religious OCD or how they would call it in the past, from "Scrupulosity". Luther describes his cognitions as pure hellfire raining on him and Bunyan goes even further and more hellish in his. These men's descriptions are awakening. It's great that the field can calm people down with a logically sounding explanation of what's going on, it did wonders for me and without it I would not be writing this work as I would be in no faith towards

psychotherapy nor psychology and thus wouldn't decide to study it. However, I believe that therapists should also address these notions that slip in their day to day talks with their patients that betray the notion of some other, underlying belief that I believe semantics shows is held between both therapists and patients (but patients mainly, and maybe therapists really use it for patients as they like to hear these and not from their own subconscious belief in it), that disorders are almost like a living entity that tries to capture one's attention so much as to get them into the point of no insight, where the disorder's voice just becomes one's inner voice and there is nothing apart from that voice as the impaired cognitions no longer seem bizarre or weird.

Even Jonathan Grayson describes an interesting example. He says to imagine that someone is holding a gun to your head and to the head of your whole family, keeping you locked in the room. He then proceeds to ask his patients whether they would, under these circumstances, be able or be unable to now not do their compulsions. When they say that they do (and not everyone has to) he then explains that many times client conclude in a sort of however-tistical way that they would under such dare experiences, but that these circumstances are just imaginery. Greyson then likes to conclude too, by saying that this person is already holding the gun on the patient and all his beloved and that this person is OCD, for it can take the person's life and it can destroy even lives of all his relatives, if he doesn't stop it. Such similar metaphors are very common. Patients with OCD, I am sure, although I've found no studies on the topic, would be much more keen to the idea of the devil than general population, because they constantly feel like they live with something in their head that makes them hate all life and that makes them question why the very thing that should be supposed to help them survive and thrive is doing everything it can to sap all their energy, to make them weak, to make them ruminate all the time and many times actually puts them in danger. One time due to OCD spike I was so afraid to talk up in a fast driving car with an unexperienced driver who thought he's actually pretty experienced and drove fast in order to puff up his ego, that he then got into a very bad situation and we almost crashed. I could have been dead due to my OCD at that day. That's what patients don't get and that's why I believe we are at times sometimes reluctant to the idea of the brain "just helping us" by sending us anxiety and thus trying to protect us from perceived threats that are however often irrational, due to the fact that the brain amygdala is misfiring. It makes sense and yet angers us in a way at the same time. I am at the point now where it makes perfect sense to me and I completely get and find reassurance in (which I don't know is a good thing due to the nature of my condition, but I do) the scientific explanation even

more than in the spiritual one, and yet the spiritual would still in my opinion be pitiful to leave abandoned completely. It can always be just a spiritual bypassing, but right now I am on the boat with the idea that the mythological lens and the scientific one can be combined successfully in my particular treatment.

Today was a terrible day. I feel like I've cultivated what is called "Adrenaline gland fatigue". I am still not sure whether I also, apart from just OCD, have Obsessive Compulsive Personality disorder or not, but even if I don't check all the boxes, I definitely check one - overworking myself, actually to the point of burnout. This is not happening for the first time. I was very well aware throughout my life that I have always found some great philosophy, great teaching to live by, it was Buddhism and Buddhist Dharma at times, then it was New Age and trying to "live in the moment" or practicing mindfulness as it could be called too, however doing that all the time with no break whenever and wherever I currently found myself to be. It was also working out, doing therapy where I was jaded towards the therapist for not giving me more hardcore exposures and doing such hardcore exposures that I contracted a severe dandruff when I was once absolutely keen to beat my OCD so much when it was afraid of contracting dandruff as to wash my head 2x a day (a rule that OCD did never want me to break) but to do so in a fashion that I did it so slowly and with such a overtly chemical shampoo that it really gave me a crazy dandruff which I then had for a month or so. This all fits into the theme that I've founded and coined for my OCD - Just Right Path OCD. I've always felt, no, it felt more like I knew, that there is, that there just has to be, one right ultimate path in human life. Just like Jung was hoping to find his very own version of philosopher's stone, which would be the ability to access entering into the collective unconscious at will (and there truly were reports of people who claimed to know exactly what for example some interior room in a house looked like many years ago without ever being at that place or without even being alive at the time), I was always trying to find this holy grail of sort, this philosopher's stone in some philosophy which I could live in my life and that would leave my life to perfection. Once I heard that the art of life is to make your life into an art, into a masterpiece. That resonated with me deeply and I started telling people things such as that "I am a student of life" or that what I care the most about life is learning the art of life, that which the French call *savoir vivre* and that which Italians call "*Dolce Vita*" minus all the wine that they usually associate with it. Alas, I have always found myself again and again in the pit. With every new discovery of a perfect life philosophy of mine I have

yet again found myself feeling like I lay down somewhere with my OCD kicking me and me unable to move even a limb, for I have always burned myself out on that philosophy so much, that I could never again trust nor believe in that philosophy.

While others tried to meditate for 20 minutes a day for a start, I started with 4 hours. While others would try to fast for a few hours at first, I would immediately, if I would feel it to be the just right path that could completely illuminate my life, be able to fast for 72 hours. I took and still take immense pride in this, but to be honest it's not really me who does this, or it is, but the notion that this is now the just right path makes it so much easier to embark on these hardcore looking endeavors. The plus side is I can really progress very fast at things. The con is I usually don't last with them. Now this happened to me with this offering it up concept and I am partially glad it did, for it helps me understand my untraditional OCD type even more. Just Right Path OCD really fits. For at first, I felt this Just Right Path and was doing a lot of deeds that caused me suffering and that were basically cornerstones of a very disciplined life, such as cold showers, no junk food, waking up at the same time every single day, no sex nor masturbation, no screens apart from work, no alcohol, not sitting on a tram, just standing, no listening to music, etcetera. I did these and it felt awesome. I felt on top of the world, not just mine but all world. It felt that in the world where most of my generation is held back by always listening to music, watching screens and being in what some neurologists now call "a dopamine addiction" and what I believe is our version of world war in the 21st century, since it's a plague that affects people in such a large scales that it's unheard of, I had to be the king of it, for I was no longer held back by these. I did one exposure one day and as my greatest fear is the fear of either someone limiting me or me making a mistake, both of which could result in me losing the just right path or it getting somehow not as right anymore, the point of this exposure was to expose myself to the possibility that one particular person may limit me. I succeeded in that and immediately got a stomach ache. Then, as OCD claimed that what just happened was "just wrong" and that it could affect my just right path, it instructed me to try even harder on the just right path. All natural signals that told me to ease up on all these hardcore things I did were neglected and ignored.

My OCD told me that without doing that exposure and having that stomach ache, these signals wouldn't come. It told me they only came because of that exposure and not as real signals that would tell me "Hey buddy, you need to stop or you're going to burn myself out!". I know it's hard to understand and I probably could describe this better to make it more understandable,

but I am honestly so burned out that I am glad I even write this today. As I googled my way around this and after I realized that I really am overdoing stuff without having much awareness of it when I do it, because it just feels so just right to continue pushing things at the moment, I realized that I probably have OCPD and that I probably have adrenal gland fatigue. OCPD is a strange thing as according to an expert on it ____, a lot of people who have OCD have also OCPD and vice-versa. He also claims it's the most common personality disorder, that however no one at all knows about. I don't know if I fully agree with this notion, but all I know is that I am completely burned out and that it feels like adrenal fatigue, which is a condition where your adrenal glands produce so much adrenalin so frequently that it's such an overload to the system that it then shuts itself down, giving you a brain fog, making you not very energetic and feeling sluggish. Needless to say, the first thing I did after realizing how really fatigued I am was that I had my first junk food after 24 days. That was chocolate, 70 % dark, and so it was not really as junk-foodish as it could get, but still, it served the purpose and I felt a little bit more normal again. Needless to say, once again, this greatly affected my faith in Christianity in a bad way. As I believed it is my saving grace and even in my therapy, especially the concept of offering it up (and it, mind you, really felt this way) I now completely lost any attraction to it. I feel sorry for saying that, as I know it helping me was real. Probably. But this is the story of my OCD. The moment I have a just right path it either gets derailed or I fight so hard to not have it derailed and to keep walking on it without any derailings or distractions away from it, that I burn myself out and then switch for a different technique. It all happens once again, a whole new cycle. I am like a serial killer of self-development books, religions and different techniques and methods and philosophies that teach a person on how to masterfully live his or her life. First the cycle always starts with me picking a target, which religion, which book, which therapy, which meditation am I gonna disregard next? Then I pick them in my undying hope (and my brain is addicted to this just right path feeling the same way I imagine an addict to be addicted to his drug of choice, or rather to his drug of no longer having any choice) of this finally being the just right path I was looking for and then I over-burn myself on it or it gets limited and I try to get it back to where it was until I get the fatigue and have to stop. I am like a mini-version of a workoholic who get's a heart attack at age 50 and then finally doesn't choose to stop, but has to stop, because he has to face the reality now of seeing something that seemed to be helping him as something that he was really addicted to. I still feel that Christianity is useful on my therapeutical journey, but I would no longer believe it now. I think I need some time off and then I will hopefully be able to go back into it and into trying to apply it again, but in a more useful manner. But I am glad, for this pattern was a bit conscious, but I was largely

un-aware of it. Of course I had this nagging feeling everytime I overdid something like this that it's perhaps not healthy, or I had my fiancé telling me that meditating for 6 hours a day skipping school at times is perhaps not what her nor my future mother-in-law would like to see from a man that would be considered, for a lack of more sophisticated terms, "a husband material", but it felt like this obsession of mine is getting me so ahead in life and that the path I chose is just the right one for living the best life possible, that I felt it to be helping me more than taking away and so I couldn't stop. Hopefully, I can find my way back and more into Christianity again.

My notions from yesterday were not at all aimed at discrediting the scientific lens. I believe that without the scientific lens, one may really have for example obsessive compulsive personality disorder, which would drive him to working all the time, which could lead him to adrenal gland fatigue or "burning out" and if he would then believe that it's just demons causing him this dip of energy, he could try to work his way around it instead of just realising that he burned himself out and that he should stop.

5.2.

"Upon reading the Bible I feel this one thing. I did not have a name for it, until today. Back before reading the Bible, my life felt quite literally like some perfectly tailor-made torment chamber. I felt as if all my goals, everything that was ever important for me, be it people, my family, my fiancé, my work, my studies, my success with the opposite sex before I had my fiancé, it was always shattered by OCD. I was feeling devastated and victimized, constantly comparing myself to others who seemed to live relatively normal lives in comparison to mine. But then I read the Bible and all of a sudden I had this "switch" in me. This will be difficult to explain, but in a way, I could now suddenly "turn the other cheek". I could literally and also quite figuratively decide to not be as victimized by my sufferings, to not feel so down from it. Reading the Bible just opened up some new dimension to me, one that I did not know about before. I decided that no matter how other people live and whether they would be happy when something good happens and unhappy when something bad happens, I do not have to live this way. I could since then, allegorically, refuse to "eat from the tree of knowing good and evil". I could take the same journey Jesus did, when he, instead of taking all the kingdoms and riches (possibly all my important things mentioned above) took his cross, that is, his suffering willingly. In that, Christianity always symbolized some deep truth and I think that today I found

why. I could not understand it. Was I missing something? How come that since I discovered the Bible it felt like I could choose this other mode, the mode which I sometimes referred to as the "mode of Jesus" where it just seemed like I could choose to view life differently, as not something that is just about achieving all the life's riches, but that is about achieving, no, about deciding, that one could, in fact, have a different outlook on life, a one where these riches do not matter as much, but where what matters is accepting whatever happens to you. I felt such a deep peace from this, that OCD could not seemingly break it. It was, as the Bible says, a peace that surpasses all understanding. Today I finally found a similar concept in the world of psychology. It is the unconditional acceptance of Albert Ellis in his book *The Myth of Self-Esteem*. And I think it fits perfectly on my experience."

11:24

Last week has been hectic. I made no daily self-reflections nor journal inputs since I have had a problem that irritated me greatly. I have forgot a small bag at my parent's house part of which was a notebook on which I write this thesis. Regardless, I tried to commit myself to writing by hand and pen, but found it nearly impossible. The hand cramped after just a few minutes and I have started to really admire all the great writers of the past who wrote prior to the invention of a writing machine. Needless to say that at first I was not feeling bad upon forgetting the bag at all. I thought of it as a progress on my OCD recovery journey, since normally this would send me into a spiral of anxiety, self-beating, immense guilt and depression best described by a thought that would sound something like: "How can you be such an idiot as to not check whether you have a notebook before you leave?! Now we will never be able to work as effeciantly on this dissertation and it will turn into a catastrophe, you can't afford to lose seven days. Now you will keep ruminating about it all week, feeling bad about it and it will ruin this week.". And so, as I was surprised how little this at first actually affected me, I was even more surprised when it started, over time, to slowly built up on me. Some day and a half later, I was feeling my OCD "spike" to be at 10/10 and indeed, the guilt and all the rest of the OCD qualities didn't let themselves wait for too long after that. Found in this condition and finding that I really cannot do with writing by hand and paper, I have decided to jump even deeper into what my OCD can be all about. I really now believe that I have what experts call the "Just Right" form of OCD. But with most people with this type of OCD, it seems that they just want to feel just right right now, however, for me it's really all about the macro, a "Just right path". In short, I want my whole life to have this feeling of it all being just right, not just

some tiny moment of my existence. I started to really understand more and more that science can indeed help me to get through this, although it cannot cure it, for only I can by the use of my free choice and will that has to choose the right thing, regardless of my guilt, anxiety and this "helping" voice that always says "Don't do XYZ or else!" say. I also started to read Albert Ellis and his book on self-esteem. It should be of not much help for OCD patients, according to my now favorite OCD specialist doctor Stephen Philipson, however, I still doubt whether I also don't have OCPD in the mix and so I started reading this book. My OCD felt absolutely perfect one night about reading that book and picked that night as a perfect time to start reading it just before going to sleep.

I however chose a different book instead and started reading about the similarities of Buddhism and Christianity in it's mythical aspects. My OCD absolutely hated that, as it wanted me to read Ellis now for it believed that we have to be scientific now and no longer religious and it prompted me to just write about religious matters "so that you can finish this dissertation" but to not think about it and God forbid, to read books about it. "Now you have this just right path here with Ellis and science, why to mix in religion? It will get mixed up again, you will get confused and you will never heal from OCD", is what it was throwing in all the time. I love this as I found it to be a perfect exposure to do the exact opposite of what this voice wants. I used to spend hours in the past about deciding what's the one right perfect religion for me. Whether Christianity or Buddhism. Christianity felt more traditional, helped me to get over the feeling that I perhaps don't want to settle down nor live in a monogamous lifestyle and really freed me in this way and also it contained the cross and the story of Jesus that inspired me to take my own cross in the form of OCD daily. OCD however believed that the only just right path has to be Buddhism, for it believed in the idea of nirvana that was also, according to OCD, backed up by scientists now who study the concept of self and came to conclusion that there is no such thing (people called New Atheists, like Sam Harris for example) and thus believed that Buddhism is indeed the right way and constantly bombarded me with guilt and anxiety about picking Christianity. Reading this book now was tragic for my OCD as it hated the fact that there could perhaps be more just right paths than just one. That would take it's all promise of "the just right path" and of following that just right path out of the window. The next day I indeed went out and read Ellis, but did it so in a way that my OCD would not be able to say that it was done in a "just right" way. I first opened it up in a tram after a day spent with a best friend of mine, where I surely touched some things such as doors, tram handles, etcetera, that

were now contaminating this just right book for this time of my life that I should be reading at exactly the just right time (Which was yesterday's night already and not now!

As OCD doesn't forget to remind me now with a spike of anxiety). The fact that this book is contaminated by all this bacteria right now upsetted OCD greatly. I was thinking about it and thus I read the first page or two in a not fully concentrated manner. When I then picked up this book to read it in bed before going to sleep (and OCD absolutely hated the fact that I just closed it after reading it without putting disinfection on my hands as it's now contaminated) I made sure to not re-read these 2 pages as OCD felt we didn't understand them "just right". This is how my whole week proceeded. I am very proud of myself as I have managed to go this entire week with setting goals for each day. Each day I try to get 10 "x"-es. Every time I do some planned exposure, for example, the one that I did with the book, I put an "x" in my Notes app on my phone. Every time it's a big exposure I put a large X there and if an unplanned exposure comes, and these are always big and most powerful to handle, I put a "UX" there, which stands for unexpected exposure. Every time I can get either X or UX I am very happy as these are each like 10 small "x"-es at least in their intensity, maybe more like 20 or 30. I also try to write down every time when I feel this not just right feeling about something and decide to not do anything about it. No checking of anything, no trying to fix something in order to get this just right feeling back, no talking myself into how this actually should have happened (which I did my entire life) and thus how this actually may teach me a lesson and so not be completely just wrong. No. I just try to stick with the feeling of something being "not just right" and do nothing to drive that feeling away. My initial goal is to do this for 5 minutes and then I can somehow try to get that just right feeling back. It's not perfect, but that's the goal. Every time I manage to not try to get that feeling back for 5 minutes, I write "RP" in the Notes app. Sometimes I try to go for longer than 5 minutes, with the maximum response prevention so far being 2 hours of feeling "not just right", or rather, pretty and surely just wrong. However, I have a sad message for this dissertation. I still believe the story of Jesus is the best way to explain how to do OCD treatment in the shortest amount of time, which I have field-tested with some of my friends. Read about OCD briefly to get the basic dynamics of obsessions and compulsions, then understand the concept of uncertainty and how people with OCD desperately seek certainty and then watch one Passion of Christ or two and watch it while thinking about how it can relate symbolically to the treatment of OCD and I believe everyone can understand what it actually takes much better. However, where is the space for religion, for the Bible, for Jesus and his story in my own treatment right now? Sad to say and I don't know how to really explain this, after the story

helping me for so long, it seems now that I got so into the scientific lens, that it seems like I don't need the mythological one anymore. I would never believe that I would have said that. Was all my mythological lens and this whole work just a coping mechanism, something that's sometimes called "spiritual bypassing" by some academics? Maybe.

I don't know. But I believe the Jesus story really helped my understanding of the OCD journey. I hope, but I don't know it for a fact, that it pre-prepared me for the full taking and embracing of the scientific lens of how to treat OCD. Because many people are like I was, we hope that it's not just a disorder to deal with, but that it in fact can teach us something better and bigger about life and ourselves. I know it was OCD now, but the notion that it was just a disorder and that it gives me nothing to deal with this other than just not having it anymore didn't seem like enough motivation for me. It actually sounded depressing. I know it's my own problem that I wasn't motivated enough to deal with this on it's own, but that I chose to become Don Quixote De La Mancha instead, but something on taking this on as a big journey full of meaning that is bigger than life itself couldn't just leave me. I constantly resonated with the story of the cross. I wanted to not just tackle the wind mills, or my OCD, which sounded profane and like something that's a huge boulder on my way of life that others don't have and I have to extend all this energy and effort to put it off while others can extend their inner resources to just move on that journey. That just wouldn't sound right to me. Just like Eliade wrote "The Sacred and the Profane" it seems like I put the scientific as the more profane option and viewing OCD as "my cross" as the sacred one. It indeed inspired me many times in the past to do exposures and to not do rituals and I believed it helped my OCD immensely. But what was it really about it that I couldn't let go? Why was I so obsessed with bringing OCD into the transcendental while some other patients are probably all very happy to just work on not having their OCD anymore? For some reason I just couldn't stand to have a limitation that I would work on not having. It was perhaps still part of my "Just right path OCD". Perhaps my OCD needed for my OCD to be perceived as something that in the end is "just right", part of the way and not just an obstacle in the way. I remember that in early adolescence, I heard somewhere a stoic sentence that an obstacle in the way can actually become the way. I then made this my quote since then and it so resonated with me that I couldn't stop telling it to myself out loud. So in that light, it seems like my whole mixing up of the religion of the cross with ERP is dull and non-working. Perhaps one should just pick the scientific one as that's verified and working and proved. And I would agree. However, I also cannot get over how strikingly similar the Jesus story is to ERP and what

ERP claims. I too cannot get over the fact that I met more people than just myself who were doing the same thing.

When I wrote my bachelor thesis about OCD and Spirituality, there were many people who seemed to not like the fact that they should just have to work on an obstacle in the way without that obstacle becoming the way. I think I still have this mindset actually. But since I have found out Stephen Philipson (which happened during the work on this thesis), I have realised that how he approaches treatment sounds so and pardon my lack of academic language now, cool, that I just was all up for taking my scientific lens fully and viewing my OCD through it solely. But even in this, I still cannot reject the notion that even now my OCD recovery journey feels somewhat sacred. I don't know if it's from the years of viewing OCD from the mythological lens or if it's because of my "Just right path" OCD type (and perhaps OCD now picked this scientific approach to recovery as the new just right path to follow), but I don't meet many people in the OCD community who would be as enthusiastic as I am now about doing recovery. For many it really seems to be something to get over with. Even my former OCD coach who had OCD himself, he claimed that he actually would not want to have it back and was always surprised how excited I was about recovery. So is that my personality, my OCD type, or is that the fact that I viewed OCD through the sacred for so long that even when I step into the scientific I can bring some of that sacredness with me? Is it that Don Quixote De La Mancha, if he would start viewing the wind mills just as that - a bunch of wind mills after years of viewing them as giants, would still be able to keep some of that sacredness which these wind mills once had to it and with it a sense of adventure and excitement? I don't know. Perhaps charging wind mills wouldn't sound as exciting anymore. But Stephen Philipson, he's probably the answer. He really made me realise that I can get a lot from overcoming OCD. I can build my autonomous self through it and perhaps, I can even get my self back. It fits with viewing OCD as a "contract with the devil". Just like Faust used to sell his soul for a quick fix of having an absolute certainty that he will be wise and academic, I sold my soul for a quick certainty that everything can be right. Because Dr. Philipson was the first person that I have seen who really made sound the OCD recovery "sexy" even from a scientific lens and as something that could help you overall in life by teaching you the power of free, conscious choice of the right thing even if all the non-autonomous parts of your brain scream to not do it, I believe that it perhaps doesn't matter whether you choose the scientific or the mythical, but that you actually feel like it leads to some meaning.

If the scientific can give you meaning, be my guest to take that path. If the mythological can, sure, go ahead. Of course, the mythological brings with it a problem of spiritual bypassing. Perhaps if I wouldn't try to jump into viewing my journey as a journey of a cross and just go directly into finding the best CBT/ERP therapist I could, maybe I could have been free from OCD for a long time now. So maybe the significance of the Bible for an OCD patient can be such that it strikingly (at least the new testament) follows what exactly one has to do and is strikingly similar to how OCD feels and looks like (from the first person perspective) but is perhaps not needed, but I still want to bring it up, because no one talks about it and maybe it could help someone, be it professionals or patients or maybe their family to better understand OCD? I would have hoped for a better, more firework sounding resolutions coming from this work. And yet, here I am and this is where I am right now. I don't know, perhaps my outlook on this will change in the next 6 months, but this is where I am at right now. OCD and OCD recovery journey is an ongoing process where there are many variables that can change constantly. Dr. Grayson has an excellent anecdote on how to make people understand OCD better. He says to the audience of (mostly parents of his OCD patients) people to write down the name of someone who they love and then to write "- I wish for that person to die a horrible death." After that. Some members of the audience hesitate to do so and some stop right there. Then, if someone writes it down and is willing to continue, Dr. Grayson says to put the paper with this sentence into one's wallet and wear it from then on everywhere for the rest of one's life. At that point, virtually no one from the whole audience is willing to do that. He then concludes that this is what OCD feels like. As I take this for a perfect way to illustrate to non-OCD population how OCD actually feels like (although as Grayson says, it would have to be multiplied by some quite large number to really give you a full taste), I believe the story of Jesus Christ is a perfect metaphor on how OCD should be treated. Not everyone will have x-hours to devote into the study of ERP to fully understand all it's many nuances that play themselves out in OCD treatment, since OCD is very crafty and doesn't release it's grip easily. But everyone can watch one Passion of Christ and try to find all the nuances in it (Pilate talk, never responding to it, not trying to get back on the "just right path" or lower the stakes or risks, not stopping after you fall a few times and feel like you can't go on anymore).

I have realised that most if not all of my ventures into the mythological, of my "Don Quixoting" as I like to call it was probably a compulsion and also an act of spiritual bypassing.

It's hard for me to admit, as I still believe the notion that the story of Christ is a perfect story of ERP and that it can inspire one greatly. However, I then felt like the pull of the mythological got so attractive to me that I couldn't resist it and followed down a slippery slope on which my OCD was not getting better. As I have realised this more and more over the last two weeks, I have managed to attend a therapy once again, this time with a seasoned CBT therapist who himself used to suffer from OCD, which is an extremely lucky trade as a CBT therapist who used to have an OCD seems to be a rather rare breed to me, a sort of unicorn in the world of OCD help. I also started listening to Steven Philipson more, my favorite OCD therapist and his various shenanigans and overall mindset advice that one can apply to his OCD journey provided me with so much help and made my OCD so much better that I am really abandoning my mythological frame. However, I cannot answer whether it got me started in a good way. I would like to think that it provided me with sort of a head start or that it helped me to view my condition in such a way that the following transition into more scientific based therapy (once again) would be that much more easier than it was to me the previous time. But I am not sure. I am a little disappointed for not only did my research proved nothing, it definitely proved that what I hoped would be something great was probably just a mere psychological bypassing for me. I feel a little stupid now as if I would perhaps be more aggressive in my first tries at exposure-based therapy I could have been healed all this time ago. Instead, it feels now like I got to what we could call 5/10 anxiety (from my previous 10/10) and then instead of trying to bring it all the way down to zero, I, due to experiencing very diminishing returns, excited myself over the mythological and ventured down that route while completely abandoning my therapeutic efforts. So did my putting on a mythological lens ever really give me something? I am so unsure of this now that it makes me anxious that I will not be able to provide a good finish to this work or enrich the field by anything at all in the end. Truly, I may feel a bit like Don Quixote now. I still believe the story of Jesus Christ is awesome for illustrating to people who don't have OCD and want to treat it some key elements of the treatment. However, I have myself experienced how tricky and alluring it is to go down this route fully. I am not advocating that religion can not heal OCD as the book called "Can Christianity Cure Obsessive Compulsive Disorder?" already breaks that issue down, showing on the lives of many saints who struggled with religious forms of OCD, that it can. I feel a little sad but also rejoice in the funny fact of feeling very flamboyant and overly confident at the start of this dissertation, believing that I really could somehow change the field and show it something that it has forgotten or lost access to. I have failed.

Which is a good thing, as I am just 25 years old and it helped to not feed my narcissistic tendencies and instead allowed me to embrace the field for what it is. A scientific study of diseased and of healthy human psyche alike, that provides research-based answers. It perhaps it's like seeing a windmills and doesn't sound as exciting as seeing a band of giants on the windmill place, but to me, at least at the time of writing this, it's more holistic, healthy and exactly what I needed. My conclusion from this work that could hopefully aid something to the field of psychotherapy would thus be very simple. It would be to OCD patients to be aware of spiritual bypassing, as it's very real and seductive. To people who treat OCD to read the story of Jesus Christ and to try to watch out for the topic of certainty and uncertainty in that story as I mentioned many times throughout this work. And to all religious people - I believe that the religious path can be maintained alongside the OCD journey and that it can help. However, if taken too overbroad, it may hinder what good is contained in therapy. And so perhaps as Jesus said render to Caesar what is Caesar's and to God what is godly, I would now say render to psychotherapy what is pathological and to God what is Godly.

17.6.

I truly believe that meaning is what The Bible gave me the most. To me, there is no thing other than meaning which could possibly pull up motivation of someone like me. The moment I hear that OCD is a zero-sum investment, or rather what I like to call and think of as a negative reducing investment, therefore, something that is opt to be attempted solely to reduce suffering in life, I am not interesting. I do not know why, but it seems to me to be a thing even among many people who follow my Youtube Channel. Often times I get emails claiming that my channel got this person's interest because I talk about how OCD can be a stepping stone for a better life, almost as if you lived to be a better version of yourself after having OCD than if you were to never even have it in the first place. This is what I realised The Bible served me for. It was the first instance in my life where I felt that this dreaded terrible thing could in fact contain some meaning in it. That turned everything into a positive investment, not just a mere negative reducing one. The difference? I started to like OCD more. Like is not the right word. I started to respect it. Before the respect was not there. Why? Because how could you respect a man who comes and flushes your head down the toilet for no particular reason? And that is how OCD felt. Bullying, meaningless, dull suffering. Such dull suffering created a sense of nihilism in me in the past. Nihilism led me to feel depressed about my ordeal. However, the moment I turned to the Bible I felt that nihilism being more and more gone. There is something about having a

philosophical framework allowing you to deconstruct your suffering. It is a stark difference between having a suffering and between what I now call "donquixoting" of that suffering. Reading the Bible was such a strange territory for me, that at times, I felt like I was insane for turning to this book with OCD and trying to find some value in it. "It is just OCD, what is the Bible good for?" went through my head quite often. But over time, I realized that I am more in what resembled the infamous character of Don Quixote de la Mancha. Maybe this is just a mental illness, but maybe it is something more, something of a daring adventure. Where there was a windmill before, now stood a giant.

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 Obor studia: psychologie
 Název práce: Significance of The Bible for an OCD Patient
 Vedoucí/oponent* práce: doc. PhDr. Martin Soukup

Technické parametry práce:

Počet stránek textu (bez příloh): 82
 Počet stránek příloh: nevím
 Počet titulů v seznamu literatury: 98

0**	1	2	3	4
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Výběr tématu

Závažnost tématu

	1			
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Oborová přiléhavost tématu

	1			
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Originalita tématu a jeho zpracování

	1			
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Formální zpracování

Soutěž¹ ano?

ANO

Jazykové vyjádření (respektování pravopisné normy, stylistické vyjadřování, zvládnutí odborné terminologie)

	1			
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Práce s odbornou literaturou a prameny (citace, parafráze, odkazy, dodržení norem pro citace, cizojazyčná literatura)

			3	
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Formální zpracování (jasnost tématu, rozčlenění textu, průvodní aparát, poznámky, přílohy, grafická úprava)

		2		
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Metody práce

Soutěž¹ ano?

ANO

Vhodnost a úroveň použitých metod

	1			
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Využití výzkumných empirických metod

		2		
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Využití praktických zkušeností

	1			
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Obsahová kritéria a přínos práce

Soutěž¹ ano?

ANO

Přístup autora k řešené problematice (samostatnost, iniciativa, spolupráce s vedoucím práce)

	1			
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Naplnění cílů práce

	1			
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Vyváženost teoretické a praktické části v daném tématu

		2		
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** 0 – nehodnoceno; 1 – výborně; 2 – velmi dobře; 3 – dobře; 4 – nepospěl/a

¹ Soutěž o nejlepší diplomovou práci. Zaškrtněte, pokud práci doporučujete na základě kvalit v dané oblasti hodnocení.

Návaznost kapitol a subkapitol

	1			
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Dosažené výsledky, odborný vklad, použitelnost výsledků v praxi

	1			
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Vhodnost prezentace závěrů práce (publikace, referáty, apod.)

		2		
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Otázky a náměty k diskusi při obhajobě:

Pokud by diplomant stál před stejným úkolem znova, přistoupil by k tématu jinak?

Celkové hodnocení práce (klady, nedostatky; v případě doporučení do soutěže o nejlepší DP uveďte nadprůměrné charakteristiky práce v souladu s Vámi výše označeným kritériem formální úrovně, obsahové reprezentativnosti, metodologie a přínosnosti práce pro teorii či praxi):

Předložená kvalifikační práce je z mnoha důvodů specifická. Není to dáno jen tím, že je k obhajobě předložena v anglickém jazyce, plyne to také z přiznané pozicionality autora. Jako vhodný nástroj řešení tématu autor zvolil autoetnografii, výzkumný nástroj v českém prostředí méně obvyklý, ale pro zvolené téma i obor naprosto příležitý. Sluší se dodat, že práci autor napsal v příjemné a srozumitelné angličtině.

Práce má nepochybně limity, jmenovat mohou třeba práci s odbornou literaturou. Autor se nepochybně obeznámil s relevantní odbornou literaturou, ale způsob odkazování na zdroje je spíše laxní, to nesnižuje závažnost tématu, které si diplomant zvolil pro závěrečnou obhajobu. Co bych naopak rád vyzdvihl, je odvaha chopit se tématu a zpracovat jej v nemateřském jazyce.

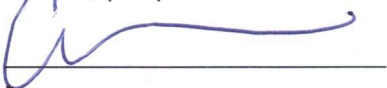
Souhrnně bych rád konstatoval, že práce splňuje kritéria kladená na tento typ závěrečných kvalifikačních prací, adresuje relevantní téma, pojednává jej v oborově vhodném kontextu. Práce formuluje předmět a cíl práce. S rezervami autor prokazuje schopnost práce s odbornou literaturou. Jako celek práci doporučuji k obhajobě.

Doporučuji do soutěže o nejlepší diplomovou práci*

Doporučení k obhajobě: **doporučuji**/nedoporučuji*

Navrhovaná klasifikace: A (výborně). Výsledek v závislosti na průběhu obhajoby.

Datum, podpis:



nehodící se škrtněte nebo vymažte

**Posudek oponenta diplomové práce
na Pražské vysoké škole psychosociálních studií**

Jméno a příjmení studenta/-tky: **Bc. Pavel Pek**

Obor studia: **Psychologie**

Název práce: **Significance of The Bible for an OCD Patient** (text v angličtině)

Oponent práce: **doc. PhDr. Karel Balcar, CSc.**

Technické parametry práce:

Počet stránek textu (bez příloh): ...

Počet stránek příloh: ...

Počet titulů v seznamu literatury: ...

0**	1	2	3	4
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Výběr tématu

Závažnost tématu

	1			
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Oborová příslušnost tématu

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Originalita tématu a jeho zpracování

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Formální zpracování

Soutěž¹ ano?

Jazykové vyjádření (respektování pravopisné normy, stylistické vyjadřování, zvládnutí odborné terminologie)

	1			
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Práce s odbornou literaturou a prameny (citace, parafráze, odkazy, dodržení norem pro citace, cizojazyčná literatura)

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Formální zpracování (jasnost tématu, rozčlenění textu, průvodní aparát, poznámky, přílohy, grafická úprava)

		2		
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Metody práce

Soutěž¹ ano?

Vhodnost a úroveň použitých metod

	1			
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Využití výzkumných empirických metod

	1			
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Využití praktických zkušeností

	1			
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Obsahová kritéria a přínos práce

Soutěž¹ ano?

Přístup autora k řešené problematice (samostatnost, iniciativa, spolupráce s vedoucím práce)

	1			
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Naplnění cílů práce

	1			
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Vyváženost teoretické a praktické části v daném tématu

	1			
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Návaznost kapitol a subkapitol

	1			
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** 0 – nehodnoceno; 1 – výborně; 2 – velmi dobře; 3 – dobře; 4 – neprospěl/a

¹ Soutěž o nejlepší diplomovou práci. Zaškrtněte, pokud práci doporučujete na základě kvalit v dané oblasti hodnocení.

Dosažené výsledky, odborný vklad, použitelnost výsledků v praxi

	1			
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Vhodnost prezentace závěrů práce (publikace, referáty, apod.)

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Otázky a náměty k diskusi při obhajobě:

1. Proč jste se rozhodl napsat práci anglicky? Není to v rozporu se záměrem nabídnout popisovanou zkušenost i co nejvíce dalším, kterým by mohla prospět, když se s ní budou moci seznámit v u nás nejsrozumitelnějším jazykovém znění?
2. Na str. 17 až 19 uvádíte jako nyní nejužívanější psychotherapeutické metody léčby OCD behaviorální metody „Expozice a zamezení odezvy“ (ERP) a „Přijetí a závazek“ (ACT). Charakterizujete je pouze velmi obecně; pokuste se tedy nyní stručně popsat popisem či příkladem užití každé z nich její postupné kroky – to, co zpravidla terapeut a co pacient při uplatnění které z těchto metod prakticky koná.

Celkové hodnocení práce (klady, nedostatky; v případě doporučení do soutěže o nejlepší DP uveďte nadprůměrné charakteristiky práce v souladu s Vámi výše označeným kritériem formální úrovně, obsahové reprezentativnosti, metodologie a přínosnosti práce pro teorii či praxi):

Obsah a vznik předložené diplomní práce Bc. Peka je dostatečně představen v posudku vedoucího a v uvedení do její podstaty autorovým vystoupením při obhajobě. Jako oponent se proto zaměřím spíše na její hodnocení.

Po formální stránce vykazuje text mimořádně malý výskyt drobných písařských či jazykových nepřesností nebo nedostatků. Poukazují z nich jen na nejednotnost psaní velkých a malých písmen v soupise užitých literatury a na chybění některých citačních údajů v odkazech v textu či v jejich seznamu.

Po obsahové stránce pokládám téma, cíl a metodu zkoumání za odůvodněně zvolené i zpracované, navzdory užití metod u nás v odborném psychologickém zkoumání málo obvyklých; tím může práce být i inspirací pro obdobné studie a jimi získávané psychologické poznatky. Autorovi se daří odlišit odborný psychologický přístup a výsledky jím získávané od intuitivně nahlížených skutečností, aniž by kterékoli straně pohledu ubíral či přidával na významu jí přinášených výsledků do sdíleného vyústění smyslu a výsledků své diplomní studie.

Teoretická, metodická a interpretační hlediska práce stejně jako způsob využití osobně pořizovaných údajů a z nich vyvozených činitelů léčby jsou poctivě zpracovány, byť na některých místech v až příliš obecných výrociích, jako by čtenář o konkrétnostech popisovaných klinických problémů a terapeutických metod již měl mít dostatečné vědomosti – příkladem je můj druhý požadavek v rámečku pro otázky diplomandovi. Na mnoha místech v textu se autor odvolává na autora racionálně-emozivní terapie Alberta Ellise jako na hlavní zdroj svého zaujetí pro akt „nepodmíněného přijetí“ vlastního stavu a nesnáží coby pro sebe objevný a rozhodující krok léčby OCD. Nikde se nezmiňuje o Carlu Rogersovi, který již předtím (1956, v součinnosti s doktorandem S. Standalem, 1954) pojetí nepodmíněného přijetí důkladně rozpracoval a učinil jeho nedostatek v dětství základem svého výkladu neurotického vývoje osobnosti i pak základem své vlastní psychotherapeutické metody nondirektivní psychotherapie. – V ostatních ohledech však souhlasím s autorem práce, že toto a další jím z rozboru dat vyvozená terapeutická témata, obsahující osobní a vztahový přesah za meze pouhé interpretační a behaviorálně manipulační technologie mohou být rozhodující pro skutečné vyléčení pacienta, nikoli jen pro přechodné odstraňování příznaků jeho nemoci.

Zveřejnění stručného výtahu podstatných skutečností z autorem učiněných vlastních poznatků ze zápasu s tímto onemocněním i publikací pro odbornou veřejnost pokládám, při zduaru konstruktivního výběru touto studií užitých metod, získaných poznatků a jejich srozumitelné formulaci, za velice žádoucí i šíře prospěšné.

Doporučuji do soutěže o nejlepší diplomovou práci*

Doporučení k obhajobě: doporučuji*

Navrhovaná klasifikace: velmi dobře nebo výborně – podle průběhu obhajoby

Datum a podpis: 14. září 2023 -



* nehodící se škrtněte nebo vymažte