

# Forgive and Forget Hood (FFH): Can it help people with Obsessive-Compulsive Disorder?

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## Abstract

It happens to all of us that we think about something we would rather not think about. Our brain constantly makes billions of neural connections, and some of these may emerge in our consciousness as intrusive thoughts. This is a normal phenomenon for most of us [1], as it allows us to maintain focus on a task or goal in order to accomplish it (such as that of our partner in the early phase of romantic love, a typical example of intrusive, albeit physiological, intrusive thought). However, patients with obsessive-compulsive disorder (OCD) cannot let go of these thoughts that invade their consciousness against their will and generate intense suffering. As a result, they feel increasingly unstable and insecure as they become entangled in a web of doubt and uncertainty [2, 3]. The Forgive and Forget Hood (FFH) is a ReAttach technique that is remarkably patient-friendly, simple, and can be offered remotely [4, 5, 6]. From ReAttach's perspective, it is a first-aid psychological intervention for patients who have a strong need for control. By providing the FFH as a first choice before therapy, we validate the need for self-control. What makes the FFH so promising for patients with OCD is its potential to stop rumination, a key symptom of the disorder. In this article, the authors describe a single case study of a 48-year-old man with OCD and the effect that using the FFH as a self-regulation tool had on his symptoms and self-confidence.

**Keywords:** Obsessive Compulsive Disorder, ReAttach, Forgive and Forget Hood

## Introduction

### Forgive and Forget Hood (FFH): can it help people with obsessive compulsive disorder?

Forgive and Forget Hood (FFH) is a tool designed to support a person to achieve greater inner peace, calming thoughts and emotions. It is part of ReAttach's broader approach. In our opinion, it might be appreciated by psychiatrists, psychologists, therapists working with people with trauma experience. The tool can be used by clients during the session, participating in the experience together with the therapist. In such a shared experience involving both - the client and the therapist, a special type of neuroception is activated – the one concerning the relationship with the other person [19]. However, clients can

also do the exercise on their own if they receive appropriate instruction from their therapist. FFH works well during remote therapeutic interventions. In addition, it can help therapists themselves to calm their own mind, thoughts, and emotions. Therefore, it has a wide application, although it is a relatively simple and short technique. It is based on the experience of one's own body (primarily the head, neck, fingers and hands) by the person taking part in this exercise and on the conscious activation of various parts of the autonomic nervous system.

The technique begins with a quick tapping of the tips of all fingers of both hands on a surface (e.g. a table top). This is to increase the state of arousal of the body by activating the dorsal part of the vagus nerve. If it is an activity performed together with the therapist – the therapist quickly taps all fingers on the outside of the client's hand. Thanks to this, it is

possible to achieve mutual contact between the therapist and the client. In a situation where persons perform this activity on their own – they gain more attention to their body. The next step is to press the surface (or the outside of the client's hand) with two fingers of both hands – index and middle. The experience of pointed, deeper pressure activates the reception and processing of the stimuli from deep sensation, which in turn activate the parasympathetic part of the autonomic nervous system cooperating with the ventral part of the vagus nerve [19]. The result of such a pressure is the experience of calming. The eyes can be closed during the entire exercise. If the calm doesn't come, it is a signal to modify (decrease) the pressure. The next step is to instruct the client to focus attention on the forehead and to put there all the thoughts, experiences, emotions that are difficult and burdensome at this moment. The client is instructed to feel the weight of the content placed in the forehead area and not to hurry, do it with mindfulness. At the same time, the surface/top of the client's hand is constantly pressed with two fingers in order to reduce the level of arousal and keep the parasympathetic system activated. The person is then asked to gradually move the weight towards the top of the head and then slowly to the back of the head. At this point, this weight should hang like a heavy hood. The person is then asked to let that weight fall. When the weight is shifted towards the back of the head and it falls, the client also presses the surface with two fingers or their hands are pressed by the therapist (also with two fingers). When the weight falls, the person can open eyes if had them closed. The client is also asked to pay attention to the body – especially head and general well-being. Then, to return to the state of alertness – tapping the surface (or the client's hands) with ten fingers is performed again. The entire exercise can be repeated even several times if the client needs to. The result should be an experience of calmness, a feeling of a clearer, calmer mind. It is also important to indicate to the clients that they can do this exercise on their own whenever they need to. The moments during the day that the clients should pay attention to are those when they feel overwhelmed by external stimuli, their own thoughts, recurring memories, images or compulsive activities. Then they can use the FFH technique to achieve a clearer, calmer assessment of the situation, their own and others' actions, as well as a calmer and fuller insight into themselves. Therefore, this technique can be performed not only in difficult moments, but also when the clients feel that a crisis may come and need to be strengthened, to gain distance to be able to be prepared for a situation that potentially generates a crisis.

People with obsessive-compulsive disorder (OCD) represent one group of those who may benefit from using the FFH technique. This disorder is characterized by the presence of two main symptoms in a person: obsessive and compulsive [1, 18]. Obsessive symptoms refer to imposing, unwanted, uncontrollable and often judged by the person as illogical thoughts, images or impulses (e.g. fear of infection, dirty, being responsible for someone else's harm, making a mistake,

not doing something correctly enough). They lead to many unpleasant, difficult and strong emotions (such as fear, uncertainty, anxiety, doubt). Obsessions appear with great intensity and frequency. They involve a lot of time and mental strength of a person. Compulsions are repetitive behaviors (such as washing, cleaning, counting, putting things in order, constantly checking things – e.g. if the door has been locked), the purpose of which is to minimize or counteract the emotions that accompany obsessive thoughts. They often take the form of rituals. The person feels compelled to perform these activities, although may judge them as meaningless. The person also understands that such behaviors bring only temporary relief. Performing such activities consumes a lot of a person's time and makes it difficult to perform daily duties [1, 18].

It seems that the FFH technique may be helpful for these people to cope with anxiety related to their obsessions, as it can help a person gain some control over the emotions that accompany the thoughts that come to mind. By doing this exercise, the person focuses the attention on its next steps, which relieves the mind of intrusive thoughts. Previous data indicate that after the use of the FFH technique in patients with trauma, reduced activation of alpha and theta waves in the frontal cortex was observed in EEG recordings [9]. The activation of these waves is associated with a certain dysregulation and impulsivity of patients' actions. The reduced neurophysiological activity of brain waves associated with impulsivity may indicate that after using the FFH technique, patients can control their behaviors and thoughts a little more easily.

On the other hand, the activation of the parasympathetic part of the autonomic nervous system, which takes place during the FFH technique (pressing with two fingers), facilitates the confrontation with unwanted thoughts with reduced arousal. This gives persons some degree of control, as they can stay with the obsessive thoughts for a while without strong emotions. As a result, with regular use of the FFH technique, obsessive thoughts may cease to be associated with strong, negative, and uncontrollable emotions. They may slowly lose their influence on the person's emotions. The client may feel more ready to deal with them together with the therapist. However, it is worth monitoring with the patients in what situations they reach for the FFH technique, how and how often they use it, so that it does not become another ritual, an activity performed compulsorily.

## Single Case Study

R. is a 48-year-old man, working and in a relationship, suffering from OCD since nineteen years. He was referred by his psychotherapist to ReAttach because the drug was only partially effective and the symptoms were interfering with his daily activities. Therefore, R. felt an urge to seek help, which motivated him to participate in remote therapy sessions. R.

*vividly describes* his compulsion as *an unrelenting search for explanations* for parts or shadows he sees under a friend's car. This figure has been a constant, distressing presence in his life since 2006, significantly impacting his daily life and causing him considerable distress. He can no longer shake the thought that something might be wrong with the car, which causes him to feel anxious that something bad might happen. The medication makes the obsessive-compulsive disorder less prominent, and yet these thoughts are still constantly lurking. R. receives paroxetine (60 mg), which is a selective serotonin reuptake inhibitor (SSRI) commonly prescribed to treat his obsessive-compulsive disorder.[10, 12, 20].

## Procedure

The FFH took place via a video call, during which the therapist provided the instructions for self-regulation. The appointment lasted a total of 30 minutes, during which the FFH was practiced three times.

### First appointment

Before the first exercise, the patient himself estimated the total burden of the compulsion at 50%. He stated that this was due to an increase in medication up to 60 a few months ago. Initially, activating the parasympathetic nervous system seemed challenging, and the patient was somewhat uncomfortable with the process. Additionally, the initial processing during the FFH caused feelings of insecurity, prompting the patient to question whether he was doing the right thing. Reassurance from the therapist contributed to the second exercise being more successful. At the end of the exercise, the therapist noted physical relaxation, evidenced by a change in breathing and a release of tension in the patient's shoulders. The patient also indicated that he could feel that he was performing the exercise correctly. After the exercise, the total perceived burden had shifted, and the mind felt calmer. A follow-up appointment was scheduled for two days later, also by video call.

### Second appointment - two days later

R., as agreed, had not performed the FFH himself between appointments. He remembered the exercise well and was able to perform the FFH independently without any problem. During this meeting, we discussed the benefits of pushing the boundaries of avoidance. This proposal was visibly tense for R., who indicated that he was afraid of starting to look for explanations again and worrying about it. Besides, R. expressed his uncertainty as to whether he should move particular thoughts or whether it could simply be the total load. R. received instructions on how to deal with worrying through self-regulation and was able to experience that he was able to do this himself. During the third appointment, the FFH was performed three times via self-regulation. The therapist encouraged R. to explore whether he could let go of his avoidance a little. It could give him a sense of success and freedom. It was made clear, however, that this

should be his own decision. A follow-up appointment was scheduled for four days later.

### Third appointment - four days later

R. reported that he is fine, and that he seems to do better, but has no idea what caused the improvement. It may be due to the fine weather that he feels so relaxed. The therapist observed the relaxation in his face and the improvement in his intonation. At the start of the appointment, the therapist provided an exercise to raise arousal, instructing R. to identify as many stressful or irritating things as possible. His stress tolerance had improved significantly since the last time, and R. could conduct an FFH independently without instruction. During the conversation, R. shared information about the holiday, work around the house, and his job, but didn't mention any negativity or worries. The therapist decided to see each other again in a few days to investigate the impact of the FFH further.

More specifically, the therapist asked R. to make a note if he catches himself worrying or something, to detect if he needs to do another FFH or not. The OCD seemed to have faded. R. expressed his self-confidence that he has the tools if it might pop up in the next couple of days.

### Fourth appointment - three days later

R. was in a perfect mood and explained vividly that he uses the FFH preventatively by considering what *might* bother him that he should let go *before* ruminating. He said he's increasingly confident that he can perform the exercise correctly and is convinced that he can use the FFH during acute stressful situations. R.'s response was so adequate that both decided that no further guidance was necessary. The need for additional ReAttach sessions was no longer relevant; therefore, the treatment process was completed satisfactorily: the total burden R. experienced was gone.

### Follow up - 2 months later:

There was no relapse in the urge to seek help. R. postponed his appointment with his psychotherapist, since he is able to regulate himself and feels in control.

## Results

One of the key features of OCD that also plays a significant role in R.'s clinical picture is persistent doubts. During the first appointment, R.'s doubts manifested themselves in uncertainty about whether or not he was doing the exercise correctly, but after the second FFH, R. started to build up self-confidence. Nevertheless, R. was still unsure whether the FFH could be of any help when he started ruminating. A few days later, R. doubted a little about the cause of his improvement, but it did not bother him since his stress tolerance significantly increased, as found when provoked. R. expressed more self-confidence that he could use the FFH if needed, which was confirmed during the

last appointment three days later. R. proactively came up with the idea to preventatively use the FFH without feeling the need to ask for approval. He just autonomously acted upon his own feelings and beliefs, showing insight and resilience after the doubts were gone.

## Discussion

In the realm of mental health, a rich tapestry of research has been woven by esteemed organizations like the American Psychological Association [1], the National Institute for Health and Care Excellence [5], and the insightful works of Weerkamp-Bartholomeus [13] and Wind et al. [17]. These studies consistently reveal that OCD often necessitates hands-on treatment, steeped in the interpersonal connection of in-person therapy. Yet, a beacon of hope emerges in the form of innovative methodologies—most notably, ReAttach—a dynamic psychological intervention that demonstrates striking efficacy. Although ReAttach sessions require face-to-face proximity between the therapist and the client [14], separate ReAttach tools, such as the W.A.R.A. [15] and the FFH, can be successfully delivered remotely [6,9].

ReAttach is a groundbreaking, non-verbal therapy deeply rooted in neurophysiological principles. This brief yet potent intervention is designed to promote emotional regulation and cognitive integration, offering a lifeline to those seeking connection and understanding. It artfully intertwines multisensory stimulation, adaptively employing affective touch for remote environments, alongside structured verbal cues that guide the therapeutic journey. The ReAttach method has grown into a versatile tool, reaching into the depths of various mental health challenges—from trauma and anxiety to the complex labyrinth of obsessive-compulsive disorder. Using the FFH as a self-regulation tool is a great advantage for patients with complex symptomatology such as OCD.

## OCD and the Imperative for Timely Intervention

Obsessive-compulsive disorder manifests as relentless, intrusive thoughts, obsessions that plague individuals, compelling them towards repetitive actions or rituals, and compulsions that they feel unable to resist. Traditional treatment modalities often pivot around cognitive-behavioral therapy (CBT), particularly the Exposure and Response Prevention (ERP) approach, and pharmacological support through selective serotonin reuptake inhibitors (SSRIs). Yet, barriers such as accessibility challenges, societal stigma, and daunting waitlists can obscure the path to timely and effective interventions.

Within this context, ReAttach FFH emerges as a potential first-aid intervention, serving not only as an initial psychological triage but also as a pretreatment step when delivered remotely. The structured, non-threatening design of ReAttach supports emotional regulation and cognitive reappraisal, aiming to soften the sharp edges of obsessive thoughts and compulsive

behaviors, thereby enhancing daily functioning and quality of life.

## ReAttach FFH as a Remote Standalone Intervention

Although reliant on face-to-face interactions, the ReAttach method has evolved, with ReAttach tools for remote delivery (telehealth) revealing considerable promise. According to previous findings [6,7,9,14,15], online delivery of W.A.R.A. and the FFH maintains their therapeutic effectiveness, proving reliable in addressing trauma, grief, and stress management even from a distance.

## Potential Benefits for OCD

1. **Immediate Emotion Regulation:** ReAttach possesses the potential to offer relief in distressing moments, empowering individuals to manage overwhelming emotions swiftly.
2. **Enhanced Accessibility:** This method's emphasis on minimal verbal communication can be a lifeline for those grappling with high anxiety levels or feelings of shame tied to their OCD symptoms.
3. **Gentle and Non-Invasive:** By sidestepping the often confrontational nature of ERP, ReAttach may present a more palatable option for individuals in the early stages of treatment.

## Limitations

ReAttach FFH should not serve as a replacement for ERP or pharmacological intervention in cases of moderate to severe OCD. Research specifically targeting OCD remains limited, with most current studies being small-scale or exploratory.

## Conclusion

In conclusion, while ReAttach FFH shines as a promising first-line support and a crisis intervention tool, its adoption as a standalone treatment for OCD should be approached with caution. Until more comprehensive, large-scale studies validate its effectiveness within this specific population, it remains an invaluable complementary resource in stepped-care or integrative health models. This is especially pertinent in resource-constrained settings or as interim support while individuals await specialized, face-to-face care.

## Declaration of interest

Paula Zeestraten-Bartholomeus is the developer of ReAttach and the Forgive and Forget Hood.

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