**Supplementary Material**

In all material, we have replaced gender with s/he to help preserve anonymity. An additional theme (misuse of exposures/Improper application of theory and treatment methods) is presented at the end of this document.

**Theme 1: Appealing Content**

Sub themes:

1. Effective advertising
2. Lived experience.
3. Accessibility of services
4. Advertises self as an expert with innovative treatment method

***Effective Advertising***

Participant O) They kept pushing it that after three, two weeks, sorry, you will be cured. That's something they kept saying. You can go see a therapist once a week for as long for 6-7 months and maybe you'll get better, or you can stick with us and you'll be cured from OCD.

K) I found that on Instagram, looking through OCD recovery accounts. I started to see a lot of his/her er, like, posts be promoted quite heavily because s/he had one of the biggest OCD recovery Instagram accounts at the time so that's how I found that.

A) , because s/he would post to his/her Instagram, like all these testimonials from people who said that s/he changed their life and the moderators would say \*\*\* changed their lives.

G) I felt really hopeful and when I saw s/he had videos about how s/he had so many people who s/he had helped recover. S/he had some of his/her patients, or customers I guess, also doing videos about how they were able to overcome this and they were able to do it in a way where they really understood OCD, unlike regular therapists.

H) So, I went on to his/her page and like really, it’s really good, a really good website it’s like, I am you. It’s him/her like in a shirt, you know, posing in front of a camera all sorts of stuff, sort of saying like, you're not stuck, you're not broken, I will get you to recovery, this kind of thing. A bit like a, bit of snake oil really. And lots of testimonials about how good s/he is.

I) I would say it really comes down to his/her marketing or his/her Instagram was very well done. The posts were, it looked all very professional.

H) His/her Instagram’s really like appealing and s/he's very good at like, you know, s/he looks as though s/he gets OCD. And it, to be fair like, s/he, s/he, s/he talks about it really, really well.

***Lived Experience***

D) that's what hooked you in. Yeah. S/he’d been treated. S/he said s/he was recovered; s/he was fully recovered s/he said.

N) I didn't care that s/he wasn't qualified at that point I was like s/he knows what I'm going through. S/he's been through this, this him/herself, and s/he's gotten through it. I need his/her um, his/her services, I guess.

O) They both had suffered with OCD to the point even in the practice of saying I don't think people who have hadn't had OCD should be helping people with OCD.

G) S/he seemed charismatic, and s/he seemed like s/he actually knew everything about OCD [laughs] That was my impression is that s/he, s/he seemed like somebody who actually had OCD and understood how it worked.

C) So yeah, that's what I, that's what I went on. I was like, gosh! This guy really knows what s/he's talking about and s/he really; in those videos where s/he talked about emetophobia I felt very, very understood and heard and validated, which no other therapist had really provided for me.

I didn't care that s/he wasn't qualified at that point I was like s/he knows what I'm going through. S/he's been through this, this him/herself, and s/he's gotten through it. I need his/her um, his/her services, I guess.

I was like oh, s/he's going through it. S/he knows what it's like. Uh. Yeah. So that was huge. And s/he was, like, very confident in his/her manner as well.

H) I just looked at his/her page and it like proper resonated with me like, like the stuff that I saw on there. It’s like God, this [person] knows his/her stuff.

***Accessibility of Services***

B) So, I think that was kind of what drew me towards these online unqualified coaches was the I, um, it just seemed very accessible to me… I think it was the kind of inaccessibility that threw me away from seeing someone in person who was qualified.

G) how about you contact us, and we'll do a free consultation for you, and we also offer our services remotely. So, it doesn't matter that you're anywhere else in the world. No problem for us.

J) But that availability with the, the daily text, that was fantastic.

B) I was just like OK, great. Someone is online, they're going be available all the time, they can help me. This is great.

A) after the end of the webinar, s/he said, if you want to join a WhatsApp group with people who have OCD all around the world, like you can join it, and I was like, oh, cool, like, you know, I'll be in a group y’know setting. Erm, It’s, it’d be interesting, you know, people all around the world who are going through this, like yeah I’ll, I’m gonna join it.

***Advertises Self as an Expert with Innovative Treatment Method***

D) but I think what we were actually taught, was taught incorrectly or twisted a bit so that it, it seemed like a unique programme that nobody else understood, but was actually, just shifting your compulsions from whatever compulsions you were doing to try and rationalise your way out of your thoughts.

E) Very like know it all, sort of having a higher level of consciousness and intelligence than the rest.

I) I remember him/her even saying there's only a handful of people who truly understand OCD in the world. So, all of this language is like: I hold the key.

I) So, yeah, I think, I think, yeah, it's just the fact that s/he, s/he, s/he said s/he had secret knowledge or see a secret truth that no one really had and yeah. That's what lured me in.

A) So s/he proclaims s/he's fully recovered and this is the way s/he did it, and this is the only way to do it.

  E) I looked at his/her services as new, revolutionary and sort of exclusive in a way as well. So, my, my expectations were high.

A) And s/he was like hundreds of comments saying we're the best place for OCD and no therapists compare to what we are doing. These people are a tiny number, look at the huge numbers who say we're changing the game.

**Theme 2: Vulnerability**

Sub themes:

1. Exploitation
2. Desperation leading to use of service
3. More cautious seeking future treatment
4. Lack of regulation

***Exploitation***

C) At a certain point in the process I was so invested and I was so desperate for the help that I just carried on."

H) I think s/he's taking advantage of people that are, that are suffering. You know, you make [pause] not, yeah, sort of false promises almost, and then charge a fortune, you know? Whereas in reality, a good therapist would say, look, there's no guarantee you'll recover.

B) think because I was very vulnerable s/he, his/her words just kind of, you know, if someone tells you that they can do this for you.

B) the promise that, that his/her therapy could help me succeed in my career, was something that s/he used to kind of keep me in his/her therapy.

C) Let's have a chat. Let's have a catch up. Let's help you through this. And again, you can perceive that when you're vulnerable as they're so kind. My goodness, they're so kind. They're giving up their time. S/he's, s/he's meeting me on an evening after a whole day's work, you know. And that's, really s/he picked me up in the station. How dodgy is that? Picked me up from the station. How kind of him/her.

C) it is the client’s fault and what might be happening is they're not putting in the right amount of effort or they might not be putting in the right type of effort. So, then there will be conversations about that, which is basically abuse. You know, it's very it's very toxic. It's very abusive.

C) You get, you get isolated from any other kind of support, and you are stuck with this one programme and this one man.

O) If I'm being honest, I was so desperate I just, I go, my character goes into like a different, I was so desperate that I just I wanted to trust them, I wanted to believe them. So, in the beginning, because I had no, in my mind I had no choice I've sort of built a narrative where you know, this is it. This is going to save my life; this is going to get my life back.

O) the first initial feeling I got from them is like they've turned their trauma and suffering into a business to feed like, their own, erm, way of overcoming it and trying to, uh, full speed their ideologies of recovering rather than personalising it towards an individual. It you know, kind of like a [pause] Kind of like a, like a self-serving project rather than, if that makes sense?

G) I would like to stress just how unethical I think it is to prey on people who have OCD who haven't received adequate treatment in the past, who maybe have tried everything else and feel very desperate.

***Desperation Leading to Use of Service***

I) So, people have a lot of adverse experiences in the NHS, um, or privately with therapists like you know, like I had talk therapists who aren't trained to treat OCD with exposure response prevention. And it's more just talking about what their anxieties are. So, they come from that very desperate, feeling like they’re untreated, they’re, they’re untreatable or treatment resistant.

O) if I'm being honest, I was so desperate I just, I go, my character goes into like a different, I was so desperate that I just I wanted to trust them, I wanted to believe them. So, in the beginning, because I had no, in my mind I had no choice I've sort of built a narrative where you know, this is it. This is going to save my life; this is going to get my life back. So, whatever they said was gold for me in the beginning.

I) So, I was like OK, so I found someone that understood. And because I was in such, I was so distressed I just wanted to [pause] Because I found someone that I felt like I understood I was, I don't want to take a chance of seeing someone else who might not.

C) But by then, at a certain point in the process I was so invested, and I was so desperate for the help that I just carried on.

  A) But like when you're really struggling, like, like, and you're so desperate for help, like you wanna take any help you can get.

A) Like that's what I'm saying like OCD is when it's really bad, and you're so desperate, it doesn't matter, you know how educated you are you know, how many resources you have, when you have someone saying this is the way to recover, you're gonna go to him/her.

C) So it was. Yeah. A mixture of poor experience. Wait times, feeling desperate. I knew that the alternative was I go to my, to my GP. They refer me to a talking therapy, I'm on a waiting list for a bit, then I get 6 sessions and my anxiety might come down a bit. That I just knew that the, you know, that it's just so tempting when you know what the alternative is, is not great in terms of provision.

I) navigating of trying to find a therapist is a very confusing process, unless you're going down the NHS route and I didn't want to wait six to six months plus for therapy through the NHS.

I) I just knew that the NHS had long waiting lists and I knew I couldn't wait, so private felt like the best way to go about it.

K) . And actually, I think this is maybe a fault in the way that OCD is, is treated generally. I, I felt like the almost like the graphic nature of the thoughts that I was getting, the intrusive thoughts, and the sort of corresponding like physical symptoms. They're not really often addressed or understood by, by therapists generally

K) I was yes. I was seeing a, a talk therapist, which wasn't the right thing for OCD. And actually, that was things that drove me towards, er, the coach

***More Cautious Seeking Future Treatment***

B) Actually, that's the good that's come about. It's, it's definitely made me very aware and I've also, um, you know, had conversations with other people who have been looking for therapists and I, yeah, I think it has definitely brought about an awareness that I didn't have. Yeah.

E) But I think it made me really take practitioners more seriously and be pickier

I) it made me a lot more wary in terms of people. Uh, and, and maybe more hesitant to trust, but I think if anything that's a great thing. Not as in like anyone, but you know, people who, especially in that sector. I

I) I'm really going to be diligent in terms of like, looking for a therapist. Background checking them. Make sure, make sure they’ve got experience with OCD, my specific theme of OCD, they're trained in E&RP

N) Yeah, I spent like a, now I really look for like are they qualified firstly, because that actually f\*\*king matters like, you know. Like they really need to be qualified because otherwise they're just going from their own personal experience… But having said that, I, I think it has made it, it made me a lot more cautious of like, you know, believing anything like from influencers on the Internet. But now, like, I just, I guess I’m more critical of it.

O) and even my therapist now is like, I think you think when I'm encouraging you or strongly pushing you to do something you're highly sensitive to the point where you're considering it bullying now because of your experience

***Lack of Regulation***

A) Yeah, it's because of this experience, and that people, anyone can say they’re a coach and take your money, and they're gonna hide behind the fact because they're not, you know, you can't like file a complaint against them to any board because they're not certified anywhere. But they, you know, will tell you to do these exposures and shame attacks when they're not qualified at all.

B) Yeah, totally. I think that it's really harmful and really problematic that anybody can. You know, because obviously with this, if it’s a physical illness or physical condition, you can't just label yourself an expert and then go and treat people. But because it's mental people think that, I don't know, there's like, different standards. But yeah, I totally think that there needs to be regulation.

C) Yeah, it has to be regulated it. Yeah, it really, really should be. And I think it's, it's the packaging of it, right, because again, if I wasn't in the profession I'm in and I just went on to the website I wouldn't even know that this is unregulated and that's a problem because it's marketed really nicely. And it looks to be very credible and there's no way of checking that.

E) Yeah, it definitely should be regulated.

G) So certainly, I would say like as a consumer it should be, in my opinion, regulated. I feel like I was quite lucky in this regard because it was apparent to me, and I didn’t become one of the active members on the group chat, but I could really see how easy it would be to lose thousands of pounds or really be taken advantage of.

G) I wish that there was more protection in place, because although I was capable of coming down from that really terrible flooding experience, it should never have happened, in my opinion, it should never have happened.

H) I just think that people who aren't qualified, probably [pause] I don't know, perhaps they have to meet a certain standard, maybe they have to sort of adhere to certain policies or principles before they're allowed to coach. And there should be some sort of regulatory body that if they’re, you know, someone you can complain to. That way, if lots of complaints are coming in, they can potentially be, I don't know. I don't know how you’d deal with it really? Shut down or, or I don't know, prosecuted really, if they, they’re breaching standards, a certain standard like, if you breach data standards or anything like that, then you get prosecuted don't ya. Should be no different at the end of the day.

H) If they’re, if they’re dealing with people's mental health then they should be regulated I think.

 I) You're much safer in the NHS. And I think the NHS, you know, despite the fact that it's underfunded, is a great place and there's not much they can really, the NHS can really do about the waiting lists. But I think people really like it, needs I, I, I think there needs to be a lot more education in terms of like counselling and therapy and how it's not regulated, and then more accessible ways to navigate the systems and find the people that you, that are going to be able to treat you.

K) Oh, yeah, absolutely. 100%. There needs to be very clear guidelines about what the competencies of a coach are and what the competencies of er, therapists or a qualified therapist is… but there needs to also be government regulation that makes therapy a protected profession.

L) . And I would I really hope that more people in the UK go down the route of basically becoming qualified behavioural coaches that belong to a, an accredited body which actually trains people properly because it's something that we're really lacking. And as you probably know, even with therapists, like you can call yourself a psychotherapist in the UK and just not even be a member of a regulated body. It's, I think it's really shocking

O) Maybe, maybe, maybe a very experienced outside party that you can speak to and go into detail of the experience so far so they can say stop! No more. This isn't good. I know you're desperate. And maybe there's a contingency in place for that individual to get some sort of support or help, or something in the meantime before they get actual help. But for someone to say stop and just come over here for a bit and we'll find you something else, maybe that would help?

G) I felt really taken advantage of. And more than anything, I was quite shocked and surprised to learn, like I said, that “therapist” or “therapy” or these, these types of terms are, are not protected terms in the UK because I would never have known that. You absolutely cannot say you’re a “therapist” without actually being one in the US. You cannot like, operate um, or provide therapy, actual therapy or advice in the way that he does in the US without license, it's not possible.

G) I feel like that is particularly unethical to target a group of people like that and I wish that there had been more legislation in place to prevent such a thing from happening at all. Because had I seen “coach” had I seen, you know, “non-licensed therapy”, had I had even a whiff of something being illegitimate, I would never have put myself in that situation.

 I) I know that he, anyone can call themselves a coach, but the same with the therapist thing. You know, you go on the Internet and you can get a CBT certificate in 15 minutes. So yeah, it’s a problem.

J) But, but there’s also is a risk, isn't there, for vulnerable people. Being, paying a lot of money to someone that isn't helpful, you know, just takes the money and then doesn't come up with the stuff. But that's the same for therapists really? But at least, at least you can complain to someone or have them struck off, or you know, asked to have some struck off if they’ve behaved really badly.

**Theme 3: Cult-like Experience**

Sub themes:

1. Cult like environment
2. Narcissisticinfluential coach character
3. Deception
4. Fear of retribution

***Cult Like Environment***

H) S/he, s/he was sort of deified a little bit like, it was like, you know, when you have a cult and like the cult leader is like, really looked up to it was a bit like that.

B) I guess we're so publicly kind of brainwashed by his/her um, way of working and yeah. I think that's definitely something that it's taken a while to like let go of. Yeah.

A) I think also a challenge with being in a cult like group is like, somehow explaining it to [pause] Making, making it known, the experience because it's like an in-group out-group mentality like. s/he, you know, shuts you down from other outside sources.

J) Another thing is s/he is saying that his/her way is the only way and that is literally what cult leaders do. S/he believes him/herself to be this Messiah that is the only person who can fix everyone and every other, and like s/he's discrediting every other mental health professional and that's not actually the case.

A) So s/he, s/he makes this, makes you believe that this is the only way like, a cult environment essentially, like. And now that I'm out of I'm like, holy crap, it was really cult like, his/her environment

B) that's why, that's you know the word kind of cult kind of keeps coming back to me and I know other people who have been with him/her have a similar view on, on his/her therapy. And I think it like s/he was a, definitely was a degree of like, brainwashing, um, in the sense that I thought that s/he was this person who, you know knew more than anyone and everything that s/he said was correct and s/he was going to make me better and so. Even if my parents kind of they did, you know, start picking up as I told them things they were like, this doesn't sound right, but I would defend him/her.

H) Yeah, like a bit like, we know more about OCD than anyone else. We’re better, we’re special. Our method is unique. We’re elite. And it's very cultish. Like, you'll find that people who follow him/her start speaking like him/her like, s/he uses certain terms.

C) But interestingly, like one of the, one thing that's always confused me is one of the [people] on there, seemed to be really struggling with it like more than me and you know, a couple of months later s/he was on their website as a consultant saying s/he's cured.

I) And there were moderators in there that were that were employed by \*\*\* and these were, they had the label moderator, but they were they were struggling just as much as everyone else. But they’d just been in the grasp of \*\*\* for longer than anyone else and they'd been, they'd been assigned a moderator role which you know in, in, in that kind of environment it's like an achievement

K) And then, one day, x messaged me and goes, oh, how are you doing? And I was like, well x, I'm actually struggling quite a bit. Erm. There's X and Y happen, happening to me in my life right now and I'm really struggling. Oh, well, I just wanted to say, I'm really impressed with your recovery process and I want to make you a moderator.

G) I felt completely duped, like I had been scammed and I wanted all of my money back. And I also felt so taken advantage of because I literally spent weeks with another therapist trying to just come down from the awful experience that I had and I was out, you know, hundreds of pounds for something that was essentially a scam.

K) I think the fact that I had been so blatantly deceived, erm did impact me. And thinking back to it, I feel a lot of guilt that people who are struggling so much were placed in such a vulnerable situation and I think the line for some people of whether they were part of that, erm taking advantage, or they were themselves deceived, is very blurred and fortunately for me, because I was only a moderator for two weeks erm I don't think I think, I think I'm more on the other side, but it could have been me still being involved in that and that kind of has impacted me as well.

I) So I thought OK, I've found someone that gets it, they’re a coach. But, but then it was also the fact that s/he had the key. S/he had this little key that no one else really understood, and that's the bit that got you and, um, unfortunately because I was in the emotional state I was in I, I took the punt even though, you know, it's like classic cult talk where you're saying everyone else hasn't really got it figured out, but I have

***Narcissistic Influential Character***

C) Knowledgeable. Professional. Skilled. Very warm and charming and likable. Yeah, like using, using swear words, very down to earth. There was a real lack of well, even though I say professional, there was a real, um, don't know the word is, like warmth and likability and, and as I went through the process, and I will tell you more about it, a lack of boundaries which starts off great because they reel you in and you're like, oh, this feels really comfortable and I feel very safe and nurtured.

G) s/he really put the charm on and that initial meeting I would say, very charismatic. S/he made it feel like, “ah! Finally! Somebody who understands what it's like to deal with Pure O OCD”, which is not something that I often feel with, with other therapists. So, s/he really, really put the charm on me in order to get me to sign up for those sessions. And in that first real “therapy” session it just all went downhill from there.

B) Narcissistic would be the main. But. Yeah. And then all those traits that comes with, you know, like s/he's quite, I guess charming to people. But yeah, s/he, yeah, that’s kind of like if you don't know. You know you think oh! S/he's very personable. S/he's, s/he knows what s/he's talking about. S/he's got a good sense of humour. S/he, you know, it feels like s/he's rooting for me. S/he wants me to succeed. Yeah. So, I guess, yeah, quite manipulative in that sense, yeah.

I) so I looked, I looked up to him/her at the at the start, but now when I look at him/her, erm. I just, I just see a narcissist and not in the generic type, you know, like a full-blown narcissist, you know. I know people use it as kind of a buzzword now, but, um, yeah, it was all about him/her. It was all about him/her and it was his/her ship. S/he’d say ship like s/he was going to go down in history as like, one of the pioneers of OCD treatment.

A) has a huge ego. S/he's not wrong. S/he's always right. And s/he has all the answers to OCD

D) my impression of him/her changed a lot over time, as I saw how s/he treated people who left as the exposures got a bit extreme. S/he didn't seem to have any compassion. S/he felt it was like s/he thought it was a godlike figure. You know, it was a bit like s/he would put him/herself on a pedestal, and if we, if, s/he was never wrong, and s/he could debate about OCD with the top psychologists and wipe the floor with them s/he would say, you know, things like that.

E) You can go see a therapist once a week for as long for 6-7 months, and maybe you'll get better. Or you can stick with us and you'll be cured from OCD.

K) The word narcissist has come into my mind, actually. Erm. S/he was very sure of him/herself, very egocentric I'd say. Erm and also, s/he was just like a grifter. Like, I can see that s/he was taking any opportunity to make money and wrangle um, services from people like unpaid labour and like erm, testimonials and that kind of thing. S/he was just always trying to take advantage but with a very glossy sheen.

A) I would say narcissistic. Erm. All about him/her. S/he's right and s/he's the only one that has answers, and anyone else who questions him/her is wrong, because s/he would say things too, like, s/he's like, I’m gonna do a TED Talk, I'm writing a book

***Deception***

A) S/he often referred to him/herself as a therapist and again in my mind, because I'm from the States, therapist is a protected title.

N) You know, they don't know what they're doing. Their method isn't good enough. Like you need to use this particular method to address it. And I'm the like, s/he's the only one who can fix it.

N) S/he said it like, ah, like I've been through this. I've done so much reading, um, you know, and I've worked with so many clients and they've all gotten better.

  I ) s/he basically said the people who have come out and said that s/he's a charlatan, or s/he’s exploitative or s/he isn't qualified to do treat people just didn't do the work that s/he’d set them to get better and they're bitter about it.

C) the three core issues with *any* mental health problem, not just emetophobia OCD. This is, by the way, I forgot to mention. This programme can cure *any* mental health problem on the face of the Earth.

C) So the first thing that comes up is they're using the word cure, right, which I'd never heard of, experienced, no therapist had ever said it was possible.

D) s/he treated OCD, s/he said, but s/he told me on the phone that s/he'd been treating cancer patients, trauma patients, erm, I've seen evidence later on with him/her claiming s/he can basically deal with anything psychologically.

H) lots of testimonials about how good s/he is. Even though apparently the testimonials now looking back were written by people who were still well far off recovery. But were told to basically like write nice things about him/her in return for free sessions, apparently.

B) So he would ask all his/her, a lot of his/her clients to do testimonials….Where you would basically film a video of yourself saying how great his/her treatment was and s/he would post it on his/her Instagram page and then s/he would give you a free session or a couple of free sessions.

***Fear of Retribution***

D) I was really scared. So it's not just think what I'm trying to say is, it's not just whilst you're with these people, yeah, there's afterwards as well to think about where they know all your darkest thoughts. You know, they, I was scared of him/her/her. I mean, I've got no evidence don't wanna sound like I have any evidence that he was gonna come after me, but I felt like s/he was gonna.

K) I was sh\*\*\*\*ng myself leaving, because I told in this group and shared so much, I was terrified that s/he was going to use the things that I told them against me or somehow take, erm, revenge on me that like, that's what I felt and it actually became a little bit of an OCD thing. That s/he was going to like, attack me in some way and actually, from speaking to other people, that seems to be quite a common experience.

O) It's like I haven't gone after them because they after you've gone through something like this with coaches and therapists, they've got your secrets. They've got your most intimate details and fears in a document on paper. So, it's almost like you feel as though they've got them hostage if you do anything to upset or shake their tree, even if they've done you wrong. I think that's something worth noting.

I) I think that's why people tend to stay in those, um, they tend to stay in those group chats for way longer than necessary because they're scared to leave because if I leave it's like my last chance, and then I won't be welcome back. And then that's my lifeline. Um, so yeah, it's really dangerous.

D) I stayed in the groups because s/he told me that people were looking up to me, erm I was helping people. So you were felt to let, feel like you're letting your friends down if you left. So you, you were you, you weren’t sent on and you were you were kept to, promote his/her business and do his/her work for him/her basically.

**Theme 4: Complex Peer Experience**

Sub themes:

1. Misuse of peer support
2. Positive peer support

***Misuse of Peer Support***

  D) So that's the other thing is you were in a WhatsApp group with other people, erm sharing your thoughts, sharing your compulsions, and I was on it compulsively,

A) when I joined the group is when, the WhatsApp group, is when I erm started speaking to people like in the community, that s/he had moderators in there, you know so, that were answering questions about OCD, which obviously was just so like, unethical.

I) So, you've got moderators giving you advice, you've got other people who haven't recovered giving you advice, and as well as people confessing all the time and looking for reassurance. I mean that we, there's instructions saying you shouldn't ask for reassurance, um, but it's either it's confessing or they're just, they're, they're just putting posts in.

G) I mean this group chat is something that, that, that people are sharing their most taboo, horrible, awful fears in. Whatever the most terrible OCD theme is, it’s there. And it’s, like, a lot of personal information. Members are encouraged to share, and this [person] is giving specific, detailed advice on how they can help with their particular ailment.

D) they put you in a WhatsApp group and so it's constant like [pause] Like it's kind of like a support group, but it's really just offering a lot of reassurance most of the time to OCD sufferers or giving them like, damaging advice?

I) But when you're stuck in a group chat with 30 plus people who, who are not recovered, uh, giving you advice it's a bit backwards because ultimately like no one really knows the real scientifically backed methods and tools to help. They're just regurgitating what they've been told by \*\*\*, who, who doesn't actually know how to treat OCD effectively.

N) And they were, you know, reading the books and, you know, disputing our beliefs and helping each other despite the beliefs. And it was honestly like community type thing. Like, I remember like we were helping each other like dispute beliefs and then I was like oh my God! Like this therapy thing is not so hard. Like, I could totally do this. I could not do this. And also, I was not qualified, I should not have been doing that at all.

***Positive Peer Support***

A) You know, in your day-to-day life because you're dealing with OCD, and you know there are not a lot of people who kind of understand what that feels like. When you're, you know you've got this little like bubble on WhatsApp of people who are doing the exact same thing.

B) I think that I found it quite [pause] just the dynamic, quite comforting because it was like you were in this group and you've got this person who is like really you think, understands what you're going through and this whole group of people also going through something similar. And even if you feel isolated in the external kind of world.

D)cI think I was feeling better for having met people with OCD, feeling supported in the group. I had somebody to talk to about it. D

D) Did anything help me? You know, meeting other people with OCD helped me.

A) Well, I did like the group aspect of the WhatsApp group. So people in the WhatsApp group were great, and like, honestly, I thought it was like, so cool. I was talking to people from like, all around the world and I did make friends in the WhatsApp group. So I was like, I mean, I liked the community aspect of it.

N) Like, the group chat was hugely helpful, more so helpful than xxx for me because it wasn't just one person, xxx, who had been through this. It was all of these people who were literally having the same thoughts as me, and that was amazing

**Misuse of Exposures/Improper Application of Theory and Treatment Methods**

   A) in the WhatsApp group to, like, you know, people would just discuss when they're being triggered and stuff and I remember one time, there was someone in the group... they struggled a lot with like contamination like HIV fears. And I remember... one time \*\*\* randomly sent in the WhatsApp group a picture of like a bin that had like used needles in it and s/he tagged this person and said... one time I had to put my hand like in a trash can as an exposure then s/he tagged this person. Then of course this person sees it and they're, like, triggered and asking a bunch of questions. Like, why would you send that? Like, I'm extremely triggered right now. Then \*\*\* just magically disappears, doesn't answer her/his/her questions anymore. So s/he would just do crap like that, and just like disappear from the WhatsApp group.

A) I remember one person, er, they had, er, er, really, er, the OCD where they're like scared to be like racist, like, scared to be viewed as racist, and he made this person say the N word in the WhatsApp group and had like, as an exposure, so it was just extremely unethical and like not okay, so s/he would make sometimes people do that in the WhatsApp group as well. A

B) so s/he would get us doing these, like, shame attacks, which were just like really like embarrassing things or things that you didn't want to do in public that you had to do to [pause] to get used to, you know, not feeling shame essentially just, you know, doing, doing whatever.

A) Like s/he, one of the ones s/he made me do was go to a pharmacy and ask the shopkeeper where the sex toys were, I think. Um, and s/he had like, really weird ones, like walking a, like, walking down the street with a banana on a string. And going, going into a like burger place or a cafe and sending back orders constantly, like two or three times when the, when the order was fine, saying that you weren't happy with the food.

B) So, his/her exposures were like incredibly inappropriate. Like s/he, s/he would like s/he sent me porn. Um, like pornographic pictures to look at. Um, and s/he would say I think like, s/he, I remember him/her, it was really like, really weird stuff that I feel quite embarrassed to even say. Um. Like s/he, would like sexualise me as a form of exposure. well, s/he told me I should be masturbating as exposure.

C) s/he was, s/he was transferring research right. So, it's like oh yeah, well this research study has been done on, I think it was like stroke patients had imagined themselves getting better, and then they did, and we're going to use that and transfer it onto emetophobia.

C) they talked about the, um, the three core issues with any mental health problem, not just emetophobia. This is, by the way, I forgot to mention. This programme can cure any mental health problem on the face of the Earth. With the same programme, with no personalisation at all.

D) And so everything was pulled from Albert Ellis's books. Erm. So it was the ABC model, REBT, erm shame attacks, behavioural experiments there the kind of phrases s/he used, and s/he did mention ERP, I think. I mean, I was doing exposures, he certainly mentioned exposures.

D) But then there was no response prevention really explained other than don't do your compulsions, but I didn't know that rationalising, which is what s/he taught that that was his/her main thing was rationalising your way out of things. So, you know let's think scientifically, let's rationalise this, but my, my brain didn't listen to any rationalising. It just found another loophole, and so, I'd say this to him/her, s/he's like no, you're not doing it right. You've not read the books, and so s/he would shame you for not getting it. Erm, and, and people who had paedophilia OCD, were told to accept that they're possibly a paedophile.

D) What, it was just a case of you've still got it because you've not faced up to your fears. And until you do, and until you accept everything unconditionally, you won't get better.

D. One lad who had, erm, obsessions, erm, sexual orientation, I think s/he, cuz s/he was worried s/he was trans, S/he sent him/her out to a shop to the women's dressing rooms to try on clothes, er sent him to a pub dressed as a woman.

D) s/he treated OCD, s/he said, but s/he told me on the phone that s/he'd been treating cancer patients, trauma patients. I've seen evidence later on with him/her claiming s/he can basically deal with anything psychologically using this Albert Ellis method. And I'm not even sure it is Albert Ellis' method, but it's a twisted version of his/her method

G) the first real session that I had with him/her was like that where we spent probably 15 minutes talking and it was just him/her telling me that I am whining. I sound like a child. It's my own fault. “If I just got over myself, I would be fine”, and “read this book” and then s/he hung up the phone after like 15 minutes. I felt very confused and sort of lost. Uh, by session three and four s/he had me doing 10 out of 10 level exposures by myself on things that I was not ready to face.

H) you’d get to end of the session and you were like, obviously like, well, should I do X, Y and Z like, in terms of like exposure. And s/he would be like oh, whatever. Just like go watch a, go and watch a film about killers or something.

I) S/he was like giving generic advice all the time it was like. It was like an unconscious session for him/her. S/he was just s/he knew that s/he had to do this because s/he'd been paid for it, and s/he just sits through and probably was doing stuff on his/her phone whilst s/he was listening.

 I) S/he would set ERP homework without educating, not giving any psychoeducation about OCD, how it operates, um, and would not educate you on response prevention. So, s/he'd just tell you to expose yourself. That's it… And also, because they were, because they weren't taught response prevention, um it would make them worse. Uh, and because they didn't have the tools to go through an exposure correctly.

K) Or like you know, what to do after you've done exposures or any, any kind of guidance on that. It was just like okay, go do these, these exposures. Great. So that lasted all of about 15 minutes, and then s/he f\*\*\*\*d off [laughs]

K. Then the other thing was s/he made someone do an exposure in the group, made this person say a racist words like, and everyone was like, going like, congratulations! You said the N word and that's really good, because you're scared of being a racist. It's so weird how that logic worked.

K) s/he recommended some movies to watch that would trigger me and that was the exposures. No, no kind of guidelines on you know, like, I think they call it SUDS, like pure subjective distress or something like that. Or like you know, what to do after you've done exposures or any, any kind of guidance on that

K) But, you know, s/he didn't actually put a lot of emphasis on exposures, a lot of the time it was disputing according to the REBT model, and then s/he would set like, exposures for you to do, but there wasn't the detailed explanation

L) And I mean, when the final straw was having to drag this banana on a piece of string around [location]. I mean, honestly, I was like, this (shame) is not my issue.

N) S/he was using other people's, um, you know, resources that like, he was like, he was saying like oh! I'd like this is all like science backed or whatever.

N) And I mean, like, exposures are everywhere. But we were very, like, focused on exposures. s/he's like, OK, so you're terrified of killing yourself. So, what we're, and you’re trying, your compulsion is trying to do like the therapy and trying to do all of these things. So, like, you know, to fix it and to try and make that not happen. So, what we're going to do is we aren't going to have a therapy session for 6 to 8 weeks, let's say, and you're not going to go on your meds for 6 to 8 weeks

And yeah, so s/he gave me two docos to watch on, s/he's like oh, just watch these two docos on, um, suicide and I was like, oh! OK, so am I meant to, like, do anything with this? Like am I meant to like, think certain things or notice certain things? And s/he's like, just watch them. I remember that from the first one. So yeah, I watched them. Obviously it was like, quite distressing because one of them was like the Golden Gate Bridge survivor, the guy who just like, jumped off it and then survived. And that kind of thing. And the other one was [pause] I don't even remember. Um, they were both like suicide related though, and so I watched them. Like this is, this is the first form of exposure I'd really ever done as well because like I had never had proper therapy or addressing my OCD before, so we, I hadn't done exposures. So, this is the first proper exposures I'd done. Yeah. And then that didn't really do much

N) s/he's like, well, you can't do therapy and you can't do like meds for 6 to 8 weeks and, you know, you can't, um. Or like you have to bring yourself closer to that feeling of, like, the suicide. You know, like, you know, sit in that uncertainty of it. Like, if it happens, it happens, you know, how is it the worst thing in the world?

O) But yeah, it was CBT essentially written in their own kind of words, I think.

O) but the boot camp aspect was horrific in what they thought a bootcamp was. It was like, flooding OCD, flooding approaches, and they used to, are you aware of flooding?

O) They zip tied the sinks, they cut the water off, you couldn't wash your hands. And I had severe contamination OCD, so I couldn't, if I wanted to use, I held the toilet the entire time and I said I can't go.

O) there was a lot of flooding without consent and exposures without consent, secret exposures without you knowing. Sort of like wild cards, erm, and stuff like that. And a lot of bullying, a lot of like, you're talking too much. That's your OCD speaking . You're going into too much detail. Be quiet. We don't need to go into that sort of stuff. If you really want to be here, then you'd be quiet. O

O) And s/he was flooding my house. S/he was contaminating everything without my consent and says, no, this is what we’ve got to do. And it was almost like watching someone kill a puppy in front of me with my OCD. I was just, like, freaking out. And s/he says, I don't know if we should work together anymore, I can't take it. So, I had to sort of like, accommodate him/her most of the time and, and sort of like, almost I felt like I was being his/her/her therapist sometimes.

O) s/he came into my household and took a packet of hair dye out and touched everything in my house and the next day s/he told me about it. So, s/he didn't tell me s/he did that. S/he, uh, my kitchen was contaminated, s/he's just started touching everything in my kitchen and saying you got to deal with it and then left.

O) I called him/her and said I'm about to do a million safety behaviours with my dishes and throw out all my pots. And s/he said, don't do it, leave it. So, I left my sink rotting with mould for like a week and s/he completely forgot about it. And then when s/he came over, s/he was like, what is this kitchen? I was like, well, I told you I couldn't touch it, you told me not to touch it.