

## CHAPTER 10

# Primarily Obsessional OCD: Breaking Free from Horrific Thoughts

*To want to forget something is to think of it.*

—French proverb

The most typical forms of OCD involve obsessive thoughts, feelings, or urges combined with compulsive rituals such as hand washing or checking. However, there is a form of OCD that mainly involves thoughts—intrusive, horrific thoughts and images of causing danger or harm to others or oneself. The thoughts are experienced as originating from one's own mind (rather than as originating from outside one's mind, which is characteristic of psychotic disorders such as schizophrenia), and cause great fear, distress, panic, and, most of all, shame. Perhaps more than with any other form of OCD, people suffering with horrific thoughts feel especially alone and ashamed. As a result, they tend to keep their thoughts secret from anyone and everyone, even those closest to them.

We call this type of OCD *primarily obsessional OCD*. In the past it was called pure obsessional OCD, or “pure o,” as behavioral scientists believed that people suffering from this form of OCD didn't perform compulsions or rituals. However, studies of primarily obsessional OCD have revealed that while some people don't perform overt compulsions, many have subtle mental rituals that serve to counteract and

neutralize the discomfort of their unwanted, intrusive thoughts (Steketee 1993; Freeston and Ladouceur 1997). For the purposes of this book, we'll consider primarily obsessional OCD to be OCD with horrific thoughts alone, as well as OCD with horrific thoughts and accompanying mental rituals. Let's look at a few examples of primarily obsessional OCD.

Paula, age twenty-five, was playing with her beloved cats while smoking a cigarette. Out of the blue, the thought popped into her mind of burning a cat with the cigarette. The thought horrified her, prompting intense feelings of guilt. She wondered over and over, "How can I think such thoughts? Maybe I don't really love my cats. I must be a horrible person to think of doing that!" From then on, caring for her cats was nerve-wracking because she felt that they were in danger just because of being near her. She avoided touching her animals except when absolutely necessary.

Perhaps you recall Angelita, from chapter 1, who was slicing tomatoes when suddenly a horrific thought popped into her head: "What if I lost control of myself and plunged this knife into my child's neck?" Horrified by the thought, she whisked her two-year-old daughter out of the kitchen. Over the course of several days she placed gates at the entrances to the kitchen to prevent her daughter from coming into the kitchen while she was using knives, and eventually she removed all the knives from her home.

Anthony, a twenty-six-year heterosexual sales associate, had intrusive thoughts of losing control and groping the genitals of good-looking men who stood near him at work. He spent up to two hours each day conjuring up images of having sex with other men in order to reassure himself that he was sufficiently disgusted by the images. Only once he was satisfied about his response could he resume his activities. If he didn't achieve the "right" feeling, he had to keep on imagining the images over and over until he felt sufficiently disgusted. His compulsions started to interfere with his productivity at work, and his job was in jeopardy.

Mario, a forty-eight-year-old teacher who was devoutly religious, had disturbing, intrusive thoughts involving images of Jesus and the Virgin Mary. Often his thoughts involved sexual encounters with them. The images were embarrassing and humiliating. He felt extremely guilty, especially since they tended to increase when he was in church. His thoughts made him feel unworthy, so he quit going to church.

Joshua, a thirty-three-year-old physician, had been married a year when his wife gave birth to their first child. One night while watching his baby girl sleeping peacefully, the intrusive image of touching the child's genitals popped into his mind. Feeling guilty, embarrassed, and ashamed, he started avoiding any physical contact with the child. He didn't dare explain the reason to his wife, and she began to wonder why he refused to change the baby's diapers or even hold her.

These are but a few of the myriad types of horrific thoughts. Here are some other examples:

- What if I assault my teacher with a sharp pencil?
- What if I poke my friend in the eye with a pick?
- What if I lose control and shout a racial epithet?
- What if I lose control and harm myself?
- What if I dump scalding water on my baby?

- What if I think a bad thought about God?
- What if I lose control of myself and go crazy?
- What if I drive my car into oncoming traffic?

## THE NATURE OF HORRIFIC THOUGHTS IN PRIMARILY OBSESSIONAL OCD

While horrific thoughts can be extremely disturbing, they aren't actually dangerous. Decades of experience of dozens of clinicians treating thousands of patients with primarily obsessional OCD clearly confirm this. The thoughts all have the same theme: that you will somehow lose control of yourself, your faculties, and your normal, intact sense of judgment about what's right and wrong and act on the horrific thought in a manner that's entirely uncharacteristic of your everyday actions and behavior. Let's take a closer look at what this form of OCD is about.

**People with primarily obsessional OCD are extremely unlikely to carry out the horrific acts and urges that pop into their heads.** Dr. Hyman, who has worked with over 1,000 patients with primarily obsessional OCD over the last two decades, has been struck by the remarkable consistency of these individuals. Regardless of whether the thought involves violent or sexual images, people with primarily obsessional OCD are not in danger of acting out these unwanted horrific thoughts. People who *do* act on such thoughts—criminals and sexual predators—have what is known as antisocial personality disorder. They lack a conscience and, unlike people with OCD, tend not to worry about their horrific thoughts or the possibility that they might act upon them. On the other hand, people with primarily obsessional OCD almost always tend to display an excess of concern about doing things “right” and according to the rules. Likewise, they tend to rigorously avoid doing things “wrong” and apply overly rigid, unforgiving standards to everything they think, do, and say. Clearly, people with primarily obsessional OCD have a problem with doubt, worry, and fear of their own thoughts, rather than a likelihood of doing bad things or potentially committing crimes.

**People with primarily obsessional OCD are not in danger of “snapping.”** It is common for people with this type of OCD to convince themselves that the presence of persistent unwanted thoughts is evidence that they could or even are likely to suddenly lose all self-control and commit horrific, harmful acts. Despite the incredible degree of discomfort, fear, and frustration these thoughts bring about, no evidence of OCD patients “snapping” exists.

**Compulsions make it worse.** To control the anxiety and discomfort produced by horrific thoughts, people with primarily obsessional OCD often carry out subtle, covert compulsions that aren't obvious to others. Examples are silently repeating a prayer over and over or compulsively replacing the horrific image with a neutral or positive one in an attempt to neutralize the anxiety associated with the thought. This strategy does two things: It relieves them of the intense guilt associated with having the thoughts

in the first place, and it provides a momentary sense of control and reassurance that they won't act out in the manner depicted by the thought. The problem is that the struggle to contain and control these thoughts only intensifies the stranglehold of the very thoughts the person is trying to get rid of.

**The thoughts are not the problem; the response to them is.** Dr. Hyman's clinical experience with people with primarily obsessional OCD has repeatedly demonstrated that the disturbing ideas depicted in the thoughts are actually in opposition to the person's true character, desires, and intentions. In fact, it appears that these ideas persist *because they are so divergent from the true desires, intentions, and nature of the person suffering from them.* In most cases, attempts to unearth hidden meanings, unconscious motivation, or some root cause of the thoughts are futile and only make the condition worse. The bottom line is that the problem is not the thoughts themselves, as these distressing "hiccups of the mind" appear to be universal. Rather, the problem is the person with OCD's faulty response to these thoughts: a pattern of overcontrol strategies that reinforce a vicious cycle of worry, fear, and dread.

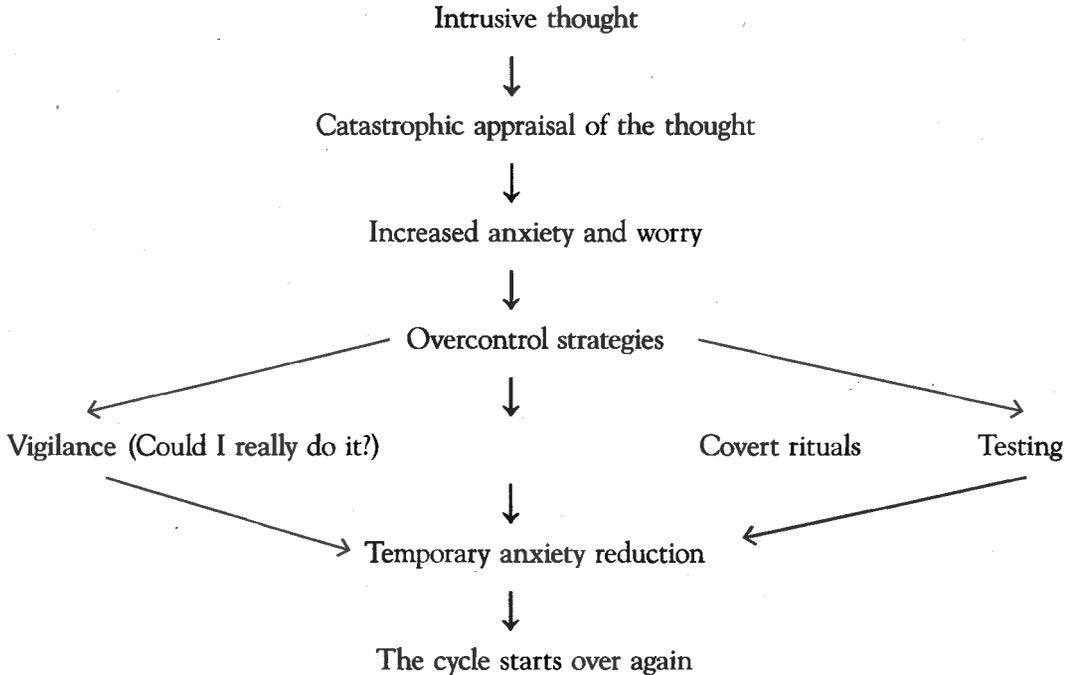
**People with horrific thoughts are reacting abnormally to basically normal thought processes.** Research studies indicate that, at times, even people without OCD experience unwanted, unpleasant, and even horrific intrusive thoughts (Wilhelm and Steketee 2006; Rachman and de Silva 1978). The difference is that people without OCD can readily dismiss these uncomfortable, distressing thoughts and move on, whereas for people with primarily obsessional OCD, the thoughts get stuck and repeat over and over again. The reasons for this aren't clear, but it seems to be related to the same overactive brain circuits and neurochemical dysfunctions common to all forms of OCD. In OCD, the difficulty arises not so much from the thoughts themselves, but from attempts to alleviate the guilt and discomfort fueled by the thoughts. The resulting efforts to avoid, suppress, or escape these thoughts unwittingly serve to amplify and strengthen them, making them worse and worse. (We'll explain why this is the case later in this chapter.) The person becomes locked into an endless loop of fear, dread, and shame.

Perhaps you'll find it helpful to read some examples of the types of horrific thoughts commonly reported by people who don't have OCD. Here's a small sampling (Wilhelm and Steketee 2006; Rachman and de Silva 1978):

- Thoughts of deliberately crashing the car or driving into oncoming traffic
- Thoughts of stepping in front of oncoming traffic
- Thoughts of poking oneself or someone else in the eye with something sharp
- Images of the death or murder of a loved one
- Wishing someone would be harmed or die
- Impulses or images of attacking, hurting, or killing a loved one
- Thoughts of dropping, kicking, or harming a baby
- Thoughts about running over an animal

# THE ANATOMY OF HORRIFIC THOUGHTS

Primarily obsessional OCD begins with an intrusive, distressing thought that the person appraises in a particularly negative way. In the person's mind, the thought is experienced as having the same reality or importance as an action. As a result, the person attempts to avoid or suppress the thought. This leads to various overcontrol strategies to reduce anxiety, including mental rituals. While these strategies may reduce discomfort, the effect is only temporary, and then the cycle begins again. The following figure depicts the overall process, which we'll explain in detail in the following sections.



## Intrusive Thought → Catastrophic Appraisal

The first step in primarily obsessional OCD is that an intrusive thought, image, or urge pops into the person's mind. These disturbing, embarrassing, or even horrifying thoughts are often of a sexual or aggressive nature and cause guilt and shame. Because doubt is a core feature of OCD, these thoughts can cause your OCD brain to doubt aspects of yourself that lie at the core of what kind of person you believe yourself to be. For example, if you are a responsible parent, it's likely that your OCD may result in the intrusive thought "What if I harm my children?"

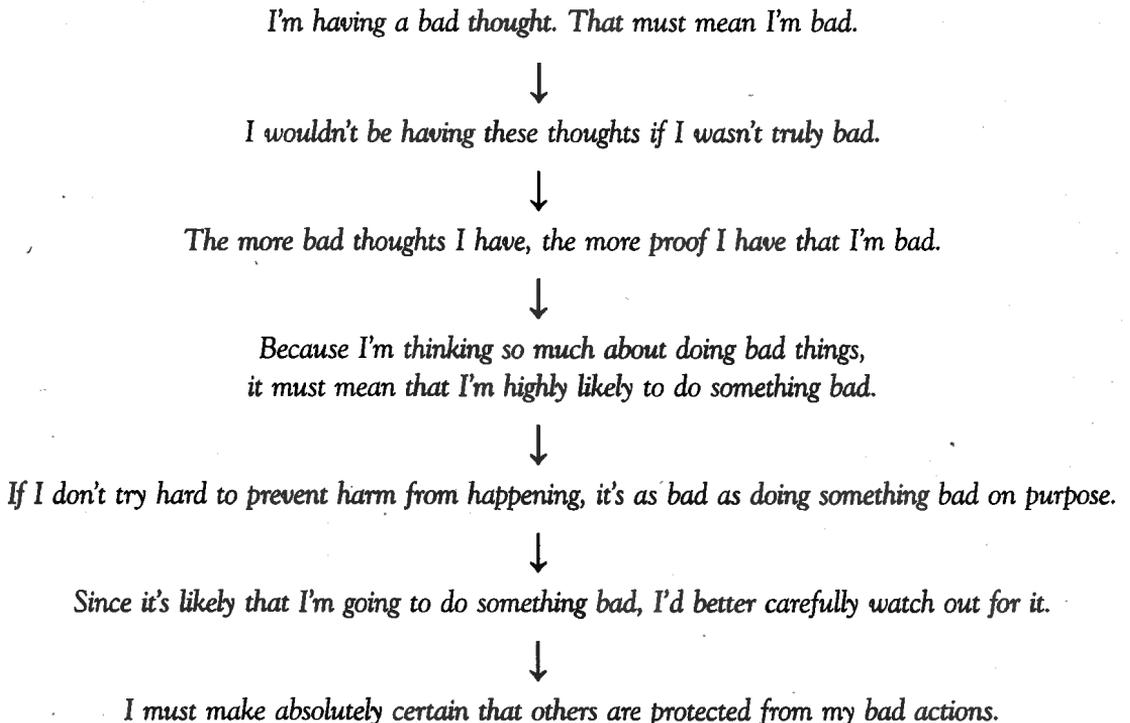
The thought may include a strong mental image or an urge to do something embarrassing or humiliating. If you're an especially religious or moral person, your intrusive OCD thoughts may involve blasphemous religious themes with strong sexual or aggressive content. If you tend to be nonviolent, the theme of your obsessive thoughts is likely to be aggressive and hostile. If you pride yourself on being an extremely responsible person, intrusive thoughts and urges are likely to involve committing irresponsible

acts, such as setting a house on fire or pushing an innocent pedestrian into oncoming traffic. If you have a strong heterosexual gender identity, OCD may fill your mind with images of homosexual activity. The point is, the intrusive thought always depicts you in your mind as acting in a manner that is the complete *opposite* of how you and others know you to be.

The content of the thoughts often reflects the normal anxieties everyone experiences as they move through life. OCD seems to prey on the self-doubts and fears that people typically have as they move through the phases of the human life cycle. For example, preteens who are becoming more aware of their autonomy and independence are likely to have unwanted, intrusive thoughts regarding doing violent or immoral acts to their parents. Young adults seeking to settle down with a mate may have intrusive thoughts regarding their gender identity. A newlywed overwhelmed at the prospect and responsibilities of parenthood may have intrusive thoughts of harming children.

## Catastrophic Appraisal → Increased Anxiety and Worry

As mentioned in chapter 8, many people with OCD suffer from thought-action fusion, a cognitive error in which thoughts are experienced as if they were the same as actions. Likewise, many people with primarily obsessional OCD experience their intrusive thoughts as evidence of the likelihood that they are capable of or will perform the horrific acts that pop into their mind. The OCD logic goes something like this:



## Increased Anxiety and Worry → Overcontrol Strategies

Having labeled their thoughts as potentially dangerous, people with primarily obsessional OCD attempt to avoid, suppress, or neutralize their anxiety about their thoughts using a variety of control strategies, including vigilance, covert rituals, and testing. But as mentioned above, these strategies offer only temporary relief at best. When horrific thoughts arise again, as they inevitably will, the cycle starts over and intensifies.

### VIGILANCE

After experiencing a number of intrusive thoughts, the mind is constantly on guard. Like a sentry in a watchtower or a cop on the beat, the mind becomes nervously preoccupied with catching “bad” thoughts. Unfortunately, this has the effect of heightening the importance of the occurrence or non-occurrence of the thoughts. With the mind increasingly focused on the next occurrence of the thoughts, more and more energy is tied up in trying to prevent and control them. Attempts to suppress or control the thoughts become more and more elaborate and time-consuming.

The effect of thought suppression is not unlike what would happen if you were to be warned. “Do not, under any circumstances, think about pink elephants!” Try it: Don’t think about pink elephants for five minutes and see what happens.

How many times did the thought of pink elephants pop into your head? As you can see, attempts to suppress thoughts only increase their occurrence (Steketee 1993; Wegner 1989). This is because our thoughts are a bundle of associated ideas, concepts, and images that are related automatically one to another. If you doubt this, read the following sentence: “Mary had a little \_\_\_\_\_.” Even if you try as hard as you can, you’ll have a very difficult time *not* thinking “lamb.”

Likewise, the idea “I must never, ever think of \_\_\_\_\_, and if I do, I’m a horrible, dangerous, and despicable person” inevitably brings up the very thoughts you’re trying so hard to suppress. The harder you try to avoid or suppress these thoughts, the more your mind will generate the thoughts. You sink deeper into a vicious cycle. Overcontrol of thoughts simply doesn’t work.

### COVERT RITUALS

Another control strategy for “undoing” or neutralizing horrific thoughts is covert, or hidden, rituals, such as silent praying (“Forgive me God for having that thought”); “undoing” rhymes or phrases (“I really don’t want to do that”); silent, repetitive counting using “good” numbers; and balancing the horrific thought with an opposite “correct” thought or image. Here are some examples of the latter: upon having the horrific thought of your mother dying of cancer, compulsively picturing your mother with a happy smile on her face; or upon having a horrific thought about touching your child’s genitals, compulsively picturing yourself lovingly hugging your child.

Despite the designation “primarily obsessional OCD,” sometimes overcontrol strategies involve overt behaviors. At times, people with primarily obsessional OCD engage in hand washing or showering in response to the thoughts. They may consider objects physically touched at the very moment when an intrusive thought occurs to be contaminated and therefore to be avoided or immediately cleaned. In this

way, they “undo” or neutralize the discomfort of the thought’s association with that object. Repeated actions, such as walking back and forth through door thresholds or turning light switches on and off, may be triggered by an intrusive thought that must be neutralized before moving on.

## CERTAINTY SEEKING AND TESTING

One of the hallmarks of OCD is intolerance of uncertainty. The persistent search for 100 percent certainty that harm or danger will be avoided often results in dysfunctional testing strategies to reassure the person with OCD that he or she won’t act upon the horrific thoughts. Testing behaviors are persistent, repetitive, and sometimes odd. For example, Paula, the woman with the intrusive thought of harming her beloved cats, “tests” herself by holding a lit cigarette near a cat’s body for several minutes to reassure herself that she won’t lose control and harm the animal. Only when she feels reassured that she wouldn’t harm the cat can she put the cigarette down. However, soon the doubts return and the testing behavior is repeated again and again, day after day.

In Anthony’s case, his obsessions compel him to purposefully look at pictures of naked men to test whether he’s sufficiently disgusted by such pictures. He also compulsively attempts to reassure himself that he isn’t gay by picturing images of naked women in his mind and then anxiously noticing whether he feels aroused.

Other examples of certainty seeking by people with primarily obsessional OCD include persistent requests for reassurance from others that the person isn’t gay, isn’t a child sexual predator, or isn’t a psychopathic killer. With the advent of the Internet, people with horrific thoughts may spend untold hours engaged in online research about the nature of being gay or the characteristics of child predators or people with antisocial personality disorder. Although these certainty-seeking behaviors are intended to eliminate doubts, they only serve to increase anxiety, doubt, and fear.

## BREAKING FREE FROM HORRIFIC THOUGHTS

You can break free from horrific thoughts. Given the problems with overcontrol strategies, acceptance, rather than control and avoidance, is the key. By “acceptance,” we don’t mean giving up or resigning yourself to a life of having thoughts you don’t want. The solution is to break the cycle of unworkable mental habits and beliefs that keep the thoughts stuck. And what is the reward for this challenging but achievable change? Instead of spending hours each day engaged with your thoughts, you spend a minute or less. A woman recovering from primarily obsessional OCD put it well: “When I let the thoughts be, they let me be.” In this chapter, we offer a four-step process to help you do just that. Some of the strategies involved are similar to approaches you learned in part 2 of the book, including using exposure exercises to habituate yourself to these thoughts. Here’s an outline of the four steps, which are described in detail below:

1. Write your horrific thoughts down.
2. Try on the belief, despite your doubts, that the thoughts mean nothing about you, your character, or your inherent nature.

3. Accept the presence of intrusive thoughts and resist the urge to control, judge, alter, or modify them in any way. Let go of all avoidance or neutralization strategies.
4. Confront your horrific thoughts directly and do exposure exercises to reduce your anxiety over the thoughts and effectively manage them when they occur.

## Step 1. Write It Down

Writing down your horrific thoughts will probably be embarrassing, even nerve-racking at first, but it's an important first step, so do it! The following exercise will help you examine these thoughts so you can understand how they're triggered and how you're currently responding to them.

List your intrusive thoughts on the Intrusive Thoughts Worksheet that follows. (You may also use your journal to do the exercises in this chapter.) In the second column, assign a SUDS rating (0 to 100) to each thought to indicate how distressing it is. Recall that 100 equals maximum distress, and 0 equals no distress at all. In the third column, note what typically happens just before the thought occurs. This is called a *triggering event*. Examples of triggering events could be holding a child in your arms, noticing a good-looking man at the gym, getting mad at your brother, or entering a church. However, intrusive thoughts sometimes arise without a triggering event. If you aren't sure what to write in this column, you can leave it blank. You might be able to fill it in later, after having another experience of this thought.

Next, think about any neutralizing strategies you may be using to lessen your anxiety about your thoughts, such as testing strategies, covert rituals, or even overt rituals.

<i>Intrusive Thoughts Worksheet</i>			
<b>Intrusive thought</b>	<b>SUDS level (0-100)</b>	<b>Triggering event</b>	<b>Neutralizing strategy</b>

## Step 2. Try On the Belief That the Thoughts Mean Nothing About You

The combination of doubt, thought-action fusion, and overcontrol strategies in regard to horrific thoughts results in the tendency to wonder, “What if those thoughts represent who I truly am? What if I’m evil at my core, but cover it up well?” The worries and doubt from these thoughts can be overwhelming. Breaking free from this mental hell requires an important shift in thinking: a shift from trying to figure out what the thoughts mean to accepting the thoughts, based on overwhelming evidence from thousands of people with primarily obsessional OCD that the problem isn’t you, but your OCD. Rather than thinking that you must be inhabited by some “evil seed,” try on the more accurate view that these thoughts are more akin to a neurological “thought tic” or “mental hiccup.” And this glitch is maintained by your unworkable responses to these thoughts. When you adopt a more objective and accurate way of seeing these thoughts, they won’t seem less disturbing, but you will be able to view them as “just bad thoughts,” nothing more and nothing less.

## Step 3. Accept the Presence of Intrusive Thoughts

Accepting the presence of these thoughts requires that you allow the thoughts to be there without judgment, opinion, or evaluation. As human beings we feel compelled to create meaning out of our experience, to make judgments. You probably have a long history of judging your intrusive thoughts, so changing this will take attention and effort.

One helpful strategy is to view your thoughts as if you were standing in a train station and watching the thoughts go by like cars of a very long train. The presence of the train or any particular car just is. It is neither good nor bad that it’s there. Try to avoid judgments about the thoughts. Simply watch them come and go. Another way to view the thoughts is to imagine yourself at the seashore, standing in water up to your waist. The waves are huge and quite scary as they crash up against the shoreline. When you see a wave coming, you may get scared, but you choose to stay put. So far, so good. You’ve made a choice not to avoid the thought. But what you do next matters. If you stiffen your body, dig your feet into the sand, and resist the wave, it will smack you and tumble you around in the water. But if you relax your body, float, and go with the wave, it will lift you up and then gently place you back on your feet as it passes by. By taking a more tolerant attitude toward these thoughts, accepting them and allowing them to be there despite the discomfort, you encourage the process of habituation to occur. With time, you’ll develop the ability to be a more objective observer of your thoughts, without getting caught up in them.

## Step 4. Confront Horrific Thoughts and Do Exposure to Reduce Anxiety

Fear and dread often accompany horrific thoughts. All the classic physiological responses to fear may occur, including a racing heart, sweaty palms, and dry mouth. The process of desensitizing your brain to these thoughts is much like the exposure exercises you learned in part 2 of the book: You deliberately

expose yourself to your most dreaded thoughts and horrific ideas until your brain has a chance to habituate. Eventually, this enables you to have the thought without the accompanying fear.

To demonstrate how this works, say your name or the name of someone you have a strong feeling about, attachment to, or reaction to—your child, spouse, parent, or boss, for example. Pay close attention to your emotional reaction to this name. Then repeat the name over and over again, at least fifty times. Observe how your reaction to the name changes. Notice how it no longer has the same emotional impact. It probably sounds like a mere garble of syllables with no particular meaning. This is the process of habituation at work. Because of the constant repetition, your nervous system became “bored” with the name and no longer attaches the same meaning to it. In the same way, when you intentionally repeat a feared, horrific thought over and over again, it loses its power and impact over you.

You may think, “But those are horrible, disgusting thoughts! How could anyone other than an evil, crazy person want to get comfortable with them?” That’s an understandable concern. But the point here isn’t to get comfortable with horrific thoughts or numb to terrible, even despicable, ideas. The goal is to be able to experience a horrible thought, disgust and all, and to see it for what it is: just a bad thought—nothing more and nothing less. Now let’s look at several effective thought exposure exercises.

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## Written Exposure

Writing your horrific thoughts down on paper, over and over, is a good first step in the process of exposure to horrific thoughts. This will probably feel embarrassing, even nerve-wracking at first, but it’s an important start. Notice that as you begin to transfer these thoughts from your head to paper, your feelings of fear and discomfort will increase. This is normal and expected, as what you are now doing feels like letting the cat out of the bag. Acknowledge that those feelings are there, but don’t let them get in the way of moving forward with the process. There is a healthy and natural catharsis that goes along with these first difficult steps:

1. Get a pad of lined paper and draw a vertical line down the page so that you have two columns—a wide left column and a very narrow right column. Turn back to the Intrusive Thoughts Worksheet, earlier in this chapter, and choose a thought that causes moderate distress (a SUDS level of 40 to 60). Write this thought in the left column, and then note your SUDS level in the right column.
2. Resist avoiding, distracting, or ritualizing in an attempt to neutralize the anxiety of the thought.
3. On the next line in the left column, write that same thought again, and then write it ten more times. Then, once again rate your SUDS level in the right column.
4. Keep repeating this process, rating your SUDS level every tenth time until your SUDS level diminishes to about half of what it was when you began. You may have to write the thought fifty times or more before this happens.
5. Now choose another horrific thought from the Intrusive Thoughts Worksheet—one that causes even more discomfort, say a SUDS level of 50 to 70. Repeat steps 1 through 4 with this thought. Continue in this way, writing increasingly distressing thoughts from your list for approximately one hour daily until you can tolerate writing your horrific thoughts with minimal distress (a SUDS level of 20 or less).

## Intensive Audio Exposure for Extra Sticky Thoughts

Once you feel more comfortable writing down your horrific thoughts, you can make further progress by listening to them over and over, especially any that still cause a fair amount of distress. The goal is to learn to tolerate greater levels of discomfort while holding the thoughts in your mind.

1. Choose two or three horrific thoughts that are still quite distressing. They'll probably start with "What if I...?" For this exercise, write the thought down in the first person present tense to make the exposure more vivid and powerful. Here are some examples of typical horrific thoughts phrased in this way:
  - I'm about to lose control, go crazy, and stab my mother with a knife!
  - I'm a child molester... I delight in touching them in their privates.
  - I'm extremely aroused by gay men (or women).
  - I'm losing control and will burn my cat with a cigarette!
  - I want to pour scalding water on my baby.
  - I'm about to light a match and set this house on fire!
  - I'm losing control and going crazy right now!
  - I'm a murderer and I'm about to drive my car into oncoming traffic!
2. Make an audio recording of the horrific thoughts you've written down, saying each one slowly about twenty times in a row, with a two-second pause after each repetition. Try to add a bit of drama and expressiveness to your voice as you say these phrases. Continue recording repetitions of this thought until your anxiety level has reduced significantly (by at least half).
3. Rewind the tape and listen to all of the repetitions of the thought, and then write down your SUDS level. Be aware that, especially initially, you may try to avoid the discomfort by numbing out or distracting yourself from listening. Resist this tendency.
4. Keep listening to the repeated thought for around thirty minutes to an hour per day, or until your SUDS level goes down to 20 to 30.
5. Repeat steps 1 through 4 until you have done exposure to all of your horrific thoughts.

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## Total Immersion Audio Exposure

This exercise is a highly effective way to rapidly reduce the intensity and discomfort associated with horrific thoughts. Although it's much the same as the previous exercise, it's more intensive. If you have

the time to devote to it (three or more hours per day), it will yield more rapid results. Though many people with horrific thoughts can successfully do this intensive exposure on their own, if it makes you highly uncomfortable, you may wish to do this with the support and coaching of a qualified therapist.

As in the previous exercise, make an audio recording of your horrific thoughts, repeated over and over again, but this time, after repeating the first thought about twenty times, go ahead and record several more thoughts, each repeated about twenty times. Ideally you'd use an endless loop tape or make a digital recording that can be repeated continuously. In this exercise, the goal is to listen to the thoughts for a minimum of *three hours per day*, for a week to ten days.

Play the recording on a portable music player or voice recorder and use a pair of light headphones or earbuds so that you can listen privately as you go about your daily routine, while doing such things as yard work, household activities, watching TV, shopping, or exercising. The only times you may not wish to listen are at school or work, or during other activities that require close attention, like driving or caring for children. While it isn't necessary to give the recorded material your undivided attention (it would be impossible to do so), pay attention to the recorded thoughts as often as you can.

If, while listening, you encounter a situation in which you'd habitually do a ritual (for example, walking through a threshold, turning on a light switch, or flushing the toilet), practice strict response prevention by moving through the situation, horrific thought and all. Doing this day after day will help you achieve a solid level of habituation in those situations.

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## Combining Situational Exposure with Exposure to Horrific Thoughts

This exposure exercise is very useful for people who overestimate the likelihood that they will do harm to others. It will be highly effective at helping you see that thoughts alone don't have the power to cause harm. Because this exposure can be highly stressful, it's advisable to do it with the support of someone understanding, either a family member or partner, or, better yet, a qualified mental health professional with expertise in the treatment of OCD. A portable audio device with headphones is most useful for this exercise.

1. As in the previous two exercises, make an audio recording of a horrific thought, repeated over and over again. For this exercise, record just one horrific thought—one that involves fear of doing harm to someone specific.
2. Put the headphones on and listen to the recording while looking at photographs of the person whom you fear you might harm or endanger, such as your spouse, child, or parent. Listen to the recording over and over until your SUDS level goes down by at least half. Repeat on subsequent days until your SUDS level is 20 or less for three consecutive days.
3. Listen to the recording (using headphones) in the presence of this person. If it's a child, sit with the child on your lap. Allow your anxiety to rise, and resist avoiding, suppressing, or ritualizing. Stay in the situation for at least forty-five minutes and up to ninety minutes. Your goal is to reduce your

SUDS level to 20 or less through habituation to the frightening thought. Use the Daily Exposure Practice Monitoring Form from chapter 6 to monitor your progress.

4. While listening, you'll probably encounter situations that trigger the urge to do a ritual. Again, practice strict response prevention: Move through the situation, horrific thought and all, noticing your discomfort rise and then eventually fall as you resist your compulsive urge. Practicing these exposures along with response prevention day after day will help you achieve a solid level of habituation in those situations.
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## Troubleshooting Exposure to Thoughts

There are some typical problems people run up against in exercises designed to help habituate to intrusive horrific thoughts. The first is a fear that if the exercise helps and you no longer have a strong, overwhelming emotional response to the thought, this means that you're indifferent to the horrific content and thus "proves" (by OCD logic) that you may be a murderer, child molester, sexual pervert, or whatever. Don't allow this fear to stop you from doing the exposure exercises. No amount of exposure will brainwash you or make you indifferent to scary, horrific ideas about harm to those you care about. The goal isn't to numb you out to painful thoughts, but to help convince you that you can have these thoughts without fear that you'll act upon them.

Another common fear is rooted in the belief that the absence of anxiety means you're likely to act upon the thoughts. In essence, the anxiety surrounding the horrific thought is perceived as a sort of insurance that you won't act upon it. Again, such thinking is unfounded. In over twenty years of clinical experience, Dr. Hyman has never seen anyone with OCD act on horrific thoughts after becoming habituated to a thought from doing exposure. We always have the choice to act upon our thoughts or not. OCD doesn't alter a person's essential character, judgment, or moral standards.

Some people with OCD report that their anxiety doesn't go up while doing exposure. If this happens to you, it's probably because you're relying on a safety signal in your environment to "protect" you. An example would be the presence of a spouse or partner whom you believe will protect you from acting upon the thoughts. If this is the case, you must do the exposure in gradual steps, with those you rely upon for safety being increasingly unavailable to you for reassurance. Revise your anxiety/exposure hierarchy to include items in which your safety signal is present. For example, "Leaving the house without checking *with* my spouse present" would have a lower SUDS level than "Leaving the house without checking *without* my spouse present." Once you've mastered the exposure in the presence of your safety signal, move on to doing that exposure without the safety signal.

Another reason your anxiety may not go up is because you've already taken precautions to prevent yourself from acting on your horrific thoughts, as Angelita did when she removed all of the sharp knives from her home. In this case, it is vital that you gradually undo whatever "safety" measures you've taken so that exposure to the thought of actually losing control will activate your anxiety. Only then can exposure achieve the desired effect. Remember that habituation to horrific thoughts only occurs when the exposure sufficiently activates your anxiety.

## Tools for Managing Thoughts on the Fly

Some people find that they're only anxious if the thoughts are generated spontaneously, on the fly, rather than through a structured exposure exercise. Here are some tools for managing intrusive thoughts on the fly. No single strategy works for everybody, so you'll need to experiment a bit in order to find what works best for you.

**Magnification.** At the moment the intrusive thought occurs, vividly picture the image of what that would look like if taken to the most extreme degree possible. For example, if your intrusive thoughts involve an aggressive theme, vividly picture the terrifying image of yourself snatching a knife from the counter and charging someone you care about, and hold that image in your mind. If your intrusive thought has to do with potentially sexually assaulting a child, picture yourself becoming inflamed with lust and losing control. Hold that image in your mind for as long as it takes for the thought to lose its potency. This technique may seem scary at first, but the absurd excess of robustly embracing your worst nightmare will actually reduce the force and intensity of the thought.

**Watching and waiting.** Sometimes doing absolutely nothing in response to a horrific thought can be the most powerful tool you can use to deal with it. Doing nothing deprives your OCD of its tendency to latch onto any behavior that reduces the anxiety and thus create yet another compulsion. Simultaneously, this tactic helps foster an attitude of acceptance in the presence of the thought. Merely watching the thought, without judging it or insisting that it go away, gives it the opportunity to weaken and fade on its own.

**Refocusing.** In his book *Brain Lock* (1997), Dr. Jeffrey Schwartz describes a refocusing strategy that takes the "watching and waiting" method a step further. At the moment you notice the thought, gently shift to a new behavior that reflects your values and intentions, as if you didn't have the thought at all. The idea here isn't to avoid the discomfort, but to distract yourself from your urge to do something in an attempt to reduce the anxiety. For example, if the thought "What if I stab my child?" occurs as you stand in the kitchen cutting vegetables with a sharp knife, continue what you're doing and refocus on another activity or behavior, such as conversing with your child, reaching for another vegetable to slice, singing a song, noticing your breathing, or thinking of your favorite recipe or the pleasant events of the previous day. It's fine to shift your focus many times as you wait out the storm.

## Dealing with Covert Rituals

What about the covert rituals—those you perform in your thoughts? As a reminder, these mental compulsions include repetitious phrases, words, and prayers, as well as counting, recalling the past, and thought balancing, where you balance the presence of a bad thought by compulsively thinking a good thought. Whatever their form, they are compulsive, repetitive thought patterns done as a direct response to an obsessive thought in an attempt to neutralize the discomfort of the thought.

You may be confused about the difference between obsessive thoughts and mental compulsions. You're not alone, as sometimes it's hard to tell. To distinguish between them ask yourself these questions:

- Does the thought cause anxiety, fear, or doubt? If your answer is yes, it's an obsessive thought. In this case, your overarching approach should be to confront, invite, and even encourage the discomfort associated with the thought.
- Does the thought relieve anxiety? If your answer is yes, then it's a mental compulsion, even if it relieves anxiety only briefly. In this case, your overall approach should be to block, reduce, or alter the thought in any way possible. Any strategy that alters the automatic quality of a compulsion is progress in the right direction.

To reduce your covert rituals, in addition to doing the exposure exercises in this chapter, use the principles of response prevention, discussed at length in chapter 6. Deal with these rituals just as you would any overt compulsive behaviors. Here are some especially helpful techniques:

- **Ritual delay.** Put off doing the covert ritual for minutes, or hours, or days—basically, as long as you can.
- **Thought stopping.** Picture a large red stop sign in your mind while screaming, “*Stop!*” (silently, in your mind) *before* you perform the mental ritual. This has the effect of short-circuiting the tendency to automatically use a ritual to relieve the discomfort of the intrusive thought. This isn't intended to stop intrusive, horrific thoughts, which is an exercise in futility. If used for that purpose, thought stopping only increases these thoughts. It is intended only as a tool to help prevent you from doing compulsive mental rituals.

## HOPE FOR PRIMARILY OBSESSIONAL OCD

For years, it was widely believed that people with primarily obsessional OCD were much more difficult to help than people with obsessions accompanied by overt compulsions. In our experience, this isn't true. We believe that by using the techniques we've described in this chapter, perhaps in combination with the right medications, you can break free from primarily obsessional OCD. Though the work can be very challenging, even scary, the reward is great: relief from dealing with the constant unpleasant noise in your mind.

The goal of the exercises in this chapter is to help you begin to coexist with your horrific thoughts. Although it's unrealistic to expect your intrusive thoughts to go away magically, you will experience significant relief once you understand that a thought is just a thought, nothing more. Remember the well-worn phrase “Whatever you resist persists.” In terms of OCD, this means that the OCD feeds off of persistent attempts to avoid or suppress intrusive thoughts or see meaning in them. When you give up trying so hard to control the activity in your head, the OCD will lessen.

Will your primarily obsessional OCD go away completely and forever? Probably not. Intrusive thoughts tend to flare up when life becomes stressful. But, overall, you can learn to live more comfortably with these difficult thoughts. As they come to be mere occasional background noise, you can enjoy life once again.

## HELP FOR FAMILY AND FRIENDS

Cherry Pedrick remembers that years before she had OCD, she didn't want to stand near the edge at scenic overlooks. The thought would cross her mind "If I get too close, I might jump!" That thought was immediately followed by "Where did that thought come from? How silly!" It was disturbing, but she could dismiss the thought easily. While writing this chapter, Cherry could relate to people who have such thoughts and can't dismiss them. During her OCD years, there was a point at which Cherry seldom had a waking moment when she wasn't battling her thoughts—usually worrisome thoughts about having caused harm in the past. For Cherry, it's a joy to be free of those thoughts.

People without OCD have unwanted, intrusive thoughts, often without even realizing it. Chances are, you have such thoughts from time to time. Because they can be so fleeting, you might have to monitor your thoughts for some time before you notice having the types of thoughts that torture the minds of people with primarily obsessional OCD. Imagine if you couldn't easily dismiss those thoughts and felt as if you hardly had a waking moment without an unwanted thought going through your head.

What do these thoughts mean? Will your loved one act on unwanted horrific thoughts? No! If you need reassurance, read the section entitled "The Nature of Horrific Thoughts in Primarily Obsessional OCD." These thoughts are just brain noise. There are no hidden meanings. Your loved one may come to you for reassurance about this, and you may be tempted to offer it. Resist that tendency. Remember, reassurance and debating will only fuel the OCD.