

Thinking Bad Thoughts

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Everyone has intrusive sexual thoughts from time to time. In my experience, what makes those with this type of Obsessive Compulsive Disorder different from those without OCD is the frequency of the thoughts, the intensity with which they arise and how long they linger once they do come up. Those without OCD are aware of the unusual sexual images but dismiss them as meaningless. Those with OCD typically think the unwanted sexual thoughts have some significance. Images are accompanied by anxiety and distress. Doubt and uncertainty linger and internal questions arise regarding whether one may act on these thoughts. These obsessions can be followed by negative self-critical comments such as fears of being a perpetrator or a morally corrupt person. Intrusive sexual obsessions can generate a variety of contradictions. They include: uncertainty about whether you would act on these images (or whether you might have acted on them already) even though you know you never would; doubts about whether you like the images while at the same time knowing you don't; and possible reflection on past circumstances in life which are interpreted to be evidence that the obsessions are significant even though an independent observer would not equate these past incidents as evidence that the thoughts are true.

Sexual obsessions tend to torment with thoughts considered the most inappropriate and awful. These thoughts can come up at the most inappropriate times. Due to the level of distress, guilt, and shame experienced, it is common for people to engage in extensive avoidance behavior. After all, who wants to experience these thoughts or the accompanying emotions? At first it may seem like an effective strategy to avoid situations which trigger unwanted images. However, avoidance actually increases the obsessions, strengthens the fear, and makes it more likely you will want to turn to avoidance in the future as a way to cope. Rituals done to reduce distress and guilt may reduce the distress in the very short term but ultimately this increases the urge to use these rituals in the future. How do you respond to your unwanted sexual obsessions? Do you acknowledge them and try to continue doing what you were doing before the thought or image arose? Or do you react with avoidance behavior and/or mental or physical rituals? Are you doing rituals to reassure yourself that nothing really did happen or to reduce feelings of guilt?

While not the most common form of OCD, sexual obsessions are more common than you may realize. One in 50 adults has OCD and it is estimated that about 10-20% of these have sexual obsessions. People are hesitant to talk about these thoughts. The purpose of this article is to better understand the types of sexual obsessions, common reactions associated with these thoughts, and treatment recommendations.

Common types of sexual obsessions

What do we mean when we refer to "sexual" obsessions? The "sex" in sexual obsessions refers to any unwanted intrusive thoughts or images regarding kissing, touching, fondling, oral sex, anal sex, inter- course, and rape. OCD can be quite creative in generating any variety of unwanted images and urges. These thoughts can include one or more types of sexual con- tact listed above with strangers, acquaintances, parents, children, family members, friends, coworkers, animals and religious figures. The thoughts about sexual contact can be with the same sex or with the opposite sex, of any age. Unwanted thoughts can be of heterosexual or homosexual content.

Let me offer a few examples of these thoughts:

— a woman having thoughts of oral sex with her mother;

- a man having thoughts of raping one of his children, a little boy;
- a man who avoids going to public locations or walking too close to other men, or if he goes to a more crowded location he keeps vigilant watch over where his hands are at all times because of unwanted thoughts that he will grab and fondle another man's genitals when walking past;
- a young woman who has intrusive thoughts of kissing and intercourse with both the Virgin Mary and Jesus, especially when she goes to church (if she goes) or whenever she reads something that refers to a religious topic;
- a lesbian who has intrusive unwanted sexual thoughts about women strangers and coworkers to whom she is not attracted;
- a young man who has unwanted and significantly tormenting thoughts of fondling and having sex with young children he may see in public;
- a female teacher who has unwanted thoughts of inappropriately kissing and fondling adolescent students in her class and a few of her fellow teachers;
- a man who has images of having intercourse with his dog and unwanted thoughts of fondling his dog's genitals; and
- an older adolescent girl who has images of having oral sex with her father when she is doing the same with her boyfriend.

These are only a few examples of the many varieties of intrusive sexual obsessions. Thoughts are unwanted and do not reflect personal preference. Images/urges typically cause angst and significant emotional pain. Just because you have a thought does not mean it is important. People have all kinds of thoughts; not all thoughts that enter a person's awareness have meaning, even though this is what the OCD may try to tell you. Avoidance behavior can be quite extensive and many report physical and mental rituals they turn to for reducing distress.

Compulsions and avoidance behavior

Sexual obsessions can be accompanied by body vigilance or awareness about where one's body is in relation to others including keeping a "safe" distance from the people who trigger one's OCD at all times, and keeping hands close to one's body for fear that if hands swing while walking or were to hang loosely at their side, they may wander into the inappropriate sexual action suggested by the OCD images. Legs may be vigilantly held close together and turned away from triggering people. Compulsions may include keeping another person with you when you are in the presence of a triggering subject to give reassurance that nothing will happen. Many people engage in compulsive reassurance-seeking in an effort to allay uncertainty. Compulsions may include a mental review of an event over and over in an attempt to get clarity about what happened or one may use prayer rituals to reduce guilt.

People with this type of OCD try to avoid any situation, person or event that has the potential to trigger unwanted sexual obsessions, including holding or touching kids (including your own); being near children in general; being alone with kids; going to places and touching objects associated with children; avoiding religious objects, words, materials, places, clergy, churches or temples; avoiding putting hands in one's pants pockets due to the proximity to the genital area when in a situation triggering a sexual obsession; avoiding getting close to people or animals; or avoiding looking at magazines or watching movies or looking at pictures about the same subjects that are the content of the intrusive sexual thoughts.

Emotional reactions to the obsessions

Emotional reactions can be varied. They include shame that the thought is even entering your mind, embarrassment, guilt, distress, torment, fear that you may act on the thought or perceived impulse and, doubt about whether you have already acted in such a way. They also include uncertainty about whether a sexual offense has been committed or if you have the potential to act on your thoughts, uncertainty if these thoughts reflect who you really are as a person, and feelings of depression both in reaction to the negative self-labeling that typically happens and as a result of how much the OCD has interfered with life functioning. All these need to be addressed in the course of therapy.

Associated physiological reactions

Maybe 40% of people describing their sexual obsessions to me also report some level of accompanying physiological arousal reactions in response to the sexual thoughts. This figure may be higher as people tend not to report these reactions due to embarrassment and fears about what they may mean. Physiological reactions can include increased heart rate, a feeling of being “turned on,” increased lubrication, an erection and at times orgasm. Needless to say, when you’re having unwanted intrusive sexual thoughts, the last thing most people want to be experiencing is sexual arousal of some form at the same time as these thoughts. This response typically generates even more confusion, anxiety, doubt, fear and uncertainty. But keep in mind that a physiological sexual response can be a conditioned/automatic sexual response that does not particularly mean you desire what you are thinking. All your brain knows is that it is having sexual thoughts. A sexual reaction means that your “hardware” is working in response to a sexual thought. Your brain doesn’t necessarily care that these sexual thoughts happen to be thoughts that are unwanted. All your body knows is that a sexual thought is occurring and the conditioned sexual response goes into action. However, your thinking processes then try to make sense of this reaction. This is where the OCD begins to tell you falsehoods in an effort to make sense of what this physiological reaction means. The OCD often says it must be indicative of desire and intent. A false sense of meaning and importance is given to these thoughts and reactions.

Associated cognitive reactions

In an effort to reduce distress and in response to the doubt and uncertainty, your mind ponders ways to find meaning in the thoughts and reactions. This may result in internal self-talk, such as: If I’m having these urges and they are coming up this frequently then they must be significant. Maybe I’m a perpetrator or I’m a pervert? What if I act on these thoughts even though I know I don’t want to? What if I already did act on these thoughts? What if I can’t remember the details of a situation clearly enough to adequately determine if I did something or not? What if I really like what I’m thinking and this is resulting in the arousal sensations? What if I am gay or lesbian? What if others can see my thoughts? What if God never forgives me for having thoughts like these? Can I ever forgive myself for having thoughts like these? These thoughts result in an increased desire to avoid or ritualize in order to feel better. Behavior therapy (specifically exposure and response prevention) as well as cognitive therapy can help reduce emotional reactivity and the unproductive internal self-talk associated with sexual obsessions.

Treatment

In order to reduce a fear, you have to face a fear. This is true of all types of anxiety and fear reactions, not just OCD. While OCD is a neurobiological disorder that can respond to medication treatment, there are behavioral learning principles which offer insight into why certain behavioral choices can strengthen your OCD symptoms and cause them to get worse. Anxiety is aversive and uncomfortable. No one likes to experience shame, doubt or fear. Typically, the initial reaction is to do whatever you can to make the feelings go away, even if relief only lasts a short period of time. The OCD tells you to get out of the situation or do rituals. However, whenever you do an action which stops an aversive event from occurring, this action is strengthened and reinforced. This is called “negative reinforcement.” You are teaching your mind and body that the only way to reduce the feeling is to avoid or ritualize. The next time you are in this situation, your mind and body will remember this strategy. And while this may work short term, over time it leads to more and more interference in life and actually strengthens your fear of the thoughts and increases the likelihood the thoughts will come up more frequently.

Behavior therapy involves exposure and response prevention which is the practice of staying in a feared situation and/or facing feared thoughts time and time again, without avoiding or ritualizing, until the distress/anxiety level comes down at least by half. Over time, this will reduce how much that situation triggers a fear response. This is referred to as habituation. The less you fear the situation and the less you fear the thoughts, the less likely they are to come up. Keep in mind the goal of behavior therapy is not to reduce the thoughts directly but to reduce your emotional fear reaction to the thoughts and situations. The therapy involves learning to experience and not react to the feelings of doubt and uncertainty. Ironically, this is the way to reduce the frequency,

intensity and duration of the thoughts. Will they be reduced to zero? Not likely. Remember everyone has intrusive thoughts sometime so it would be unrealistic to expect that you could get to a point of having none.

Exposure and Response Prevention therapy (E&RP) involves creating a hierarchy of feared situations that trigger gradually increasing amounts of distress and anxiety. Each person's hierarchy is individualized depending on what she/he feels generates lesser to greater levels of distress. Typically, I have people start with a task that generates at least a moderate to moderate-high level of anxiety such as a 6 through 8 out of 10. This gives you an opportunity for habituation to occur. Another important component is to try not to leave a feared situation when you are at the peak or near peak of your anxiety. Leaving sensitizes you to the situation and again strengthens the fear and avoidance reaction to sexual thoughts.

Items on a hierarchy for people with intrusive unwanted sexual thoughts about children may include doing the following exposure tasks while making efforts to do response prevention, such as, resisting reassurance seeking, reducing mental rituals and eliminating physical rituals. They include looking at pictures of kids in a clothing catalog, going to a mall and walking past kids; and going to a playground or beach and watching the kids play. Then, after the exposure experience, write down a list of your intrusive sexual thoughts about kids; write out a more detailed script/story of situations which are the images and urges your OCD is telling you; record these scripts onto a tape recorder and listen to them repeatedly; visit family members with kids and practice having them close by while reading to them or playing a game with them; give a child a hug, change diapers, or play a game or go swimming with a child and deliberately think the unwanted intrusive thoughts and or listen to your recorded scenes of unwanted thoughts.

Examples of E&RP tasks for a person who has unwanted sexual thoughts about fondling and having intercourse with family members as well as strangers of the same sex might include doing the following exposure tasks while resisting mental and physical rituals: look at pictures of people (same sex) in magazines, look at pictures of family members and write detailed scenarios of intrusive unwanted sexual thoughts with specific family members and imagined strangers in various locations; walk in public locations and non-intrusively but deliberately walk next to people with hands out of pockets or sit across from people with legs open; go to crowded stores under the pretense of buying something or travel on the subway during rush hour and "accidentally" gently bump into people; and or go to family get together and give hugs. Do the tasks listed above while deliberately thinking intrusive sexual thoughts and or listening to the thoughts on tape that you've made at the same time.

Above are examples of exposure and response prevention strategies which, first and foremost are the catalyst to change. Cognitive interventions, while important, should be viewed as an augmenting strategy to help people remain in ERP situations longer and provide motivation to resist compulsions and avoidance behavior. Often the goal of cognitive interventions is to help people accept feelings of doubt and uncertainty. Most people with sexual obsessions report some level of overt or subtle avoidance, physical rituals or mental compulsions and, as a result, may find some benefit from cognitive behavioral interventions. For the very few who are purely obsessional, with no avoidance, compulsions or significant distress, cognitive behavioral therapy may offer limited benefit. Of note, OCD treatment may be altered if there is a history of sexual or physical abuse, if ERP tasks are accompanied by dissociation, or if people are exploring concerns about sexual identity or sexual preference.

At the MGH/McLean OCD Institute, we have people do ERP tasks 4 hours a day (2 hours in the morning and 2 in the after- noon) in addition to various ERP tasks at other times throughout the day. People are encouraged to do ERP tasks at specific times but are also encouraged to live the philosophy of doing ERP through out their day-to-day routine in order to generalize behavior therapy gains. For those people whom I see as outpatients, some sessions focus on doing ERP tasks in the session while other sessions may be spent talking about how to practice doing ERP tasks out- side the session for homework. "Behavior therapy moments," as I call them, do not just

happen in the doctor's office. If anything, they should be happening much more in between the therapy sessions. As I see it, the main goal is not to go after reducing the feared unwanted thoughts directly, but to teach people how to tolerate doubt and uncertainty while reducing compulsions and avoidance behavior. As you reduce the fear reaction through repeatedly facing what you fear, the frequency, intensity and duration of the unwanted thoughts tend to be reduced. If you are going to be experiencing discomfort, you might as well experience it in the direction of doing the behavior therapy. Therapy also addresses methods to reduce the shame, negative self-labeling and depression associated with sexual obsessions. If you are ready for change, then cognitive behavioral interventions could help.