

There is hope

The following is adapted from *The Imp of the Mind: Exploring the Silent Epidemic of Obsessive Bad Thoughts* by Lee Baer

Ever since Sally, a new mother in her mid-twenties, had brought her infant daughter, Jessie, home from the hospital, she had become increasingly afraid of being alone with her. Now, when she has to take care of her daughter alone, she thinks about how easy it would be to throw her defenceless Jessie against a wall and smash her skull, or how quickly she could smother her under her tiny pillow. If Sally sees a knife on the kitchen counter, the image of stabbing Jessie floods her mind, disgusting her and filling her with guilt. Her husband, Jack, finds it odd that Sally always prefers that he change Jessie's diaper, and that he gives her a bath, while Sally tries to stay as far away as possible. But so far, she can't bring herself to admit to Jack the awful thoughts that dominate her mind, lest he think her an unfit mother. Even admitting these thoughts to me feels shameful and disgusting to Sally. "No other mother could have thoughts like these—I must be insane," she tells me through her tears.

When I assure her that her thoughts are not nearly as rare as she believes, and that I am not in the least concerned that she will act on them, Sally is slightly relieved, but also puzzled: "How can you be so certain I'm not deep down a murderer who won't one day snap and kill Jessie?" she asks. But the very facts that she feels guilty and worries about having such awful thoughts, and that she has never physically harmed anyone before, are all the clues I need to be able to reassure her that she is not a murderess, but rather one of millions of people who suffer in silence from bad thoughts.

What do I mean by "bad thoughts"? I mean something specific: thinking the most inappropriate things at the most inappropriate times. These thoughts, urges, and images almost always fall into one of three categories:

- inappropriate aggressive thoughts,
- inappropriate sexual thoughts, or
- blasphemous religious thoughts.

These bad thoughts sometimes involve:

- harming an innocent child,
- urges to jump from the top of a tall building or mountain,
- urges to jump in front of an oncoming train, or
- urges to push another person in front of a train or automobile.
- Some suffer from sexual thoughts they find unacceptable, toward either people they know or strangers—or perhaps even toward religious figures such as God, Jesus, or Mary.

- Others awaken wondering whether they have incestuous urges,
- or they worry about urges to say racist things, even those totally contrary to their beliefs.

These thoughts are far more common than we usually believe, ranging from mild bad thoughts that just about everyone admits to having occasionally, up to severe bad thoughts (which research that I will discuss later suggests may be endured by millions of adults). Tragically many adolescents also suffer from these serious bad thoughts, often convincing them that they are morally bad people who really want to have sex with their parents or do something equally abhorrent to them.

Perhaps you or someone you love has suffered from extreme "bad thoughts," either briefly in the past or continuously over many years. If so, you've probably never told anyone, even a close friend or spouse, about your bad thoughts—terrified that you might be thought insane (and you've probably wondered this very thing yourself!). You probably steer clear of situations that trigger your thoughts and feel shame for having these thoughts in the first place. If you come from a strict religious background, you may worry whether you are already condemned to an eternity in hell—especially if you believe that thinking a thought is as bad as performing the act.

These are obviously not the kinds of thoughts that one discusses in polite cocktail-party conversation. Yet simply learning that thoughts such as these are part of being human, and that similar ones are probably going on in the minds of people you pass on the street every day, should help reassure you that you're not as different as you worry you are. There is help for your thoughts, and they don't have to ruin your quality of life; they can be tamed.

In part two of this book, I explain state-of-the-art treatments that you can try on your own or with a professional to tame your disruptive bad thoughts (including a fascinating series of experiments showing that the more you try to stop your bad thoughts, the stronger you make them).

It would not be unusual for you to have serious concerns that one day you will act on your thoughts, and that deep down you're a criminal. Therefore, I will address the challenging question of how you can be certain you will never act upon these thoughts; that is, if you suffer from obsessions, what makes you different from a Susan Smith or a Jeffrey Dahmer, who really do the things you worry about doing. Perhaps most importantly, I hope to help you feel less alone and helpless, and to give you the hope that you can once again find peace of mind.

As a licensed psychologist I am ethically bound to take action if I believe my patient is a danger to others. Yet almost every week some mother tells me she has thoughts of harming her baby, a father tells me he worries he will molest his daughter, and both men and women tell me they think about steering their automobile into an innocent pedestrian or pushing a commuter in front of an oncoming train—yet I take no action. Why? Because

experience and research have taught me that these people are not truly dangerous to others. Their thoughts will leave them feeling guilty and depressed and, too often, incapacitated, but their bad thoughts will almost certainly remain just that—bad thoughts.

I have become fascinated by the large number of patients who have sought my help for their problems and then, in reply to my questions, admitted to violent, sexual, or blasphemous obsessions that they have suffered from in silence, often for years. I am now convinced that this is an underrecognized problem: as an example, a half million American women a year may suffer from horrible thoughts about harming their newborn babies—although they will never do this! Sadly, most of these women never seek treatment, likely because they are so embarrassed by these thoughts that they won't mention them to their doctor or family.

Although people with unacceptable thoughts like these would today be diagnosed with OCD, most of them have not identified themselves with this disorder because they do not wash their hands or check door locks. Epidemiological studies around the world suggest may be the most common kind of OCD. This is especially unfortunate, since over the past decade we have developed powerful nondrug treatments to effectively treat these intrusive thoughts.

Over the past two years I've conducted a weekly support group at McLean Hospital to try to help sufferers of bad thoughts. It has been gratifying for me to hear participants report that through this group they have learned they are not alone, and that there is hope for recovery.

To date I've met or treated several hundred people with bad thoughts, and I've noticed two intriguing paradoxes about them:

- (1) Nearly everyone who comes to me for help with bad thoughts thinks he or she is the only person with these thoughts.
- (2) Those suffering from bad thoughts are often more tormented than people with any other psychiatric disorder I have known, and many have contemplated or attempted suicide. Yet, they have almost never told another living soul about the disorder, instead suffering in private.

The information on the pages that follow recounts the kind of information I would give Sally and similar patients during our meetings: first to help her fully understand her problem with "bad thoughts," and then to help her learn how to tame these thoughts so they no longer cripple her.