

## **In Vivo Exposure for Violent Obsessions**

In the case I describe below, I began by identifying situations that this man avoided because they triggered his violent thoughts. Then I helped him to confront them, until he habituated to them.

By the time Rick came to see me he was distraught. An anxious-appearing man in his mid-twenties, he came to our clinic for help with thoughts about harming his parents and his girlfriend. At our first meeting, he told me that the harder he tried to resist these thoughts, the more upsetting and more persistent they seemed to become. He told me that he went out of his way to avoid any situation that would trigger his bad thoughts. When he was around his parents or his girlfriend, he was certain to clear the table of any pens, pencils, or other sharp objects that he feared he might attack her with. (When I later met his parents and his girlfriend, all confirmed that Rick was a gentle man who had never hurt a fly in his life, and whom all of them trusted completely, despite knowing all about his bad thoughts.)

Rick's problem had begun a year previously when, while out with friends and intoxicated, the thought passed through his mind, "How can be I sure that I don't really want to attack my friends?" This thought terrorized him, and although he told no one about it, it stuck with him and festered in his mind. Soon the thought spread to his parents, whom he lived with, with worries that he might stab them with scissors or a knife, and then to his girlfriend.

Rick had begun avoiding being around other people and was no longer able to work. He told me that he had lost hope that he could ever again live a normal life, as he had just a year before. When I told him that with the proper treatment he had an excellent chance of recovery, he admitted that he couldn't believe me, but even though it sounded frightening, he would do his best to give it a try.

I began by explaining to Rick that the very act of avoiding his bad thoughts, along with situations that triggered them, was helping to keep them going. What we needed to do first was to discover all the situations he could think of that triggered his bad thoughts. Next, I would help him systematically expose himself to these situations. I told him that two decades of research had proven the best way to conquer our fears—even fears of our own thoughts and urges—is to expose ourselves to them. I explained that this results in habituation—that is, we get used to the situations so they no longer produce the high level of discomfort they once did, and the bad thoughts go down as well.

So, before our next meeting Rick listed all the situations he could think of that triggered his bad thoughts. When he showed me his list, it included sitting close to his father or mother, being around them when sharp objects such as pencils or scissors were nearby, and sitting near his girlfriend, especially when sharp objects were around.

Now that we had identified situations that triggered his bad thoughts, I asked him to put himself in these situations as much as possible, and to remain in them even when he felt uncomfortable. When Rick returned, he told me that he had started off by sitting near his

parents, which he had been avoiding. He told me that after he did this for a few nights, he began introducing sharp objects such as pens, pencils, knives, and scissors on a table within arm's reach of him while he sat and talked with his parents for at least an hour. He told me that each of these situations had produced extreme anxiety at first, but that this had gradually gone down as he continued practicing his exposure homework each day.

Next, I asked Rick to stop avoiding his girlfriend, as he had been. At first, he simply sat closer and closer to her. Next, he gradually introduced sharp objects nearby. His girlfriend understood how exposure therapy was supposed to work and served as a co-therapist during the home exposure practices. She reminded Rick that the bad thoughts would pass through his mind from time to time, but that they were just thoughts, were probably due to his being overconscientious, and were not in themselves at all dangerous.

After three weeks of this practice, Rick told me he was feeling better and was able to be around people he had been avoiding. However, the bad thoughts were still occurring many times a day, and he asked me if there was anything he could do to make more progress.

I told Rick that to accelerate his progress he would have to expose himself to the very bad thoughts he was most afraid of. When he asked what I meant, I asked him to write down details of the very worst thoughts that tormented him. I told him these might be thoughts about "snapping" and stabbing his girlfriend with a knife; it might involve her parents coming upon the scene and accusing him of being insane; possibly he imagined the police would come and handcuff him and lead him to jail; he might see his face on the front page of the newspaper and a story describing him as the "insane sadistic killer"; possibly he feared being disowned by his family and dying alone and forgotten in a jail cell.

Like most of my patients, Rick's first reaction was to ask me if he really had to do this. I told him that this kind of exposure by audiotape has been found to be one of the most effective ways of dealing with bad thoughts like his. Rick gamely agreed to give it a try.

When he returned, he had done his homework and brought me a two-page script describing the worst scenario he could imagine. I reviewed his scenario with him to delete any reassurances he might have written in the script (including phrases like "but this will never really happen" or "God forgive me for doing this"). I crossed out all of these reassurances because they would undo the effects of the exposure tape. When the script was complete, I had Rick record the horrible scenario on a cassette tape and instructed him to listen to it on a portable tape player for at least one hour a day, in addition to any other time the bad thoughts came. When he felt the thoughts coming, he was to sit down, put his headphones on, and listen to the exposure tape until the thoughts began to subside.

After two weeks of listening to this, and similar scenarios, Rick reported that his obsessions were occurring rarely, and he was easily able to tolerate them when they came. He was back at work and interacting normally with his parents and his girlfriend.

Rick's case illustrates that we often augment in vivo exposure therapy by other, less direct, exposure methods, when necessary.

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