

Using Audiotapes to Intensify Exposure Therapy

Frieda had her first child late in life and came to see me because she was having difficulty feeling safe around her three-month-old child. Hers were the common fears of not wanting to change him when scissors or knives were around. But lately she had become even more distressed and no longer felt safe taking him outside for a walk because she suffered from images of pushing his carriage in front of an oncoming automobile, or throwing him from a bridge that she had formerly enjoyed crossing with him. Needless to say, Frieda was horrified by these thoughts, being, like most of my patients, overconscientious. She told me that since childhood she had always worried about doing the right thing, and now she worried about being the perfect mother and protecting her son, especially after waiting so long for his arrival. She had tried a variety of antianxiety and antidepressant medications over the past year, but none had reduced her bad thoughts, so her psychiatrist had referred her to me.

As she described her bad thoughts—and this was the first time she had ever told another person about them in detail—I listened intently, then assured her that I had no concern that she would ever act on her thoughts. She had no history of acting violently in the past, she seemed to have no trouble controlling her anger, and she was clearly not psychotic. These were purely obsessions, and she was far from being alone in suffering from them.

I then told Frieda that although I, too, wished we had an easier, more comfortable way of getting rid of her thoughts, the surest bet was for her to go through exposure therapy. I would help her to expose herself to the very bad thoughts and images that she been avoiding; she would not permit herself to turn off the thoughts and images to temporarily make herself feel better, since this would short-circuit the natural process of habituation. I wasn't surprised to find that Frieda was exceptionally nervous the day I asked her to write out a detailed script about the worst consequence if her bad thoughts were to come true. I asked her to leave no stone unturned in making the script as vivid, as violent, and as detailed as a Stephen King horror story. The next week, she brought me three pages in her handwriting, carefully folded in an envelope with no identifying marks on the outside, and carefully hidden in her purse to ensure she wouldn't accidentally drop it.

Do not worry if, like Frieda, you feel guilty or ashamed about putting your bad thoughts on paper or audiotape. Most of my patients find this difficult, too. Some have told me they have burned the "evidence" at the conclusion of our treatment to ensure that it never "falls into the wrong hands"!

As I read her script, I saw that Frieda had done as I asked her and had produced a detailed script with no reassurances to decrease her distress. She told me that she had broken down into tears several times while committing these horrible thoughts to paper (the very writing

down of these thoughts and images for the first time is often a powerful exposure for my patients).

She had written about taking her baby for a walk over the bridge; getting an urge to throw him over the side; giving in to the urge and flinging his light body down into the water; watching him fall through the air as if in slow motion, screaming and flailing his little arms; seeing her baby sink under the cold, dark water; bystanders screaming "Get her!" while she laughs insanely at the thought of her son drowning down below; being swarmed by a mob, grabbing and beating her; being brought to the police station; her picture flashed on the television news; facing her husband and his wrath; feeling shame and disgust at having committed this heinous crime; being beaten and raped by the other prisoners for being a child-killer; being disowned and forgotten by her family; having failed as a mother; becoming the monster she had always feared becoming; contracting AIDS in prison and dying, alone.

With my help, Frieda recorded this script onto an audiotape, which I asked her to listen to for one hour twice a day, and whenever else the bad thoughts popped up. The first time she listened to the tape in my office, she broke into tears but forced herself to listen to it, rating herself as a ten out of ten on a scale of anxiety. I reassured her that if she continued to listen to the tape, her distress would start to decrease, and the bad thoughts would gradually lose their terror for her.

At first, Frieda had to force herself to use the tape, but she kept her promise to me and listened to it on a regular schedule. By the end of the first week, she noticed the start of a drop in her distress. This decrease continued through the second week, and by the time she returned to see me after the third week, Frieda reported that, to her surprise, the tape was beginning to bore her! Later I helped Frieda make two additional tapes for exposure to other bad thoughts she had about pushing her son into traffic and of stabbing him. As she continued to listen to these tapes and began to habituate, I encouraged her to resume taking her son for walks. With this combined audiotape and in vivo exposure treatment, by the end of six weeks Frieda didn't avoid any situations with her son, and she enjoyed being with him, without the horrid thoughts. Occasionally, a bad thought would still pass through her mind, but since she now realized that this was "just a thought" and of no importance, she simply let it pass through her mind without fighting it. I'm pleased that she continues to be much improved more than two years later.

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