



Intrusive Thoughts and Mental Rituals in Obsessive-Compulsive Disorder

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Learning Objectives

1. Identify common mental rituals in OCD.
2. Identify strategies for helping patients with OCD respond to intrusive thoughts.
3. Distinguish between intrusive thoughts commonly found in OCD and thoughts that may represent other concerns.

Why This Talk?

- OCD sufferers are often unaware of the role of mental rituals, or unable to articulate their experience of them
 - "I can't stop thinking about it."
 - "I need to think about it in a specific way."
 - "I can't move forward until I've gotten it right in my head."
- Clinicians may misdiagnose OCD for other conditions due to content of the obsession and/or the lack of observable compulsive behaviors

OCD Basics

- Obsessions:
 - Unwanted intrusive thoughts, images, and urges that are associated with distress
 - Repetitive
 - Ego dystonic
- Compulsions:
 - Physical OR mental behaviors engaged in for the purpose of seeking certainty and relieving distress associated with obsessions
- DSM defines OCD as: presence of obsessions OR compulsions
- In reality, people with OCD have obsessions AND compulsions*
- You just have to be able to identify the compulsions!

What are Mental Rituals?

- Covert compulsions that occur in the mind
- Often unnoticed by others
- Often overlooked by treatment providers
- Sufferer may believe mental behavior to be non-compulsive
- Thought process is driven by certainty seeking

Mental Rituals

- Mental review, mental checking, and rumination:
 - Replaying an event in the mind to be more certain of its significance or outcomes
 - Reviewing a memory to make sure it is accurate
 - Reviewing thoughts, feelings, or sensations to see if they are still present and/or troubling
 - Bringing up a resolved concept to re-process and confirm it has been resolved
 - May be driven by desire to prove a fear true or untrue
 - May be driven by desire to "lock down" a concept to avoid feeling uncertain/uncomfortable indefinitely
 - Often justified as just trying to figure things out
 - Like other compulsions, an underlying belief that this behavior will 'pay off'

Mental Rituals

Variations on mental review

- Hypothesizing/theorizing:
 - Reviewing a theoretical event (something that did not occur but could) and then analyzing the hypothetical responses that could take place (e.g. "would I cheat on my wife if...?")
 - Common in morality-related obsessions
- Mental rehearsal:
 - Repeatedly reviewing a mental script of how to behave in a future scenario
 - May be viewed as simply preparing but is excessive and certainty-focused
 - Common in social anxiety
- Rationalizing
 - Repeatedly reviewing perfectly reasonable ways of looking at an obsession that justify letting it go
 - The easiest ritual to get roped into as a therapist

Mental Rituals

- Thought neutralizing:
 - A mental behavior centered around silently saying words or attending to thoughts that are the opposite of the unwanted thoughts
 - The belief is that a "good" thought will neutralize a "bad" one and preempt unwanted consequences.
 - Often associated with thought-action fusion and magical thinking (i.e. the neutralization is protective).
- Mental chanting:
 - Mentally repeating words or phrases, whether positive, neutral, or upsetting, by rote
 - May be done a certain number of times or until a desired feeling or mood is established

Mental Rituals

- Self-reassurance:
 - Mentally repeating reassuring statements to gain a sense of certainty that the unwanted consequences of a thought will not occur. Oftentimes, this is a ritualized version of positive affirmations
 - May involve mental review of previously acquired reassurance (e.g. comforting statements made by therapist)
- Variations may include:
 - Contingency planning – reviewing fantasy scenarios in which the feared consequences are coped with or neutralized (e.g. repeatedly telling yourself you'll escape to Argentina to avoid prosecution for a feared crime)
 - Suicide fantasies – function as a wishing ritual, imagining a space in which the thought ceases to be present or as a contingency plan (see above).
 - *Must be distinguished from actual ideation or intent*

Mental Rituals

- Compulsive flooding and mental testing rituals:
 - Agreeing with and exaggerating thoughts for the purpose of testing reactions and/or proving that they are "OCD thoughts"
 - Because it is painful, it demonstrates that the thoughts are ego dystonic and this functions as a form of self-reassurance
 - Very prevalent in sexual and harm obsessions
 - May be confused with ERP and therefore not addressed in treatment
- Self-punishment and self-criticism:
 - The opposite of self-compassion. Mental strategies for criticizing self in response to unwanted thoughts to avoid uncertainty about morality or prove that unwanted thoughts are unwanted
 - May include forcing oneself to feel guilty in response to an imagined infraction

Mental Rituals

- Memory hoarding:
 - Like physical hoarding, the OCD sufferer goes out of their way to save small bits of information for potential recall.
 - Examples of this may involve compulsively memorizing interactions with people or actively attending to memorization of the details of a room or a book
- Compulsive prayer:
 - Prayer becomes ritual when it is used repeatedly to neutralize or evade thoughts, rather than as an attempt to more genuinely connect with one's religious faith
- Counting compulsions:
 - It can be its own compulsion, in which the OCD sufferer feels the need to count to keep something bad from happening
 - Or, it can be used as a form of compulsive avoidance by counting instead of allowing other unwanted thoughts to stay present

Obsessions and Mental Rituals

- All obsessive content is likely to involve some level of mental ritual
- Obsessions with contamination may correspond with excessive washing but will *also* include ruminating over what was touched and rationalizing why it is OK to resist washing
- Obsessions with responsibility may correspond to physically checking that a stove is off but will *also* include memory hoarding and self-reassurance rituals
- Some obsessions may predominantly correspond only to mental rituals
- "He doesn't have OCD because he doesn't wash his hands much"

Obsessions and Mental Rituals

- Harm OCD/aggressive obsessions – obsessive thoughts/images of aggression/violence
 - Fear of acting out in violence impulsively or causing harm through negligence
 - Fear of self-inflicting harm/suicidality
 - These thoughts are unwanted, distressing, and ego dystonic, though sufferer may at times feel uncertain about this and fear feeling otherwise
- Sexual Orientation OCD (a.k.a. SO-OCD/HOCD)
 - Fear of "turning into" or being in denial of other-orientation identity
 - Thoughts are inconsistent with historic identity, upsetting, not perceived as fantasies, not typically co-occurring with orientation confusion or ambivalence
- Pedophile OCD (a.k.a. POCD)
 - Fear of being sexually attracted to children or impulsively acting out sexually with children
 - Ego dystonic, not paraphilia, not fantasies

Obsessions and Mental Rituals

- Relationship-themed OCD (a.k.a. ROCD)
 - Fear of inadequacy or dysfunction in romantic relationship
 - Independent from significant issues in relationship
- Scrupulosity
 - Religious scrupulosity: fear of being disconnected from faith, blaspheming
 - Moral scrupulosity: fear of being morally inadequate
 - Independent from, but can co-occur with, faith ambivalence
- Somatic (a.k.a. sensorimotor, hyper-awareness obsessions)
 - Discomfort associated with awareness of involuntary processes (i.e. blinking, breathing, swallowing) or bodily sensations
 - Very likely to claim the absence of compulsions

Treating Intrusive Thoughts and Mental Rituals

- CBT with an emphasis on exposure and response prevention (ERP) is the "gold standard" of treatment
- Related modalities, such as ACT, may emphasize mindfulness and acceptance, but still ultimately require exposure to uncertainty and ceasing compulsions
- Treatment for OCD often fails because of poor response prevention due to poor identification of mental rituals
- Someone who resists asking for reassurance but continues to ruminate over the same thought content is unlikely to make progress
- Sufferers and clinicians alike may avoid addressing mental rituals in an attempt to avoid thought-stopping

Thought Stopping vs. Ritual Stopping

- Thought stopping
 - Cognitive interventions aimed at removing or replacing unwanted thoughts
 - May include replacing negative thoughts with positive ones, saying "stop!" or picturing a stop sign, pairing the thought with a punishment (e.g. snapping a rubber band on the wrist)
 - Generally considered ineffective; implies that the presence of thoughts is the problem (as opposed to responses) and that thought content is significant, uses distraction compulsively
- Ritual stopping
 - Interventions aimed at accepting the presence of unwanted thoughts and recognizing/resisting compulsive responses
 - May include labeling and abandoning identified mental rituals, mindful awareness of thought process and intention, and exposure-based strategies that interfere in ritual completion, uses redirection of attention strategically

Treating Intrusive Thoughts and Mental Rituals

- Nothing about OCD with predominantly mental rituals renders it more difficult to treat with CBT/ERP
- Purpose of ERP:
 - Expose to (bring on) the intrusive thoughts and their accompanying feelings/sensations, *with*
 - The intention to generate the *urge* to do compulsions and then *practice* resisting those compulsions
- Results in:
 - Habituation: less distress to the same stimuli, and/or
 - Inhibitory learning: less resistance to distress/reduced drive to escape

Endgame: reduce suffering/impairment from ongoing negative reinforcement of compulsive behavior

Treating Intrusive Thoughts and Mental Rituals

- *In vivo* ERP
 - Gradual reduction of trigger avoidance
 - Intentionally engaging with triggering objects, people, or subject matter
- Imaginal ERP
 - Strategically writing narratives that bring on distress while resisting rationalization and other rituals
 - "Worry scripts" often fail to be effective because they involve co-occurring rationalizations and self-punishment
- Interoceptive ERP
 - Intentionally bringing on feared body states while resisting self-reassurance and other rituals

Treating Intrusive Thoughts and Mental Rituals

- Explaining that obsessions are irrational and don't need to be worried about merely reinforces that the thought content warrants exploration and that rationalizing is effective and necessary
- Four simple ways to respond to intrusive thoughts:
 1. Ignore them
 2. Acknowledge but *not* respond (mental noting, mindfulness)
 3. Agree with potential ('maybe' statements)
 4. Agree affirmatively
- Never go on the defensive: arguing validates that there is an argument!
- No exact right response, mixing it up reduces ritualization of response

Some final thoughts...

- Always look for the compulsion, *especially* when the client says there is none
- Inquire about the function of the thinking – what is the goal and how will the thinker know they've achieved it?
- Encourage the development of a personal glossary for rituals and use the client's own creativity to your advantage (e.g. client identifies his ruminations as "court casing")
- Utilize modified thought record logs to document mental rituals
- Emphasize the role of mindful awareness in catching the *tone* of thinking (mental review feels like completing a puzzle, daydreaming feels like something else, etc.)
- When doing ERP, ask about the co-occurring thought process and disallow the completion of mental rituals that may be serving the function of more obvious compulsions

Questions?
