**OCD OF AGGRESSIVE THOUGHTS**

While all types of OCD can be painful, unacceptable, devastating, and miserable, OCD with Aggressive thoughts is among the more shocking and terrible. This involves ideas of harming or killing oneself or others, or of acting in ways that are sexually inappropriate for the culture. Thoughts of acting out sexually are included in this category since they are essentially thoughts of violence and have nothing to do with sex.

OCD sufferers frequently worry that they will hurt someone out of impulse simply because they can. Those who have these thoughts usually don't act on their impulses or inclinations and don't have a history of violence. However because OCD sufferers frequently view their ideas as harmful and excessively significant, they become anxious whenever a random thought about damage comes to mind. They frequently think that thinking such a thing is just as horrible as acting on it, so they focus a lot of mental energy on trying to block the thoughts. On the other hand, this does nothing but magnify anxiety and prolong symptoms. Both mental images and action impulses might be present in violent thoughts.

It is also usual that these sufferers create their violent scripts for themselves, an example is given below:-

"I must be thinking these things because I'm crazy and wish to do these things. Perhaps I'll snap and do things. They will imprison me indefinitely if I act on my thoughts. That will be terrible for me and my family; I will suffer knowing what I did to my victim and they will suffer as a result of what I did. The guilt will be too much for me to bear. I'll take my own life or perish in prison."

**What happens during this subtype?**

* **Impulsively hurting other people**

One of the most distressing kinds of violent obsessions is concerns that an individual would act impulsively and hurt other people. For instance, the person might be afraid of punching a friend out of sheer willpower rather than because of anger. They might worry that they'll knock a toddler into oncoming traffic or an old person down tube tracks. Another prevalent fear is that someone could stab a loved one with a kitchen knife. Usually, loved ones are the center of these concerns, although they might also center on strangers or pets. It is important to distinguish between self-harm and suicidal ideation because those experiencing self-harm anxiety will take any action necessary to prevent themselves from suffering the harm they dread.

* **Horrifying and violent thoughts**

Unprovoked visions of violence or horror may cross their mind. They could envision themselves kicking a puppy, yelling in church, throwing someone in front of a speeding metro train, or jumping out of an oncoming vehicle. When someone closes their eyes, they might envision themselves harming loved ones or other individuals. For instance, a new mother might have an instantaneous vision of killing her child by throwing it off a balcony or breaking the baby's neck by holding it too firmly. Images may feature things like graves from a horror film, mutilated bodies from a conflict zone, or disturbing objects that are just strange rather than any behaviors from the OCD sufferer.

* **Taking a shocking or embarrassing action**

This could show up as a fear of embarrassing oneself, such as failing a task and disappointing everyone, forgetting a speech's words, or putting something accidentally in an email. A person with OCD may have a different fear of public speaking than the average person if they have this type of obsession. They might be shaking with nervousness, but it might also be because they are afraid they won't remember what they're saying, that they'll swear unintentionally, that they've killed someone (which isn't true), or even that there will be a hole in their garments that will reveal a private part. An OCD sufferer with these anxieties may obsess for weeks ahead of a significant event like this. The individual suffering from this type of OCD may also be afraid of committing a non-violent yet unlawful act.

**SYMPTOMS OF AGGRESSIVE THOUGHTS OCD**

**People can experience the following kinds of Obsessions:-**

* People see themselves striking, stabbing, strangling, causing harm, or causing damage to their family members, friends, pets, or even themselves,
* The objects that they see themselves employing may be anything from poison to tools, such as broken bottles, knives, forks, scissors, pencils, pens, and even their cars,
* They may feel compelled to push or throw themselves or others out of windows, off balconies, buildings, or other elevated areas, or into the paths of cars or trains,
* Some have thoughts of running over pedestrians, running their autos over the highway bridge abutments, or cutting into oncoming traffic,
* Thoughts related to going crazy in public and hurting other people,
* Mothers who have young children may often have violent ideas about acting out against them,
* sexual thoughts typically involve raping or abusing youngsters or adults sexually.

**As a result, those who experience these kinds of aggressive thoughts, are often seen performing certain rituals, which are mentioned below:-**

**Avoidance**

* of violent thoughts being sparked by certain persons or animals
* of potential harm sources (e.g., window ledges, remote areas, gun stores) of potentially harmful items (e.g., blades, chemicals, medication, etc.)
* of media that triggers (violent news sources, violent television series, and films)
* of unpleasant feelings (such as rage)

**Reassurance seeking**

* Internet studies on those who have used violence or violent intentions and their potential to turn into violent deeds
* Inquiring as to whether the harm would ever happen
* Self-comforting
* Verifying whether harm was, will, or could be done

**Mental rituals**

* Examining objectives
* Changing or neutralizing negative thoughts with positive ones
* enacting terrifying situations to practice handling them
* excessive or compulsive praying that there won't be any violence
* Justifications for not engaging in aggressive behavior
* Superstitious practices reduce the possible negative effects of an unwanted thought.

**WHAT PEOPLE WITH AGGRESSIVE THOUGHT OCD SHOULD UNDERSTAND**

It has been seen that people who have this subtype of OCD, are in a persistent sense of doubt that makes them wonder, "What sort of person am I that could entertain such thoughts? If I didn't genuinely want to accomplish these things, why would I think about them? Either I'm a pervert or a psychopath." Having this doubt remain unanswered causes great tension.

Those who experience anxiety must realize that their ideas are thoughts, not causes of concern; rather, anxiety is a result of the perspectives that those who experience its place on their thoughts. They must get past the belief that "If I think it, it must be real." It should be mentioned that those who experience these thoughts do not have a history of using violence or acting on their impulses or beliefs.

If we look at the cognitive-behavioral model, it tells us the following points:-

We interpret our aggressive thoughts through our beliefs, because of which we view these thoughts as threatening or dangerous. We believe that, just because we are thinking of harming our loved ones, we will end up harming them. We don't understand that thought and action both are different and we should not mark them as equal. (e.g., “Thinking about hurting my loved ones is the same as actually hurting them.”

It also highlights the point that people have feared self-beliefs related to them. For example, people think that just because they have aggressive thoughts, then they believe that they are bad, immoral, or dangerous to be around just because of experiencing a certain kind of thought. (e.g., “I must be a dangerous person for thinking about harming another person”

**TREATMENT**

**EXPOSURE AND RESPONSE PREVENTION**

The exposure and response prevention (ERP) treatment approach applies these ideas. This is a methodical approach to gradually face violent (or any other) thoughts. The exposure process itself is extremely simple. There are several ways in which violent thoughts might be introduced to sufferers. These could entail doing homework at home or in an office under the guidance of a therapist. These approaches are all similar in that they don't provide comfort. Rather, their purpose is to elicit worry by effectively stating that the fears are genuine, that the repercussions are real, and that there is nothing that can be done to stop them. Exposure should ideally be done whenever and wherever the ideas arise. People are more nervous if they stay with what they fear, but over time, he/she will become tolerant of the feared item. The ultimate objective is complete immersion, meaning that exposure happens in multiple contexts all day long. The more comprehensive it is, the faster the person will adjust to what they have been afraid of and the faster the fear will go. This might not be as simple as it seems, particularly when confronted with extremely disgusting and violent thoughts.

Audio-taped presentations of these dreaded concepts, lasting several minutes and played multiple times a day, are a useful method of exposure. Other strategies could be reading books or news articles that make you think violent thoughts, writing short essays explaining why the thoughts are desires, going to websites about violent or sexual offenders, hanging signs with anxiety-inducing phrases, writing words or phrases you fear a lot, or actively looking for real-life situations that are likely to trigger violent thoughts. Regarding the last strategy, putting up small plays can be quite beneficial in helping the person face a scary circumstance in a relatively realistic manner. One further crucial component to include in these methods is to continually show the person that their usual escape or avoidance strategies are unworkable and ineffective.

People are also given some behavioral assignments based on a hierarchy, which assigns a level of anxiety to each of the person's feared ideas and circumstances. Starting with the things that the patient finds the least frightening and working their way up, allowing them to progress at their own pace. Nobody is made to perform tasks they are not prepared to perform. A task may be divided into smaller steps if it cannot be completed in one go. Every assignment group and hierarchy is customized based on the symptoms of the individual. Examples of these are as follows:-

**Fear of hitting someone with your car**

* perusing news reports regarding hit-and-run incidents.
* driving in congested areas or past commercial centers.
* driving at night on dimly lit highways.

**inclination to stab people**

* pointing with cutlery at people as they eat.
* sitting close to others while holding a big knife at home.

**inclination towards harming others**

* Stumbling across people while crossing a busy roadway.
* giving them a hardback pat.
* standing close to them and making gestures towards them.
* watching films with scenes of stabbing.

**inclinations to abuse children**

* reading accounts of child molesters arrested.
* keeping proximity to kids in public.
* embracing or holding one's offspring (little children).

**Feelings of hurting your child**

* reading up on child abuse in articles.
* standing next to an open window while holding your baby.
* reading accounts of parents who killed or seriously hurt their kids.

**Feelings of cutting oneself**

* Composing a paper about how you'll lose your mind and hurt yourself.
* sitting with a knife or other sharp object on a table in front of you.
* pointing a knife or other sharp object at oneself in the hand.

**COGNITIVE-BEHAVIORAL THERAPY**

This type of behavioral treatment, which involves talking, is useful in treating obsessive-compulsive disorder and intrusive thoughts. CBT assists patients in realizing how their ideas influence their actions. Both behavioral and cognitive analysis are used in this therapy. Examining the patients' ideas and thoughts is part of cognitive analysis, whereas analyzing the patients' responses to their thinking is part of behavioral analysis.

In the human brain, thoughts and behavior are intertwined. CBT therapists work to change the way we think and respond to situations. This presents an opportunity to alter the individual's perspective on their existence. A person's unfavorable thought patterns are changed to positive ones by undergoing this therapy.

Cognitive Behavioural Therapy (CBT) provides a clear picture of how to change negative thinking. The issues that a person is currently dealing with inform the therapy. For example, the therapist might offer cognitive treatment if the patient is depressed and anxious but does not exhibit behavioral signs; if not, they might offer behavioral therapy. In addition, CBT is provided by the therapist if the patient experiences anxiety in addition to intrusive thoughts.

**Other strategies that people can use to avoid aggressive thoughts:-**

**Recognizing the thoughts:** Select a quiet place with no one around to interrupt you. Write down or reimagine the ideas that make you feel afraid or anxious. Make an effort to comprehend the concepts' consequences. Another method is to rehearse some amusing or comical ideas and use them when needed.

**Positive approach:** One has a great opportunity of overcoming negative thoughts by supporting or counseling oneself. When these thoughts come to you, try to tell yourself that they are only thoughts and that they won't hurt you. Being audacious can trick and subdue the mind.

**Meditation:** Meditation is essential for comprehending one's behavior and calming racing thoughts. Through meditation, one can achieve mental serenity, which facilitates comprehension of negative thoughts. It assists in keeping the mind free of pointless ideas in this way.

**Try not to give each thought or emotion a meaning:** An idea does not necessarily indicate that we agree with it or that it is true. Occasionally, it's only an idea. Remind yourself that not every idea or emotion has to be justified or explained. It's acceptable for us to feel a certain way at times. Steer clear of thinking in black and white. Keep in mind that multiple truths might exist simultaneously. For instance, it doesn't necessarily indicate that you're a nasty person or that the person you love will stop caring about you if they are upset with you.

**Try to accept intrusive thoughts:** It makes sense to wish to rid yourself of unsettling or unsettling thoughts. However, the more we attempt to suppress a thought, the more frequently it resurfaces. No matter what we do, it can begin to feel as though the notion is trapped in our heads. Remind yourself that bothersome thoughts are extremely typical. Rather than trying to eliminate or improve the thoughts that come to mind, try to simply sit with them.