- Thought and thinking



WE NEED TO TALK ABOUT INTRUSIVE THOUGHTS AND HOW TO HANDLE THEM

Disturbing ideas occur to all of us. But what happens if you're struggling to let those thoughts go?

by JAMES LLOYD

Have you ever been unsettled by an odd, scary or ridiculous thought? One that popped into your head out of nowhere and stopped you in your tracks?

Perhaps you were walking across a bridge and felt a sudden urge to hurl yourself off it. Or you were in a busy town centre and wondered what would happen if you took all your clothes off. I've worried that I have a multitude of deadly diseases, that I might stab someone I love, or that I might be evil.

The truth is, most of us get unwanted, intrusive thoughts like these from time to time, but they're not always easy to talk about. They can feel frightening and distressing, especially if we're unable to let them go. It's perhaps no surprise that an excessive amount of intrusive thoughts is associated with a whole host of mental health conditions – in my case, obsessive-compulsive disorder (OCD).

But as unsettling as intrusive thoughts may be, we are starting to talk about them more – a quick search on TikTok reveals hundreds of videos of people disclosing their deepest, darkest ruminations. Meanwhile, a growing body of research is shedding light on why we get these thoughts, what's going on in our brains when we do and how we can deal with them – offering hope to all those who struggle with them.

BEING HUMAN

Broadly speaking, an intrusive thought is any sudden thought that pops into your mind. They can be positive, such as a happy childhood memory, but it's the unwanted ones that tend to cause issues. We might also have intrusive images, urges, doubts or physical sensations.

> "TO EXPERIENCE INTRUSIVE THOUGHTS IS TO BE HUMAN, IT SEEMS"

To experience intrusive thoughts is to be human, it seems. An influential 1993 study asked around 300 university students in Canada to rate how often they had specific intrusive thoughts. All but three of the participants reported experiencing at least one intrusive thought, ranging from swerving a car into traffic (54 per cent of participants) to hurting a family member (44 per cent) to having sex with an "unacceptable person" (52 per cent). None of the participants had a diagnosed mental health condition, suggesting that these thoughts are commonplace.

Intrusive thoughts are also a worldwide phenomenon. A 2014 study led by Canadian psychologist Prof Adam Radomsky interviewed around 800 university students in 13 countries across six continents, finding that 94 per cent of participants had experienced at least one intrusive thought in the previous three months.

"It's likely that we all have intrusive thoughts," says Radomsky, who leads

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the Anxiety and OCD Laboratory at Concordia University in Montreal. "Those who say otherwise probably either don't want to admit it or aren't aware that what they've experienced is an intrusive thought."

Intrusive thoughts can take any theme, but are often 'ego-dystonic' – in conflict with our sense of self. Common topics include harm/violence, contamination, illness, religion/blasphemy, sex, public embarrassment and self-doubt. They often attach themselves to the things we hold dearest.

"Virtually all mothers have thoughts about their baby coming to accidental harm," says Dr Fiona Challacombe, a perinatal mental health expert at the Oxford Health Specialist Psychological Intervention Centre. "Around half of mothers also have intrusive thoughts about deliberately harming their baby."

It can be reassuring for those who experience such thoughts to know that they don't pose any risk. "Parents who get these thoughts don't act on them," says Challacombe. "They desperately don't want something bad to happen to their baby."

The same is true in the broader sense. "I know of no cases of anyone with intrusive thoughts acting on them," says Radomsky. "It just doesn't happen."

INTO THE STORM

So if there's nothing unusual or dangerous about intrusive thoughts, how do they become a problem? It's all down to how we react to them.

Imagine you're outside on a sunny day, gazing up at the sky, clouds floating by. Then, suddenly, you have an intrusive thought. Most people would just let the thought go, like a cloud on the breeze. But if the thought felt particularly weird or scary, it might be difficult to forget. You might begin to wonder what it says about you. How could anyone think something so horrible?

Quickly, the thoughts start to pile up like thunderclouds and before long, your mind is a swirling storm.

This way of thinking is common with people, like myself, who suffer from OCD. We experience repetitive intrusive thoughts (the obsessive part), which we try to counter through compulsions. The compulsions might be obvious (such as washing hands, checking lights or hoarding) or they might be more covert (such as counting, trying to neutralise thoughts or avoiding certain situations). But it's a vicious cycle: the compulsions only alleviate the anxiety for so long, before the thoughts come back stronger and harder to counter than ever.

Intrusive thoughts are a feature of many other mental health conditions, too. People with post-traumatic stress disorder (PTSD), for example, often experience intrusive thoughts, memories or images related to their trauma, while there's evidence that people with depression, generalised anxiety disorder and attention deficit hyperactivity disorder (ADHD) are also more prone to intrusive thoughts. These thoughts can also be a feature of addiction (often experienced as cravings) and eating disorders.

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"Given how common intrusive thoughts are in the general population, I would be surprised if they weren't involved in lots of conditions," says Challacombe, who notes that there are many overlaps between the conditions, and people can have more than one diagnosis.

JUST A THOUGHT?

At their worst, intrusive thoughts are torture. I used to get images of pulling off my head in order to stop the constant noise. But they're also a universal human trait, which begs the question: could there be an underlying explanation for them?

One theory is they're a side-effect of our brains' creative, problem-solving abilities. When we're faced with a new, uncertain or daunting situation, our brains will come up with a range of solutions – some of them more useful than others. Given the sheer range of possible thoughts, there's a good chance that we'll sometimes think about what we want to do (delivering a great presentation, for example), and we'll think about doing the very opposite (dancing naked in front of our work colleagues, say).

HOW TO DEAL WITH INTRUSIVE THOUGHTS

Psychologists' tips for how to handle thoughts that may be causing you anxiety

RECOGNISE THE THOUGHT

If you're feeling unsettled by a thought, label it as intrusive. Remember: everyone gets them. You might feel like the only person in the world who has had that particular thought, but someone will have had it before.

DON'T PUSH IT AWAY

Try not to fight or counteract the thought. Instead, observe the thought and let it go. Think of your thoughts as trains: let the train go past the platform, you don't need to get on it. It might feel uncomfortable not to react to the thought, but the feeling will subside.

DON'T JUDGE YOURSELF

You're not your thoughts. Many people mistakenly believe that thinking something is as bad as doing it (psychologists call this 'thought-action fusion'). Show yourself compassion and remind yourself that your values and goals are what define you. Try to resist the urge to figure out what the thought 'means'.

REFOCUS YOUR ATTENTION

Relaxation techniques, such as mindfulness and meditation, can help to soothe your mind and engage your body. Contrary to popular belief, meditation isn't about getting rid of thoughts, but learning how to be at ease with them. You could also try deep-breathing techniques or progressive muscle relaxation, but any sort of physical exercise and maintaining a regular sleep schedule can help.

SEEK HELP IF YOU'RE STRUGGLING

If your intrusive thoughts are causing you anxiety and interfering with your daily activities, reach out to your doctor or a therapist for help. The OCD-UK charity's website has a 'GP icebreaker' (ocduk.org/gp-ice-breaker) for anyone who's struggling to talk about their thoughts. Ask for access to cognitive behavioural therapy, the standard treatment for anxiety issues related to intrusive thoughts.

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Certain types of intrusive thoughts might also be the brain's reaction to risk or danger, as with mothers who experience thoughts about harming their babies.

"The brain will flash an image of something that could go wrong," says Challacombe. "Perhaps this is evolution's way of prodding us to be careful." But these thoughts can be alarming and easily misinterpreted.

There are multiple factors that can affect how we react to intrusive thoughts, ranging from our beliefs and values to the way we experience anxiety, the vividness of our imaginations and our emotional state. Ultimately, though, our responses to them boil down to whether or not we assign meaning to the thoughts.

"Those who believe that their intrusive thoughts are meaningful are more likely to be troubled by them and have more of them," says Radomsky. "By paying attention to the thoughts, you make them more important."

INTRUSIVE OR IMPULSIVE?

How do you know if the unsettling thought you're having is intrusive? The internet memes about intrusive thoughts typically focus on "letting intrusive thoughts win" and feature videos of people acting on some of the quirky ideas that have sprung into their minds, such as licking their coconut-scented body butter or smashing an egg on the floor while cooking. But most of these are impulsive thoughts: the urge to act hastily without considering the consequences. Impulsive thoughts often feel exciting, whereas intrusive thoughts trigger anxiety. People don't act on their intrusive thoughts. If you're feeling worried about a thought, it's probably an intrusive one. If your thoughts are causing anxiety, you can find information, help and support at anxietyuk.org.uk and mind.org.uk

THOUGHT SUPPRESSION

Researchers are gaining insights into unwanted thoughts by looking at the brain in real time.

"Our brains prevent us from carrying out unwanted physical actions – we need that to survive," says Prof Michael Anderson, who leads the University of Cambridge's Memory Control Lab. "We've found that a similar process stops unwanted thoughts and memories."

Anderson's research, summarised in a 2025 article in *Nature Reviews Neuroscience*, typically involves participants carrying out thought suppression tasks while having their brains scanned. For example, the participants might first be asked to memorise a series of word pairs, such as moss/north and honey/pencil. Then, they would be shown individual words ('moss', for example) and asked either to recall the associated word ('north') or try not to think about it.

Anderson and colleagues used this same technique back in 2017 to identify the brain process involved in stopping unwanted thoughts. The thought-stopping signals go from the prefrontal cortex (the brain's 'command

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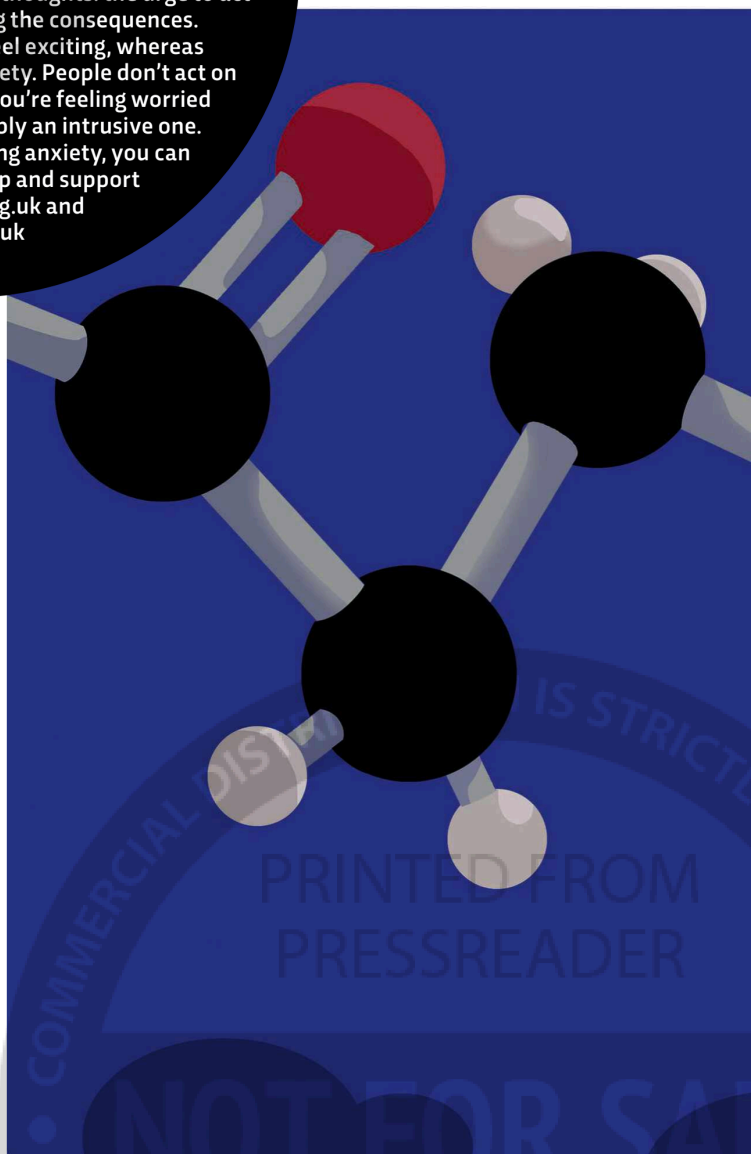
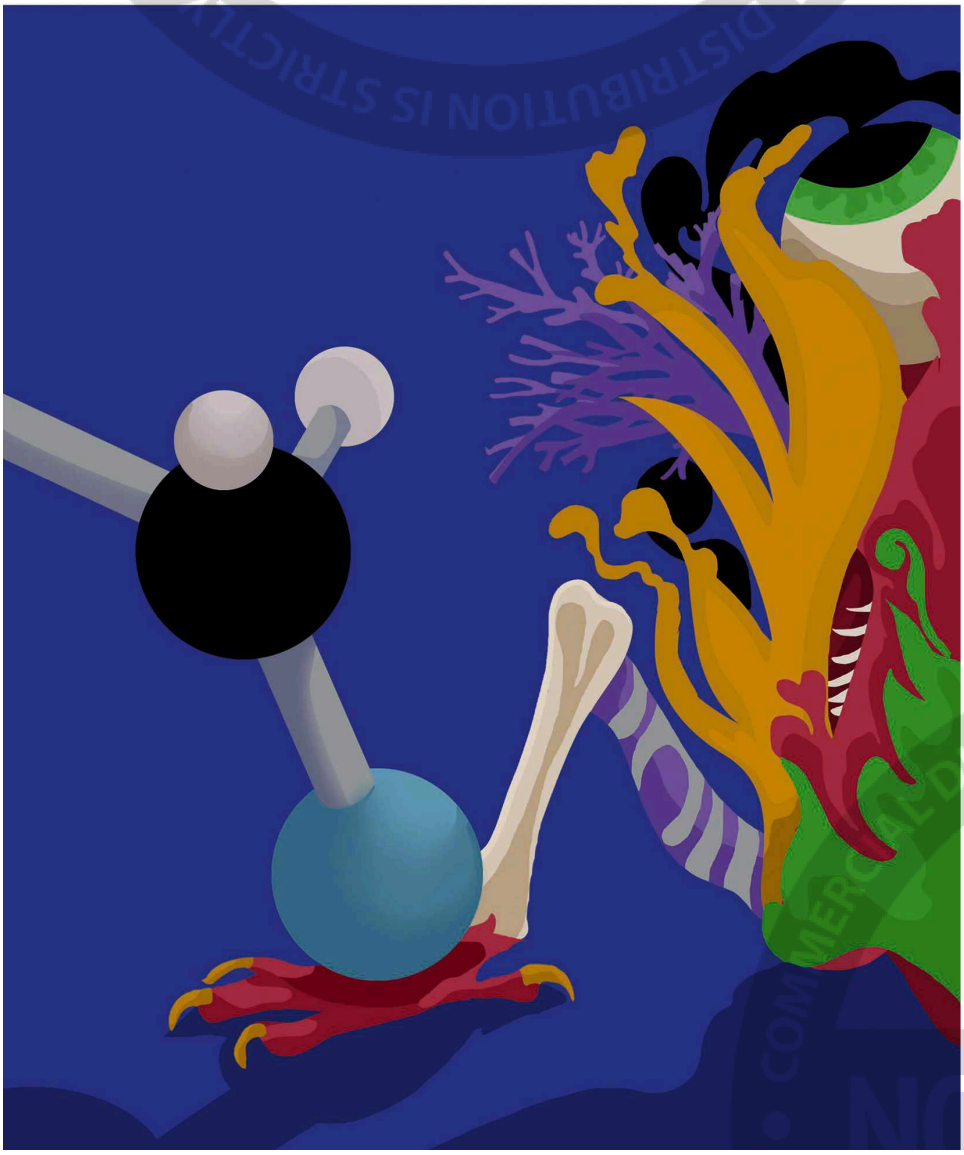


"REGARDLESS OF HOW WELL OUR BRAINS HANDLE INTRUSIVE THOUGHTS, IT'S A FACT THAT WE ALL EXPERIENCE THEM"

centre') to the hippocampus (key to memory and learning). Crucially, participants' ability to block thoughts depended on the amount of a neurotransmitter (a chemical that allows brain cells to communicate) in their hippocampus. People with less of this neurotransmitter, called gamma-aminobutyric acid (GABA), had increased hippocampus activity and fared worse at suppressing unwanted thoughts.

Anderson believes that, by keeping a lid on unwanted thoughts, this brain process helps us to regulate our emotions. It could also help to explain what's happening in conditions associated with excessive intrusive thoughts. "This hyperactivity in the hippocampus is also seen in brain scans of people with PTSD, anxiety and depression," he says.

He hopes that this work could lead to drugs that target GABA activity in the hippocampus to improve the brain's ability to deal with unwanted thoughts. In the meantime, a 2025 study by Anderson and colleagues suggests another potential way to strengthen this brain process: it works most effectively in those who have had a good night's sleep.



A NEW LIGHT

Regardless of how well our brains handle intrusive thoughts, it's a fact that we all experience them. But we can increase our resilience to their effects by learning how best to react to them (see 'How to deal with intrusive thoughts', p59).

For those with excessive intrusive thoughts, the go-to treatment is cognitive behavioural therapy (CBT), sometimes alongside certain antidepressants.

The cognitive side of CBT involves the patient working with a therapist to reframe their intrusive thoughts, usually by coming up with two theories for what they're experiencing. For a patient who has distressing thoughts about running over pedestrians, for example, these might be: a) "I'm a dangerous person who presents a risk to society" or b) "I'm petrified of hitting a pedestrian and have misinterpreted my thoughts." The idea is to help the patient weigh up the evidence for each theory and see their thoughts in a new light.

The behavioural aspect of the therapy then involves putting this new perspective into practice in the real world, often using tasks where the patient is gradually exposed to their fears and helped to sit with the anxiety without performing compulsions. The aim is to weaken the link between the thoughts and the anxiety. The patient who worries about running someone over might be asked to read news articles about hit-and-run incidents, then write a short story in which they act out their thoughts, before driving through a town centre at the busiest time of day.

"We want to test out these fears until the intrusive thoughts are no longer calling the shots," says Challacombe.

It's about not only showing that the thoughts are ultimately meaningless, but also that full certainty is never possible. Yes, something terrible might happen, but it's highly unlikely. And that's good enough.

I still get intrusive thoughts every day, but now I know how to calm the storm. There will be many people out there suffering in silence. Hopefully, by talking more about our deepest fears, we can help them to feel less alone. **SF**

by JAMES LLOYD
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