

# THE IMP OF THE MIND

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EXPLORING THE SILENT EPIDEMIC  
OF OBSESSIVE BAD THOUGHTS

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**Lee Baer, Ph.D.**



A PLUME BOOK



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## Praise for *The Imp of the Mind*

“Though there is extensive practical information in *The Imp of the Mind*, Baer also delves into the fascinating history of bad thoughts and various ideas about their origins, which range from evolutionary theories to Freudian ones.”

—*Chicago Tribune*

“A beautifully written book about the common and troublesome problem of intrusive and repetitive nasty thoughts. It gives excellent advice in language that is easy to grasp.”

—Isaac Marks, M.D., author of *Living with Fear: Understanding and Coping with Anxiety*

“Most individuals with obsessive-compulsive disorder suffer in anguished isolation because of the profound embarrassment over their unseemly thoughts and impulses. Dr. Baer in *The Imp of the Mind* strips the stigma from this disorder and offers hope to the layperson that this remarkably common condition can be effectively treated.”

—Joseph T. Coyle, M.D., chairman, department of Psychiatry, Harvard University

LEE BAER, Ph.D., is an internationally recognized expert in the treatment of OCD and related disorders, and the author of *Getting Control: Overcoming Your Obsessions and Compulsions* (available in a Plume edition). Dr. Baer is an associate professor of psychology at Harvard Medical School and the director of research of the OCD unit at Massachusetts General Hospital, as well as the OCD Institute at McLean Hospital. He lives near Boston with his wife and two children.

“Written by a world leader in the treatment of obsessive-compulsive

disorder, *The Imp of the Mind* provides  
a fascinating, accessible account of how recent clinical  
breakthroughs can help people cope with disturbing  
intrusive thoughts. Merely reading this excellent book  
should provide welcome relief for the many people  
suffering from this all-too-common problem.”

—Richard J. McNally, Ph.D., professor of psychology,  
Harvard University

“Another masterpiece from Lee Baer, the author of  
*Getting Control*. Dr. Baer dissects the boundaries  
between innocent aberrations, obsessive-compulsive  
disorder, and dangerous preoccupations, and tells us  
clearly what can and should be done about them. Bravo!”

—John H. Griest, M.D., clinical professor of psychiatry,  
University of Wisconsin Medical School

“Patients and clinicians alike will benefit from  
[Dr. Baer’s] two decades of experience with these  
exceedingly painful symptoms.”

—Michael A. Jenike, M.D, professor of psychiatry,  
Harvard Medical School

“With an easy-to-read style, Baer offers a comprehensive  
and accessible look at this fascinating topic.”

—*Publishers Weekly*

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This book is not intended to replace personal medical care and supervision. There is no substitute for the experience and information that a professional familiar with Obsessive-Compulsive Disorder can provide. Rather, it is hoped that this book will supplement the help that a professional can provide and prove of assistance to those without current access to a professional experienced in this disorder.

To protect privacy, pseudonyms have been used and certain characteristics have been disguised in the case histories recounted.

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*For David and Emily*

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Many colleagues outside of Mass General have contributed to my research in this area. Kathleen Wisner in Cleveland gave generously of her time to share her experiences with postpartum obsessions in new mothers in several interviews and E-mail exchanges. Finally, Isaac Marks in London is always available to discuss new treatment approaches—it was he who first called my attention to the early studies of cognitive therapy for obsessions—as well as evolutionary approaches to understanding these and other psychiatric disorders.

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usual they were always there to pick me up and carry me through when I was certain this book would never be finished. It is the time I spend with them that recharges me after the hard work of writing and rewriting. My mother, Bernice, and my brother, Larry, have always been strong supporters. The memories of my father Bill, my grandfather Dave, and my grandmother Mary are always with me for inspiration.

As I finish thanking many of those who helped me in the preparation of this book, I take the opportunity to warn that any errors that have found their way onto the following pages are my responsibility alone.

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## Preface

Ever since Sally, a new mother in her midtwenties, had brought her infant daughter, Jessie, home from the hospital, she had become increasingly afraid of being alone with her. Now, when she has to take care of her daughter alone, she thinks about how easy it would be to throw her defenseless Jessie against a wall and smash her skull, or how quickly she could smother her under her tiny pillow. Sally sees a knife on the kitchen counter, the image of stabbing Jessie floods her mind, disgusting her and filling her with guilt. Her husband, Jack, finds it odd that Sally always prefers that *he* change Jessie's diaper, and that *he* give her a bath, while Sally tries to stay as far away as possible. But so far she can't bring herself to admit to Jack the awful thoughts that dominate her mind, lest he think her an unfit mother. Even admitting these thoughts to me feels shameful and disgusting to Sally. "No other mother could have thoughts like these—I must be insane," she tells me through her tears.

When I assure her that her thoughts are not nearly as rare as she believes, and that I am not in the least concerned that she will act on them, Sally is slightly relieved, but also puzzled: "How can you be so certain I'm not deep down a murderer who won't one day snap and kill Jessie?" she asks. But the very facts that she feels guilty and worries about having such awful thoughts, and that she has never physically harmed anyone before, are all the clues I need to be able to reassure her that she is not a murderess, but rather one of millions of people who suffer in silence from bad thoughts.

What do I mean by "bad thoughts"? I mean something specific: thinking the most inappropriate things at the most inappropriate times. These thoughts, urges, and images almost always fall into one of three categories: inappropriate aggressive thoughts, inappropriate sexual thoughts, or blasphemous/religious thoughts.

These bad thoughts sometimes involve harming an innocent child, urges to jump from the top of a tall building or mountain, urges to jump in front of an oncoming train, or urges to push another person in front of a train or automobile. Some suffer from sexual thoughts they find unacceptable, toward either people they know or strangers—or perhaps even toward religious figures such as God, Jesus, or Mary. Others awaken wondering whether they have incestuous urges, or they worry about urges to say racist things, even those totally contrary to their beliefs.

Because you are reading this book, I assume that, like me, you are curious about why in the world we have such thoughts—the very last things we would want—so I will explore in detail the current thinking about why we have these thoughts; in particular, what causes them, and what goes on in our brains while we experience them.

In the pages that follow, I explain the variety of bad thoughts that my patients experience, and the disorders that can elevate them to serious problems (particularly obsessive-compulsive disorder and depression—postpartum and otherwise). These thoughts are far more common than we usually believe, ranging from mild bad thoughts that just about everyone admits to having occasionally, up to severe bad thoughts (which research that I will discuss later suggests may be endured by millions of adults). Tragically many adolescents also suffer from these serious bad thoughts, often convincing them that they are morally bad people who really want to have sex with their parents or do something equally abhorrent to them. Sadly, as children we rarely learn about how our minds work, either

school or in the family, leaving us open to dangerous misunderstandings later on.

Perhaps you or someone you love has suffered from extreme “bad thoughts,” either briefly in the past or continuously over many years. If so, you’ve probably never told anyone, even a close friend or spouse, about your bad thoughts—terrified that you might be thought insane (and you’ve probably wondered this very thing yourself!). You probably steer clear of situations that trigger your thoughts and feel shame for having these thoughts in the first place. If you come from a strict religious background, you may worry whether you are already condemned to an eternity in hell—especially if you believe that thinking a thought is as bad as performing the act.

These are obviously not the kinds of thoughts that one discusses in polite cocktail-party conversation. Yet simply learning that thoughts such as these are part of being human, and that similar thoughts are probably going on in the minds of people you pass on the street every day, should help reassure you that you’re not as different as you worry you are. There is help for your thoughts, and they don’t have to ruin your quality of life; they can be tamed (a synonym for *tame* is *domesticate*, both of which mean to adapt something to live in intimate association with, and to the advantage of the man).

In part two of this book, I explain state-of-the-art treatments that you can try on your own or with a professional to tame your disruptive bad thoughts (including a fascinating series of experiments showing that the more you try to stop your bad thoughts, the stronger you make them).

It would not be unusual for you to have serious concerns that one day you will act on your thoughts and that deep down you’re a criminal. Therefore I will address the challenging question of how you can be certain you will never act upon these thoughts; that is, if you suffer from obsessions, what makes you different from a Susan Smith or a Jeffrey Dahmer, who really do the things you worry about doing. Perhaps most importantly, I hope to help you feel less alone and helpless, and to give you the hope that you can once again find peace of mind.

As a licensed psychologist I am ethically bound to take action if I believe my patient is a danger to others. Yet almost every week some mother tells me she has thoughts of harming her baby, a father tells me he worries he will molest his daughter, and both men and women tell me they think about steering their automobile into an innocent pedestrian or pushing a commuter in front of an oncoming train—yet I take no action. Why? Because experience and research have taught me that these people are not truly dangerous to others. Their thoughts will leave them feeling guilty and depressed and, too often, incapacitated, but their bad thoughts will almost certainly remain just that—bad thoughts.

Over the past twenty years I’ve become an expert in the treatment of obsessive-compulsive disorder (OCD for short), a neuropsychiatric disorder characterized by upsetting mental obsessions and compulsions such as hand washing or checking door locks. During this time our OCD clinic at Massachusetts General Hospital has grown to be the largest and best known in the world, with past and present patients totaling nearly two thousand. My colleagues Drs. Michael Jenike and William Minichiello and I have coedited the leading textbook on OCD and related disorders, which is currently in its third revision and is used by doctors and medical students around the world.<sup>1</sup> I have also written *Getting Control*, a popular book describing effective behavior-therapy treatment for OCD, which is now available in four languages.<sup>2</sup>

In speaking with my own patients and by corresponding by mail and E-mail with OCD sufferers from as far away as South Africa, Asia, and Australia, I have become fascinated by the large number

of patients who have sought my help for their problems and then, in reply to my questions, admitted violent, sexual, or blasphemous obsessions that they have suffered from in silence, often for years. I am now convinced that this is an underrecognized problem: as an example, a half million American women a year may suffer from horrible thoughts about harming their newborn babies—although they will never do this! Sadly, most of these women never seek treatment, likely because they are so embarrassed by these thoughts that they won't mention them to their doctor or family.

Although people with unacceptable thoughts like these would today be diagnosed with OCD, most of them have not identified themselves with this disorder because they do not wash their hands or check door locks. None of the books that have appeared about OCD in the past decade (including my own *Getting Control*) have focused on these particular mental symptoms—which epidemiologic studies around the world suggest may be the *most common* kind of OCD. This is especially unfortunate, since over the past decade we have developed powerful nondrug treatments to effectively treat these intrusive thoughts.

Over the past two years I've conducted a weekly support group at McLean Hospital to try to help sufferers of bad thoughts. It has been gratifying for me to hear participants report that through the group they have learned they are not alone, and that there is hope for recovery. By the same token I've learned a great deal from the participants by listening to their stories, many of which I describe in the book.

To date I've met or treated several hundred people with bad thoughts, and I've noticed two intriguing paradoxes about them:

- (1) Nearly everyone who comes to me for help with bad thoughts thinks he or she is the only person with these thoughts. Yet, if everyone in the United States who suffers from these bad thoughts congregated, they would form the fourth-largest city in the United States, with a population exceeded only by those of New York, Los Angeles, and Chicago.
- (2) Those suffering from bad thoughts are often more tormented than people with any other psychiatric disorder I have known, and many have contemplated or attempted suicide. Yet, they have almost never told another living soul about the disorder, instead suffering in private.

You could say that I had to write this book to help resolve both of these unfortunate but correctable situations.

The information on the pages that follow recounts the kind of information I would give Sally and similar patients during our meetings: first to help her fully understand her problem with "bad thoughts," and then to help her learn how to tame these thoughts so they no longer cripple her.

The cases I describe on the following pages are experiences of actual patients, or composites of several patients, with all names changed and identities disguised to protect confidentiality. I thank them for sharing their life stories with me.

Boston, Massachusetts  
April 2000



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## **PART ONE**

# **THE PROBLEM OF BAD THOUGHTS**

## The Imp of the Perverse

One trembles to think of that mysterious thing in the soul, which seems to acknowledge no human jurisdiction, but in spite of the individual's own innocent self, will still dream horrid dreams, and mutter unmentionable thoughts.

—Herman Melville (1819-1891)

I admit it. I can't drive behind a pickup truck with a dog in the back. Whenever I do, the thoughts start right up. I picture the dog being thrown off by a bump in the road and being run over by my car. I try to force the image of the dog crushed beneath my wheels from my mind, but it's no use. To stop these thoughts, either I speed up and pass the pickup truck, or I slow and drop a few car lengths behind, until the dog is out of my sight, and hope the pickup will turn off soon.

Why do I have such thoughts? I know all the psychological and physiological theories—which I will discuss in detail later—yet for me, a literary description often captures most vividly what is happening: Here is none other than my own personal Imp of the Perverse, perched perhaps upon my right shoulder, whispering thoughts about running the dog over into my mind's ear. Just who is my imp? For me, Edgar Allen Poe depicted him perfectly in his 1845 short story “The Imp of the Perverse”:

An innate and primitive principle of human action, a paradoxical something, which we may call *Perverseness*, for want of a more characteristic term. . . . Through its promptings we act for the reason that we should *not*. In theory, no reason can be unreasonable: But, in fact, there is none more strong. With certain minds, under certain conditions, it becomes absolute and irresistible. I am not more certain that I breathe, than that the assurance of the wrong word or error of any action is often the one unconquerable force which impels us, and alone impels us to its prosecution. Nor will this overwhelming tendency to do wrong for the wrong's sake admit of analysis, or resolution into ulterior elements. It is a radical, a primitive impulse—elementary. . . .

We stand upon the brink of a precipice. We peer into the abyss—we grow sick and dizzy. Our first impulse is to shrink from the danger. Unaccountably we remain. By slow degrees our sickness, and dizziness, and horror, become merged in the cloud of unnamable feeling. E

gradations, still more imperceptible, this cloud assumes shape, as did the vapor from the bottom of which arose the genie in the Arabian nights. But out of this our cloud upon the precipice's edge, there grows into palpability, a shape, far more terrible than any genie, or any demon of a tale, and yet it is but a thought, although a fearful one, and one which chills the very marrow of our bones with the fierceness of the delight of its horror. It is merely the idea of what would be our sensations during the sweeping precipitancy of a fall from such a height. And this fall—this rushing annihilation—for the very reason that involves that one moment so ghastly and loathsome of all the most ghastly and loathsome of images of death and suffering which have ever presented themselves to our imagination—for this very cause do we now the most vividly desire it. And because our reason violently deters us from the brink, therefore, do we the more impetuously approach it. . . .

Examine these and similar actions as we will, we shall find them resulting solely from the spirit of the *Perverse*. We perpetrate them merely because we feel that we should *not*. Beyond or behind this, there is no intelligible principle . . .

Based upon my research and clinical experience with patients, I am convinced that Poe captured a universal human condition in his description of the imp. This phenomenon has been described by others, by various names at various times: the French neurologist Pierre Janet called it “association by contrast,” in which the patient feels driven to do precisely the opposite of what he wants to do. Yet these descriptions, to me, lack the elegance of Poe’s.

As I have already admitted, at times my own imp makes his presence felt, through unwanted thoughts and impulses that go counter to the norms of polite society: to swerve my car off the road to shout an obscenity in public, for example. And few in number are those people who can honestly say that they have never recognized this imp at work in themselves.

## Clinical Bad Thoughts

Fortunately, for me, and for most people, these occasional bad thoughts are nothing but a fleeting annoyance. But many people who come to see me are not so fortunate. Their bad thoughts may be about violence or sex or blasphemy and may bombard them every waking hour. These bad thoughts—when severe they are called obsessions—may cost people the most important things in their lives. Some cannot bear to be around their own children; others cannot have relationships; and others are so paralyzed they cannot perform simple everyday activities—such as leaving their house—because of their bad thoughts. Many contemplate suicide at some time. These are obsessions of clinical severity and require treatment.

Just about two years ago I began conducting a group at McLean Hospital for men and women who suffer from clinical bad thoughts. Since that time I have spoken to dozens of patients suffering from these thoughts who’ve never before admitted them to anyone, but were relieved to find that many other individuals suffer from similar thoughts. The degree to which these bad thoughts have devastated the quality of life of these people has amazed me. Virtually all the people who’ve come to my group for severe violent or sexual obsessions have thought about suicide, some have even tried suicide, and all have had their social lives disrupted. Some cannot date because of these thoughts.

others have been divorced because of the thoughts. Many avoid being around children; most will turn away from television shows, movies, books, magazines, and newspaper accounts of violent or sexual activities, lest they find their own bad thoughts triggered.

Apparently, the Imp of the Perverse visits every one of us from time to time, with two possible outcomes: (1) We give the thoughts little attention and no credence and go on with our lives, or (2) we are strongly affected by the bad thoughts, so that the thoughts occur frequently during the day and interfere with our functioning socially or at work.<sup>1</sup>

An example of the latter outcome was Isaac, a patient of mine in his midtwenties who had always loved animals. Yet by the time I met him he cringed every time he passed a dog or cat on the street. Just a glance at the wagging tail was enough to start the bad thoughts—he felt compelled to stare at the dog’s anus and his thoughts would start. They were always the same, thoughts of intercourse with the dog, followed by the worry that this meant he was *really* a pervert. He was often convinced it was true: “Why in the world,” he asked himself, “should looking at a dog or a cat on the streets lead me to stare at their private parts or trigger these thoughts about having sex with them—unless that is what I really want?”

After Isaac had told me his story at our first meeting, I told him that if he was to tame his bad thoughts, the first key fact that he had to understand, and believe, was:

*You are not so abnormal as you think. Every human being is visited from time to time by the Imp of the Perverse, who makes you think the most inappropriate thoughts at the most inappropriate times.*

To help convince Isaac of this, I showed him a list of bad thoughts that were part of a questionnaire given to normal college students in a London study by pioneering psychologist Dr. Stanley Rachman and his associates. Isaac was surprised when I told him that virtually all of the students said that they had one or more of these thoughts from time to time. I have included part of this list in table 1.

**TABLE 1**  
**COMMON BAD THOUGHTS IN HEALTHY COLLEGE STUDENTS**

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### Sexual Impulses or Obsessions

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- Thought of acts of violence in sex
- Thought of sexually punishing a loved one
- Thought of “unnatural” sex acts (including sex with animals)
- Impulse to engage in sexual practices that cause pain to the partner
- Sexual impulse toward attractive females, known and unknown
- Impulse to sexually assault a female, known and unknown
- Repetitive blasphemous, obscene images of the Virgin Mary

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### Violent Impulses or Obsessions

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- Thought of causing harm to elderly people
- Wishing or imagining that someone close to one is hurt or harmed
- Impulse to violently attack and kill a dog
- Impulse to violently attack and kill someone
- Thinking or wishing that someone would disappear from the face of the earth
- Impulse to hit or harm someone
- Thought of intense anger toward someone related to a past experience
- Impulse to harm or be violent toward children, especially smaller ones
- Impulse to shout at and abuse someone

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### Urges or Thoughts About Doing Inappropriate Things in Public

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- Impulse to attack and violently punish someone (e.g., to throw a child out of a bus)
  
- Impulse to say something nasty and damning to someone
- Impulse to say rude and inappropriate things—“wrong thing in wrong place” impulse
- Impulse to push people away or off in a crowd
- Blasphemous thoughts during prayers

Modified from Rachman, S., & de Silva, P. (1978). Abnormal and normal obsessions. *Behaviour Research and Therapy*, 16, 233–248.

Next I told Isaac that not only are these bad thoughts universal among all humans *today*, but they have almost certainly *always* been a part of the human condition, at least since man first developed language and then rules to govern appropriate behavior in groups.

An early reference to something resembling the Imp of the Perverse (i.e., the human curiosity and inability to stop thinking about the very thing we are told not to do) is the Greek myth of Pandora: bestowing their gifts on Pandora, the gods of Olympus gave her a box, warning her never to open it. But, inevitably, Pandora’s curiosity finally overcame her, and she opened the mysterious box, from which flew innumerable plagues and sorrows for humankind. In terror, she tried to shut the box, but only Hope remained inside to comfort humanity against its new misfortunes.

Similarly, in the Judeo-Christian tradition, the biblical story of Eve in the Garden of Eden casts the serpent—here an agent of Satan—in the role of the imp. As soon as God specifically tells Adam and Eve that there is only one tree in the Garden that *they may not even think about eating from*, the

release of humanity's troubles (as in the Pandora myth) seems inescapable.

Dr. Ian Osborne, a Penn State psychiatrist, and author of the excellent book *Tormenting Thoughts and Secret Rituals*, recently uncovered two examples of the Imp of the Perverse at work in past centuries. First, there is the record of a sixteenth-century woman who admitted to having evil thoughts about harming her children and her husband, and who barely escaped burning at the stake for the perverse thoughts. This unfortunate woman lived in a time when the Imp of the Perverse was understood—not metaphorically, but in a deadly literal way—as possession by Satan himself. Only through the intervention of an understanding justice of the peace, who recognized these as “the meaningless intrusive thoughts of a good, but ‘melancholy’ woman,” did she escape burning to expel the “devil” within her.<sup>2</sup>

Nearer to our own time, in the eighteenth century, the patron saint of France, Thérèse of Lisieux, received a letter from her female cousin who wrote about being tormented by horrible sexual obsessions and asking Thérèse for help. Thérèse, who Dr. Osborne notes, probably had obsessions herself, replied reassuringly to her cousin: “You haven’t committed the shadow of any evil. I know these kinds of temptations so well that I can assure you of this without any fear. . . . We must despise all these temptations and pay no attention whatsoever to them. . . . Don’t listen to the Devil. Mock him.” Here again, the imp is thought to be the devil himself, yet Thérèse views him as an annoying and mocking tempter, not one to be deathly afraid of.

## How the Imp Selects His Thoughts

A useful rule of thumb I have developed from talking to hundreds of patients with bad thoughts is:

*The Imp of the Perverse will try to torment you with thoughts of whatever it is you consider to be the most inappropriate or awful thing that you could do.*

To illustrate this point, each of my patients whose thoughts are summarized below (many of whom you’ll meet in later chapters) told me that his or her particular bad thoughts focused squarely on whatever was *for him or her* the most inappropriate, awful, or shameful thing he or she could think doing:<sup>3</sup>

- the man who thought he had killed people while driving
- the woman who worried she’d throw her grandchildren off a bridge
- the new mother who thought she’d poison her infant
- the schoolteacher who thought she’d killed her students
- the doctor who worried about mutilating babies with a scalpel
- the priest who worried about staring at women’s private parts
- the woman tormented by thoughts of lesbian sex with her sister
- the man who thought he had sex with people he passed on the street

- the man who feared he would stab children with a knife
- the man who worried he wanted to have sex with animals
- the nun who thought she was damned for having impure sexual thoughts
- the woman who was terrified to go to sleep because the devil would take her for her “bad sexual thoughts”

Can what seems to be the worst possible thing that we can imagine doing change with the passage of time? Absolutely. And a closer look at Isaac’s history clearly illustrates this.

Through further questioning I learned that the imp had attacked Isaac at other vulnerable points earlier in his life. When he was an adolescent—although he was heterosexual—the worst possible thing Isaac could think of was being gay, which could cause relentless teasing by his classmates in school. So this is where the imp began his torment of Isaac. Perhaps he would stare at an attractive female classmate and feel pleasantly aroused; but the imp would lead him to think that perhaps it was really the *boy sitting next to her* that he was really attracted to. Soon, whenever he saw an attractive boy in school or on the street or in the gym, he would find himself scanning his body to *try to feel certain* that he wasn’t sexually aroused.<sup>4</sup> “Was that the first tingling of an erection?” he’d ask himself. Of course, simply thinking about the area would sensitize it, which might be enough to convince him that he really was homosexual. He might then go home and lie in bed, depressed and thinking about suicide, certain that his classmates would soon discover the truth and begin teasing him mercilessly.

But after a year or two of this, something amazing happened: Isaac realized that he had many friends who were gay, and it no longer seemed a big deal to him whether he was teased about this or not. Since being gay was no longer the most embarrassing and inappropriate thing he could think of doing, the Imp of the Perverse changed his plan of attack: It was now time to torment Isaac with another bad thought.

At this time, for Isaac was now a liberal college student, the worst thing he could think of would be to be a racist. So now, if he saw an African-American walking toward him on the street, the urge would come to shout “Nigger!” Although he was able to fight it off, it stayed in his mind and tormented him. Did it mean he really was deep down a racist? He didn’t want to believe it, but maybe it was true. He hated these thoughts, which continued for a couple of years. Finally, one day, Isaac realized he was not a racist, and soon the thoughts no longer seemed real; then one day, they were gone. But the Imp of the Perverse was not through with Isaac yet.

At this time, to Isaac, anyone who had sex with animals was the lowest form of life—beneath his contempt, and of course, this is where the Imp of the Perverse now struck. This is how the obsession that had brought him to our clinic had begun.<sup>5</sup> And it seemed the worst of all. By now it seemed safe simply to stay in his house and take no chances. The imp almost had Isaac beaten. Fortunately, he was soon to turn the tables, but that is getting ahead of our story.

## Thought Suppression

For some people, the way they react to the Imp of the Perverse can determine whether their bad thoughts will reach clinical severity, requiring treatment.

For example, Father Jack, a priest in his late fifties, came to our clinic several years ago for help with inappropriate sexual obsessions that threatened to ruin his professional and personal life. For him, the worst thing he could imagine doing would be to be caught staring at a young woman's private parts. Naturally, his personal Imp of the Perverse chose to torment him at this vulnerable point.

Seeing an attractive young woman walking down the street or talking with a female parishioner one-on-one, the priest would have the thought and urge to stare at her buttocks, breasts, or crotch. Over the years he fought this urge with all his strength, but with little success. So he finally found his way to our clinic to seek treatment. Here are parts of the story he told me.

Despite his attempts, the priest found himself staring at a woman's breasts as she walked toward him on the street. He tried to avert his gaze, but as usual, the more he tried, the more he was aware of her, now noticing her breasts bounce as she approached. He finally willed himself to look away until she was past him, but then, against his will, he turned to stare at her shapely buttocks as she walked away. He prayed that people hadn't noticed him staring at her. Had they? If so, what did they think of him, a man of God, ogling a strange young woman's private parts? Would they think him a pervert or a rapist?

He turned forward, resolving to keep his eyes focused only on the pavement as he made his way to see me at the hospital, to discuss these vulgar thoughts that plagued him so. "There, that's better," he thought. "If I just keep my eyes downcast, it will be okay." This worked for about a city block, until he looked up again, his gaze fixing on a young woman, alternating between her breasts and crotch. And then the images of having sexual relations with her flooded his mind, filling him with guilt and disgust. Despite his strongest efforts, he was staring at a woman again, he couldn't help it, and he knew that she had noticed. Would she call a policeman? Would she run? If only he could break free from her grip, but it was no use: He was fascinated, compelled to stare at her private parts. The guilt rose, until she was safely past. Mustering all his strength, he resisted the pull to turn around and look at her again. Two more blocks and he'd be safe, in my office, for a change confessing *his* sins to another.

Father Jack tells me he used to deaden the thoughts by drink. But because it had taken larger and larger amounts of alcohol to do this, he had stopped drinking years ago. But now he had no defenses left against the thoughts. Was it, he wondered at times, the devil mocking him? Some days he felt certain of this. Who else could taunt him with feelings and thoughts so strong, so unbearable?

He had been but a teenager when the thoughts began. When he had told his superior about them, he was told they would pass with time, and to be patient. Only they didn't. It wasn't that he had trouble maintaining his vow of chastity—that he was sure he could do. Rather, it was the vulgar images that played over and over in his mind, and the way he felt compelled to stare at women's private parts. The very thing he was most afraid of doing—the very thing that seemed most disgusting to him—why was he having these very thoughts and urges?

No one who saw him performing ceremonies in his church knew the torment going on inside his mind. Although he had taken the vow of chastity, his mind refused to cooperate. Finally he confided to a parishioner about the thoughts and images that were forcing themselves into his mind whenever he saw an attractive female on the streets or in church. He soon regretted this confession. He got a call from his superior, who told him about a complaint he had received from a parishioner and a warning that the father might be a dangerous man. Providentially, the superior had heard of obsessive thoughts



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