

Thoughts & Mind

Understanding intrusive thoughts

Thoughts are not intentions. An intrusive thought can feel vivid, shocking or completely out of character. Its presence does not prove that you want it, agree with it, or will act on it.

Key idea

A thought is a mental event - not a fact, instruction, prediction or moral verdict.

What are intrusive thoughts?

They are unwanted thoughts, images, impulses or mental flashes that arrive without invitation. They can centre on harm, contamination, relationships, sex, religion, mistakes, illness, accidents, losing control or other themes that matter deeply to a person. The content can be upsetting precisely because it clashes with your values.

Why can they become sticky?

A frightening thought can trigger anxiety. The mind may then try to solve the discomfort by checking, analysing, seeking reassurance, avoiding, suppressing the thought or repeatedly asking what it 'means'. These can bring short-term relief, but repeated attention may teach the brain that the thought is important and dangerous.

A different response

Notice the thought. Name it as an intrusive thought. Allow uncertainty to be present without solving it immediately. Gently return attention to what you were doing or to something that matters to you. The aim is not to force the thought away; it is to change how much authority you give it.

Try this: Leaves on a stream

Imagine a stream moving steadily past you. Place each thought on a leaf. You do not need to push the leaf away or follow it downstream. Notice it, let it move at its own pace, and bring your attention back to the present.

What I want to remember:

Type into the interactive box above in a compatible PDF viewer.

Recognising the thought without feeding it

When an intrusive thought lands, the first urge is often to get certainty. Instead, practise creating a little space between the thought and your response.

1. Name what is happening

Try: 'I am noticing an intrusive thought', 'My mind is giving me a frightening possibility', or 'This is the urge to get certainty again.' This labels the process without debating the content.

2. Notice the pull

What does the thought urge you to do - check, confess, Google, avoid, replay, seek reassurance, neutralise it with another thought, or monitor how you feel? Identifying the pull can make the pattern easier to see.

3. Choose your next action

Ask: 'What would I be doing right now if I did not have to solve this thought?' Then take one small step back toward that activity. Anxiety may still be present; you do not have to wait for perfect calm.

Instead of...	Experiment with...
Arguing with the thought	Naming it and allowing it to pass
Repeated reassurance	Tolerating a little uncertainty
Trying not to think it	Letting it be present without giving it a job
Avoiding triggers	Gradual, appropriate re-engagement, with support when needed

My pattern

The situation or trigger:

The intrusive thought or image:

What I felt pulled to do:

A response I would like to practise instead:

When thoughts connect with OCD, anxiety or trauma

Intrusive thoughts occur across the general population, but they can become especially distressing when they are frequent, interpreted as dangerous, or linked with compulsive attempts to gain certainty. In OCD, obsessions may be followed by visible or mental compulsions. Anxiety can amplify threat-monitoring. Trauma-related intrusions can include memories, images or sensations connected with what happened.

What can help?

CBT: can help identify interpretations and behaviours that maintain distress. **Exposure and Response Prevention (ERP):** is a well-established treatment for OCD and involves carefully approaching triggers while reducing compulsive responses. **ACT-informed approaches:** can help people make room for uncomfortable internal experiences while choosing actions guided by values. Trauma-focused treatment may be more appropriate where intrusions are trauma memories.

Support should fit the person

Intrusive thoughts are not all the same. Neurodivergence, sensory overload, stress, grief, sleep, physical health, medication changes and life circumstances can all shape how manageable thoughts feel. Good support should be collaborative rather than forcing a technique that does not fit.

Grounding and refocusing menu

These are not ways to 'cancel' a thought; they are ways to reconnect with the present.

- Name five things I can see ■ Feel my feet supported by the floor ■ Slow my exhale
- Return to the task in front of me ■ Change sensory input ■ Contact someone supportive

My own helpful options:

When to seek more support

Consider professional support if intrusive thoughts are persistent, take up large parts of the day, lead to repeated checking or avoidance, interfere with relationships, eating, sleep or work, or leave you feeling unable to cope. If you believe you may act on thoughts of harming yourself or someone else, seek urgent help through local emergency or crisis services.

A message from Maggie

A thought arriving in your mind does not get to define your character. You can be frightened by a thought and still choose what you do next. The work is often less about finding the perfect answer and more about learning that you do not have to answer every thought at all.

Your interactive reflection page

Use this page slowly. You do not need to complete every box. The aim is to notice patterns and practise a different relationship with thoughts, not to analyse them until they feel certain.

The thought I keep getting caught by:

What does my mind say this thought means about me?

What do I usually do to feel certain or safe?

What might happen if I allowed the uncertainty to be there for a short while?

What matters to me more than solving this thought?

One small action I can take toward that today:

Further reading & sources

NICE: Obsessive-compulsive disorder and body dysmorphic disorder (CG31). NHS information on OCD. International OCD Foundation educational resources on intrusive thoughts and ERP. Hayes, Strosahl & Wilson, *Acceptance and Commitment Therapy*. Abramowitz, *Getting Over OCD*.

This resource is educational and does not replace individual assessment, diagnosis or treatment.