

NOT ALL BEHAVIOR IS COMMUNICATION

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DISINHIBITION PART 4: TYPES OF INTRUSIVE THOUGHTS AND COMPULSIONS

**CONTENT NOTICE: TYPES OF DISTURBING INTRUSIVE THOUGHTS PEOPLE EXPERIENCE,
INCLUDING SEXUAL THOUGHTS, DESCRIBED IN THIS SLIDESHOW**

PEOPLE ARE NOT THEIR INTRUSIVE THOUGHTS

Your brain is an organ. Your mind is your personality, values, and "soul."

The brain is an organ, just like the intestines, heart, and liver. It can experience structural and chemical differences and not perform optimally, just like any organ.

These differences can be innate (born that way), temporary (due to chemical imbalances or inflammation), or acquired (traumatic brain injury).

OCD and disinhibition (social, emotional, cognitive, and motor) come from brain differences.

Your mind is your personality, your opinions, your values, your will, and your soul— not in a religious sense. In this case, a soul refers more to the essence of who you are.

Your Intrusive thoughts, tics, apraxia, disinhibition, and even addiction are related to your brain, not your mind. Compulsions are symptoms, not character traits.

PUTTING DISINHIBITION INTO PERSPECTIVE

Imagine your stomach is very bloated and upset. You're trying to be polite and hold it in, but eventually you belch involuntarily. Or hiccup.

That's not communication. The stomach is an organ, not your will. The gas in your stomach is not your values or personality. It's an indicator, not communication.

Intrusive thoughts and tics are like gas. They come from your brain (an organ), not your mind. They are usually the opposite of your mind.

Think of your or your child's, student's, or client's disinhibition as similar to a belch or hiccup.



PEOPLE WHO EXPERIENCE INTRUSIVE THOUGHTS REPORT SIMILAR TYPES. THESE ARE A FEW:

Harm: worrying you've caused harm or will cause harm to someone else or yourself

- Did I leave litter behind? Is an animal or child choking to death on it?
- Am I going to wreck my car and kill someone-- or a whole family?
- Am I going to beat my child next time I get frustrated?
- Will this food I made give my grandmother food poisoning?
- If I don't wear the right socks, or drink from the right color straw, my family might die.

SEXUAL

Sexual intrusive thoughts are NOT desires. They are anxiety-inducing, or even disgusting to the person who experiences them. The person may fear they actually do want these things.

- I am going to a funeral tomorrow. Do I want to have sex with the body?
- Am I going to violently assault my partner?
- What a cute baby— wait, am I a pedophile?!
- I love my dog so much. Am I attracted to it? Am I about to [insert disturbing act]?
- I wonder what they look like naked.

IMPOSTER

Imposter-driven intrusive thoughts challenge a person to doubt their identities, rights, qualifications, and belonging.

- Am I actually autistic or am I just delusional and attention-seeking? Is this shirt tag really even uncomfortable?
- What am I doing presenting at this conference?! I have no idea what I'm talking about!
- Am I actually trans? Gay? I think it's all in my head.
- I'm not really an artist. Everyone is pretending I am.
- Am I actually in a coma and this is all a dream?

RESPONSIBILITY

Intrusive thoughts about one's role in the world and how much impact a person's actions have on others can leave someone with responsibility-related obsessions feeling like they caused or failed to prevent many disasters and inequities.

Many autistic people will have struggles with this. We are pattern thinkers and see how patterns of irresponsibility, apathy, and inaction cause harm to innocent people, animals, or the environment. Because we often are the victims of harm caused by others, we can become over-responsive to a debilitating extent to counter that harm.

- If I don't call my former co-worker from ten years ago and confront him about his internalized racism, then that contagious attitude is going to have a butterfly effect and result in another police shooting.
- If I spend this money on repairing my air conditioning instead of paying my neighbor's rent, then their kids will be homeless.
- If I say "no" because I'm not well and need to rest, then I am selfish.

ARE INTRUSIVE THOUGHTS OCD OR AUTISM?

Everyone experiences intrusive thoughts, but most people are able to dismiss them immediately.

For some people, filtering out unnecessary information and stimuli is not automatic. This is related to your brain's structure and how you're "wired." That "filtration" is an executive function.

Autistic people's keen powers of observation are a gift in many contexts but can cause suffering in everyday life, especially when we can't immediately and automatically process what is a genuine threat.

Autistic people are very vulnerable to OCD. Intrusive thoughts become OCD when they drive us to act on them.

COMMON COMPULSIONS:

- Washing hands, disinfecting
- Checking and rechecking to make sure doors are locked, oven is off, no one is watching from the darkness
- Praying, apologizing, or attempting to “atone” for feared wrongs/sins
- Binge eating/food refusal
- Rearranging things, trying to have perfect order or symmetry
- Collecting/storing things out of fear of disaster
- Counting, repeating phrases, or other rituals that feel necessary
- Hiding things from self (knives, pills, scissors) or isolating from others
- Compulsive inaction/inability to meet demands
- Skin-picking, teeth grinding, body scanning, pulling out hair
- Researching disasters or medical problems

NOT ALWAYS COMMUNICATION

Compulsions are not always debilitating or even harmful. Tics are not always significantly disruptive to a person's life.

Some compulsive behaviors are comforting aspects of routine, and routine absolves the burden of processing for people with executive functioning deficits. As long as it's not causing your life disruption, it's not disordered.

Tapping your toothbrush exactly seven times after brushing or preferring a certain dish or fork when eating are healthy routines. It becomes a disorder when a person feels they have to do it or something terrible will happen like imprisonment, death, abandonment, or natural disaster.

It's not hard to imagine that being forced to make decisions, meet demands, and perform actions far faster than we can given our limits with executive dysfunction— and the resulting penalties for getting things “wrong” because we didn't have time to process— can create the circumstances that leads us to developing OCD.

Behavioral approaches or even talk therapy can make OCD substantially worse. OCD is not natural to autism, Tourette's, or ADHD. Executive dysfunction + trauma or illness can develop into OCD, though.

JOIN US THURSDAY!

This Thursday, March 10, at 4pm EST/9pm GMT, join us on Facebook, YouTube, or LinkedIn for a live discussion and Q&A with OCD therapist India Haylor from @OCDexcellence

- Submit your questions in the comments or ask them during the live stream
- Stay tuned for more live streaming, slideshows, and special guests as we unpack the role of disinhibition in neurodivergence
- Remember that knowledge of self is the first and most important step to liberating your mind from intrusive thoughts that originate in the brain. You are not your intrusive thoughts.
- Watch for explorations of how PDA, addiction, and Rejection Sensitive Dysphoria relate to disinhibition.

