

Unwanted Intrusions Are Normal

While obsessional intrusions were traditionally considered to be rare and specific to OCD, they are now considered to essentially be a universal 'normal' phenomenon. The vast majority people report that they experience intrusive thoughts, images or impulses, and it affects people across all different cultures and contexts.

**Up to 95% of
people have
unwanted
intrusions**

Some common unwanted intrusions from people who do not have OCD include:

- Unwanted image of a loved one being harmed
- Fear of contaminating others
- Doubt of whether you said the “wrong” thing or locked the front door
- Unwanted impulse to steer into incoming traffic
- Unwanted urge to blurt something out that would be socially inappropriate
- Image of hurting someone violently

OCD obsessions can look the same as the unwanted intrusions that most people have, but they are more distressing, last longer, occur more frequently, and are more inconsistent with the persons self-views (ego-dystonic).

Normal Compulsions

Most people will perform compulsive behaviours at some stage to help alleviate discomfort or distress, or to prevent a potential feared future negative outcome. Common non-OCD compulsions include cleaning, ordering (e.g., having things arranged in a way that feel “just right”), checking (e.g., keys, wallet, phone), and ‘magical’ protective behaviours (e.g., having a “lucky” charm).

The compulsions in OCD differ in that they are more frequently used, are more intense and cause more discomfort.

Why is this important?

This research is important for highlighting that having an unwanted intrusion does not mean someone will develop OCD; **there is something important about the meaning that we give to our intrusions** that either leaves us vulnerable to developing, or not developing, OCD.

This finding has had important impacts on our understanding of OCD and development of effective cognitive-behavioural therapy for OCD.