

NEVER say NEVER



*In the midst of the seemingly endless storm,
look to the promise of the rainbow -
the rain shall not prevail!*

Fall 2016

Choosing to Change

As we say goodbye to 2016 and embark upon another New Year, we ask ourselves again - as we do every year - what can we do to change our story? We know we have to change the pattern we have so firmly established in our lives if we want to change our outcome. But how do we do this? Not everyone has access to the professional resources that can help guide the way. There are books and websites that can assist us if we have the strength and determination to go forward on our own. One such site, www.anxieties.com, the home of Dr. Reid Wilson, is a treasure trove of free self-help resources. We have included here one of the modules of his OCD program, "The Four Challenges of Recovery."

Also included here is a blog post from the Anxiety and Depression Association of America (ADAA) on how to deal with holiday stress, and Part 2 of the serialization of Wally Green's 1989 self-help book *Never Say Never* that we began in the last issue. Finally, we reach back into the **Never Say Never Archives** and reprint an article from 2010 by Dr. Christian Komor, "OCD - The Other Side of the Rainbow." Dr. Komor, one of the valued members of our Board of Advisors and a long-time friend of The OCD Foundation of Michigan, is a prolific writer with many insightful books and articles to his name. Starting with our next issue, Winter 2017, we will be including his writings for your enjoyment.

HAPPY HOLIDAYS TO ALL

The OCD Foundation of Michigan extends its best wishes to
all for a joyous holiday season, good health, happiness and
peace in the New Year.

THE OCD FOUNDATION OF MICHIGAN

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is the quarterly newsletter of The OCD FOUNDATION OF MICHIGAN,
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Please note that the information in this newsletter is not intended to provide treatment for OCD or its associated spectrum disorders. Appropriate treatment and advice should be obtained directly from a qualified and experienced doctor and/or mental health professional. The opinions expressed are those of the individual authors.

To submit articles or letters, write or e-mail the OCDFM at the above addresses.

LIST OF SELF-HELP GROUPS

ANN ARBOR:

1st Thursday, 7-9 PM
St. Joseph Mercy Hospital Ann Arbor
Ellen Thompson Women's Health Center
Classroom #3
(in the Specialty Centers area)
5320 Elliott Drive, Ypsilanti, MI
Call Bobbie at (734) 522-8907 or (734) 652-8907
E-mail OCDmich@aol.com

DEARBORN:

2nd Thursday, 7-9 PM
First United Methodist Church
22124 Garrison Street (at Mason)
In the Choir Room (enter under back stairs)
Call Bobbie at (734) 522-8907 or (734) 652-8907
E-mail OCDmich@aol.com

FARMINGTON HILLS:

1st and 3rd Sundays, 1-3 PM
BFRB Support Group
Body-Focused Repetitive Behaviors
Trichotillomania and Dermatillomania
(Hair-pulling and Skin-picking)
Beaumont Hospital Botsford Campus
Administration & Education Center, Classroom C
28050 Grand River Ave. (North of 8 Mile)
Call Bobbie at (734) 522-8907 or (734) 652-8907
E-mail rlsade9627@aol.com

GRAND RAPIDS:

Old Firehouse #6
312 Grandville SE
Call the Anxiety Resource Center
(616) 356-1614
www.anxietyresourcecenter.org

Anxiety Disorders

Meets every Wednesday, 4:30 to 5:30 pm and
7 to 8:30 pm (two groups offered at this time to keep
group size smaller)
A weekly support group open to anyone who has an
anxiety problem (including trichotillomania and
Obsessive-Compulsive Disorder).

Teen Anxiety Disorders

Meets every Wednesday, 5:45 to 7:00 pm
(Please call ahead)
A weekly support group open to teens aged 14-18
who have an anxiety problem.

Yoga

Every Wednesday, 5:30 to 6:30 pm
A gentle yoga class. No experience is necessary.
Schedules do change, so please call ahead to reserve
a spot.

Open Creative Time

1st Wednesday, 6:00 to 7:00 pm
Take your mind off your worries by being creative.
Bring a project to work on or enjoy supplies that are
available at the ARC.

Social Outing Groups

Offered once a month.
Dates and times change.
Check the ARC website for current listings.

LANSING:

3rd Monday, 7-8:30 PM
Delta Presbyterian Church
6100 W. Michigan
Call Jon at (517) 485-6653

LAPEER:

2nd Wednesday, 7:30 - 9 PM
Meditation Self-Healing Center
244 Law St. (Corner of Law & Cedar Streets)
Call Mary at (810) 441-9822

PETOSKEY:

2nd Tuesday, 7-9 PM
The John & Marnie Demmer Wellness Pavilion
820 Arlington Ave.
Petoskey, MI 49770
Call Kevin at (231) 838-9501
E-mail Runocd@gmail.com

ROYAL OAK:

1st Wednesday, 7-9 PM
Beaumont Hospital, Administration Building
3601 W. Thirteen Mile Rd.
Use Staff Entrance off 13 Mile Rd.
Follow John R. Poole Drive to Administration Building
Park in the South Parking Deck
Meets in Private Dining Room
(If the building is locked, press the Security button next
to the door, tell them you are there for a meeting, and
they will buzz you in.)
Call Terry at (586) 790-8867
E-mail tmbrusoe@att.net

NEVER SAY NEVER

*(Editor's note: The last issue of this newsletter (Summer 2016) began the serialization of Wally Green's book, **Never Say Never**, self-published in 1989. The next two chapters are presented here, and the remaining text will come in our next issue (Winter 2017). This book is reprinted here with the author's permission. rws)*

Chapter Two

EXPOSURE TO ANXIETY

Now that we have tuned in to identification of our OCD anxiety, what next? Exposure to our OCD anxiety.

But why expose ourselves to something that hurts? The answer is so simple that legions of psychiatrists, including Sigmund Freud, have overlooked it in their efforts to figure out what on earth makes us tick. Up to now, that is.

Are you ready for this? Here it is in all its simplicity. When we expose ourselves to our OCD anxiety without reacting to it in our OCD ways, we kill it dead. Yes, that's it. That's all there is to it!

Some psychiatrists, in the past, have been afraid to allow us OCD people to be exposed to the full strength of our OCD anxiety for fear that we would have a nervous breakdown, whatever that is. But the truth is, that such exposure is our salvation, as long as we refuse to respond to our OCD anxiety in our OCD ways.

What's amazing is that, with repeated exposure to our OCD anxiety, our OCD anxiety level begins to decline, as long as we don't respond to it in our OCD ways.

Instead of a vicious circle, the process is just the opposite, a benevolent circle. It goes like this: exposure and non-response results in less anxiety which makes exposure and non-response easier - further exposure and non-response, which is easier now, lowers anxiety still further and that makes exposure and non-response even easier, and so on. Around and around to victory over our OCD.

But the first murder is the hardest. Kind of like a baby eagle's first flight out of its nest high up on the canyon wall, a nest it can get out of only by air. An eagle you must be. You must prove to yourself that your wings will work, that you won't fall to your death on the canyon floor. All the \$85 an hour counseling in the world can't do it for you. It is a leap of faith. Draw on every source of strength you have. Climb up on the side of your nest of sticks and push off.

The first time you don't check that burner on your gas stove, you may feel like you are about to die. The OCD anxiety you experience that first time often seems overwhelming, like you are no match for it and might as well give up. Remember that eagle. You must walk away from that stove without so much as a backward glance.

(Continued on page 5)

And do it fast. And go quickly on to the next project. The quicker the better. Go to a baseball game, visit a friend, do anything that helps you resist going back to check that burner. And turn your brain off. At least as to thoughts about the burner. If you don't, sooner or later, you'll come up with thoughts that justify your feeling of OCD anxiety. The fancy word for this is "rationalization". In this instance, it means finding a reason for a feeling. In other settings, rationalization is sometimes good, sometimes bad. For OCD people, it is almost always deadly. You can almost always dig up some seed of truth to explain why you feel OCD anxiety. It's a seed that will quickly grow into a tree bearing poison fruit. Yes, the little girl next door might be burned alive if you don't go back and check the burner before you leave on vacation and it's on and it catches your house on fire and your house catches her house on fire. See how it works? So, as to the gas stove, turn off your brain. Be mindless and mechanical and walk away.

The OCD anxiety you have chosen to expose yourself to, by not checking the burner, may not only be terribly painful, but it may seem like it will last forever. It won't. But most people can't force themselves to wait long enough to find this out. And sometimes it does last a long time, days even. Yes, days. But, then it goes away, it always does. And remember, don't think about that burner or it's all over.

Keep in mind that we have freedom of choice. We are choosing, of our own free will, to expose ourselves to what makes us feel anxiety. Then we choose to not check, clean, collect, or whatever we would ordinarily do as our particular anxiety response. It is a voluntary thing we engage in to cure ourselves. But what if it results in a mistake? The answer is simple and is our lifeline. Better a mistake than the paralysis of OCD.

Is all this gibberish? I think not, if you have an OCD problem. People who think they don't would have put this book aside by now. For keeps. The average person doesn't like to read about stuff like this because they are afraid they might catch it.

Okay, this is as good a time as any to face the fact that we OCD people are not average. We are handicapped with a disorder that doesn't handicap the people we are competing with for jobs, space, happiness, you name it. All the more reason to get to work and overcome it. Expose, expose, expose. Even though it hurts. And don't respond.

Chapter Three

RESPONSE PREVENTION

All the exposure in the world won't help us if, once we are exposed to our OCD anxiety, we respond to it in our unwanted OCD ways. In fact, to do so, keeps our OCD anxiety alive and well. So response prevention is vital to our recovery.

Our first impulse, when we feel our OCD anxiety, is to immediately do something about it. That impulse to react to anxiety is as normal as a spring rain. All living things share it. They often adjust with

Continued on page 6)

action to the feeling of anxiety in order to survive. The rabbit runs, the bird flies.

What OCD people do in reaction to their OCD anxiety varies quite a bit with the individual. This is why OCD gives a false impression of complexity. Some of us excessively check what we have done. Others clean more than is needed, and so on. Why excessively and more than is needed?

Because we assume, mistakenly, that our OCD reactions, checking, cleaning, and whatever, will make us comfortably free of our OCD anxiety and they usually don't. When it doesn't work on the first try, we mistakenly take a "more is better" approach and check, clean, or whatever, some more, to excess. Which still usually doesn't work. You can't check away, clean away, or whatever away, our level of anxiety.

Yes, we are simply acting in accord with our survival instinct, like rabbits and birds, when we take action in response to our OCD anxiety. OCD people, however, must not respond in their OCD ways to their OCD anxiety if they want to get well. We have to hold still and just endure it, like we did the last time we were given a shot by a doctor or a nurse. One reason holding still, instead of responding in our OCD ways to our OCD anxiety, is so tough is because it is going against the flow. We're forcing ourselves to swim upstream against instinct when we don't react to our OCD anxiety. That's response prevention and we are doing it when we don't collect, don't wash, don't check, don't think, or don't whatever we do in response to our OCD anxiety. And, yes, we did say "think". And to be precise, we mean, "don't do the voluntary thinking some of us OCD people do in response to our OCD anxiety".

Human beings are doing something when they think. In fact, it is one of the greatest things they do. There are, of course, two kinds of thinking, involuntary and voluntary. Both kinds of thinking have put human beings head and shoulders above every other living thing in the Known Universe.

We can turn voluntary thinking on and off. This can't be done with involuntary thought. A useful analogy can be made to our muscles. We can contract the muscles of our hand, on and off, when we want to, in order to make and unmake a fist. The contraction of these muscles is voluntary. By contrast, we can't contract our heart muscle, on and off, when we want to. The contraction of our heart muscle, again and again, to pump our blood throughout our body is out of our control. We can't turn it on and off when we want. It is involuntary.

An example of voluntary and involuntary thought can be found in our own sexuality. Like it or not, adolescent and adult human beings are bombarded with sexual thoughts that come and go as they please, on their own. These are involuntary thoughts. We can't turn them on and off. We have the option, however, of enhancing our sexual pleasure with additional sexual thoughts we can choose to think or not think. These are erotic, voluntary thoughts. There are few, if any, human beings who have not, at one time or another, chosen to think such voluntary thoughts of a sexual nature. Many magazines, such as Penthouse and Playgirl, are publishing success stories, in large part, by making their writers' voluntary and involuntary sexual thoughts available for purchase. The thoughts are verbalized in print for the convenience of those who choose to buy and read them.

(Continued on page 7)

OCD people are sometimes compulsive about their voluntary thought. They think and rethink the same voluntary thought, whatever it is, and not necessarily sexual, trying to get it complete and concise and precise and just right. They also rethink thoughts because of anxiety caused memory blockage, similar to our actor with stage-fright. Their OCD anxiety often gets so high that it blocks their memory of their thought. So they think the thought again. All this difficulty with memory increases their anxiety, of course, and the higher anxiety makes their memory even worse, which increases anxiety, which increases the memory problem, which increases anxiety, and on and on around the disabling, vicious circle like a barnyard cat chasing its tail.

Such rumination of a voluntary thought can take up hours, same as rewashing your hands, and re-checking the lock on your back door. Oh, oh, late for work again!

~~The word "obsessive" in the term "obsessive compulsive" refers to this rumination of voluntary thought. The thing to keep in mind is that such obsessiveness is no more or no less a compulsive act than is excess hand washing, or door lock checking and rechecking. Don't be fooled by the prominence given obsessiveness by those before us having made it part of the name of this illness. The name "hand washing compulsive disorder" or "door lock checking compulsive disorder" could just as well have been used rather than obsessive compulsive disorder. Unfortunately, it may be too late for a name change.~~

W. G.

Sometimes, no matter how hard they try, OCD people can't identify their OCD anxiety. Yet, they are painfully aware of their OCD behaviors that they would give anything to get rid of.

If this happens to you, it is still possible to fall back on what we can call our "black hole in space" approach. Do like the astronomers do. They know something is in the black holes in space even though nothing can be seen there. They know because of the gravitational pull the unseen something has on the celestial bodies around the black hole. And so they take the unseen something into their calculations and determinations about outer space.

We can do the same thing. Assume that your OCD behavior is your reaction to your OCD anxiety, even though, so far, you've been unable to identify that anxiety. Then go ahead, just as if you had identified it, and stop reacting to it. Cut out your OCD behavior again and again and don't be surprised if it gradually gets easier to cut out. This is proof that you are slowly killing off the unseen, unidentified OCD anxiety by exposure (even though you didn't know you were exposed) and response prevention.

Wally Green is a lawyer and administrative law judge who lost his career to OCD. He started the first OCD self-help group in Dearborn, Michigan, in 1989, and is the Founder of The OCD Foundation of Michigan. Wally continues to be an inspiration to all of us in the OCDFM.

The Four Challenges of Recovery

Reid Wilson, Ph.D.
Anxiety Disorders Treatment Center
Chapel Hill, North Carolina

(Editor's Note: This article is actually a module from Dr. Wilson's free self-help program on his website, www.anxieties.com. rws)

What's it going to take to get better?

There are four challenges that lie in front of you as you begin to face your obsessions and compulsions:

Challenge 1:

Be determined to conquer this problem. This is a tough problem to overcome. You really need to spend some time making sure that you're ready and willing to go through short-term suffering for long-term gain. You need determination because you have to take the risk to experiment with behaviors that are totally opposite of what you would tend to do in these situations. You're going to have short-term doubts, and you have to be willing to overcome those short-term doubts and have a kind of faith in this approach.

The second challenge

as you begin is to gain the perspective that your worries are excessive, or irrational. The symptoms that your worries produce are so powerful and so disturbing that you get distracted by them and believe they represent true concerns. I am asking you to begin to practice a new belief, and it is this: when these obsessions occur, the content of the obsessions is irrelevant. It is meaningless, it is purposeless. Your obsessions represent an anxiety problem. The topic of your anxiety is not the issue, even though your anxiety leads you to believe that it is.

This is not an easy task to accomplish when you are dreading that you might pass on deadly germs, kill your own child or cause a terrible accident. Nonetheless, I am asking you to step away from those thoughts, to get perspective on them, and say, "Wait a minute, I have an anxiety disorder. What is an anxiety disorder all about? It's about anxiety, not about this content."

Try not to get into a battle of logic in your head. If you try to convince yourself of how illogical your worries are, you may become very frustrated, because you'll have a hard time being certain about anything. You'll always find a thread of doubt you can follow. So don't get caught in this trap of logic. Instead, keep stepping back mentally and saying, "I need to be addressing my anxiety, not this specific topic".

Your OCD is going to encourage you to do just the opposite. It's going to push you to think this is

(Continued on page 9)

all about whether you really locked the door. Or it will get you to try to reassure yourself that you did actually make the appropriate decision. Or that you have not contaminated something. You'll work hard to get the right reassurance. And it's totally the wrong thing to be doing... You are falling right into the clutches of OCD. So this is a very important challenge to meet: address your symptoms of anxiety, not your fearful thoughts. Don't be fooled!

The third challenge:

As you begin: consider that ritualizing is not the only way to reduce your anxiety. Most people with this problem believe that if they don't ritualize, they will remain distressed forever. If you share this belief, you must be willing to challenge it in order to discover that there are other ways to reduce your distress. It will be extremely difficult to give up your compulsions unless you are willing to experiment with new behaviors. You need to be willing to explore options to ritualizing.

Do you remember the old joke of the guy who every morning gets up at 6:00 and stomps around the outside of his house. His neighbor finally comes out and says, "What in the world are you doing? Every morning, I look out my window when I'm fixing my breakfast, and there you are in your bathrobe stomping around the house." The guy says, "Oh, well, I'm keeping the elephants away."

"Elephants? There are no elephants in this neighborhood."

And the first man says, "See how well it works!"

So, he never challenges his belief. That's what people do. They say: "The ritual was the only way I could possibly have shaken loose of my terrible distress, and I need to keep using it."

To resist your compulsion is really a courageous thing to do. Because you are having to resist this powerful belief that something terrible is going to happen if you do.

The fourth and last challenge is:

decide to *accept* your obsessions instead of resist them. This is the toughest of all four, and it is the most important. This one is the basis of all the self-help interventions we'll talk about. Because the more you resist your obsessions, the stronger they become. It's as though your solution to the problem actually increases the problem. You resist the symptom, and it persists.

So you need a new inner voice that says, "It's OK that I'm obsessing right now." This is not saying, "it's OK in the next 20 minutes to do it"; it's not saying, "I'm going to continue to do it." But I am asking you to say, "It's OK that I just had that thought." I know that sounds like a crazy thing to say. You are trying desperately to rid yourself of these terrible thoughts, and I'm instructing you to accept them! Accepting the obsession generally looks like a bad idea to people.

But what's the other choice? The other choice is to say, "It's terrible that I had that thought." And what's the reaction that you're going to have physiologically when you make that statement? That state-

(Continued on page 10)

ment's going to produce more anxiety.

I agree, of course, that the end result is to get rid of that obsession. That's everyone's objective. But the technique that you use and the end result are different. That's why it's called paradox, which means opposite of logic. And that's why you have to have faith. First, you're going to accept this obsession, and then you're going to manipulate it. Why are you going to do it in that order? Because that's how it works best. So there's a big, big leap of faith here when you accept your obsession. But if you will really dedicate yourself to experimenting with this approach for several weeks, I think you will discover its benefits.

Let's review these four challenges again, first with how people generally think about this problem, and then with how I am encouraging you to think as you begin your self-help program.

The first challenge: People say, "I'll always be controlled by this problem." You want to shift it over to, "I'm now determined to conquer this problem."

The second position is: "I believe my obsessional concerns are accurate." I want to shift that one over to: "My obsessions are exaggerated and unrealistic." The third one: "Rituals are the only way to reduce my distress." Shift that to, "there are other options to reduce my distress." The fourth one: "I must stop these obsessions" is the problem stance. Shift this to, "I accept these obsessions."

How would you apply this fourth challenge? When you begin obsessing and worrying, you typically react emotionally to those thoughts and images, by becoming anxious and afraid. That compels you to ritualize. The first place to start practicing is anytime you begin to obsess. Take that opportunity to focus on the idea of permitting the obsession to exist in that moment. Work on not being afraid of the obsession and not being mad at yourself that you just had the thought. Wouldn't that be great, to not get distressed at those momentary worries, to not think that they mean anything.

Let me tell you a story. When my children were infants, I would carry them in my arms as I walked around the deck of our home. Every once in a while, I'd stand at the railing, looking at the beautiful scenery out in the woods, and then I'd have this flash: I'd see myself accidentally dropping my child two stories down from the deck, and there she'd lie on the ground, dead. And then I'd see myself jump over the edge to kill myself out of my shame that I'd just killed my child. But I'd break my neck instead, and end up being humiliated and shamed for what I just did to my son or daughter.

And then I'd step away from the edge of the deck.

It was the same with my kids as toddlers. I'd be reading in the living room while one of my kids was playing in another room. Then I'd notice that all was quiet. On a number of occasions I would then think, "Oh, my God, he's swallowed a penny and he can't breathe, and he's passed out..." And I'd get up and quickly move to the other room to check on my child. There he'd be, quietly and safely drawing on the wall with crayons. Now, I'm sure I've have had those kinds of fantasies over 40 times. Each one took about two or three seconds, with slight variations.

(Continued on page 11)

What is the difference between what I experienced and what someone with OCD experiences? There are many similarities. The difference is not about the thoughts that we have but in how we interpret those thoughts and images. I would say, "I know what that's about, and that's no big deal." I'd say, "That's because I'm a new parent. It's my mind's way of reminding me that I need to protect these fragile children. I know I'm not really about to accidentally drop my kid."

People with OCD might say, "Oh, my God, I had the thought of killing my daughter? Why did I think that? I'm not sure I can trust myself. I might accidentally do that." They decide to doubt their ability to stay in control.

So this is where you begin in your self-help program. Confront your interpretation that the content of your obsessive thought means something terrible about you. I want you to downgrade each obsession to a kind of momentary glitch in your thinking. The thought doesn't mean anything. You had a fearful thought, and you got scared by it. That's all. When I saw in my mind the image of my child lying on the floor not breathing, I became momentarily scared, and my heart raced. That's an expected reaction. It's like sticking your finger in the wall socket and getting shocked. That's all it is. And that perspective is what you should work toward.

When you notice your obsessions, choose to have them. As soon as you choose to have your obsessions, they're no longer involuntary. Remember that the definition of an obsession includes that it is involuntary. So as you begin to accept your obsession, as soon as you choose to have it then that involuntary thought is now voluntary. And you've begun to change the nature of the problem.

This is the direction I am going to take in this self-help program. I am not asking you to stop obsessing right now, or to stop ritualizing. I am asking you to change some smaller components of the pattern. You're going to disrupt the pattern by various means. You're going to modify your obsession in little ways. You're going to add things to your ritual. In this way you can gradually learn about your ability to control your symptoms.

REID WILSON, Ph.D. is associate clinical professor of psychiatry at the University of North Carolina School of Medicine and Director of the Anxiety Disorders Treatment Center. He is author or co-author of 5 books, including ***Don't Panic: Taking Control of Anxiety Attacks; Stop Obsessing! How to Overcome Your Obsessions and Compulsions; and Anxious Kids, Anxious Parents: 7 Ways to Stop the Worry Cycle and Raise Courageous & Independent Children***. He serves as the Expert for WebMD's Anxiety and Panic Community. His free self-help website – www.anxieties.com – serves 500,000 visitors per year. In 2014 he was honored with the highest award given by the Anxiety and Depression Association of America.

How to Find Cheer in Holiday Stress

by Lara Schuster Effland, LCSW

(Editor' Note: This article appeared as a blog post at the Anxiety and Depression Association of America (ADAA), and is reprinted here with their kind permission. It can be found at www.adaa.org/blog/how-find-cheer-holiday-stress. rws)

The air is getting crisp and the days are getting short. The early days of fall and those first holiday-shopping commercials are the initial signs of excitement and splendor to come, as well as more to-do lists, deadlines, and social pressures.

But you can learn how to maintain your mental health and keep content during the holiday season. Read on for one interesting example.

When the winter sun in Norway doesn't rise above the horizon, the days are short and dimly lit. So the Norwegians take the opportunity to create *koselig*, or a cozy way of living. This tradition means getting under a blanket with a cup of tea and enjoying your time with family and friends peacefully. And *koselig* must be working: Norwegians have astonishingly low rates of seasonal affective disorder and depression rate during the winter.

Factors: Protective and Vulnerability

When you approach the months of holiday stress and cheer, it's helpful to consider two factors that may affect your mindset. Protective factors are the things you have going for you that build strength and resilience. Vulnerability factors are things that can hinder your ability to cope, and they can be internal and external.

The Norwegians are able to create protective factors by appreciating the longer time with others in circumstances we might think of as less than ideal. They turn potential vulnerability factors, such as colder weather and darker days, into protective factors by embracing them and transforming them into moments of comfort and fond memories.

Tips to Thrive Through the Holidays

When you're struggling with a mood or anxiety disorder, the holidays can seem dominated by vulnerability factors. Chances are you're not in Norway, so these strategies to help you this holiday season. They are inspired by dialectical behavior therapy, or DBT, which provides valuable ways to help you manage emotional vulnerability and environmental stressors. ([Learn about DBT and other forms of therapy.](#))

(Continued on page 13)

How to find Cheer
(Continued from page 12)

- Set limits: Decide how long you can stay at a party or your parents' house, and stick to your plan.
- Set a daily schedule: Try to plan your day to balance activities when you are with others and activities when you are alone. Also, maintain a consistent sleeping schedule to make sure you're at your best physically and emotionally.
- Cope ahead: Preparing for the worst-case scenarios can help when tackling challenging work or family gatherings.
- Meaning: Discover your own meaning for the holidays by asking yourself what you appreciate most (such as making your grandmother's favorite recipe or going for a walk in the park you enjoyed as a child) and make sure that you focus on it.
- Effective environments: Choose people and places to spend most of your time with that add to your overall mental well-being, rather than deplete and challenge it. You can withstand difficulty for short periods of time, but prolonged periods of stress can quickly compromise your recovery.
- Take care of you: Refrain from mood-altering substances; take medication as prescribed; connect with others; rest; and find enjoyment in your activities.

Your health will benefit you and everyone around you, and you will thank yourself when the clock strikes midnight New Year's Eve. Congratulations! Not only will you have survived, but ***you will have thrived this holiday season.***

Lara Schuster Effland, LCSW, is the Vice President of the Mood and Anxiety Program and Residential Services at Insight Behavioral Health Centers of Chicago. Ms. Effland clinically specializes and trains others in dialectical behavior therapy, mindfulness-based therapies, exposure and response prevention, and trauma treatment.

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FROM THE NEVER SAY NEVER ARCHIVES:

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Never Say Never)

OCD - The Other Side of the Rainbow

By Christian R. Komor, Psy.D.

*You do not need to leave your room.
Remain sitting at your table and listen.
Do not even listen, simply wait.
Do not even wait, be quite still and solitary.
The world will freely offer itself to you to be unmasked.
It has no choice, it will roll in ecstasy at your feet.*
- Franz Kafka

Perhaps this article would be more appropriately titled “The Other Side of The Storm” since for many of us with Obsessive Compulsive Disorder and other OC-Spectrum disorders our life can feel like a storm. Pelted by random and useless messages from our brains, we struggle to keep our heads above the waterline of our rituals and compulsions. Anyone who has struggled with Obsessive-Compulsive Disorder or other compulsive dysfunctions knows how compulsions can come to replace natural spontaneity, aliveness and the ability to approach life from a centered sense of self. They become, in a sense, “other gods” that we worship through our rituals.

As part of our recovery from OCD many of us challenge ourselves to set exposure and response prevention G.O.A.L.S., confronting our “other gods” through proactive behavior change. As difficult as these behavior change goals can be to achieve, we should not mistake them for more than intermediate steps between the agony of obsessions and compulsions and the life that we are seeking. Beyond the pain of OCD, and the hard work of behavior therapy, there must lie some reward – something we can look forward to. A pot of gold, as it were, at the end of the rainbow. Why is it that those of us with OC-Spectrum disorders so seldom talk about what life can be like without obsessions and compulsions?

We are living at this very moment in the Garden of Eden. Surrounding us is a world of unbelievable beauty, peace, and utter fulfillment created, many of us believe, by a loving God. We can see and experience the hand of grace in the sunlight glistening off the water, the wind drifting through the trees, the rains nurturing the earth. Even better, we have an amazing variety of fellow creatures with whom to share this. Truly our world is a garden of delights waiting to be experienced. Each moment we are alive on this earth holds the potential for joy, fulfillment and serenity. Life is inherently designed to be a wonderful experience. Just the basics of being alive (eating, breathing, working, sleeping) can be incredible *experiences*. The pot of gold at the end of our recovery rainbow, it turns out, has been right here under our noses all the time. The problem is, wrapped up in our obsessions and compulsions, we have been unable to open it. Our compulsions block us from entering into a spontaneous, alive and rewarding experience of living. Cognitive and behavior therapies are simply the tools we use to achieve our ultimate goal of aliveness and health being!

It is important to understand that the power of spontaneous being is within us from birth and does not disappear. Rather it is covered over by compulsive behavior generated by misfiring neurons from our brains. Healthy being is the polar opposite of obsessive-compulsive behavior. Paradoxically, those of us with OCD are in an excellent position to experience and appreciate healthy being. Without the struggle of obsessive-compulsive behavior we are less likely to appreciate the sweetness and joy of healthy being. A Zen poem captures this idea well...

“My barn having burned to the ground,
I can now see the moon”

We have all had times when we connected with this state of healthy being - On a vacation when we let

(Continued on page 15)

our guard down and truly relaxed or after challenging ourselves successfully with a piece of exposure and response prevention work. When approaching life from the perspective of healthy being, the inherent perfection and spiritual harmony in the natural world can be experienced. In the state of *being* a powerful feeling of aliveness and connection to our bodies is experienced. The environment seems to come alive and we may be thrilled with the wonderful elements of the natural world. A sense of release and letting go in our relationships is developed so that others are accepted rather than controlled, or treated as objects of dependency. A sense of destiny and an acceptance of the flow of life is also likely to be present along with a deep awareness of one's Higher Power.

Healthy being leads us to:

- Make decisions and choices out of self-ownership rather than an externalized ideal of how things "should" look.
- Accept all experiences in life as holding potential for personal growth and enhancement.
- Carry with us an inner resolve to relax fully in all situations – even when it seems we should be tense and upset.
- Focus our attention on the present moment rather than on our fears and projections regarding the past or future.
- Listen to our spontaneous inner voice as opposed to the voice of our obsessions.
- Be committed to transparency and congruency in relationships so that we interact with others as our true self rather than a façade.
- Enjoy the process as much or more than attaining goals.
- Balance our time between self-care and self-wear. Be patient and persevering in our approach to life and our own growth process.

Words and ideas cannot really capture the *feeling* of being. There is no way to *know* what it is really like to be in touch with your spontaneous self except by *direct experience*. You will know what it is like to *be* when you have been there and not a minute before that! Most people recognize the spontaneous sense of aliveness that is characteristic of being

and slowly begin to learn the individual psychological path they must follow to return to it again and again. Just as we develop the ability to walk, not from being told how or "figuring it out," but by actual trial and error, so do we gradually develop an inner *experience* of what it is like to *be*. Gradually the awareness of the being side of living grows stronger and life without beingness begins to look flat and unfulfilling.

The increased ability to "just be" also means that the healing compulsive person is less likely to be acting out through rituals and fear-driven behaviors to avoid feelings and especially anxiety. When healing from obsessive-compulsive behavior, we begin to pay increasing amounts of attention to what we feel inside. Instead of compulsive rituals or accomplishing things, we spend more time feeling feelings and sharing them. At first these feelings may seem like weird aliens within, but gradually we learn to listen to them even when we don't know for sure where they will lead. We develop a sense of trust in our destiny and an ability to take up the thread of our feelings knowing that the total fabric will show itself eventually.

What can help provide the courage to make the journey from doing to being is the awareness that even a lifetime of material success and good work *pales when compared to even a few hours of true beingness*. When we are brave enough to face down shoulds, we make a contribution to the world that is as real as it is difficult to measure. When you think of the people who have most influenced your life or those you have felt most loved by, it is likely you will find that they had a strong quality of being about them. When we are into beingness, wonderful things begin to happen to us and around us and other people benefit either directly or indirectly.

As part of an ability to live in the moment, we learn the importance of the five senses. In healing we discover that it is those experiences that involve the *senses* that are most enjoyable and that are most real. We become able to be still long enough to appreciate the smell of a spring afternoon, to feel the warm sun in the morning on the way to work, to enjoy the cool water we drink, to make love and take pleasure in the sen-

(Continued on page 16)

suality of the experience, to feel our bodies and sense the messages they have. We begin to see the intrinsic God-given value in what we sense. Our experience becomes a teacher as well as a guide.

Coming home to our self is a wonderful feeling. In the midst of obsessive-compulsive behavior we may even have stopped believing that we still exist. It sounds funny, but many recovering obsessive-compulsives will say that they had even forgotten what it *felt* like to be their true self! Recovering from obsessive-compulsive behavior means finding our identity as people again. We recover the person we were meant to be.

As someone who has been traveling this road I can assure you that you *are* still the wonderful human being that you started out to be. When you begin to recover your sense of really *being*, you will know this is true. In those moments, hours, or days in your life when you have been able to move beyond obsessive-compulsive behavior and feel really at peace you may have experienced a sense of serenity and wholeness, a sense of somehow being different. Instead of feeling separate from the world and other people through attempts to control, such moments bring a sense of flow-

ing — of being part of life in a deeply spiritual and fulfilling way. When we are deep into obsessive-compulsive behavior, it helps to remember that sense of serenity is always there *inside* waiting for us to shift perspectives and behaviors enough so that it can *come out*. The end of the recovery rainbow is right here, right now. It's time we talk about it.

*Christian R. Komor, Psy.D. is a nationally-known clinical psychologist, practicing since 1982. He combines over 20 years of clinical experience treating Obsessive Compulsive Spectrum Disorders (OCS) with discoveries from his personal recovery from OCD. Sponsored by PESI Healthcare, he has trained thousands of professionals in over 100 cities around the US in optimal treatment methods for OCS. Dr. Komor is the author of **The Obsessive Compulsive's Meditation Book** (2000), **OCD and Other Gods** (2000), **The Power of Being** (1992) and nearly 2 dozen other books on OCD and related topics (most available at Amazon.com). Dr. Komor is the founder of the OCD Recovery Center of America (www.ocdrecoverycenter.com), which now offers Intensive outpatient Housecalls and Telemedicine services throughout the United States and abroad. Dr. Komor can be reached at dr.komor@gmail.com.*

Words of Wisdom

"If you are distressed by anything external, the pain is not due to the thing itself, but to your estimate of it; and this you have the power to revoke at any moment."

- Marcus Aurelius

"Feel the fear and do it anyway." - Susan Jeffers

"Do the thing you fear and the death of fear is certain." - Ralph Waldo Emerson

"The cave you fear to enter holds the treasure that you seek." - Joseph Campbell

PARTIAL HOSPITALIZATION PROGRAMS

There is a treatment option available for adolescents and adults in many areas that is often not known or considered by individuals who are struggling with OCD, anxiety, or depression. Partial Hospitalization Programs (PHP) are intensive programs offered by hospitals and clinics, and can benefit those who need more help than traditional outpatient settings can provide. They typically run five days a week, from 8 or 9 am to 3 or 4 pm, and can include group therapy, private time with a psychiatrist, art or music therapy or other activity time, and education programs. They usually include lunch, and some include transportation. Here, we list some of these programs for your information.

St. Joseph Mercy Hospital, Ann Arbor, MI

Adult Partial Hospitalization Program, 734-712-5850

www.stjoesannarbor.org/AdultPartialHospitalizationProgram

Adolescent Partial Hospitalization Program, 734-712-5750

www.stjoesannarbor.org/AdolescentPartialHospitalizationProgram

Beaumont Hospital, Royal Oak, MI, 248-898-2222

www.beaumont.edu/centers-services/psychiatry/partial-hospitalization-program

St. John Providence Hospital, Southfield, MI, 800-875-5566

www.stjohnprovidence.org/behavmed/referral/

Oakwood Heritage Hospital, Taylor, MI, 313-295-5903

www.oakwood.org/mental-health

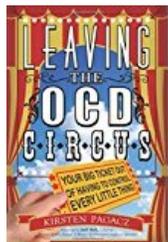
Allegiance Health, Jackson, MI, 517-788-4859 or 517-789-5971

www.allegiancehealth.org/services/behavioral-health/services/partial-hospitalization-program

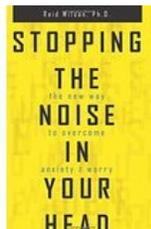
New Oakland Child-Adolescent & Family Center, 5 locations in tri-county area, 800-395-3223

www.newoakland.org/mental-health-services/face-to-face-day-program.html

SUGGESTED READING

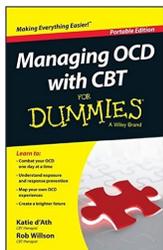


Kristin Pagacz, Jeff Bell
Leaving the OCD Circus: Your Big Ticket Out of Having to Control Every Little Thing
 Conari Press, 10-1-2016
 ISBN 978-1573246811

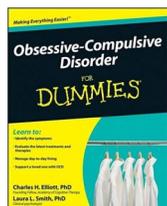
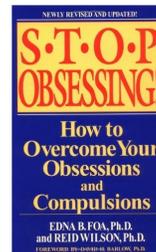


Reid Wilson, PhD
Stopping the Noise In Your Head: The New Way to Overcome Anxiety and Worry
 Health Communications, Inc., 2016
 ISBN 978-0757319068

Katie d'Ath, Rob Wilson
Managing OCD with CBT For Dummies
 Publisher: For Dummies, 2016
 ISBN 978-1119074144



Edna B. Foa, PhD,
 Reid Wilson, PhD
Stop Obsessing!: How to Overcome Your Obsessions and Compulsions (Revised Edition)
 Bantam, 2001
 ISBN 978-0553381177

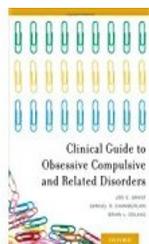
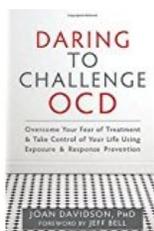


Charles H. Elliott, Laura J. Smith
Obsessive-Compulsive for Dummies
 Publisher: For Dummies, 2008
 ISBN 978-0470293317

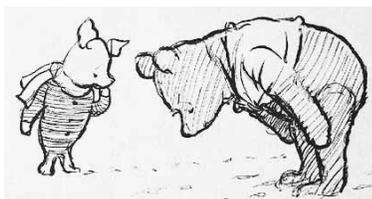


Leslie Shapiro, Michael A. Jenike
Understanding OCD: Skills to Control the Conscience and Outsmart Obsessive-Compulsive Disorder
 Praeger, 2015
 ISBN 978-1440832116

Joan Davidson, PhD, Jeff Bell
Daring To Challenge OCD
 New Harbinger Publications, 2014
 ISBN 978-1608828593



Jon E. Grant, Samuel R. Chamberlain
 Brian D. Oslaug
Clinical Guide to Obsessive-Compulsive and Related Disorders
 Oxford University Press, 2014
 ISBN 978-0199977758



“Supposing a tree fell down, Pooh, when we were underneath it?”
“Supposing it didn’t,” said Pooh after careful thought.
Piglet was comforted by this.

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Treatment professionals, what better way to find the OCD sufferers who need your help, and to give them a way to find you. Just place your business card in *Never Say Never*, the quarterly newsletter of The OCD Foundation of Michigan. For just \$25.00 per issue, your card can be in the hands of the very people who need you most. It's a great way to reach out to the OCD community, and at the same time support The OCD Foundation of Michigan. Send your card to OCDFM, P.O. Box 510412, Livonia, MI 48151-6412, or e-mail to OCdmich@aol.com. For more information, call 734-466-3105.

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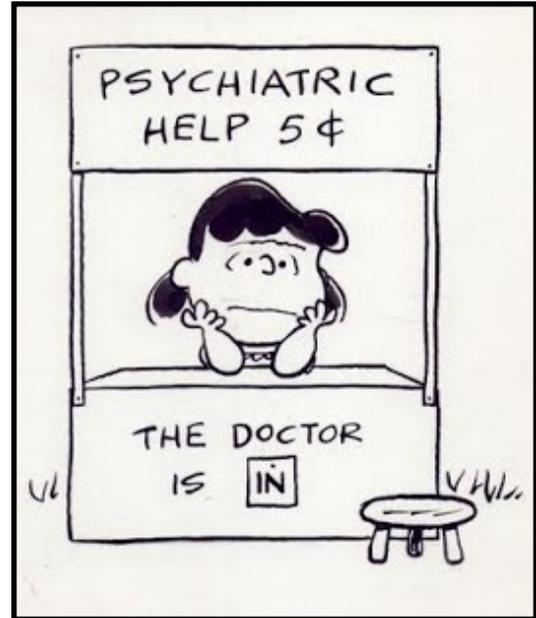
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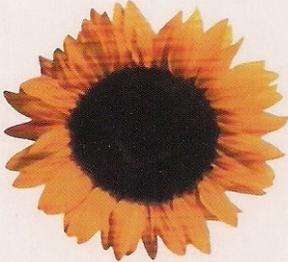


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You've finished reading me and don't need to keep me anymore. Or worse (boo-hoo), you don't need me and don't even want me. In either case, please take me somewhere where I can help someone else. Take me to your library. Take me to your doctor, therapist, or local mental health clinic. Take me to your leader. But please, please, don't throw me away.



The OCD Foundation of Michigan Mission Statement

- ◆ To recognize that Obsessive-Compulsive Disorder (OCD) is an anxiety-driven, neurobiobehavioral disorder that can be successfully treated.
- ◆ To offer a network of information, support, and education for people living with OCD, their families and friends, and the community.

**IF YOU WOULD LIKE TO BE ADDED TO OR DELETED FROM THE MAILING LIST
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