



NEVER say NEVER

Winter/Spring 2022

Understanding OCD Through Metaphor

Many, if not most, of the things we encounter in life have their own kind of complexity, and we certainly can't be expected to understand everything. And we don't have to. I don't have to know how a car runs in order to drive it. I don't have to be an electronics expert in order to watch TV or use my phone or computer. I'm not a scientist, but I can appreciate the beauty of nature, gaze at the stars, and marvel at the universe. Often, these unfathomable concepts are presented in a form that we can relate to by way of examples, analogies, or metaphors. "Think of it like this," and we say "Oh, now I get it."

Similarly, many of the concepts that define OCD are beyond our comprehension, and the various methods of treatment don't make sense to us; in fact they seem counterintuitive. "Why would I ever do that? How can that help me?" This is why the use of metaphors is such a powerful tool for understanding that which we cannot understand. Perhaps, if we can learn to view OCD as a bully, we can change the way we choose to interact with it.

In this issue of *Never Say Never*, we explore how metaphors can be used to clarify various aspects of OCD and its treatment. If we can relate to the metaphor, perhaps we can understand what is happening to us and how we can best combat it.

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NEVER say NEVER

is the quarterly newsletter of The OCD FOUNDATION OF MICHIGAN,
a 501(c)(3) non-profit organization.

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

**NOTE: DUE TO COVID-19, GROUPS ARE NOT MEETING LIVE
MOST OF OUR GROUPS ARE MEETING REMOTELY ON ZOOM**

**For connection information, contact the group leaders or
e-mail OCDmich@aol.com**

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) 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) 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) 652-8907
E-mail rlade9627@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, 4:30 to 5:45 pm
A weekly support group open to teens aged 14-18
who have an anxiety problem.

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:

1st Monday, 7-8:30 PM
Delta Presbyterian Church
6100 W. Michigan
Call Jon at (517) 944-0477
E-mail jvogler75@comcast.net

ROYAL OAK:

1st and 3rd Wednesdays, 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 Kevin at (248) 302-9569
E-mail kevinkuhn2015@gmail.com

ZOOM ONLY:

2nd and 4th Wednesdays, 7-9 PM
OCD Loved Ones Support Group
Call Kevin at (248) 302-9569
E-mail kevinkuhn2015@gmail.com

FROM THE NEVER SAY NEVER ARCHIVES:

ELIZABETH GILBERT ON FEAR AND CREATIVITY

*(Editor's Note: At our Fall Program on October 24th, 2015, one of our panel members, Advisory Board Member Dr. Jessica Harrell, began her talk with this marvelous excerpt from Elizabeth Gilbert's book **Big Magic**. I think it is the perfect metaphor for how we can view fear in our lives, to mindfully acknowledge its presence without yielding to its demands. This article first appeared in our Fall 2015/Winter 2016 newsletter. rws)*

The Road Trip

Here's how I've learned to deal with my fear: I made a decision a long time ago that if I want creativity in my life—and I do—then I will have to make space for fear, too.

Plenty of space.

I decided that I would need to build an expansive enough interior life that my fear and my creativity could peacefully coexist, since it appeared that they would always be together. In fact, it seems to me that my fear and my creativity are basically conjoined twins—as evidenced by the fact that creativity cannot take a single step forward without fear marching right alongside it. Fear and creativity shared a womb, they were born at the same time, and they still share some vital organs. This is why we have to be careful of how we handle our fear—because I've noticed that when people try to kill off their fear, they often end up inadvertently murdering their creativity in the process.

So I don't try to kill off my fear. I don't go to war against it. Instead, I make all the space for it. Heaps of space. Every single day. I'm making space for fear right this moment. I allow my fear to live and breathe and stretch out its legs comfortably. It seems to me that the less I fight my fear, the less it fights back. If I can relax, fear relaxes, too. In fact, I cordially invite fear to come along with me everywhere I go. I even have a welcoming speech prepared for fear, which I deliver right before embarking upon any new project or big adventure. It goes something like this:

"Dearest Fear: Creativity and I are about to go on a road trip together. I understand you'll be joining us, because you always do. I acknowledge that you believe you have an important job to do in my life, and that you take your job seriously. Apparently, your job is to induce complete panic whenever I'm about to do anything interesting—and, may I say, you are superb at your job. So by all means, keep doing your job, if you feel you must, But I will also be doing my job on this road trip, which is to work hard and stay focused. And Creativity will be doing its job, which is to remain stimulating and inspiring. There's plenty of room in this vehicle for all of us, so make yourself at home, but understand this: Creativity and I are the only ones who will be making any decisions along the way. I recognize and respect that you are part of this family, and so I'll never exclude you from our activities, but still—your suggestions will never be followed. You're allowed to have a seat, and you're allowed to have a voice, but you are not allowed to have a vote. You're not allowed to touch the road maps; you're not even allowed to suggest detours; you're not allowed to fiddle with the temperature. Dude, you're not even allowed to touch the radio. But above all else, my dear old familiar friend, you are absolutely forbidden to drive."

Then we head off together—me and creativity and fear—side by side by side forever, advancing once more into the terrifying but marvelous terrain of unknown outcomes.

Excerpt From: Gilbert, Elizabeth, **Big Magic**, Penguin Publishing Group, 2015-09-02. iBooks. This material may be protected by copyright.

THE BEE TRAP

by Dr. Allen H. Weg

*(Editor's note: This story is my favorite from Dr. Weg's wonderful book **OCD Treatment Through Storytelling: A Strategy for Successful Therapy**, a compendium of metaphorical images that help clarify OCD concepts. He signed my book with these words: "May you always fly into the darkness," something I will never forget. See page 8 for my review of this book. rws)*

A bee trap is a device that people install in their backyards. It attracts, traps, and kills bees, keeping them away from you and your guests when you are having a picnic or barbeque. Most people can make the device themselves. It's simple — here's how.

Take a two- or three-liter, clear-colored soda bottle (not one that is tinted), empty the soda out of it, and tear off the label. Next, pour a little honey into the bottle and let it dry at the bottom. Turn the bottle upside down and tape a large paper clip or picture wire bent into a U shape to what is now the top of the bottle. This allows you to hang your bee trap bottle upside down from a tree limb or fence post. But before the trap can work, you have to do one more thing.

Take some black electrical tape and, starting about two-thirds of the way down from what is now the top of the bottle, wrap it around the circumference of the bottle progressing downward toward the spout. Continue to wrap it around itself past the opening of the bottle and then cut it, leaving only a very small opening for the bees to enter. Now it is ready to be hung.

When a bee enters the yard, it can detect the honey (it doesn't really smell it as we do, but it knows where the honey is), and it will fly to the bottle instead of bothering you and your friends. It enters into the tiny little hole at the bottom where you snipped off the electrical tape and flies up inside the bottle to the top where it finds the dried honey.

It extracts what it needs from the honey, and then it's time to leave the bottle. Now, bees are programmed so that when they are in an enclosure of some kind, like a cave or the hollow of a tree trunk, they instinctively know that the way out is in the direction of the light. So the bee essentially says to itself, "Well, I'll go where the light is, that's the way out." It attempts to fly toward the light, but of course the clear plastic wall of the bottle is in the way. Bees don't know about plastic, so the bee keeps hurling its body against the side of the bottle in an effort to escape, over and over again, until it finally

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dies right there in the bottle.

Why does it do that? After several attempts, why doesn't it just say to itself, "Duh! I'll just fly out the way I flew in, by going out the little hole in the bottom of the bottle!" Why? Because we darkened the bottom part of the bottle when we put the black tape around it. Therefore, whenever the bee heads toward the bottom of the bottle, it heads into the darker part of the enclosure. To the bee, it feels like it is going in the wrong direction. So it flies back up to the top, which keeps it stuck in the enclosure.

The truth is the only way out of the bottle is to fly into the darkness. It doesn't make sense to the bee because usually the way out of something is to fly toward the light. It's counterintuitive to go toward the darkness; it feels to the bee as though it is going deeper into the bottle rather than escaping. But in this case, flying toward the darkness, going in what feels like the wrong direction, is the only way out of the trap.

The OCD Connection

And that is what OCD treatment is like. In fact, that is what the behavioral treatment of all anxiety disorders is like. Clients must do things that are counterintuitive. They must head in what feels like the wrong direction, flying into the darkness.

When we are exposed to anything that makes us psychologically or physiologically uncomfortable, our natural reaction is to withdraw and escape or altogether avoid it. This is a natural tendency and has evolved to help us avoid danger. We are hard-wired to react this way — it is a survival mechanism, and it works.

Behavioral therapy (BT) involves going against the grain of that hard-wired, automatic, life-preserving reaction. At the core of behavior therapy for anxiety disorders is the idea that one needs to approach the very thing that makes one fearful — one has to "fly into the darkness" as long as it is not really dangerous. Although it seems counterintuitive and is extremely difficult, going against our natural instincts is exactly what we must do in order to overcome our fears. This is the battle with which all anxiety-disordered persons struggle, and this is their challenge.

(Continued on page 7)

The specific BT treatment for OCD is exposure therapy. This treatment requires the person with OCD to expose herself to the very thing or things that she most wants to run away from. It is like flying toward the dark part of the bee trap. The bee feels as if it's going in the wrong direction, but the truth is, it's the only way out. Likewise with OCD, exposure is the only way that clients can begin to feel some freedom from the fears and obsessions and the consequent compulsions associated with this disorder. It is the only way out of the trap of living the OCD life.

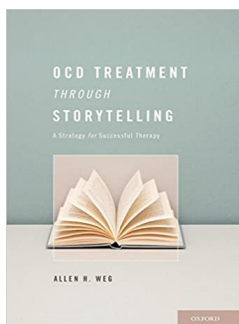
The challenge of utilizing exposure correctly in the treatment of OCD is a daunting one for clients. It is essentially about approaching or creating the very obsessive fear that they have always worked so hard to avoid. Once clients have confronted their fears, the next step is for them to refrain from engaging in compulsive rituals. Hence, the full name for this treatment, as noted in the Introduction, is exposure with response prevention, or ERP.

For some incarnations of this disorder, ERP appears straightforward. For example, for those individuals with contamination obsessions, it is about having them touch those things that they fear are contaminated and then refrain from washing their hands. For those individuals with "hit-and-run" checking compulsions (an obsession that one has unknowingly hit someone while driving a car, also referred to as motor vehicle accident OCD, or "MVA" OCD), ERP involves driving where there are people on the streets and then not driving back to check for bodies. Other manifestations of OCD, however, require more inventive applications of exposure treatment.

Although the bee trap presents a review of the basic concept behind exposure and response prevention, that is, approaching what was previously avoided, there are several important corollaries to this concept. It is not merely a matter of "flying into the darkness" that is required for one to escape from the OCD trap, it is also about knowing how to do it.

The common thread, the bedrock of the treatment, is the idea of approaching some aspect of the very thing clients want to avoid. It is going against one's to the application of ERP for the treatment of OCD. A few of them are reviewed in the following stories.

Dr. Allen Weg is a licensed psychologist, the Founder & Executive Director of Stress and Anxiety Services of NJ (stressandanxiety.com), and president of OCD New Jersey, a non-profit affiliate of the International OCD Foundation.



OCD Treatment Through Storytelling A Strategy for Successful Therapy

By Dr. Allen H. Weg

Reviewed by Roberta Warren Slade

If you've ever attended an International OCD Foundation conference, especially the night before the official start, you may have had the opportunity to sit in on a story time session, with Dr. Allen Weg sitting in an easy chair in pajamas and bathrobe and wearing a floppy nightcap. It was a sight to behold. And it was one of the best conference presentations I have ever had the privilege to attend.

Dr. Weg is a gifted therapist who has spent his career collecting stories, many from his own life experiences, that exemplify OCD concepts that can be hard for a layperson to understand. From the nature of OCD itself to the confounding methods of its treatment, the disorder is a paradox inside an enigma. The word you hear most often is "counterintuitive." It just doesn't make logical sense.

When an OCD sufferer is first introduced to Exposure and Response Prevention (ERP), his first reaction is likely to be "WHAAAT!! Why on earth would I do that?" And "how can that possibly help me?" Dr. Weg will respond by telling the story of "The Bee Trap," which we saw earlier is a metaphor to help understand the contradictory nature of OCD therapy, that the only way to overcome OCD is to "fly into the darkness."

This wonderful book is nominally a tool to help therapists help their clients navigate the confusing path toward OCD recovery. But it is an equally valuable resource for the OCD sufferer and his or her family to understand how this thing works and how to make it respond to you, rather than the other way around. Is it too hard to jump right into a difficult exposure? Well, you don't have to cannonball into the cold pool; you can tiptoe in from the shallow end and get used to the water little bit by little bit. Do you find yourself stuck at one level of your hierarchy, seemingly unable to get past that plateau to your next level? Think of the weight lifter who doesn't understand why, even after weeks of bench pressing the same weight, it doesn't get any easier for him. His trainer tells him to go ahead to the next weight anyway. After a week, he goes back to the earlier weight and finds to his surprise that it's a breeze.

Dr. Weg's stories take us from the definition of obsessions and compulsions and the role played by fear and doubt, to a basic introduction to ERP, its purpose and its benefits. He goes from there into some of the nuts and bolts of exposure therapy, to the thinking processes involved, to presenting ERP to a child, onward and upward to the various advanced concepts and their metaphorical presentations.

This book is fascinating and delightful from the first story to the last. Dr. Weg is a master at taking the complex down to where we can believe that we just might be able to succeed in the seemingly impossible task of overcoming our OCD and rightfully reclaiming our lives. It is truly a masterwork.

Dr. Allen Weg is a licensed psychologist, the Founder & Executive Director of Stress and Anxiety Services of NJ (stressandanxiety.com), and president of OCD New Jersey, a non-profit affiliate of the International OCD Foundation. See our Suggested Readings on page 18 for the details of this book.

Some Common OCD Metaphors

Compiled by Roberta Warren Slade



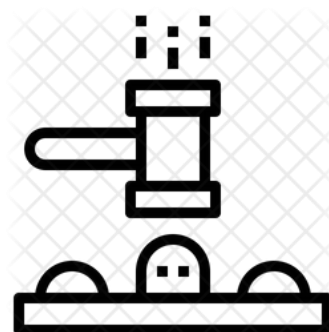
CHINESE FINGER TRAP

The harder you pull your fingers apart, the tighter the trap grips. The only way to escape is to do the opposite, push in to release it. Similarly, we might find that the solution to a problem will turn out to be something counter-intuitive.



THE HYDRA

This menacing mythical creature was seemingly invincible because whenever you cut one of its heads off, two would grow back in its place. When facing the challenge of OCD, it seems like whenever you gain control over one obsession, another one pops up, making you feel like you have to start all over again, that it never ends. In fact, once you learn that the content of your OCD thought is irrelevant, it doesn't matter if your OCD theme seems to change. The tools you learn for one can be applied to all.



WHACK-A-MOLE

As with the hydra, every time you whack one mole, another one pops up somewhere else that you have to whack. Same idea: these are not different obsessions that must be handled differently. They are all the same - just OCD thoughts, the content doesn't matter.



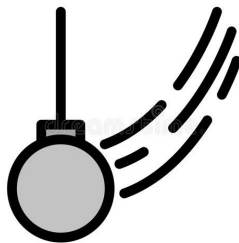
AN OCTOPUS

Like an octopus, OCD has many different tentacles with many different themes. It seems that whenever you get control over one, you get slapped with another tentacle, another theme. This is just OCD desperately trying to grab hold of you from different sides. When you apply the same tactics to defeat all of the tentacles, OCD is weakened until you can barely feel it at all. (*Thanks to Natasha Daniels,*
[youtube.com/watch?v=1cIcoGne-2E](https://www.youtube.com/watch?v=1cIcoGne-2E))



GENERALIZATIONS

A member of one of our self-help groups told me of her newest endeavor, to learn to play the cello. Her instructor was surprised to see how quickly she picked up the instrument, how good her technique was after just a few lessons. She told him she had a background in music, and so it was easy to apply her previous knowledge to this new task. Similarly, she observed that once she had learned and understood the principles of ERP, she found it natural to apply them to any new manifestation of her OCD, that the concepts were generalizable no matter what form it took.



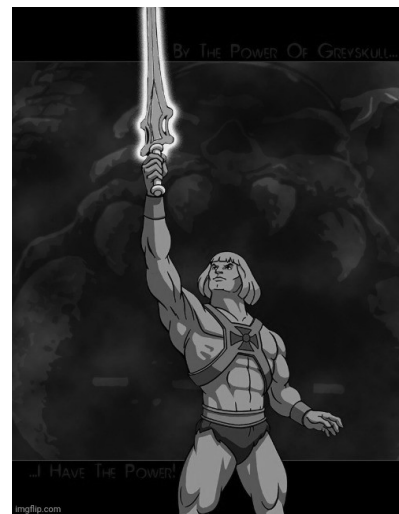
PENDULUM

The natural tendency for OCD sufferers is to want to get rid of their intrusive thoughts, to push them away so they won't come back. But OCD thoughts are like a pendulum: the harder you push them, the faster and harder they come back. This is another example of how treatment methods often seem to be counterintuitive. *(Thanks to Dr. Reid Wilson, **Stopping the Noise in Your Head: The New Way to Overcome Anxiety and Worry.**)*



SUBWAY PLATFORM

You can stand on the platform and watch the trains come in and then leave. You can choose whether or not to get on one. And if you do get on, you can choose when to get off again. Similarly, you can observe your thoughts come and go without engaging them. *(Thanks to CBT therapist Katie d'Ath, [youtube.com/watch?v=AR6k2h9PRzc](https://www.youtube.com/watch?v=AR6k2h9PRzc))*



I HAVE THE POWER

This is a metaphor I use in my BFRB meetings (hair-pulling and skin-picking). The urge to pull can feel like static electricity, almost an electrical charge. When this happens, hold your “sword” up, like He-Man, and feel that urge as a lightning strike that transforms the power of the urge into the power to resist the urge. We look for self-empowerment.

FROM THE NEVER SAY NEVER ARCHIVES:

Autobiography in Five Short Chapters by Portia Nelson

*(Editor's note: This poem, which offers another metaphor to help us face the difficulties in our lives, appeared in the Fall 2015/Winter 2016 issue of **Never Say Never**. rws)*

- I. I walk down the street.
 There is a deep hole in the sidewalk.
 I fall in
 I am lost ... I am helpless
 It isn't my fault.
 It takes forever to find a way out.
- II. I walk down the same street.
 There is a deep hole in the sidewalk.
 I pretend I don't see it.
 I fall in again.
 I can't believe I am in the same place,
 but it isn't my fault.
 It still takes a long time to get out.
- III. I walk down the same street
 There is a deep hole in the sidewalk.
 I see it is there.
 I still fall in ... it's a habit.
 my eyes are open.
 I know where I am.
 It is my fault.
 I get out immediately.
- IV. I walk down the same street
 There is a deep hole in the sidewalk.
 I walk around it.
- V. I walk down another street.



Weightlifting Your Intrusive OCD

By TC

Intrusive thoughts, Pure O, Taboo OCD. How about peccatophobia. That is “an abnormal fear of sinning.” I learned that word while watching *Jeopardy* and had to laugh. I even have a friend who calls them thought tics. I think this name makes it sound the least offensive. Intrusive thoughts Obsessive Compulsive Disorder carries with it a deep sense of shame for so many who are afflicted by it. I remember a two day seminar I once attended on Intrusive Thoughts OCD. No one could barely look another person in the eye, let alone share his personal OCD thoughts. Intrusive thoughts OCD can be thoughts of aggression, sexual deviance, scrupulosity and other related thoughts. It was the same for me for such a long time, but now I do not mind admitting I have suffered from Intrusive thoughts OCD for most of my adult life. I can even say without blushing that I have ruminated over sexual thoughts of an unnatural nature with words and images, and even blasphemous thoughts against God (which being a Christian is especially tormenting). I hope that with bringing my OCD to light I can give someone else the courage to face his or her own Intrusive thoughts OCD and know that you are not alone. If you have had one of the following thoughts than you are like me. “Ok, it is not my fault I have these thoughts all the time, but is it my fault sometimes?” “Deep down I must enjoy these thoughts because I have them so often.” “I must be a worse person than those around me because I ruminate on unhealthy thoughts.” Or maybe you are weighed down by the energy it takes to fight your thoughts. Do you pray for forgiveness each time you have an OCD thought? Do you busy yourself until you hit the pillow to distract yourself from OCD thoughts? Or maybe like me you continually ask your loved ones for reassurance that you are not a bad person. I would like to reprove the lie that OCD is your fault.

Now that I have come to the light about my OCD I would like to share my story of how for the last few months I have been virtually free of OCD. I had to do some weightlifting with learning and practicing. Working through Exposure and Response Prevention (ERP) is essential. My story is one of pain and effort to overcome my fears, but I can soundly say that it was well worth the effort.

I have had Intrusive Thoughts OCD since the age of twenty-six. That is when life became real and the stress of life brought on OCD. After that I began a silent strug-

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gle with OCD. I began to believe there was something fundamentally wrong with how I thought. The funny thing is, I can hardly remember what my thoughts were before OCD. Five years passed, and I had a breakthrough. Through an extended hospital stay for a psychotic episode (it turned out I also have Bipolar I disorder), my OCD came to the surface. I began confessing each stray thought I had as if I had actually done some horrible deed. My family and doctors reassured me that an unwelcomed thought did not make me a bad person and did not mean I would act on those thoughts. I was not yet diagnosed with OCD but I had more of an idea what I was wrestling against. I have since learned that all of humanity has any and every one of these taboo thoughts, but most people are able to sift them out of their brains as irrelevant, whereas a person with OCD has a “sticky brain” that makes him believe these thoughts are relevant to who he is, and they stick with him, eventually causing him to doubt himself as a person. We know, after all, that OCD is called “the doubting disease.” My time in the hospital is what started to chip away at my self-doubt, and I began exercising my muscles against OCD. I began reading books about OCD and learning that many people were just like me. Maybe I was not the worst of society after all.

Then, in the fall of 2018 I had another breakthrough. During another extended hospital stay I was finally diagnosed with OCD. Shortly after that I was guided to an OCD support group meeting. A whole world of new tools opened up to me, friendship with others who suffered from OCD, more resources, and most importantly, always talking about ERP—who had done it, who planned on doing it, and who could never imagine doing it. It became clear to me that if I wanted peace in my mind, and perhaps even rest, I needed to face Exposure Response Prevention Therapy.

I am not going to lie. ERP in itself was like lifting a hundred pounds. Not to scare you, but ERP is like climbing the roof of a three story building when you are afraid of heights or holding a tarantula when you are afraid of spiders. I can say that, because I have both of those fears! Since ERP I have been asked by people if my therapist made me say out loud each horrible thought I had. Maybe it was not as bad as holding a tarantula, because she did not do that. The first thing she did was explain that the thoughts were not the problem. The problem was I have a “sticky brain.” The important thing was to tackle the anxiety they caused and the lies I believed because of them. I wrote and said scripts for the lies I believed over each topic that I struggled with. I made these scripts and practiced them both with my therapist and alone at home for nearly six months. During that time I would never dare put any script-related thoughts

(Continued on page 14)

on my iPhone, just in case someone at Apple became aware that I was a disturbed person. As you know, OCD also causes paranoia. Even with my nagging doubts, I continued with ERP until my therapist said my sessions were no longer necessary.

After ERP, I would like to say my relief was immediate. I have heard that it can be for some people. That was not the case with me, but I did begin to see changes. Suddenly, my thoughts were still there, but they did not cause as much anxiety. They did not seem as evil, as big, or as ugly. It really is like they say in OCD group. In ERP you say your thoughts so many times in a row (ten to fifteen minutes at a time during a session), to the point that they seem almost silly. You start to see that the thoughts are irrelevant and even more importantly that they are untrue. Later after my ERP sessions, I was still having sticky thoughts, but I was able to sometimes shift myself to productive thoughts. Then I realized the thoughts were sticking but not for as long. Finally, not long ago, I was reflecting on my day and had the realization that I had gone two days without intrusive thoughts. Before this time, in my adult life I had never gone more than two hours without anxiety from an intrusive thought. It has now been several months since I have had an unwanted sticky thought for more than a few moments. The thoughts are still there from time to time, but they do not trigger anxiety as they once did. At the present time I am able to quickly turn my mind to something else, because I know that the thoughts are untrue.

It takes time to build muscles. It takes effort to lift your weights. It took seven years to realize I had OCD. It took another six to begin believing it was not my fault that I have a “sticky brain.” ERP was the heaviest weight I had to lift. Now it takes practicing the ERP, reading books, watching videos—most importantly telling myself the truth—and so on, in order to keep myself strong against the OCD. I know how OCD works. I have to practice and continue lifting the weights if I am going to keep up my strength against my OCD. I hope you see from my story how you can lift yours.

TC is a longtime member of our support groups who wanted to share their experience with ERP and offer hope that recovery from, or at least management of OCD, is possible.

To our readers and members: We welcome your contributions. Please tell us your personal experience with OCD, using words - poetry or prose - or pictures. Your individual stories are important and should be shared. Send them to us at the addresses on page 2, either snail mail or e-mail.



FIND IT ON THE INTERNET

The Internet is, as we all know by now, a treasure-trove of information for, basically, anything and everything. Here, we give you some of the many helpful resources for OCD that you can find there.

Blogs:

IOCDF iocdf.org/blog

Reid Wilson anxieties.com/blog

Morgan myocdvoice.com

Beyond the Doubt psychologytoday.com/us/blog/beyond-the-doubt

nOCD treatmyocd.com/learn/blog

Yeah OCD yeahocd.com and yeahocd.com/top-ocd-blogs

Shala Nicely shalanicely.com/aha-moments

OCDtalk ocdtalk.wordpress.com

OCD Center of Los Angeles ocdla.com/blog-ocd

Jonathan Grayson laocdtreatment.com/blog

OCD in the Family ocdinthefamily.wordpress.com

Steven Seay steveseay.com/psychoeducation

Demystifying OCD psychologytoday.com/us/blog/demystifying-ocd

Videos:

IOCDF youtube.com/channel/UC3ClvnrcrC-3wr27fz_HIIQ

James Callner ocdcoachingvideos.com/ocd-coaching-videos

Reid Wilson youtube.com/user/ReidWilsonPhD

Natasha Daniels youtube.com/c/AnxiousToddlers78

Nathan Peterson youtube.com/channel/UC3ClvnrcrC-3wr27fz_HIIQ

Jeffrey Schwartz youtube.com/results?search_query=jeffrey+schwartz+ocd

OCD The Bug in my Brain youtube.com/c/OCDTheBugInMyBrain/videos

(Continued on page 16)

Podcasts:

The OCD Stories theocdstories.com or

youtube.com/channel/UCfdYcA62Vip6EFKKLUij-4g

The Invisible Wheelchair invisiblewheelchair.com

Natasha Daniels anxioustoddlers.com/category/podcast

Sooo OCD soooocdpodcast.com

FearCast fearcastpodcast.com

Your Anxiety Toolkit podcasts.apple.com/us/podcast/your-anxiety-toolkit-its-a-beautiful-day-to-do-hard-things/id1098792502?mt=2

Articles:

IOCDF <https://iocdf.org/expert-opinions/>

Fred Penzel wsps.info/ocd-and-related-subjects

Steven Phillipson ocdonline.com/dr-phillipson-s-writings

Jon Hershfield anxiety.org/authors/jon-hershfield-mft

Beyond OCD beyondocd.org/archives

Words of Wisdom

“I am burdened with ‘the monkey mind’ — the thoughts that swing from limb to limb, stopping only to scratch themselves, spit, and howl.” - Elizabeth Gilbert

**“The chains of habit are too weak to be felt until they are too strong to be broken.”
- Samuel Johnson**

**“Between stimulus and response there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom.”
- Viktor Frankl**

“Rock bottom became the solid foundation on which I rebuilt my life.” - J. K. Rowling

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 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

Henry Ford Health System, 313-640-2637

www.henryford.com/services/behavioral-health/mental-health/outpatient/partial-hospitalization

New Oakland Family Centers, 800-395-3223

newoakland.org/programs/face-to-face-php

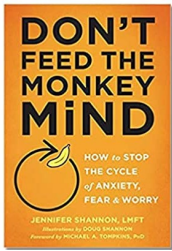
University of Michigan Department of Psychiatry, 734-764-6880

medicine.umich.edu/dept/psychiatry/programs/adult-partial-hospitalization-program

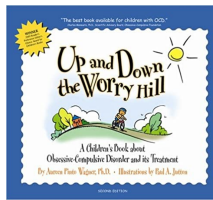
**** PLEASE NOTE:** These programs can provide extended support and skills building, but they are not specifically designed to treat OCD. They might not have OCD specialists and they don't do ERP.

Updated 5/4/22

SUGGESTED READING



Jennifer Shannon, LMFT
Don't Feed the Monkey Mind: How to Stop the Cycle of the Anxiety, Fear, and Worry
 New Harbinger, 2017
 ISBN 978-1626255067

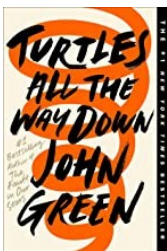
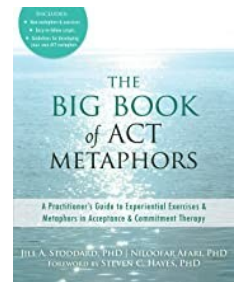


Aureen Pinto Wagner PhD
Up and Down the Worry Hill: A Children's Book about Obsessive-Compulsive Disorder and its Treatment
 Lighthouse Press, 2013
 ISBN 978-0979539251

Allen H. Weg, EdD
OCD Treatment Through Storytelling: A Strategy for Successful Therapy
 Oxford University Press, 2011
 ISBN 978-0195383560

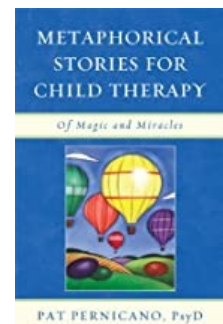


Jill A. Stoddard, PhD and
 Niloofar Afari, PhD
The Big Book of ACT Metaphors: A Practitioner's Guide to Experiential Exercises & Metaphors in Acceptance & Commitment Therapy
 New Harbinger, 2014
 ISBN 978-1608825295



John Green
Turtles All The Way Down
 Penguin Books, 2019
 ISBN 978-0525555377

Pat Pernicano, PsyD
Metaphorical Stories for Child Therapy: Of Magic and Miracles
 Jason Aronson, 2010
 ISBN 978-0765707819



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www.facebook.com/pages/The-OCD-Foundation-of-Michigan/192365410824044
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Updated 9/15/20

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The OCD Foundation of Michigan Membership Application

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Enclosed please find my check for \$20 annual membership fee.

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Make check or money order payable in U.S. funds to
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P.O. Box 510412
Livonia, MI 48151-6412

5/2022

What's a QR code?

It's technology that allows instant access to an app or web-site. Now, you can donate to The OCD Foundation of Michigan simply by scanning this code with your smart phone. No smart phone? No problem. Use this link in your browser to access our payment site:

paypal.com/donate?hosted_button_id=LL7KQ4ZXD5CS8



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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
PLEASE CONTACT US**

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