S3 E36 A Deep Dive Into OCD Transcript

00:00.000 HEATHER Welcome to That's a Hard No, the podcast about learning to say no and set boundaries to live our best lives. I'm your host, Heather Drago. You may think because of this podcast that I'm a boundary setting expert, but I'm not. I'm an expert at struggling to set boundaries. But you know what? I'm working on it and it is getting easier. Follow along with me as I learn from fellow strugglers and experts so that you too can start saying no without feeling fear, guilt, or FOMO. The love of expectations is coming down on you. There's a phrase you should know. Tastes so much sweeter than the love. That's a hard no. That's a hard no. My guest today is Joanna Hardis, L-I-S-W, a cognitive behavioral therapist and anxiety specialist who focuses her practice on working with adults who have an anxiety disorder or OCD spectrum disorder. You may remember that Joanna joined us earlier this season to discuss anxiety and boundary setting barriers. We'll link to that episode as well, but today we're going to talk about OCD, a seriously drilled down microscope on struggling with OCD, signs to look for, and how to set healthy boundaries as a person with OCD. Hi, Joanna.
02:05.760 JOANNA Thank you so much for coming back and talking with us again. Hi, Heather.
02:09.360 HEATHER Thank you so much for having me. Our last discussion was so enlightening and fun. I mean, you wouldn't think it'd be fun talking about anxiety, but it was. But I know we just scratched the surface of your expertise. So I really wanted you to come back and talk about OCD. It's something you hear about, joked about in the culture. And I really feel like I know, at least for myself, like I don't really truly understand what it is. So let's start there. Like what exactly is OCD?
02:38.600 JOANNA Oh, well, thank you for your interest in this, because I feel like it is something that is so misunderstood. So let's just break it down into its component parts. The O's, which stands for obsessions, these are intrusive, unwanted, repeated. They can be images. They can be thoughts. They can be memories that are incredibly distressing for the person. The C, which are the compulsions or rituals, are the behaviors that someone does to alleviate or neutralize the doubt or worry or distress brought on by the obsession. And to qualify for the D, or disorder, it has to cause impairment in your life or your functioning, or you have to be engaging in compulsions for more than an hour a day, I
03:38.400 HEATHER think the threshold is. So as you're speaking, I'm thinking about, I had a mentally ill person in my family who had paranoid schizophrenia. So I know that there were intrusive thoughts, obsessions, compulsions related to that, quieting those voices, right? I also know, we talk about this all the time, just people with anxiety, ourselves, just whoever, we have those intrusive thoughts sometimes. So when is it like a quote unquote normal intrusive thoughts?
04:10.440 JOANNA, you know, when do we start veering into an obsession? Ah, I love this question. I think, and my brain is getting so excited and going so fast because we could go in so many directions. Take your time. I know, this is a big topic. First, I want to just go back to the person with paranoid schizophrenia, the family member. And just to point out that OCD can coexist with lots of different other illnesses. So I think it's important that we call that in the field, it can be comorbidities. So you can see it among people with schizophrenia. You can see it with generalized anxiety disorder. You can see it with depression. And I know we'll talk about generalized anxiety disorder, but I want to just specify that this is something that is separate, but that often is you see with other illnesses. Sometimes you don't, though. So I want to make that point. The other point that I want to make is we all have weird thoughts and distressing thoughts. So we may have thoughts about harm. You're driving over the bridge. This is sort of the classic one. You're driving over the bridge and you have the thought pop in your head. I could drive, I could veer my car and go over the bridge. Most people, if you don't have OCD or

vulnerable to it, it's just a thought that kind of passes and you get back to what you're doing. Someone who is vulnerable toward OCD or that may struggle has a thought like that that pops up and they say, oh my gosh, why am I having that thought? What does it mean? What does it mean about me? I would never want to hurt myself. I would never want to hurt anyone in the car. Never want to hurt anyone else. And they get really overly engaged with the thought, trying to figure out why they're having the thought, trying to prevent, make sure that they would never do that. So then they're super cautious driving and they're going extra slowly. These are the rituals that they may start engaging in to relieve the distress about this random thought. So I think these thoughts are normal, but how we interact with them and if we interact with them is what can differentiate someone with OCD or someone who may become vulnerable.
07:08.900 HEATHER Does that make sense? Yeah.
07:11.540 JOANNA Does someone with OCD have more intrusive thoughts than other people? Not necessarily, no. No. It's how the person interacts with the thought. The level of distress and how it kind of consumes them and their spiraling in it. Sure. Well, an OCD will latch on to whatever you care about. And these thoughts, these obsessions are always counter to the person's identity or to how they see themselves. That's interesting. Yes. So if you are a really religious person, for instance, and you have a thought about, I don't know, church or religion or something, it's going to be much harder to just let that thought go being a religious person. So chances are you may engage with it more and it may become more distressing. Why am I having this thought? What does it mean that I'm having this thought? Is this a sign? And then in some religious traditions, they believe that if you have a thought, it's equivalent to acting on the thought. Or it makes it more likely you may act on the thought, which then spikes someone's anxiety
08:41.060 HEATHER even more. Yeah, that's a whole Pandora's box. Yes, right. Yes. Yeah. And I'm sure part of that obsession about those thoughts is I'm a bad person for having these thoughts, right? I'm a sinner or I'm a bad person or I'm a terrible mother or whatever.
09:05.300 JOANNA Yes. You nailed it. Yes. There is a tremendous amount of shame that comes with these thoughts. There is a subtype of OCD that's moral scrupulosity, which is the fear of being a bad, immoral, terrible person, more than the average person has. And then if you get any other, whether it's religious or any other stuff on top of it, a new mom who's experiencing postpartum OCD and they have thoughts about they could harm
09:53.900 HEATHER this baby, the shame is just tremendous. Right. And do you think that's one of the primary barriers to getting help? Yes. Yes.
10:04.300 JOANNA Yeah. Right. And a lot of providers, unfortunately, are not very well versed in OCD. So I have had clients go to psychiatrists and say that they're having harm OCD and be threatened to be hospitalized. And they have no intent whatsoever of hurting anybody. They are terrified. That's why they're asking for help. Exactly. But if the provider is not well versed in OCD or if it's a new clinician that's not
10:43.040 HEATHER well versed in OCD, it can just be a real mess. So it sounds to me like what you're saying is some of this can kind of get me misdiagnosed if a practitioner is not well versed, as you say. And I'm guessing that there can be some crossover or misrecognition. I don't know if that's a word or not. It sounds good. But between OCD and general anxiety disorder. So tell me about where there's overlap and what the difference is.
11:21.720 JOANNA Sure. And I think the comorbidity, which means the amount of people with OCD that may have generalized anxiety disorder, I think it might be like 30, 35 percent. I mean, so it is not uncommon for people with OCD to also have generalized anxiety disorder. Now where it gets tricky is that a lot of people who are diagnosed with generalized anxiety disorder actually have OCD and they get misdiagnosed. And I think that both have worry and worrying as a primary behavior. Both have anxiety as a primary feeling or a primary emotion. And so I think and both you can worry about health, you can worry about, you know, both For the novice or for someone kind of untrained or for someone who maybe only has 10 minutes for a visit or 15

minutes and you don't get to really get into the more thorough diagnosis, perhaps you would just lump them under generalized anxiety disorder. Now for those of us who specialize in anxiety disorders, we sort we see them on the same spectrum. Now technically OCD was taken out of the anxiety disorder category. But for those of us who treat it, we see it on the same spectrum as generalized anxiety disorder, but at opposite ends of the continuum. So with generalized anxiety disorder, you know, the primary characteristic is worry and worrying. And it tends to be about people will say it's more plausible, common things that people are worried about, you know, so finances, your job, your health, your kids, your relationships. And it's there has to be physical symptoms that go with it. You have to have a certain number of physical symptoms. And people will describe it as, and I think I used to have GAD, like a low level buzz of worry all the time. Whereas in OCD, you know, it doesn't, you don't have to have the physical symptoms. You have to have the presence of obsessions and compulsions. And you don't have to for generalized anxiety disorder. And with OCD, people, it's often it's the differences are in degree and content. So people will say with OCD, sometimes the it may be the same issue, but the feared consequence is so it can be unrealistic. So for instance, someone you're at work, you give a presentation, and maybe you don't feel so great about the presentation. And the person with GAD may have this like low worry that like people were bored. And maybe, you know, they're worried people were bored. And so they may worry about it a little bit. They may ask some colleagues, hey, was that boring? And the colleagues are like, no, it was fine. And then they may be done with it. The person with OCD may think they were bored. That means that my job is at risk. I could get fired.
15:09.340 HEATHER What if I can't pay my bills, and then I'm homeless and I lose my house? But then where's the compulsion?
15:16.740 JOANNA What is the action then that takes place? Great question. So then it could be a lot of mental rituals. They could go seeking a lot of reassurance. However, many of the rituals could be in their head, replaying the presentation and replaying it and doing this post event, you know, looking back and replaying and thinking, oh, what did they look at me? Did they look bored? What exactly were the questions? How did they ask it? In the replay, the more they do it, the more uncertain they get. And the fuzzier it gets, but that just feeds the uncertainty. And it digs the deeper and deeper hole of this uncertainty and this possibility. That's not a probability. It's a possibility made from all of these, you know, it's really possibilities that get lumped into their thinking process. And they get further and further away from their five cents awareness. Right. So they're in their heads and they're just kind of spiraling, spiraling, spiraling. Yes. And then the rest of the day, they may be scanning how people look at them, how people treat them, what the email tone is and being vigilant to, okay, well, you know, is this normal? Is this how they typically are? Could this be a sign? I mean, it's a lot of vigilance and there's a lot of superstition in OCD. So there's lots of talk about signs of things. People use how they feel as evidence, and I put that in air quotes in case people can't see it, of what they think will happen. So they'll say, well, I feel really anxious. So this means that they may have been talking about me or this, I feel really, you know, I feel like they didn't have good eye contact at lunch.
17:39.420 HEATHER So they could have been talking about me as I walked by. Hmm. That's really interesting. Okay. We're going to take a quick break and then we can dive deeper. Great. Okay. We're back with Joanna Hardis. So that's really interesting to me what you said about how a lot of this can be in your head. And so this is going to sound really terrible. A lot of my understanding of OCD comes from media, right? So I'm thinking of Howie Mandel. He is diagnosed with OCD and so his behavior is you don't touch him. He doesn't like to shake hands. He's always, you know, cleaning and washing and using sanitizer and stuff. And then there's that TV show, Monk, starring Tony Shalhoub, who I love because he's Lebanese and I'm Lebanese. And that show, if you watched it, and I did watch every season, there are some jokes and gags that have to do with OCD. That's part of the premise of the show. But they actually do go into how it crippled him and the struggles he had. It wasn't just glossed over. It wasn't just a

joke. But if you didn't really watch it and you just saw the commercials for it or you watched it occasionally, you might think it's just like a gag or a joke. And a lot of us here, people just casually say, oh, I have OCD or I'm inortenive or whatever.
19:23.300 SPEAKER_01 And I hate the word inortenive, but whatever. I'm so OCD.
19:27.620 HEATHER Yeah, I'm so OCD. And so it's interesting to me that you talk about how a lot of the compulsions internalize. People might not ever see it. So that tells me there's a lot we don't understand. There are a lot of misconceptions about OCD.
19:44.640 SPEAKER_01 So tell me what are common misconceptions and what's reality? Yes. Oh, I love that. And I agree with you that the media, if all anyone knew about OCD was what they saw on the media, of course you'd have a misinterpretation of it. So I think the biggest one is that everybody is a little OCD. I hear that one a lot. And it makes my skin crawl. Well, it kind of diminishes the people who are really suffering or diminish what people are going through who really are severely disabled by it. Yes. I mean, it's clinically incorrect. And you're absolutely right. It minimizes the suffering that someone who has this illness or is on the spectrum of it experiences because it is a debilitating illness. And most people suffer in silence and isolation and are just imprisoned by their shame and their own internal process. And you can't be a little OCD. That doesn't exist. You can have the traits of the illness and not meet the full criteria and not meet the criteria for the disorder. But we are not all a little bit OCD.
21:15.060 HEATHER Right. So if you have OCD as part of, you said earlier that it impacts your life, it affects your quality of daily life and everything. So you can't just say I'm a little bit OCD because if you're living your life and you have a job and you're functioning, yeah, you may be a little bit of a perfectionist, but you're not OCD.
21:34.980 SPEAKER_01 That's a totally different thing. Correct? Yes. No, correct. I'm thinking about the perfectionist piece because many people who are perfectionists are, I think that also can debilitate someone's life. Sure. Oh yeah.
21:52.140 HEATHER We've talked about that at length. Oh good. Yeah. Perfectionism is paralyzing. It can be for a lot of people so they don't even start anything.
22:00.180 SPEAKER_01 But OCD sounds very different to me. Not necessarily. It depends. So I have seen people that they may recheck. So where the perfectionism, so someone has perfectionism as like a personality trait and they have to send an email and they are checking that email over and over and over and upwards multiple, multiple times and their fear is, well, if it has an error, I could lose my job and then I'm homeless and on the streets and my whole job depends on this email. That can be quite debilitating, especially if you have a full-time job and I've treated, I have someone on my caseload now who that is part of her OCD.
23:04.140 HEATHER I mean, I'm a little bit like that. I will edit, write, edit, reread, edit, send the email and then I'll check it an hour later to reread it again to make sure I did okay. And I've had to learn to be like, okay, you get a certain number of edits. Sure. You know, like stop being a perfectionist, you know. But it sounds to me like OCD is when it's like those intrusive mental thoughts of I'm going to lose my job. I'm going to be homeless.
23:31.900 SPEAKER_01 It's when it veers into... It depends, right. I mean, I think it depends. It depends on the degree to which it impacts your life and functioning and are there other things that would indicate someone is struggling with an obsessive-compulsive process? I mean, if, I mean, the same person cannot, you know, it impacts her ability to read stuff because she has to reread everything. It impacts her ability, this, you know, the checking. So she ends up checking the phone, the locks.
24:10.020 HEATHER I mean, so it is not just isolated to this one thing. Right, right. So she's double checking, triple checking every single thing in her life.
24:22.260 SPEAKER_01 I wish it was just triple checking, but yes, yes. So it is what is the feared consequence that may be different. But I think it's also looking at the entire context of a person. But it is not uncommon to see perfectionism, which is, you know, which we see so much in

24:43.420 HEATHER anxiety disorders with OCD. Okay. So they kind of play with each other a bit. Yes, yes.
24:53.540 SPEAKER_01 What are some other misconceptions? A big misconception, which you touched on with the monk, is that compulsions are all, that you have to seek, that you have to see the compulsion. And I think this is what trips a lot of people with OCD up because they think that, well, maybe I don't have OCD because I'm not hand washing or because I'm not organizing my pantry or something. And so they start to question whether or not that they have OCD. So I think it's really important to broaden people's understanding that OCD is much more than the rituals of washing or checking. And I've never met anybody with behavioral rituals who doesn't also engage in mental rituals. Okay. So OCD is, it could be about anything that you latch onto. So it's not, most people who are worried about getting sick and therefore, you know, wash their hands, it may not just be about getting sick. It may be about also not getting everyone they love sick because they're worried then
26:21.380 HEATHER they could kill people they love because the consequence can sometimes be unrealistic. So I don't know if this falls under misconceptions, but in general, do people with OCD develop it because of some sort of trauma or is this something that anybody could develop depending on what's happening in their life?
26:44.140 SPEAKER_01 Is there like a cause and effect kind of? Yeah, it's a great question. And I don't know that I have, it's a more complicated answer. So 25, you know, roughly 25% of the risk is inherited. So like any biologically based illness, you know, the inheritance piece, these are inheritable diseases, these are heritable illnesses. And then a lot is modeling, environment, learning. So it is not uncommon for children and by no means do I blame parents. Right. I mean, I have obsessive compulsive traits and I, you know, I who knows where in my family's genetics do it came from. But it is not uncommon for children who grow up in families where a parent may be struggling that the children hears a lot about safety, hears a lot about illness, you know, grows up in a very protective environment and sees a lot of these behaviors. And I am not blaming parents at all. So I think that this is what happens. So it's really hard to tease apart. And I want to point out, so sure, trauma could certainly be a factor, but I want to point out that the compulsions have a functional purpose. They work. A compulsion does take away the distress or the uncertainty. Right. So you know, if someone experiences a trauma, it's probably more complicated that they're experiencing a trauma, so they're experiencing high levels of distress, lots of intense emotions, so they start to engage in some kind of behavior that they learn relieves or neutralizes the distress. And then if it works, their brain creates that association and then they may be more prone to continue engaging in that behavior. And so that's how that ritual may start. And if they have the genetic piece for it, you know, that's how they that could, I'm
29:19.240 HEATHER not saying it's going to, but that's how it could happen. Wow. That's a lot. That's a lot. It's the whole stew of life and growing and experiences and yeah. I guess the other big misconception is that it's funny or quirky or they're just a goofy absent minded professor type person who has their it's not fun for these people, right?
29:49.440 SPEAKER_01 These people are suffering. They are suffering. Yeah. Yeah. Yeah. suffering and so worried, so profoundly worried about hurting anybody. Right. It takes a lot of energy, I would think. So much time and energy.
30:11.160 HEATHER Yes. Yeah. If you suspect someone is struggling or might have some OCD tendencies or even generalized is like in need of more serious care, how do you start that conversation or where should they turn or? Sure. Or I guess even yourself, if you think you have OCD too.
30:36.280 SPEAKER_01 Sure. I mean, I think for purposes of this conversation, because I'm not, you know, I think there are some good social media accounts, but for purposes of this conversation, I would direct people to the IO CDF because that's evidence based experts and they you know, you're getting off to a good start by going there. Okay. And I think if you have

concerns about someone that's a that it's a more nuanced answer because it's sort of it depends how well do you know the person? Yeah. How do you bring it up? I mean, that's a that can be a trickier. I mean, if you know them well enough and you say, you know, I'm learning more about this. You know, I wonder if if this is something I mean, it's just it's a harder conversation because it's a conversation about about mental health and and some people will take it well,
31:33.860 HEATHER but some people, you know, they don't take it well. It depends on how intimate or vulnerable your relationship is with someone I would think. Yes, exactly. Yeah. Our website's all about boundaries. So let's let's wrap this up with, you know, if you're in treatment for OCD or you're struggling with OCD and you're trying to work through whatever plan you have with your therapist or whatever, what kind of boundaries can you should you might do set up for yourself with others to, I don't know, make yourself make your life easier or I don't know what.
32:10.320 SPEAKER_01 Tell me about boundaries and OCD. Sure. That's an interesting question because I mean, treatment for OCD is often one of the hardest things people do. People will say to me, it's one of the hardest things I've ever done and one of the most
32:28.580 HEATHER rewarding. I can imagine it's stressful if you're doing that. You know, you're you're you were talking about exposure and getting from I mean, I would think you're putting yourself in really difficult situations and feeling those feelings purposely and. Right.
32:46.340 SPEAKER_01 Yeah, it's tough. And so oftentimes they have to put boundaries on, for instance, Google. Oh my gosh.
32:55.820 HEATHER So the amount of so many. Don't go on what is it Med.com or WebMD.
33:04.500 SPEAKER_01 Don't go on WebMD. So I mean, I can think of people with health anxiety. They have to set a hard no for Google and for Googling symptoms. They may have to set hard nos about when and how they use social media. If the function of them going to social media or to Google is to try to neutralize some distress they're feeling, then they're going to really, you know, that's going to be a target of intervention if they may have to set very firm boundaries about their use of reassurance seeking. These are really hard things. I mean, I look at even my friends use of the phone and social media. Oh, yeah. And it's excessive. So the work that my clients do, it's impressive. They have at the end of their treatment, they have such great mental fitness. It's impressive because they are. I mean, it is impressive, the mental fitness that they have. So some of those boundaries are with reassurance seeking or providing because they may provide it for their children too, certainly with Google, certainly with social media, and it may be with whatever they're struggling with. They have to set a lot of firm boundaries with themselves about, you know, they get to that choice point. Are they going to engage in the behavior that they know in the short term will provide relief or are they not? And they're going to go for that long-term recovery and tolerate and move through that distress. So it sounds to me like boundaries are part of the discussion when we're making a treatment plan. It is.
35:11.740 HEATHER I don't know that I necessarily use it in that way, but yes, sure. Yeah, I can see why you'd want to kind of limit the Googling for sure, 100% when we've had cancer in my family. I had it, my grandmother had it. The first thing the doctors say is don't go on WebMD, do not look this up. I went to the gathering place here, which is a support group. They were like, don't Google it. We will tell you whatever you need to know. We have a library here. Because it just spirals, spirals, spirals. And social media, I can see so many different ways that it could be harmful. It's harmful to everybody. I agree. Right. And already I can see if someone is really struggling with something, it could be very vulnerable. Right. Wow. Well, Joanna, this has been great. Thank you so much. It's a heavy topic, but I feel like it's just something that, you know, it's so pervasive, this like joke about OCD. And it just bothers me that I know there are people suffering and it's not a joke for them. And so I just felt like it was an important topic. And since you're the expert, it was great to have you on.

36:27.220 SPEAKER_01 Oh, thank you so much. And there is good treatment. Yeah, it sounds like it. There is good treatment. You just have to make sure that you're in evidence-based treatment. With a specialist. With a specialist.
36:36.980 HEATHER Who knows what they're doing. Correct. Well, thank you so much. We love having you on. Thank you. You're always welcome back anytime you want to talk about something. Thank you. Listeners, I hope this was helpful to you. And let us know if there are any other mental health questions you have or related to OCD and we can pass those questions along to Joanna. Thank you. Got questions or a boundary setting success story or flop? It's easy to get in touch with us. Send an email through our website, hardknowpodcast.com. DM us on social. We're at hardknowpodcast. Or leave a message at 216-370-3410. We'll be featuring some of our favorite questions and messages in future Mailbag episodes. So get in touch. You can find show notes and a transcript of today's episode on our website, hardknowpodcast.com. Make sure to like and subscribe on your favorite listening platform so you don't miss any new episodes. And if you liked what you heard, please give us a rating and review, especially on Apple so others can find us too. That's a Hard No is a production of Clever Girl Marketing, my strategic marketing agency based here in beautiful Cleveland, Ohio. You can learn all about us at clevergirlmarketing.com. It's written by me, Heather Drago and our amazing marketing and production coordinator Mara Del Rosario, production support Evergreen podcast, Noah Fouts, producer and editor extraordinaire. Our awesome new rock anthem was written by Noah and performed by his band, The Big Leagues. I love it so much. Thank you, Noah. Shout out to Jake Donnelly, the videographer and photographer who's the creative force behind our YouTube videos. You demand, Jake. You can find him at rjdonnelly.com. Until next time, thanks for listening and remember, saying no isn't just okay. Saying no is the key to living an authentic, fulfilling life. So do it. Find your no and say it unapologetically.