



Conscious Life presents

Understanding OCD and Anxiety Disorders

Guest: Dr Reid Wilson

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[00:00:07] Meagen Gibson

Welcome to this interview, I'm Meagen Gibson, your conference co-host. Today, I'm speaking with Dr Reid Wilson, a clinical psychologist who has spent 40 years in the field of self-help for anxiety, disorders, and OCD.

His latest book is called *Stopping the Noise in Your Head*, and his current online self-help course is called *OCD in the 6-Moment Game: Strategies and Tactics*. Dr Reid Wilson, thank you so much for being with us today.

Dr Reid Wilson

Glad to be here.

Meagen Gibson

I want to start right out of the gate because people often mischaracterize OCD in their own or someone else's behaviors. I would love it if you could start by helping us understand what OCD is and isn't.

Dr Reid Wilson

Sure, this is 2-3 million people in the United States who would be diagnosed with OCD. Obsessions are anything that you are going to start worrying about, and compulsions are the only thing you know to stop the worry.

Then we know the categories generally washing and cleaning, checking, and ordering, and the list goes on in that way. What did I forget? What did I say? All of those things are the worries.

One of the things that we notice, or at least I notice when I'm working with people, is it's not just the topic of what they worry about, but how it happens. They don't go, I wonder what I said. It's like, Oh my God, what did I... There's an urgency that is another... People will go, How do I know if

this is an obsession or not? One of the ways to look at it outside of the topic is, Am I perceiving it as urgent to solve the problem? I have to do it right now.

[00:02:09] Dr Reid Wilson

Part of the trouble with the disorder, like all the anxiety disorders that people are going to learn about in this conference, is that it picks when it wants to intrude in your mind. You don't get to control when they show up.

That begins to lead us into the treatment, in terms of, these disorders are not allowed to do that so we have to learn, have to help empower people to learn how to... If I have to pay attention to this topic, if it's important, I'll choose when I pay attention to it instead of this disorder.

Meagen Gibson

I love the power, agency, and control that it gives people back. So much of what we talk about in the anxiety conference is energy, because I don't think most people understand before they start their healing journey, or a curiosity about their anxiety, how much energy it requires to have it, or to deal with it, or cope with it, or avoid it.

Dr Reid Wilson

Absolutely.

Meagen Gibson

Just tremendous.

Dr Reid Wilson

I would also say, unlike so many disorders, these anxiety disorders are built on self-help because we're trying to start with a self-help model with these workshops, conferences, books, videos, and so forth. But even when you get into treatment with a specialist, when you're done, what you're left with is self-help.

You can't do the treatment and then let go, you have to incorporate, assimilate, metabolize the principles of the treatment because anxiety disorders and OCD tend to run the life cycle. If you do this and then leave, well, two years from now, something else may crop up, and we want you to be able to brush your skills off and get back to work again, instead of continually depending on us unless you need to, we're here if you need it.

So let's see, you talk about the energy, and that is part of the energy, I have to step up, I have to take ownership of my own treatment. You, as the specialist working with me or Consultant for me, I hire you, you're here to help me. That's really the attitude I want clients to have.

Meagen Gibson

Absolutely. I was talking with somebody the other day about trying to make sense of this phenomenon that you're talking about. I compared it to when you've had the privilege of going to a

destination a bunch of times, but somebody else drove, and then you go to drive and you're like it feels like I've never been here before, you've got to figure it out on your own, even though you've been there several times.

[00:05:03] Dr Reid Wilson

It's intimidating, right? You have to expect that, right?

Meagen Gibson

Yeah. You're like, Wait a minute, it's confusing and disorienting, I've been here a lot of times. But once you finally get in the driver's seat, you take control, and you learn it your own way, navigate and get yourself from point A to B, you're like, Oh, wait, I'm completely capable of getting there, now it feels easy.

Dr Reid Wilson

I saw a video this morning of a pair of rowers from Ireland who won a silver medal in Rio. They train, they train, they train, they train. They said in the race that the first three or four strokes were terrible. That's what we're talking about. In the beginning, it's awkward and uncomfortable, but you have to know that there is a learning curve, and you can do it.

Meagen Gibson

Absolutely, I want to get into the weeds a little bit and help people understand what the strategies are that you've developed that help people cope. I was writing this question, and I was like, Is cope the right word? Is heal the right word? Is overcome the right word? How do you characterize how people apply these techniques and strategies?

Dr Reid Wilson

My son has type 1 diabetes, he has to cope with that all his life, if he doesn't take insulin, he dies. Coping sometimes is, How do I do my breathing? How do I avoid situations that might get me upset and so forth? We're more, at least how I work, more aggressive than coping. I want to take on the disorder and take down the disorder. That's my intention.

It's very difficult to talk about a cure because people will argue about that, and that's fine. But we don't want to think about it like type 1 diabetes, where I have to... It'll always be with me and I have to manage it. Let's take it down. Maybe it will be with you all your life, maybe it won't. But let's peel away the layers of the onion, get down to the raw work that you have to do. Learn that and moment by moment, control your mind again.

Meagen Gibson

Absolutely. Thank you for that context, I'm glad I asked because I think it's a good one.

Dr Reid Wilson

Don't get me excited, Meagen, because I'm just going to...

[00:07:28] Meagen Gibson

I'm definitely going to get you excited because I think there's a power in the excitement. You've been doing this for a long time, you've helped a lot of people. 40 years, I think we can trust what you've seen and what you have to say.

Dr Reid Wilson

I'm going to make a point about that, about trust. Trust is for therapists and specialists like us, trust is critical because we are taking down a fortress. It is in your mind, solidly controlled by a belief system that you have adopted. We have to break through that fortress to get your mind back. The idea of trust and faith is helpful because, as we were talking about, you're going to do some things where you are not sure how it's going to go. You cannot be certain about it.

That's the core of the disorder, it has inside you now a drive to be sure everything is okay, and it controls you that way. We're not only working on these topics, we're working on this idea of, I need to step forward without being sure.

Meagen Gibson

This brings up another fascinating question, which is, you talked about it as this fortress belief system. And fortresses exist to keep out danger. As we're breaking down this fortress that was built in order to give us a feeling of safety, not the perception of safety and control, how do we discern between discomfort, which is completely acceptable and necessary for growth, and dismantling that fortress and danger? Because our perception between our safety and our danger is going to be misconstrued at times, isn't it?

Dr Reid Wilson

Yeah, particularly when you're facing the circumstance. Where I'm going to start is let's look at signals versus noise. Every worry that you and I, and everybody else in the universe has shows up as a signal. This is important, you need to handle this. For a lot of those worries, they come in, we go, Okay, that's nothing, yes I mailed the check to the bank, or whatever.

But what happens with OCD is you are worshiping this false God, which is saying this is serious, dangerous and you have to handle it. Outside of the moment where you're in the midst of your OCD, your obsession, we have to work through to what degree do you believe this topic is a danger, and to what degree is it noise?

If you feel like this is how I need to clean my counters, I have to use this product and then do it three times, and then... That's fine, I have no problem with you telling me what rules you need to follow in order to be safe enough. Then we have to discern where you are stepping outside the bounds. Then I'm big on rules.

Let's set up, when we're not in the middle of the problem, what you believe to be the proper response here, then lock it down. Because when you step into the scene that's provocative, the part of you that is victim to the disorder is who shows up first. Anxious, scared, frightened, what am I doing? This is going to be terrible.

[00:11:32] Dr Reid Wilson

We have to split you a little bit, not in psychotic splitting, but have a therapeutic voice that shows up at that same time. Here's the other problem, you can't have both of these voices parallel. You can't have your fearful victim of the disorder and your therapeutic voice talking back and forth because you'll just argue and stay in the middle and the disorder wins then.

We have to elevate that therapeutic voice so that it can go, Wait a minute, I got a part of me that I need to take care of. This part of me is younger, less resourceful, frightened, I know what needs to happen here. We've got to take control in that way, and that is really hard to accomplish, but it's what has to happen.

The last thing I would say around that particular piece, you wind me up Meagen, this is your fault. It's like you... Now I no longer know what that was because I made that comment, I'll remember it as we talk.

Meagen Gibson

I'll start talking and you'll remember what you were going to say. It was my fault for accidentally interrupting you, zoom is hard, go ahead.

Dr Reid Wilson

This is not about my topic, this is a mental health disorder. I'm not trying to shame people when I say it like that, but it's not about contamination, it's not about being a pedophile, it's not about having run somebody over and they'll be dead by morning because no one sees them in the ditch in the high grass, and it'll be your fault. It's not about any of those things. Those topics are chosen by the disorder to control you.

If you stay at the level of these, what I would call themes, topics, you never win, you have to elevate to win, you have to elevate to dominate. You have to go, It's not about this, it's about this? And what is this up here? This is the disorder, and what I have to face is distressing uncertainty in a generic sense.

It's not like I'm walking down the sidewalk, leaving the front door to go to work, and I'm thinking, Man, I'm not sure if the door is locked, but I'm going to go ahead and go to work anyway. It's not about the door, and this is one of the things that I'm trying to convey to the field, that's different in the field, because when you do exposure and response prevention, which is the traditional and gold standard of treatment, you focus so much on the topic.

So people go, Oh, what my therapist said was, maybe I locked the door, maybe I didn't, I can handle uncertainty. No, let's go to the next level. Oh, maybe I'm a pedophile, maybe I'm not, I can handle uncertainty. Maybe I hit somebody there in the ditch, they'll be dead by morning, it'll be my fault, maybe I didn't, I can handle uncertainty. To me, that's nuts.

[00:14:57] Dr Reid Wilson

That's what I was going to say earlier, dropped out, which is we start with going, it's not about that topic. If we don't accomplish that, nothing else works because clients obey the instruction of a therapist and do an exercise simultaneously going, This feels wrong, I got to be careful.

When that side of you shows up, that's victim to the disorder, I want to say to it, I need to be careless. Not as you and I would think is careless, but what that side of me says is careless. Now, I'm not going to wipe it down one more time, even though I have the urge to, because that's too much, I'm going to be careless in order to get my mind back.

Meagen Gibson

You said something earlier... I'm paraphrasing, correct me if I get any part of this wrong, about making an agreement before you're in those stressful situations. You talked in terms of parts and caretaking for this part of you that has a need. I've heard the phrase, We don't practice a fire drill in a fire. I think that's what I hear you saying, which is we need to establish those rules which you said are okay, but we need to do that before.

Then all we're doing is adhering to who's in charge, the adult, fully-developed person who doesn't have these childlike injuries. This is the person in charge. We've made an agreement with that person that this is how we're going to handle this situation, and we're not going to let ourselves go off the rail with the cleaning, or the checking, or the whatever, because we've decided that this was the rule, and we can follow a rule. Do I have that right?

Dr Reid Wilson

Yeah, this is a simple model, and it's difficult, but it's not complex. This whole thing of getting it like you talked about, exactly right. Then, if possible, if it's not spontaneous, just before I enter a circumstance where I tend to get provoked, I say that to myself, Hey, I'm about to walk in there and change my clothes, and when I open that closet I'm going to start having these thoughts, and then I'm going to want to do this, and here's my intention instead.

We can get three minutes before I do an exposure as well. Then it cues us because all the other reactions that we have are automatic, they just show up. To me, there's no problem with that obsession popping up, it is going to happen. I'm not trying to stop it from popping up. I'm going to do something different in response to it showing up. I'm going to have that urge to get rid of this fear immediately. It's going to pop up, and I'm fine with that. That's unconsciously mediated, so we can't come in and consciously shut down something that we don't have control over.

Our control starts with... The phrase I would use is bringing mindfulness into the fire. The very first thing we do is to be able to say therapeutically in the moment is, Oh, I'm doing it, oh, there's my obsession, or, Oh, there's my urge.

Now, sometimes it takes 15 minutes for you to even notice that you're obsessing. It's like daydreaming and missing your turn when you're driving, where was my mind? Oh, it was over here, sometimes you're just in it. But it's whenever you can step back and go, Oh, I'm doing it. If I can do that, that again, in the moment, that has to be mastered first to be able to step back.

[00:19:11] Dr Reid Wilson

Because if you can step back and identify, you've just put a little wedge of time, space between you and the obsession. What I want people to do next is turn away from the theme, just turn their back on the theme. I am not addressing this anymore. The next thing is, I'm going to go get engaged in something else. Other specialists will say, Well, that's just distraction, you're not treating the disorder, you're distracting people.

That's not true, because if I've got this, as we've been talking, this urgent, fearful expectation of something going wrong, and I choose not to handle it, not to answer it. When I turn away and engage in something else, I'm now doing pure exposure, I am turning away. This is exposure and then response prevention, I'm turning over here, engaging over here with this obsession still on the back burner here, still messing with me.

I've only got a third of my ability to get back to work because two-thirds of me is back here. But I'm doing this, and you do that over and over again. That's how you get stronger because this is 100% a neurological treatment. We are trying to get the amygdala, our panic button, and everything in there in the limbic system to hear us say, Hey, just kidding, this is okay for me.

If I don't get to the place of, This is what I want right now, it's all right, I got this. Then we're not going to do the neurological work. So I'm firm, I push because they need to push. This isn't mindfulness. This is mindfulness to get started, it's a platform on which we step, and then we aggress and push into this territory.

I want my life back. I got people who are caught up in the spirituality regarding OCD, and it tells you, You have to do this, or, You have to think that, or You're not allowed to be anxious when you're reading the Bible. Now we've got people whose entire spiritual life has been taken over by the disorder. We have to kick it out of my spiritual life so I can have it back.

People will get motivated around that, they have to have an outcome picture. I want this back in my life. Then they have to be able to perceive a path that makes sense to them, that gives them a chance to win. They need to have both those things because that gives them some drive.

I'm a cognitive therapist, so we're not doing exposure in the typical sense, we're doing behavioral experiments. I'll talk their ears off. I know that surprises you, but I will talk their ear off to get them to have a sense. Does that make sense?

Then we'll design, how about for the next five days you try this and see what it gets? Because experience is the greatest teacher. Again, I can talk until I'm blue in the face. If they don't go out and try it on, we don't win.

Meagen Gibson

Absolutely. As you're speaking, I'm thinking about this family system and these internal parts of ourselves that we're dealing with.

Dr Reid Wilson

Absolutely, perfect.

[00:23:17] Meagen Gibson

Just like you wouldn't be having an argument or a confrontation with a family member and then say, You need to calm down. If they're feeling really urgent and overloaded and disproportionately reactive to the situation, what you do is you're like, I'm going to give you a bit to settle down, and we'll continue this conversation later. It sounds very much the same. It's like, I see you, I acknowledge you're there.

Dr Reid Wilson

It's beautiful, it's a good analogy. It's not to infantilize anybody, but it's similar if your child comes in and says, Oh, my gosh, I think there's a monster under my bed, you don't respond by going, Honey, there are no monsters under the bed. You go, I get why you're scared if that's what you... You get that rapport first.

That's the same thing in internal family systems, and that's the same thing here, which is, if we can personify the part of us that's in trouble as younger, less resourceful. If we can get that therapeutic side of us to go, I'm taking care of her, or I'm taking care of him. You understand that, now we've got some traction.

Meagen Gibson

Yeah, we're building self-trust with ourselves and the way that we can show up and handle discomfort and try things. I've heard you also, I remember, I've spoken to you once before, and you were talking about moment by moment.

I think that this is a really good context to talk about it, because in so much anxiety work... And I remember when I first started my anxiety journey, there were days that I had to count in seconds. Thankfully, that's not the way my life feels anymore. But at the beginning, there were so many days that I had to pass by in seconds because it felt so hard.

Dr Reid Wilson

You're aware of every second, exactly.

Meagen Gibson

Every second is a year, because you're just surviving. If you could talk about that in the respect of OCD, that second-by-second model.

Dr Reid Wilson

I talk about moment by moment because some moments are longer when we're in the middle of it. I'm really talking about six moments. The first moment for some people would be walking into a circumstance where I've had trouble in the past, or having something pop up unconsciously that it's related to, and I don't even notice that. All of a sudden, I feel my body aroused, I've got what we would call psychophysiological arousal. That's moment one.

[00:25:57] Dr Reid Wilson

Moment two is when my obsession pops up, that's instant.

Then moment three is now I'm consciously starting to embellish it and having some urges and so forth. Those three moments are none of our business. Now we've got these other three that I went through a little bit.

Moment four is stepping back mindfully.

Moment five is to go, No, that's content, not talking about it.

Moment six is to get engaged in something else. I create this like a mental game, not in any way... Again, I've been doing this for a very long time. It's terribly painful to think my family might die if I don't do this ritual tapping of myself right now, that's horrible. But what we've created as a game, as a way to shape our understanding of what I literally have to do consciously.

The other thing in this game is it's a moment by moment game. If I can get the moment four where I'm stepping back, I won that moment. That's a win for me. Now, I want to get to moment five when I can. So if I get to moment five going, No, I'm not doing that. That's a win for me. If I can get to moment six and turn my attention to something else, even if it lasts for eight seconds and my obsession pops back up, I want people to perceive that as a win. I won that. Oh, what a surprise the obsession comes back, of course.

If you don't do it that way, then you try to do a new skill and you go, God, it didn't work. What do you mean it didn't work? It came right back. Of course, it comes right back. There's also this attitude shift, which is, again, paradoxical. It's hard for people to grasp this but the position I want to get into is, Oh, so I won that moment and then the obsession comes back. What I want people to be able to do is go, Okay, great I get another chance to practice.

Because that seems like, again, demeaning or something. No, it's a shift in, I got two options here. I can go, Oh, no, this is terrible, I'm so frustrated, and I want to stop this, and now I'm secreting more epinephrine, I'm reinforcing the belief that something's dangerous, and I'm back at square one again.

I want to shift my position to, Okay, good. I have another opportunity to practice my skills. Also, Oh, good, or even, Oh, great, you can be sarcastic, it's the opposite of what the disorder needs to stay in control of you. OCD is a parasite, and as a parasite, it requires you to participate, to play your role.

What I say to people is you need to misbehave because you're going against... It's like a dogmatic, powerful parent, when you get to be about 13, 14 and you start acting out and misbehaving like, Don't control me. Well, that misbehaving is what we have to do because we have to break the disorder's rules, which is really scary in order to reset everything.

That's what I talk about around moment by moment game, win and the moments will start collecting over time, don't... I'll say one of the pieces about this, which is, stay in the present moment, because this is the other thing that the disorder does, is it will say, Hey, yeah, you're

doing fine right now, but tomorrow is your final exam, and if this pops up right as you're in your final exam, you'll fail it. Then they escalate. If you fail it, you'll fail the class, you fail the class, they're going to kick you out of Duke University, and your parents won't take... And all that catastrophe.

[00:30:35] Dr Reid Wilson

The disorder drives you into the future. Why go into the future? What's its scheme here? Because the future is always uncertain for everyone. It's brilliant in what it does. If it can get you there the next step forward is always into darkness for all of us, so if it can get you there, it's got you. That's why we want to go, I'm going to take the...

Here's the other piece, regarding my fear, I'm going to take the risk that by doing it this way, I may pay consequences. That's, again, another hard swallow. It's like, I got a face failing. Well, I think you're escalating around what's going to happen, but yes, are we working on the disorder or not? Because it needs to be overridden. We have to be able to override it. Yes, we have to do it consistently, and yes because failing tomorrow is part of your theme, then we have to go against what the disorder is saying.

I'll tell you a funny story if I have a moment. This is more than one story. I mentioned Duke University only because I'm at the University of North Carolina, Chapel Hill, so that's our rivalry. I'm going to start on NC State because we're a rival of State, too, but anybody but Duke.

I'm working with these Duke students who'll be like, Oh, my gosh, I think I've run somebody over, I need to turn around and check. Then when they turn around in their car to check did they hit anybody? They have another event obsessively, and then they got stuck in that, and then they're trapped.

Unless they're on their way to school and their class that they're taking next, if they're late to that class, they get a letter grade taken off of their final, and they can't afford that, and they keep driving. Which is so funny to me, it's like, Oh, wait a minute you're going to allow this person to die because you might... What is... I don't get that. But it does give us a little taste around when there's something important enough.

It's like parents sometimes with panic disorder, agoraphobia and trying to drive on the highway, which is nerve-wracking for a lot of them. If their children are in the back seats, they don't want to show their kids their anxiety and avoid things, so they go ahead and handle it. Again, a lot to be said there, but there you have it.

Meagen Gibson

Yeah, absolutely. The more urgent outcome of getting a bad grade, that feels more urgent to focus on than the possibility that... Yeah.

Dr Reid Wilson

At least they have this experience that they can lean back on. It makes sense, I don't get that... I will do that therapeutic, Well, explain that to me. It's just the beginning for them to go, Hmm, okay.

[00:34:08] Meagen Gibson

Since we're talking about students, what I'm curious about is at what point do people... Because I imagine often you see people when they're suffering a lot of negative consequences as a result, the disorder has gotten so bad, or so severe that it's limiting their lives, or there's been dire consequences to their lives and their livelihood, or their family relationships.

On a scale of zero to 10, what does it look like? Because I don't think anybody wakes up one day and all of a sudden they have incredibly severe OCD, and they have to go see somebody like you. I think it probably grows over time. How does that look? At what point do you recommend? What is the stage at which you recommend somebody comes in and they get some support?

Dr Reid Wilson

Good question. Around that I'm flashing on people who have hoarding, collecting things in their house and filling it up, they never come into treatment. They are brought into treatment by their lawyer or their children. Here we have a house that's totally running down and floorboards falling through the floorboards and contamination everywhere, blah, blah, blah, and they don't get it. We have people to that degree, and those people are very difficult to treat because they're not motivated, because they're so intertwined with the disorder.

Then we have kids, eight, nine years old. When they tend to come in, families tend to come in, is when the child no longer can go to school, or the child is not sleeping all night, so that means nobody's sleeping all night. With kids, it tends to be that drama that brings families in, which is fine. We can work with that.

Then adults, as you say, despite the fact of the costs, I've got nurses who leave the profession because they can't figure out, did they really draw up 10 cc's or 100 cc's, and pharmacists who can't trust themselves counting out the pills. We've got that.

It doesn't always bring people into treatment when everything falls apart, we would like them to get in sooner. What is sooner? Well, when it starts taking over your day and your distress is getting so high, then come on in. The OCD field and people who have lived experience with OCD and who are therapists as well, want people to stop saying, I'm so OCD because it's not the same.

Although it's interesting, during the pandemic, people with OCD said, See, this is what it's like for us. That's a lot of validation. I think if we can get people in at that point, it's like, This isn't working for me, my life is a wreck, or, I can't go to church anymore, I don't like this.

The exposure treatment has a bad rap. People think because they've heard of exposure and response prevention, you have to face the things that you're afraid of. When they reduce it down to that, they go, I can't do that, I don't want to be a part of that. I do think we have to start presenting the treatment differently than, Here's what we do, we teach you gradually to face the things that you're afraid of. We've got to do it differently in terms of sales.

[00:38:09] Meagen Gibson

You got to work on the marketing.

Dr Reid Wilson

Marketing and sales, because it doesn't have to be quite like that. What we're going to do is bring you on board with the treatment protocol, see what you think. We want to have enough time to go, See what you think, can we collaborate together? I work for you, let's see what we can do. How about trying this little thing? We're clever, it's what we do every day, so we have little ways to make it not quite so painful.

But the other side that I want to bring up, too, is intention. If my client still holds on to the intention to be careful, then when they go to do an exposure. Okay, let's have you touch that countertop, they're already going, I'm not sure I'm ready for this. Okay, well, I'll... And they gingerly touch it. What's wrong with doing that? They did this exposure because when they orient themselves like that, Boy, this is really ahh and this feels so risky, but I'm going to go ahead and do it because I want to get better. Neurologically, they're still telling the brain that this is dangerous.

It is why people do not progress because they're doing the action without their heads being in the right place. I'm trying to say to people, your head has to be in the right place because that's what we're healing. We don't give a damn about whether you touch that counter or not. We got to undo the belief system so when you go to touch that counter, I want you to put your hand down there and rub it all over because you've already decided it's not really contaminated, but it's going to feel like it.

That's what I'm saying about aggressiveness, it's like, Go get it, go into the territory controlled by the disorder and take it back. Once you take a territory back, or you can get that counter where you can touch it now, never give it back again, which is another guidance. It's like, I want that set in their minds, that's another rule, another guidance, Okay, now I've accomplished this I'm not giving it back. We do it piece by piece.

Meagen Gibson

I love that analogy of reclaiming and not giving this back now. I've got this part of it.

Dr Reid Wilson

It's territory. It's territory.

Meagen Gibson

Yeah, absolutely. You mentioned this a little bit, but I want to talk about it explicitly, also to validate people, that often the subject of the disorder is it attacks the thing that's the most meaningful and has the most inherent value to you, I've heard.

[00:41:18] Meagen Gibson

You mentioned a nurse earlier, if you genuinely want to help people, and the disorder is going to then fixate on that you're trying to, or will inadvertently harm someone. Or if you care about kids, that's when the pedophilia and those images, or thoughts, or obsessions come in. Which I've always found so incredibly fascinating. That it's going to take the thing, if it's your spirituality, like you said, it's going to take the thing that means the most to you and then rip it from you and take it over. Why is that?

Dr Reid Wilson

That's not it. That's what specialists say, that it's true but OCD can show up about anything. If we present it like that, then people go, I don't fit that, this isn't the most important thing to me, I just find myself having to do this behavior, I can't remember what I said in that conversation yesterday, maybe I humiliated somebody and I need to go back and apologize to them, is not related whatsoever to their low self-esteem, and therefore it goes after it.

It goes after whatever works. It will go after things that you value in that moment. I didn't value that much until you took it away, and now, gosh.

I think that's not fair to be putting that on people, but you're absolutely right you hear it all the time, and it does not fit. It will go after what works. It's job, it's goal is to control your thinking, control your moment, and it'll do anything it wants. If you win back this territory over here, it's like Whac-a-mole, oh, here's the other one.

I had a woman I was working with a while back and was like, she's working on, she can't leave anything that is trash-like. Anything in the nursing home, she's got to take and put it in her pocket and bring it home. Then she can't get rid of that, I get her to do an experiment, and she comes in the next week. She said, I did what you suggested, and five different things happened that day all of a sudden... It's as though the disorder is going, What do you think you're doing? You think you understand what's here? Let me show you if you start making inroads here, here are five other things that you haven't even thought of.

A thought will come up, or a memory from 12 years ago will suddenly pop up and go, Oh, did I... Could I have done that then? Just like that. Anyway, long-winded answer to what you're saying.

Meagen Gibson

No, I appreciate that. I appreciate you saying that can happen but it doesn't discriminate, what it wants is your attention, it'll attack anything.

Dr Reid Wilson

Yeah, that's right.

Meagen Gibson

Fantastic. Reid, I know you have a ton of free resources and programs and things like that. If people want to learn more about you and your services, how can they do that?

[00:44:43] Dr Reid Wilson

I have a self-help site, it's the largest... I've celebrated 26 years now, so it's the infancy of access and the internet. It's a totally free site. It's got self-help for all the anxiety disorders, OCD, video clips that people can watch, and so forth.

If you go to that index page, that opening page, which is anxieties.com, so plural, not singular. If you wait four seconds, a little quiz will come up and you can take the quiz. Whatever comes up there, you will get back from me a PDF, or all the videos here that you can look at, all the self-help things. Everything will come to you in a list because it's a huge site. That's the best way, it's to jump on to... Not pushing a product, it's free, and I stand by that. That's what I would suggest.

Meagen Gibson

Fantastic, anxieties.com. Dr Reid Wilson, thank you so much for being with us today.

Dr Reid Wilson

Thanks for letting me come.