Understanding Obsessive Compulsive Disorder

Guest: Dr Reid Wilson

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[00:00:10] Meagen Gibson

Welcome to this interview. I'm Meagan Gibson, co-host of the Anxiety Super Conference. Today I'm speaking with Dr Reid Wilson.

Dr Wilson has spent his entire 30 year career in the field of self-help for anxiety disorders, including authoring six books. His co-authored book, *Stop Obsessing!*, was the first ever self-help book on exposure and response prevention for OCD.

He directs the largest and longest running free anxiety self-help site on the Internet called anxieties.com. In 2014, he received the Anxiety and Depression Association of America's highest service award. And in 2019, he received the highest service award by the International OCD Foundation.

This January, he released his 4-hour online self-help course called OCD & the 6-Moment Game: Strategies & Tactics.

Dr Wilson, thank you so much for being with us today.

Dr Reid Wilson

Well, I'm glad to be here, Meagen. Thanks for having me.

Meagen Gibson

Absolutely. So I would love it if we could start with just a basic understanding of OCD, because we use it colloquially in conversation. I don't, but other people do. They say, oh, I'm so OCD. But really, what is OCD? Can you give us a quick explanation?

Dr Reid Wilson

Sure. OCD is, as you already know, it's a pretty major significant disorder, mental health disorder. The two components, obsessions, anything, in essence, anything that has me worried and upset and concerned, and I have to handle.

And then compulsion is, anything I can figure out to do to get rid of my worry.

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We know we have these whole subcategories of contamination. So much happened with COVID, all that trouble with contamination. But contamination, checking, ordering things on the desk and so forth, fear of harm of other people.

There's a number of subtypes around that. And what pops up is, oh my gosh, something terrible could happen or something terrible has already happened. It's my responsibility to fix it or it's my fault that this happened. Very intense, strong emotions.

And then the mind kind of invents something to do to get rid of that worrying. So that's why somebody who's afraid that they've just run somebody over in the highway might circle back around looking for the body in the grass. They might park their car and walk the ditches for hours looking until they get satisfied. Over and over and over again.

Meagen Gibson

Right.

Dr Reid Wilson

And so it is, I would say, a disorder of uncertainty. I can't remember, I'm not sure. And we know these people do not have short-term memory loss. So we've tested all that. It's almost like there's a certainty center in the brain that just won't close.

So in essence, that's what OCD is like.

Meagen Gibson

And what do you know about what causes, what triggers this type of thought and behavior pattern? I'm sure it runs the gamut, but what do we know about that?

Dr Reid Wilson

It's interesting because OCD is a little like the anxiety disorders in this way that there is maybe an instigating event, something occurs, and then they latch onto that and it's as though that event caused me this problem.

But what we know now is that OCD, first off, tends to run the life cycle and is primarily genetic. So it's not so much how you were raised, your development and so forth, although parents can model over cleaning in the house and so forth, and the kids might pick up on it. Or a father or mother around contamination might keep telling the kids that they have to clean in this particular way, and so sometimes the kids might adopt that over time.

But basically, this is a genetic disorder, and it's important for us to know that so that we can start, okay, how do you deal with this genetic disorder?

The leap that people make about that is, oh well, because it's genetic, this is a kind of chemical imbalance in my brain, I must take medications in order to heal myself. And we know that that's not necessarily true. Medications have a great place in treatment of OCD, but a combination of

medications and cognitive behavioral therapy, or even cognitive behavioral therapy all by itself, works really well, depending on the individual.

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The problem we have is that so many of the gatekeepers, the primary care physicians or the ER doctor, whoever, tend to find this quick fix around medications and never explain that there's another alternative that can be blended with it or replace it.

And so part of what happens is when medications aren't effective enough for somebody or their side effects are so strong, they tend to drop out of the health field about it and live in this kind of shame and repetitive behaviors and so forth without recognizing that they have some choices.

So I, as you'll sure experience with other people who are in this conference, we're on a soapbox around, you need to understand you've got some choices here that can help you get stronger over time.

Meagen Gibson

I love that you name that because I feel like, and I have a lot of compassion for primary care physicians or ER physicians and people that's not their specialty to deal with mental health issues, and so they're just trying to treat what the patients come in and complained about, and said, here, I'm going to be able to provide you with some relief.

And most people who aren't deep self advocates for their own health and wellbeing or don't have access to the kind of resources and knowledge that I have because of my work, wouldn't know to continue that pursuit of support and see what all of the options are that are available to them.

I'm listening to this as one of our listeners might, and one of our viewers at the conference might, I just want to name how validating it is for you to just say, this is mostly genetic.

Because I think for so long, especially as the DSM has developed and we've learned more through all of the wonderful researchers, that there was so much of OCD that was just seen as a character flaw for so long, or just, you have bad habits or you don't have enough willpower. Just these characterizations of these thought patterns and behaviors that were just seen as, you could change it if you wanted to. And so much of it is genetic.

Dr Reid Wilson

Yes.

Meagen Gibson

I'm imagining, you had said that a lot of people assume that they need to just take medication for it, but I think probably, maybe the other swing of that is also, oh well, it's genetic, there's nothing I can do about it, which neither of those statements are true from what I hear you saying.

Dr Reid Wilson

Yes. And then just to add on to that the whole issue around shame. I can't let people see me. I can't let people know. And so then I just start backing up and hide out.

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And with people with OCD, the other problem is, not only do I back up, but I go up into my head and I think, think, think and worry, worry, worry as though that's going to take care of things for me.

And part of what I talk about in my work is signal versus noise. And if you don't figure that piece out around OCD, you're going to have a very difficult time getting better.
So just to think about, well, if all worries come into our mind as signals, all of them. And for most of us, there'd be a series of them that we rapidly go, okay, well, that's nothing. It's just a little glitch that popped up.

And what happens with OCD is when a thought like that comes up, that is really nothing, it's irrelevant noise, there's nothing I need to do about it, I have washed my hands thoroughly, I've checked the front door three times, whatever it may be, and they can't get closure around this is nothing, I don't need to handle this anymore. They come back and treat things that are noise as signals.

Well, if something is a signal, your job is to problem solve. If something is noise, you don't have to do anything with it. You can do all kinds of things with it. You can tie it on a helium balloon and imagine it floating away or see it on a leaf floating on the river. We talk about mindfulness. Just let it come in one ear and out the other. Don't make anything of it.

But the problem with OCD is people automatically make something of that. The work, at least in how I talk about it, is to start with, oh, okay, this is a mental health disorder that wants me to think this topic is relevant. And if I keep doing that, it owns me. It owns that topic.

So if I have scrupulosity, so I have a strong faith, but I start questioning, oh my gosh, am I really sinful or am I obeying God's rules or whatever, and I will just dig a hole. And what we need to be able to do is to go, wait, no, the disorder right now is controlling this theme of religious or germs or whatever it may be, and I need to kick it out of that theme so that I can get back to my work.

If I think I'm going to harm my children, it's like I need to be able to go, wait, the thought that I might harm, the fear that I might cause harm to my children accidentally or on purpose, is delivered from a mental health disorder.

And so I just want clarity about that. If they can get to that place, then we can start teaching them skills to help themselves. But if every time something pops up, they go, oh my gosh, is this a signal or noise? I don't really know and I need to figure it out. Then we can't treat the disorder.

Meagen Gibson

It's interesting that you say all that, because for one of our other conferences, the Trauma Conference, I was speaking with Dr Terence Ching, who's a researcher out of Yale, about OCD disorders, and he's testing Psilocybin as a treatment, one of the treatments for OCD disorders.

And he said something that stuck with me that reminds me so much of what you're saying, which was that OCD chooses the thing that means the most to you in the world and then weaponizes it against you.

And so I think that's what I hear you also mirroring is, whatever the thing, so if your faith and your religion are the things that are the most meaningful to you in your life, then your OCD is going to weaponize that against you.

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If your children, or say you're a teacher, or you're a social worker or something, and children and the safety of children is the thing that's the most meaningful to you, your OCD is going to weaponize that against you and give you signals that you then are going to turn into something you've got to make worries out of, because that's the thing that's the most meaningful to you in life.

Dr Reid Wilson

Yeah. And if you're a pharmacist counting all the pills into the bottle and you start going, I'm not sure I counted that properly, I need to do it again. Or if you're a nurse trying to draw some insulin for a patient and you aren't sure whether you just injected ten times what you should have. I mean, people end up having to leave their jobs. And not be able to tell, again, there's that shame of just dropping out of the field because of this terrible disorder.

So it can come on, obviously someone's work is a high value, too.

Meagen Gibson

Of course. Yes, we assign meaning to our place in the world and our importance and our value as human beings through our work, until we get rid of capitalism.

Dr Reid Wilson

I would just, 100% of OCD is not about things that we value. Sometimes things just show up, crazy thoughts show up, and we get digging down in them and are in trouble again.

Meagen Gibson

Well, I love where we're going. I want to come back to your work and your history as well. You mentioned exposure and response prevention I think, very briefly, but I want to talk about what exactly that is and that it used to be the gold standard of treatment. But I want to talk about that further because I know that was the subject of your first book.

Dr Reid Wilson

Well, I think it still is the gold standard in terms of everybody does it. I do take a little left turn in some of that work, but exposure and response prevention means, in essence, I want to expose myself to the feared circumstance or object, and I want to withhold doing my compulsion. And that's a big ask, of course. So that's the work.

And I think exposure and response prevention has a bad rep because people, in very simple terms, go, oh I know what that means. I have to go towards a thing that I'm afraid of, and I'm not going to do that. There's a lot of people who don't even enter treatment because of that fear.

But we are trying to, in that system of exposure and then withholding the ritual or compulsion, is to help the brain learn that you can tolerate these feelings without having to do that behavior. And to do it over time and repetition and so forth is the strength of that.

So it's much more of a behavioral approach to OCD. I take more of a cognitive approach. And so I'm trying to carve out another way to be thinking about it. Because I focus on self-help so that's what I

really want to pay attention to. In part, I think the piece I'm trying to convey is the issue that we've been talking about, which is it's not about my theme.

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And the issue with exposure and response prevention is that I have to keep thinking about and imagining my theme over and over again until I get used to it. And I think there is a way to go up one level of abstraction to say, wait a minute, as we were saying before, my theme is irrelevant here. It's scaring me, but it's irrelevant. What I need to be working on is a generic uncertainty, not specific uncertainty.

The disorder delivers specific. I need to recognize that. And then I need to go up one level of abstraction saying, no, it's not about that. It's about, I am so scared. I don't know really what's going to happen. And I need to sit with those kinds of feelings.

So it's very similar to exposure and response prevention, but it's not drilling down in the theme over and over again without a conceptualization of, wait, the theme is not even important.

Meagen Gibson

I love that because it also takes some of the personalization away from it, so it's not about that particular thing.

So if I understand you correctly, it's like if somebody was afraid of flying, you would take that up a level of abstraction and just say it's about your feeling of safety and danger instead. And we're going to work on that and what your behaviors are that you're trying to do in order to avoid that or the feelings that come up in your body when you think about the thing, we don't even have to name it.

It's being able to sit in the discomfort of that and tolerate it and build up the knowledge that you would survive that exposure if it were to happen, yes?

Dr Reid Wilson

Almost.

Meagen Gibson

That's why I was like, correct me.

Dr Reid Wilson

That last clause which was that you understand if that were to happen, you would survive it, that's bringing us back to the theme again, and it's not about the theme.

So it's not, maybe I locked the door, maybe I didn't. I can tolerate uncertainty, because that's again, about the theme of locking the door. So if I'm working on my compulsion to check the door before I go off to work in the morning, and I'm checking it 15 to 20 times until I can finally go, okay, I think I'm okay and drive off. If I'm going to work on it, I want to go, this is not about the door being locked, but I'm going to approach that theme.

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You still have to approach the theme. So I'm going to lock my door. So this morning as I leave, I'm going to check 5 times instead of 20 times. Well, 5 times is still excessive, but it's a lot better than 20. So now I'm check number 5 on the handle, and I've jiggled it and heard the sounds, all that stuff. Now I'm going to step away because that's my rule. I said 5 checks and I'm gone. Now I'm going to step down the sidewalk and move on to my car.

And what I try to convey at that time is, I'm going to operate as though there's nothing to see here. So I'm going to walk down the sidewalk as though no problem with the door. I have no idea if the door is locked. I don't know. But I'm going to walk down the sidewalk into my car and drive off to work. Now what's going to happen is I'm going to be really uncomfortable. I'm going to be scared. All day at work I'm going to be somewhat distracted about, but what if somebody comes in and steals all your, whatever it is? But as those thoughts come up, my job is to dismiss them.

And so that's the work. It's like, okay, that content is irrelevant, but it's going to intrude in my mind. That's the disorder. And that's what I'm going to work on. All day long it's going to intrude, pop up, intrude, pop up, and I'm not going there, not going there. Dismiss it. None of my business, not paying attention to that. Back to my work or whatever. And do that over and over again.

And then I begin to learn that, oh, okay, well, now it's kind of fading. Not everyone catches on in a day or so, but still, some people, the light bulb just goes on. They go, oh, that's how it's been controlling me. So if we can get that light bulb to go on, it really becomes an attitude shift.

So the disorder wants this. I'm going to do the opposite of that. It wants me to go back and check to be certain. I'm not going to go back and I'm going to sit with uncertainty.

Now here's the flip, which is, I want to sit with uncertainty. Well, now, again, big ask, but if I comprehend that my job is to sit with uncertainty, if I should sit with uncertainty, if I can pull up the idea of, well, that's what I want, then all of a sudden my motivation changes a little bit. It's personal. Now it is personal. This is what I want to do.

Why do I want to do this? Because I need to do it to get better in my outcome picture. I want to be able to play with my kids and be with my husband or be with my partner and not have a third of my mind somewhere else. I want to be present. I want to go back to work. I want to finish my schooling, whatever it is. To have an outcome picture that's strong enough that it pulls me through the distress I'm going to have to experience to get stronger.

Meagen Gibson

I love that you just keep naming, it's a lot to ask, because I'm sure it is, especially at the beginning.

And is this process, as you describe it, how people are learning the difference between what you named earlier, which is the worry versus the signal? I think is how you said it, or the signal versus the noise. That was what it was. Signal versus noise. And is this process how people are going to discern the difference between a signal and the noise?

[00:23:26] Dr Reid Wilson

Well, no. Part of what I say is, this is persuasive therapy. My job is to change their minds because they have a mindset. And so really what comes first is I'm going to operate as though this is true. And then what you said was, then I'm going to find out over time.

Because if I do this enough, the other thing around obsessions and compulsions is they are impulsive. My obsession comes up and I instantly go over to do my compulsion. My hands feel contaminated, I'm going to go wash, whatever it is. So there's no space in there.

One of the things I work on with people is what we would call postponing. Okay, so we're going to throw the symptom cluster a bone. So yes, I can wash my hands, but I'm going to wait 15 minutes before I do it.

And so now we've got this postponing coming, but I'm guaranteeing myself that in 15 minutes, I'm going to let myself wash my hands. What can I do within those 15 minutes? What I want to then do in those 15 minutes is allow myself to have the uncertainty show up and let it go. Treat it as noise for 15 minutes, knowing I get to treat it as a signal when that time is up.

So it's not like, oh, another 4 minutes. I've got, oh gosh, 3 more minutes okay, I hate this. 2 more minutes, oh, thank God. Not that, but create that space for myself so for a temporary period of time I'm doing what we're talking about, which is sitting with uncertainty, because I don't have to worry about that. It's going to get handled in 15 minutes.

Now if I do that enough, because it's so impulsive, if I put a wedge of time in there, sometimes when I come back to it, it's gone. My obsession has just moved on with something else. And now we've done exposure and response prevention without the struggle.

That's what I'm trying to look at with people. Let's find some small ways to begin to get stronger about this stuff. You don't have to, Rome wasn't built in a day, and we don't have to dismantle this whole project. That's why with my course is talking about the moment by moments game, which is, I just need to be present right now. What's happening to me right now, and how do I need to respond to what's happening to me right now?

The other trick that OCD does is it wants to move me into the future. I want to think about it, an hour from now I want to think about tomorrow. Because the future, every step forward, is always into darkness. We don't know where the future is for any of us, and that's uncertainty. And so it puts us into the future of uncertainty. And now it's got control of us.

So if we can come back and go, I am not dealing with them tomorrow. No, I'm doing it right now. And how do I want to respond to what's taking place right now?

Meagen Gibson

And so much of what you said is future oriented. And in the obsessions and compulsions, really what we're trying to do is exert control over an uncertain future, in a lot of respects, with a lot of these. I can't say all of them, obviously, but if it's about cleanliness or locking the door, it's about preventing an uncertain future and a loss of control, which just about anybody can relate to, occasionally having that kind of a concern or worry.

[00:27:31] Dr Reid Wilson

I'll go back just a minute around the fear flying example that you gave. Which is, if I've got a client that comes in and is talking to me about, I hate to fly, the plane is closed in. I don't like to leave my family from a distance and so forth, but when it gets down to it, it just feels like I have a loss of control.

Now if they say that, I've got them. Because this is what it is, it's a sense of loss of control around flying, which is, I can't get off whenever I want, I can't fly the plane, and if I have a panic attack, I can't escape easily. And there it is.

And so it's the same kind of thing that we're looking for in OCD. It's like what is it and how do I treat it? It sounds psychoeducational. Let's just orient people. But what I want to do is embed it, because we do not have enough therapists in the world to handle the mental health crisis that's going on in the world by seeing people one at a time.

Meagen Gibson

It's not scalable enough.

Dr Reid Wilson

And treating things, every time something new comes up, you have to come back into treatment with me. That's a terrible design, and that's part of what I'm trying to figure out. How do we deliver more mental health information and knowledge and self-help treatment in a better delivery system?

So, the Super Conference is exactly like that. It's like all these folks you get to learn from. These experts who have been studying this all their lives and are going to, in 45 minutes chunks, hand stuff to you that you can walk away with.

So that's what I think a lot of us are trying to accomplish. This is called step care when we think about it in this way, which is that the bottom rung of those steps in both physical health and mental health is a simple delivery system that is not complex and doesn't cost that much money. And a certain number of people with that condition or disorder are going to learn what they need to learn and don't have to continue to be in the medical field.

However, if those who are still left then take that framework up the next notch to group treatment or self-help groups, then if necessary, up to the next notch of individual treatments and medication and treatment and on up the ladder. But let's build from the bottom up.

And too often, young therapists doing this work around OCD, are very manual approach, technique approach. If you follow my instructions, then after 12 weeks, you're going to start feeling stronger. And that's not giving the skills to the client. That's, follow my rules.

And what I think we need to be doing is helping people assimilate this work so that if I'm stronger now, but 3 years from now, with all likelihood, OCD is going to slide in there again and start messing with me, I need to have a way to brush off my skills and come back at it. It's going to knock me down initially because I've been strong, I've been well, I don't have to think about the skills. And so all of a sudden I'm surprised and shocked and disappointed, discouraged, and then go, okay, wait a minute, I know what to do. Here are these principles. I'm going to go back to work.

[00:31:39] Meagen Gibson

Absolutely. Because life will continue to surprise us with things out of our control, whether they be pandemics or changing job or outside stressors that we just can't predict.

And that's when, you're absolutely right, there's a lot of self shame and a lot of judgment around healing and being well and as if it's a linear path. And I don't know anybody that's been on the path that's experienced that. It's very much, we do a little work, we get a little challenge, we do some more work, we get a little challenged.

Dr Reid Wilson

Get out of the ditch, try to keep between the ditches and keep moving forward.

Meagen Gibson

Exactly. And I definitely want to talk about the 6-Moment Game in a second, but I wanted to touch just on, and I know a lot of your work is cognitive focused, but I also just want to take a minute to talk about the physiology of anxiety disorders and OCD and mental health issues.

Because in that, as you said a little earlier, that 15 minutes window, I've had a thought, I'm going to wait 15 minutes, a lot of physiological stuff is going to happen in your body, not just in your thoughts during that time.

You're going to experience the, I don't want to necessarily name it as suffering, but the discomfort in that 15 minutes, even if you can clear your thoughts out and dismiss it like, I'm going to focus back on what I'm having. If you could talk just about the physiology of this 15 minutes for a minute.

Dr Reid Wilson

The physiology really starts with the neurology. Simply put, we have our prefrontal cortex, which is us talking to ourselves, and then we go back in that midbrain, which we all know that little organ called the amygdala. And the amygdala is really our panic button. So all the anxiety disorders that you're talking about in the conference and OCD, that amygdala fires off when it senses that there is a danger or threat.

And so what has happened with OCD is that we've had enough experiences where we go, oh my gosh, this is dangerous. And the amygdala is, again, because it is in the midbrain, is a very simple structure, and it only hears the message, 'prepare for danger'.

So anytime, if you've got contamination fears, even if you're passing through the kitchen to get to the back room, you may have arousal at that moment because your unconscious goes, oh, you're in the domain where there is danger. And your amygdala goes, I'll protect you now. So it rises up to do its job. And then you go, why am I anxious right now? And then you make some meaning around that. Oh, yeah, because germs.

So the neurology sets off the physiology, which is, okay, what's it take to be prepared? Well, my heart needs to beat faster and push more blood through the bloodstream. I need to get the muscles in the body nourished with oxygen so they can run quickly. And all of that fight or flight or freeze response is controlled by neurology.

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And that's why, really, the treatment of OCD is a neurological treatment. We just want to be thinking about, what do I need to be doing? And thinking and feeling consciously to train the amygdala to quiet down in this circumstance. And that's where that repetition comes. But I need to have a position from my prefrontal cortex that says this is not dangerous.

And that's why I'm saying, the whole thing we said at the beginning, if we don't distinguish signals versus noise and are therefore able to say, this is not dangerous, of course, I've already communicated a few seconds ago, milliseconds ago, danger because that happens unconsciously. And then I'm trying to undo what's just been done in the moment.

Meagen Gibson

I'm so glad that you named it, because that says exactly what I was thinking, which is basically taking an unconscious process and making it conscious. And the neuroplasticity of our brains can learn a different way of associating meaning with our thoughts and the behaviors associated with the meaning of the thoughts.

So although we can give ourselves the benefit of the doubt and say, yes, a lot of this stuff has been happening unconsciously, my rational brain has gone offline, my amygdala is a fear response, I can teach my brain that it is safe. I can, through my actions and through my mindfulness and allowing myself that time between response and action, I can teach my brain that this is safe, that this is not a dangerous situation. And eventually my amygdala will...

Dr Reid Wilson

Add a level of principle. Exactly what you said was, I need to comprehend it at that level, and then that will direct my actions more than... The instruction from somebody else is, if that's what I'm trying to accomplish, how can I accomplish it today? What can I do this morning? So, very well spoken.

Meagen Gibson

Thank you. So I want to get into the nitty gritty for anybody that needs it. So I would love it if you could explain your 6-Moment Game and then give people some strategies and tactics that they can use today if they've been experiencing OCD.

Dr Reid Wilson

Well, so let's back up to the very beginning, which is, I want to personify the disorder and externalize it. It's outside of me, and it is trying to control me and run me.

And I talk about it as a game, as a mental game, and people go, a game? You don't understand what I'm going through. Granted I've been doing this for 30 years, so I do know what you're going through. But all we're trying to do is create a framework consciously so that we know what to do in that circumstance.

So we've got this challenger that's coming in, what we've talked about already is treating it as noise. It says it's a signal, we want to treat it as noise. That's an incredibly effective and important place to start if the OCD is trying to control me by having me do this, I want to do the opposite. We mentioned that a little bit before.

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And then the whole piece of this paradoxical stance, which is, I want what I don't want. I am scared. I don't want that feeling anymore. I don't want to go toward that circumstance that's going to provoke me. I don't want to do that.

So there's always going to be resistance about this work, and that's fine. You and I have resistance about all kinds of things. If we were on the West Coast and having to film something at this hour, it would require us to get up at 4am and get ready, but I do want to, but I do want to accomplish it.

So wanting what you don't want is paradoxical, which is, I have to go toward what I don't like in order to get stronger. If I have to do it, then I want to do it.

So my job is to, again, here's this flipping it around. My job is to seek out opportunities. That's a totally different way of framing up what I'm trying to do. They're like, oh God, my therapist is telling me, I've got therapy tomorrow and I promised her I'd go out on the highway and I'd drive for 15. Okay, I better go do that. There it is, all but begrudgingly. There's no ownership there.

So we do want to adopt that, look for those opportunities to happen. Opportunities for what? To seek out distressing uncertainty. And so the whole idea of attitude is the most important skill of all. It's going to shift that.

And then we want to be talking to ourselves. We do it all day anyway. So we want to be talking to ourselves in a way that supports our work.

So the 6-Moment Game goes like this, the first 3 moments are totally out of our control. I mentioned an example of walking to the kitchen. So the first moment, not everybody has that, which is you just get into a circumstance that is a reasonable facsimile of where you've been afraid. Just like anybody with fear of heights or whatever, all of a sudden your unconscious starts to go, that's dangerous.

Moment 2 is really the obsession popping up. Oh, what is that? I need to settle that. And moment 3 is, oh my God, what am I going to do? How am I going to do this? And then now we're racing those thoughts.

And what I try to convey to people is those three moments are out of your control. You can't do anything about them. What is moment 4? Moment 4 is to step back and go, oh, I'm doing it. Oh, there's my obsession. Just stepping back, and as they would say, name it, to tame it. So stepping back for a moment to go, okay, I'm obsessing. That's moment 4.

Now if you can't go any further than that moment 4, but you can label and go, oh, I'm obsessing, you just won that moment. You just won that moment. So that's what we're looking for. I won that moment.

The next moment, moment 5 is really depth and it comes with self-talk, which is okay, none of my business, I'm ignoring that. Oh, there's my obsession. You see, I can't say this without turning my head away and pushing my hand because that's what I'm doing. Not going there.

And then moment 6 is, I'm going to engage in some other activity. And it doesn't matter what I do next. So to go, I'm not going there, moment 5, you won that moment. Now, 8 seconds later, it may come back up and disturb you again, it doesn't matter. Brand new event.

[00:43:06]

Moment 6, I'm going to turn my attention back to whatever I was working on, back to whatever I was reading, back to whatever show I was watching. I don't care if you look down the sidewalk at a colony of ants crawling across the sidewalk and try to find an ant that's carrying something that looks like twice its weight. It doesn't matter. I'm going to invest my attention over here.

Now some people say, well, that's just a distraction. Why? That's not treating OCD. That's not letting you treat. No, I am getting rid of the topic when there is a question on the table. How am I going to handle this? What happened? Do I know? And I'm going, I'm not paying attention to it. I'm turning away without answering the question. Now I'm in uncertainty. And now I'm sitting with what we need to do. That's moment 6.

And you do that for 8 seconds. It doesn't matter how long it takes. You've won that moment. Of course, we want it to extend as long as possible. And that's the process over and over again. I have a lot of things around postponing and so forth. There's a lot of little tactics to help you do that, but that's the goal.

Meagen Gibson

Absolutely. And I can see in building those moments and the repetition of the occurrence of those moments over time, like at first it's going to feel impossible and agonizing. I don't want to project what people might feel, but I can imagine it would feel impossible and agonizing and unfamiliar. But then as you build those moments time and time and time again and your brain learns a different way to be with that stimulus and response, you're building your way into a different pattern of behavior.

Dr Reid Wilson

Through chewable bites. You're just doing enough that you can digest and then metabolize, and then you can start going, oh, remember how it went like that? Well, let's see if I can do it again here.

So then you start getting, what I would say is, experience is the greatest teacher. So I can talk till I'm blue in the face. You and I can talk about this all day long. But unless people go into action around it, we failed.

Meagen Gibson

And I bet that there's a huge momentum build as well, because I think most people grossly underestimate the amount of energy required, either avoiding discomfort or managing this type of pattern behavior. It's an enormous amount of energy.

Dr Reid Wilson

And that's why if they are not stuck with shame, for them to go, I need some help, because my life... They've got to know there's some choices out there, because otherwise it's, as my mother would say, my cross to bear.

And so I need to have a drive to get that outcome picture of going back to school, whatever it is. And then I have to also have a path toward that that I am willing to trust. And so we can get both of those things, that motivation and then the courage to do this process that makes logical sense to me, but

I'm not sure I can do it. That's where you want to get to. In terms of, well, yeah, okay. I get it and I can see how some people get better. I don't know that I can do it. That's where we want you to get to.

[00:46:54]

And then again, as a cognitive therapist, we do behavioral experiments. Not like, just do this over and over again and you'll get better, but, why don't we try out in the next 7 days, and just see what you notice, and then we'll talk about it. Or send me an email and I'll let you know what I think, too.

Meagen Gibson

It starts as the recommended path, and then once that momentum builds, you start to get ownership of it.

I'm reminded of all of the different times I've started running. There's a program here that's pretty popular here in the States called, Couch to 5k, and it literally starts like you run 100 yards and then you rest and then you run 100 yards and you rest. It's those tiny, tiny incremental builds. And then a few weeks into it, I'm like, oh, I actually want to go on a run now. And this isn't agonizing, and this is familiar, and it's not as difficult. And I'm not in so much misery. I'm not waiting for it to end all the time. So those behaviors.

Dr Reid Wilson

Very good analogy.

Meagen Gibson

Thank you. I'm not running right now, so probably I should start running again.

Anyway, I commend you...

Dr Reid Wilson

My rule used to be that I never stopped in the first quarter mile.

Meagen Gibson

Oh, see, I would always give myself a mile. I was like I had to give myself 10 minutes.

Dr Reid Wilson

Well, it's the same kind of thing. After I've been running for a little bit, I started to be okay, but all that resistance is about activation. That's part of what you and I are talking about, too. We want to help people activate. So getting off the couch into action is exactly what we're looking for, and then it will have a momentum of its own.

Meagen Gibson

100%. You've got to commit. And regardless of what that line is, which I think is exactly what you're saying, you're talking about moments, like for yourself to determine what it is. Is it 10ft? Is it a mile? Your rule.

[00:48:50]

And then that line can keep moving forward as your momentum builds. Okay, so I promised myself I'm going to walk. I have a neighbor who's 97 and she fell a few months ago and had to go through rehab. And every single day we would go down and we would take a walk with her and she was like, today I want to walk one house and tomorrow I want to walk two houses. We're building momentum, and now she walks 2 miles a day.

So we just have to be kind to ourselves and build that momentum. And I commend you for designing something that's so accessible and that can get people, because there's such a wide space between symptom development and then where their life and their work is impacted in such a negative way, to change the way that they can be in the world and show up in the world and be themselves and the impact on their family.

And so I think tools like yours that are super accessible, really help people not get to that point and recognize what's going on and educate them. So good work.

Dr Reid Wilson

Well, thank you.

Meagen Gibson

Dr Wilson, how can people find out more about you and your books and your YouTube series?

Dr Reid Wilson

I would just say they should go to anxieties.com. That's plural. So anxietis.com and it's a free site, as you mentioned, and they'll find, I've got a bunch of video clips of me both working with people and giving talks and so forth. Short, little 4, 5, 6 minute pieces where, again, chewable bites.

So just go to anxieties.com and it'll all unfold for you there.

Meagen Gibson

All right. Fantastic. Thanks so much for being with us today.

Dr Reid Wilson

Thanks, Meagen.