Conscious Life presents
TRAUMA
SUPER CONFERENCE

Understanding obsessive compulsive disorder

Guest: Dr Terence Ching

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[00:00:10] Meagen Gibson

Welcome to this interview, I'm Meagen Gibson, co-host of the Trauma Super Conference. Today I'm speaking with Dr Terence Ching, a postdoctoral associate at the Yale OCD Research Clinic.

Terence received his PhD in clinical psychology from the University of Connecticut. His research and clinical interests are at the intersections of fear based disorders, cultural diversity, and psychedelic-assisted psychotherapy. Terence is currently assisting in a randomized clinical trial of psilocybin therapy for OCD, and he's also received training at MDMA-Assisted Psychotherapy for PTSD. Thank you for joining me today, Terence.

Dr Terence Ching

Very happy to be here. Thank you for inviting me.

Meagen Gibson

I would love it if you could start by explaining what OCD is, because I think there's a lot of misunderstanding in popular culture. As well as how it's related to trauma and trauma experiences.

Dr Terence Ching

So, OCD in the United States, a lot of folks in the healthcare field, by default, refer to the diagnostic criteria in the DSM-5, which is the fifth edition of the *Diagnostic and Statistical Manual for Mental Disorders*, to arrive at a diagnosis of OCD.

Put simply, OCD is obsessive compulsive disorder, and it can be defined by symptoms, basically described in its name. So there are obsessions which are unwanted, repeated, intrusive thoughts of all kinds that tack onto a core fear. So, for example, the most, I guess, common or not common, well stereotypically assumed obsessive fear is one of contamination or being contaminated.

Meagen Gibson

And when you say here, are you talking about the United States?

Dr Terence Ching

In the United States, yeah, contextually speaking.

[00:02:20]

And when something in your environment triggers that fear, or it may be untriggered but you just happen to have that intrusive thought pop into your head, you might feel compelled to perform certain behaviors that are either just physical, like behavioral, or in your mind or mental. So mental compulsions or physical compulsions. Physical compulsions include hand washing, checking, seeking reassurance, they run the entire gamut of possible behaviors you could engage in to alleviate some of that distress that is brought on by that intrusive thought.

So there is a functional relationship here when an intrusive thought pops into your head and it bothers you for some time, you feel compelled to do something to get rid of that thought, or to get rid of the distress that comes with that thought.

Meagen Gibson

So it's an action oriented coping mechanism for the intrusive thought. Would that be fair to say?

Dr Terence Ching

Yeah, I think the outwork behaviors are more noticeable, both to the person with OCD as well as to the people around them. And I would say that sometimes people can misdiagnose OCD if they fail to detect some of the mental compulsions that go on in people's heads. So, like mentally reviewing things that happened to make sure that you didn't cause harm or that you didn't come in contact with something that was dirty, etc.

Meagen Gibson

Because that part of the process is not something anybody in your life or outside of your own mind could discern or knows what's happening in the background, they're only going to see that outward behavior.

Dr Terence Ching

There's a lot of fear and anxiety and the secondary emotions of shame and guilt that come with having some of these thoughts or performing some of these behaviors, to the extent that a typical experience of OCD might be that you would not feel safe or protected or unjust enough to disclose some of your symptoms to others. So it becomes a very secretive disorder.

Meagen Gibson

A feedback loop of, I'm not only having these intrusive thoughts, it's compelling me to take action and do behaviors in order to cope with the thoughts. And then I'm feeling really ashamed and more isolated because I've got to hide all of that from my loved ones or from people I work with or whatever the scenario might be, so that I don't feel further shame about something that I already feel out of control about.

Dr Terence Ching

Yeah. A pretty common sentiment is that I did not realize that I'm not the only one with this. I go to an annual conference hosted by the International OCD Foundation, and they move around every year, coast to coast, sometimes in the middle of the country, and we run support groups for families of

people who have OCD. And oftentimes it's quite nice to see their face brighten up and just realize that there are other people in the room who share something in common with them, that they're not so alone after all, having these really horrifying or distressing thoughts.

[00:06:29] Meagen Gibson

Absolutely. I can imagine that you're experiencing something that causes you so much isolation. And with a lot of the things that we talk about at the Trauma Conference, it always occurs to me that there's not really a colored ribbon for mental health disorders. Nobody's running races. We're doing a lot to... And stigma, there's a ton of effort to educate people and to normalize the fact that a lot of people suffer with these kinds of things, but at the same time, it's just not something that people rally behind in the same way that we do other things.

Dr Terence Ching

I would say that the International OCD Foundation is pretty good about putting on, they have this OCD walk where families and people with OCD and providers join. It's a feeling of solidarity every time we have a conference or we have a walk. But oftentimes it's like a pretty singular event, like Mental Health Awareness gets a month of the year, when really it's impacting your everyday life. It's a start to have a month dedicated to mental health awareness and also a month dedicated to mental health among folks from marginalized or under privileged backgrounds. There's definitely more to be done to, like you said, erase stigma about having a particular mental illness.

Meagen Gibson

Absolutely.

So I definitely want to talk a little bit more about your specific work and how this impacts what you do for work. How did you get interested in OCD treatment and specifically, even psilocybin therapy for OCD?

Dr Terence Ching

So OCD was a very fascinating condition to me. Fascinating in the sense that you can have 20 folks with OCD in the room, and they may each have a unique presentation of unwanted thought content, even though the underlying functional relationship is similar across all different types of content, thoughts or unwanted or compounded behaviors. But it's the diversity of the OCD that really strikes me. And it's the fact that OCD really attacks the things that are of the most personal significance, like the things that you hold closest to your heart, the things that are really important to you.

So, for example, if you are high on morality, like you believe it's absolutely important to do the right thing, the morally right thing in life, the OCD would likely attack that if it's really important for you to. If you prioritize your safety and the safety of others around you, you really want people to feel safe, the OCD will attack that as well. This is a colorful way to describe it, but it feels very despicable how OCD can be sometimes.

And it's really motivating for me, on the other hand as a researcher and a clinician, to want to find ways to innovate the ways in which we approach the condition, the ways in which we bring about some relief for people with OCD.

[00:10:41]

So throughout my background in clinical psychology I've been consistently interested in OCD. I've trained with some of the experts in the country who treat OCD and it always brought me to a point where, what else can we do? What are some new ways to look at this? What are some new ways to bring about healing for people with OCD?

I think this is a multifaceted response, too, because I identify as a cisgender gay male of Singaporean Chinese descent. So I'm an intersectional being, I have many parts of myself that don't really fit with mainstream American society. So growing up, especially growing up in Singapore, where I come from having these marginalized identities means that I needed to find a way to... Like what seemed almost inevitable for me to have to buck the trend to go against the grain to do something different, new, unique or different. I think it was that motivation within me to really want to do something different for people with OCD. So it really drew me towards the idea of psychedelic therapy for hard to treat conditions.

So when I put it all together, when I was completing my PhD program I was looking for a postdoc experience that offered exactly that. Something that intersected my desire to do something unique and different and something that is close to my heart, which is OCD. I put it all together. And then it was such a coincidence that folks at Yale had a study running offering psilocybin, or examining psilocybin therapy for OCD. I reached out to them, they said they had an opening and we just made it work. I'm just feeling super lucky and privileged to be doing this work. Because I understand that, especially for the psychedelic renaissance, there are a lot of interested young, up and coming researchers and individuals, and to be in my position is unique because it's a lot of privilege to be in my position, to be able to continue this stream of psychedelic research when a lot of doors are closed to researchers who want to do this work. So I just wanted to say that.

Meagen Gibson

I love that you acknowledge it. You're like, this is something I wanted to do, and I worked hard for it. Let's acknowledge that you've done a lot of work to deserve this opportunity as well, but that you do have some privilege there.

And I want to get into the nitty gritty of the applications of psilocybin in OCD treatment, but you said a couple of things that I want to go back to because they were the most fascinating things I've ever heard about OCD. So I'm like, we got to back up. So when you said that OCD attacks the things of most significance to people, it took everything in my power not to interrupt you. I was like, oh my God, that's fascinating. And you gave examples of morality and right and wrong, and then safety. But if you could walk me through just a little bit further, what does that actually manifest? Do the behaviors also tie in to the thing that's most meaningful? Is there a correlation there, or is it unique to each individual?

Dr Terence Ching

So we often see a lot of what we call trends, diagnostic constructs. So these are parts of yourself that transcend the particular diagnosis that you have. It may be more elevated in OCD, compared to depression, for example. But the idea of morality, like people who endorse a strong belief in being moral or being right and avoiding making mistakes or being wrong. And if they have OCD, it makes a lot of sense. If that's what you're really concerned about and that's at the forefront of your mind when you approach life every day, the OCD is going to want to attack that because it makes it easy for the OCD to attack.

[00:15:53]

So it might show up as this obsessive fear of making mistakes at work, of offending other people, of committing some heinous moral crime, like sexually assaulting someone or sexually harming a minor.

Meagen Gibson

Extreme violence or something like that.

Dr Terence Ching

Yeah, doing something blasphemous in Church, something like that, making a lot of these grievous moral mistakes.

And the accompanying compulsions can look like, trying to rid yourself of the thought or replacing the thought with something good, reassuring yourself that that's just a thought, seeking reassurance from others, like, I'm not a bad person right? Tell me I would never do that. I would never curse in Church or something like that. Or outwardly avoiding some places altogether. Like avoiding being around children, being around people that you're afraid you might do something bad towards. So it becomes a very limited life and people suffer a lot because of these limitations that the OCD puts on them.

So oftentimes when we approach OCD in treatment we like to identify it as the OCD as opposed to you, because there is a subtle difference between what you hold, and what you cherish as important in life. And is it really the OCD or am I a bad person? So having some differentiation from the OCD allows you to recognize that, oh, this is an OCD behavior, this is an OCD thought. And what happens when we have an OCD thought or feel the urge to do an OCD behavior, we refrain from that. So we don't want to feed the OCD because it becomes otherwise like a vicious cycle.

Meagen Gibson

So you mentioned Church or something, if I'm afraid I'm going to do something morally objectionable at Church then I'm going to avoid going to Church. Because I think I can stop the thought pattern about that particular place if I avoid that place in those interactions where that might have negative consequences on my life.

What's occurring to me as well, while you're talking, is just how smart our brains are in how they're going to devise a way to grab us by the shoulders and make us pay attention to something. And that OCD feels to me like, I've studied parts work and internal family systems therapy, and how they're just parts of ourselves that are going to demand attention when there's a fire that needs to be put out in our brain. So obviously, I'm not a clinical psychologist or doctor.

So put it together for me why our brains do this, what you know at least about why our brains are trying to get out of the situation. What's the endgame? What's our brain trying to do here?

Dr Terence Ching

I think there's a lot that I don't know about the neurobiology of OCD, but what I do know is that there is robust evidence from just neuroimaging studies that show that the brain of someone with OCD does fire differently than the brain of someone without OCD.

[00:19:45]

So at some levels, the sematology of OCD shows up at the brain level. It also shows up at the thought level, at the behavioral level, and they all are just different levels of the same phenomenon, which means that when you see something functioning differently in the brain, you find that certain medications work for OCD, certain antidepressants work better for OCD than other classes of medication. You find that when you introduce psychotherapy, or in this case, the go to standard is exposure and response prevention, it's a form of cognitive behavioral therapy for OCD. And over time, when you begin retraining your brain in that way, according to the principles of exposure and response prevention, the brain begins to function differently. So you're re-establishing new connections and letting some of the older, problematic connections in your brain, or overactive connections in your brain, lay more dormant.

Which brings us to the idea of psilocybin for OCD.

Meagen Gibson

Thank you. I was just going to say.

Dr Terence Ching

There's a lot of studies showing that psilocybin impacts what we call the default mode network in the brain, which is a theoretical idea that there are certain connections that are problematic in your brain. And it's because you have a really strong connection between different regions of your brain that can explain why you perform a certain behavior. When you feel the compulsive urge to wash your hands, you go ahead and do that, that may be that particular circuit in your brain firing and being overactive. And the psilocybin at the brain level disrupts that really habitual connection. It sends it into an entropic state, like a state of chaos, basically.

And after the dosing experience with psilocybin, the brain begins to rewire itself. And the theory is it's in a more malleable state for rewiring, according to more adaptive principles of living. That's when you introduce some intervention to bolster some of these more adaptive connections. So when I see something dirty, I don't wash, that becomes a new connection after psilocybin dosing.

So at the brain level and at the thought level and the behavioral level, it's all interconnected, and psilocybin is a way to introduce some good chaos in the brain in that sense, so that it can then begin to rewire itself in a more adaptive way afterwards.

Meagen Gibson

Fantastic. I love the way you said that. So essentially, we're disrupting the brain patterns in a way that will then affect the thought patterns and the behavior patterns. It flows down from there. Like let's interrupt the way that the synapses are firing in the brain and the connections that it's making between all of these things, so that the thoughts are different and the behaviors are different.

Dr Terence Ching

Or that you have more space around some of your usual obsessive thoughts. One of the many different themes we're gathering from the experiences of people who have gone through the psilocybin trial for OCD, is that they sometimes describe it as the OCD bit turns off in that they're not

getting hit by all of these different obsessive thoughts. Or when they occur, they're able to see it for what it is, oh, that's the OCD.

[00:23:54] Meagen Gibson

Just a thought passing.

Dr Terence Ching

I don't really need to follow up on that. And I say to myself like, oh, I don't need to wash my hands or I don't need to check, and I'm able to not check or wash my hands. Before the psilocybin they would find it really hard to resist that urge, or it's so automatized that they just instinctively wash their hands whenever they feel the urge to wash their hands. So there is a stark difference in the experience of OCD symptoms before and after psilocybin.

Meagen Gibson

And I imagine that's going to feel like such a relief to have that interruption and to be able to feel that interruption, and I keep coming back to the word relief of like, even if it doesn't last. And you tell me, is that feeling, that interruption just during the term when they're experiencing the psilocybin or does it last after that experience and that exposure?

Dr Terence Ching

I think we don't have enough data to know just yet, but from what we do have so far, it seems that there is a range of experiences. People describe a persisting relief from OCD, like I'm not having any of these thoughts every day. It just got a little bit better until I realized that I don't have any obsessive thoughts or I don't feel the obsessive urge anymore. I don't need to do it anymore. Essentially, they feel a little bit, very much cured of OCD, at least at the time points at which we assess them at.

And others might have no response to the psilocybin. And so there are a variety of experiences. And then that may be accounted for by other factors, such as a chronic history of antidepressant use which impacts the serotonin system, which is the same system, neurotransmitter system in your brain that the psilocybin affects as well.

Meagen Gibson

So somebody with a long history of antidepressant use as treatment for OCD, or anything else for that matter, might have a different experience from the psilocybin, and might have less or more impact than somebody who hasn't had any antidepressant history.

Dr Terence Ching

It may be possible that there's a dulling of the response with psilocybin because of chronic history of antidepressant use. We don't know for sure yet. There are some studies emerging with other psychedelics as well. With chronic antidepressants use and MDMA, for example, that it impacts or moderates the effects of MDMA on PTSD symptoms, for example. So we don't know what it's like for OCD yet, but we have some formative theories about response rate with or without antidepressant histories. There's a variety of responses so far, and it's all very intriguing.

[00:27:29] Meagen Gibson

What is the status of your research? How long has it been going on? How long do you expect it to go on? What's the future that you see for psilocybin treatment of OCD?

Dr Terence Ching

The principal investigator is Benjamin Kelmendi, he is a medical doctor, research doctor at the OCD Research Clinic. And his work is funded by private organizations and donors, and my position is also funded by these private donors. I believe the idea is to follow through and complete the ongoing randomized control trial is still set for OCD right now.

And we are in the midst of developing the study design for another randomized control trial of psilocybin for OCD. This time it may follow some of the same design, we may think about a different design to it, such as adding a second dose to this new study. We're just still playing around with design ideas because it's such a novel territory for us. OCD is a pretty novel indication for psilocybin, even though there is a prominent group out at the University of Arizona who conducted the first few open trials of psilocybin for OCD with pretty impressive results, it still remains a pretty under investigated indication, at least as it pertains to psilocybin.

So the future is exciting, and there seems to be many different possibilities. Personally, I think that additional doses may be required for folks with OCD. We do see that, because of the way in which the nature of the beast itself, OCD, there's a lot of need for controlling your experience of the world, that sometimes it can get in the way of really surrendering to the psychedelic experience that can otherwise be quite cathartic or quite therapeutic or healing. Or it can be a way of discovering other parts of yourself other than the OCD.

Meagen Gibson

Yeah, I can see needing one experience purely just to establish in yourself a baseline of safety of, this is a safe experience, I'm being held responsibly in a medical container in which I can release and let go and explore. I would need that, one, and then a follow up to be like, okay, I'm ready now. I know what this might be like, now I'm ready to really release and have a full experience and really, fundamentally, my brain, my body understands I'm safe, I'm good, I can go into this.

Dr Terence Ching

Let me dive a little deeper the second time around. The first time was like, oh, there's a lot happening. It feels very chaotic.

Meagen Gibson

I can see how that would exacerbate all those control needs. I'm literally just projecting all over this conversation, but if it were me, I would spend the entire experience trying to control as much as I could. Because it's so new and completely different than anything I've ever had before, that I would be exerting a lot of control.

Dr Terence Ching

That's the same idea behind exposure response prevention, too. The first exposure always feels the hardest, typically, because it's such a novel experience. Are you telling me to touch something dirty

that I've spent the last 15 years avoiding? What? But the idea is the more that you do it, the more you get used to it, the more you develop some new connection to the stimulus itself, the more you give strength to the idea that, oh, it may not be so dangerous after all to touch something dirty. Nothing bad happened in the week after I touched it, I didn't catch HIV, I didn't come down with a serious illness, etc.

[00:32:09]

Those are the new insights. So maybe giving them a second round of that experience might be helpful to arrive better at those insights that may be emerging in the first experience.

Meagen Gibson

And I know with COVID, it doesn't necessarily, it hasn't always been OCD, but I have family members and friends that have experienced a lot of exacerbated mental health issues because of COVID and what it's brought up for them. Whether because they have comorbidities and previously existing conditions that put them at higher risk or just because they're fearful of a global pandemic. So yeah, it's very interesting to think about it.

Dr Terence Ching

Rightfully so with a pandemic.

Meagen Gibson

I mean, it seems like a rational reason to be a little bit afraid of the world. We finally actually have a rational reason.

Dr Terence Ching

There are sentiments like, now you finally understand what it's like to live with OCD. There's some semblance of that. It's not actually the same, but yeah.

Meagen Gibson

A peak into a sliver of that experience.

So, you might not have an answer for this, but when do you expect this kind of treatment to be available to the public for people who are experiencing OCD?

Dr Terence Ching

I'm not sure it's knowable at this time because it's still in those early phases of the drug development program. It also depends on the research groups, are they doing this to develop the drug into an approved medication? Or are they just doing it for the scientific merits of it and hoping to help some people, some lucky participants along the way?

So it's not knowable at this time, but things look good, especially with the MDMA program, it seems quite promising for PTSD, and that is a drug development program. So the goal for that is to push it towards being an approved medication.

[00:34:22] Meagen Gibson

And I do want to back up just a second because I realized that I haven't done my due diligence for anybody watching, if they're still at this point, and they don't understand, can you explain to me just briefly, what psilocybin is, and what MDMA is?

Dr Terence Ching

Psilocybin is a serotonergic compound. It is turned into a pro drug, too. So psilocybin is a naturally occurring component of what we term on the street as 'magic mushrooms'. So there are many different varieties of mushrooms that contain psilocybin, but the most commonly consumed ones are of the variety psilocybe cubensis, I believe.

When psilocybin is ingested it gets metabolized into psilocybin in your digestive system, which then gets taken up and then it acts on the serotonin system in a downstream manner, and it catalyzes a lot of perceptual changes if consumed at a moderate to high dose. And a lot of sub perceptual changes if consumed at a lower dose.

These perceptual changes can include, the most common ones are closed eye visualizations. So some people describe it as a kaleidoscopic array of images. It may just be something that you see in your peripheral, but then it gets transformed into this magical visual experience. Some people experience synesthesia, that's another really common experience, too. Like when you hear the music going or when you feel textures, it gets combined with other sensory modalities, such as seeing your visual images bounce along to the music, or something like that.

MDMA is the other actively researched psychedelic compound right now. It is the active ingredient of the street drug ecstasy, or what we hope to be the active ingredient in ecstasy. And it impacts a lot of different neurotransmitter and hormonal systems in your body. So it impacts dopamine, serotonin systems, norepinephrine systems. It also impacts the oxytocin system as well. So it is a very diverse acting psychedelic compound. And psychologically speaking or experientially speaking, it deepens the fear response to traumatic memories, but allows you to feel very connected within yourself as well as outside of yourself with other people in your environment.

Classification wise, it's classified as an entactogen, so to touch within, as opposed to touch without, so outside of yourself. So it elicits feelings of trust, closeness, intimacy and connectedness, which is why it was optioned as a viable psychedelic augmentation to therapy for PTSD, because there's a lot of problems with trust and connection, human connection in, unfortunately, people with PTSD because of the nature of the traumatic event that they experienced which led to the PTSD.

Meagen Gibson

Right. Well done. Thank you. I was like, we should probably explain what these two things are for people at home, and I'm certainly not going to explain it.

So, because the majority of people watching this are not going to be able to get psilocybin treatment for OCD, what do you know about the treatment of OCD? Conventionally speaking, what's available? And what would you tell either somebody that is experiencing OCD symptoms and behavioral obstructions in their life? Or has a loved one or a friend that's experiencing that, what would you say to them?

[00:38:55] Dr Terence Ching

My bias is always to recommend them to an OCD specialty clinic. Having said that, it is an experience that is accessible, probably more likely accessible if you come from a more privileged background and a higher socioeconomic status. It can be expensive.

Meagen Gibson

There can even be geographic privilege.

Dr Terence Ching

Geographic limitations. There aren't a lot, there's not an OCD specialty clinic around your corner of your neighborhood.

I think getting on medication is also recommended if that's an option that you think you want to pursue or have found some success with in the past, being on medication. The dosage of antidepressant medication for OCD tends to be higher, progressively, like when you reach the maximum dosage, it has to be higher than what you would see in depression, for example. I think that's a very robust difference there, but also somewhat stereotypical as well.

Meagen Gibson

And really interesting given what you said about the impact of psilocybin, that makes sense now, that totally tracks what you said.

Dr Terence Ching

The preferred psychotherapy approaches, exposure and response prevention. Exposure to the things that trigger your obsessive fears. And the second, very important, and arguably most important component is response prevention. Learning to hold back from the compulsive urges so as to allow yourself the chance to come to a different conclusion about that stimulus itself.

So you learn, oh, I don't need to seek reassurance. I don't need to avoid it. I can touch this, and nothing bad will happen. Hopefully throughout treatment with exposure and response prevention you gather more and more of these new evidence and these new adaptive connections to dampen some of your older OCD associations that a door knob is filthy, that you'll catch HIV from sitting in a public toilet, for example.

And with COVID the options for telehealth have expanded enormously.

Meagen Gibson

The one giant silver lining.

Dr Terence Ching

You can access professional specialty help from across the country, especially if you live in a more rural area of the country and you might not be able to travel to an in person appointment, if they offer that, even. There are now accommodations made with the professional licensed boards across the

country in terms of psychology or clinical psychology and other counseling or mental health professions to allow for people to access telehealth more freely.

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That said, for lower cost options, there are workbooks available. I would recommend going over to the Association for Behavioral and Cognitive Therapy's website to check out some of their recommendations for self-help workbooks for OCD.

As I mentioned, OCD is a condition that can sometimes, or oftentimes, be accompanied by a lot of shame and stigma. So we like to think of treatment as not just a single tier type of thing. It's multi tier, it's a step care approach. It can start from self-help, all the way to having some therapist guide you minimally through your own recovery to full on residential treatment for OCD, for example, if you can afford that.

Speaking of residential facilities, there are several residential facilities. The waitlist is long, but put yourself on the waitlist if you can afford that, and then seek out other help in the meantime.

Meagen Gibson

In the meantime, I'm sure that there's also a community aspect to this as well, trying to find people who are experiencing the same things that you are, to try to lessen your shame and the way that you're judging yourself around what you're experiencing as well.

Dr Terence Ching

Yeah. Interact with the International OCD Foundation's website. They offer, sometimes weekly, sometimes bi weekly events where it would be an ambassador talking about a particular topic as it pertains to the community with OCD. And people can just watch it on Facebook live, on YouTube, type some comments and seek some support. And it's a wonderful community of people with OCD, families of people with OCD, providers. I've been invited to do some of those webinars, too, and it's always been very heartwarming to see people coming together. And there's a strong sense of solidarity for folks with OCD. There are some free options there to begin dipping your toe into the world of help for OCD.

Meagen Gibson

And then, one last question that I think I put out at the beginning, but we didn't quite explicitly address it, is just the correlation that you've seen in your research between trauma and OCD, and how the two things are related. Is it direct? Is it more of a down the line, symptomatically this is something that happens? Or what's the relationship that you found in your research?

Dr Terence Ching

There are so many different types of trauma that can happen to people. Some types of trauma, such as sexual assault, for example, may more reliably lead to a diagnosis of PTSD than other types of trauma. That's generally speaking, but a lot of people who have experienced traumatic events in their life do not end up developing or meeting the diagnostic criteria for PTSD. But they might have some predisposition to a particular problem with anxiety, and that might just be OCD. The dramatic event kind of pushes them over the edge, in that sense. They cross the threshold.

[00:46:07]

And there are other environmental factors that can account for the development or ideology of OCD. So trauma can often precede the onset of OCD symptoms. And we do see it clinically as well as in research studies as well. It's quite fascinating that sometimes the content of their obsessive fears may map, almost neatly, onto the nature of the traumatic event itself.

For example, almost drowning in the ocean, to having an obsessive fear of water bodies, of positioning yourself in a particular way that might resemble the position of drowning and having a lot of compulsive urges to prevent putting yourself into that position or getting close to any water bodies.

There are just so many ways in which traumatic events may map onto obsessive compulsive symptoms, but we definitely see some relationship there as well. And it's not directly from trauma to PTSD, it can precede the onset of OCD symptoms as well.

Meagen Gibson

And I know, just to self disclose to everybody home, I had a very, very brief, after a trauma, a very brief exposure to an experience of OCD and intrusive thoughts. And thankfully, because of my history, my work history and journalism history, I knew what was happening and immediately sought treatment for it. It didn't exacerbate prolonged OCD symptoms and behaviors, but that brief exposure gave me so much empathy for people. And it's just so important to talk about it if it starts happening, and to seek help if it's available to you, and you can afford it. We've already named all the ways that it's difficult to find help for things, but I just encourage people, if you think that there's something going on, talk to somebody about it, reach out to your general physician to just start those conversations.

Dr Terence Ching

Thank you for sharing that. It's so important. You have the benefit of recognizing that this is maybe OCD and you sought treatment for it. That speaks to the power of disseminating education and awareness about OCD. So other people could have a more fortunate experience with OCD like you did

Meagen Gibson

Because I could have easily dissociated from those thoughts and judged myself for those thoughts and gotten very attached, or identifying with those that this is who I am now or there's something wrong with me. There's all kinds of ways that I could have denied and exacerbated that experience in a way that wouldn't serve me and could have gotten a lot worse. But that's only because of the conversations I've had, and the exposure I've had to knowledge and incredible experts like yourself, that I knew enough to seek help.

Dr Terence Ching

Awesome.

Meagen Gibson

So with that, I want to thank you for being with us today, Terence.

[00:49:33] Dr Terence Ching

Thank you for having me. It's been great.

Meagen Gibson

If people want to hear more about you and your work, where should they look for you? Where can they find you? Where do you want to point people towards?

Dr Terence Ching

My presence online is very academic. That might be boring to some people, but they can find me on ResearchGate to just maybe stay up to date with some of the scholarly works that I've been putting out. So it would just be my name on ResearchGate.

Meagen Gibson

Awesome. We'll link to that.

Thank you for being with us today.

Dr Terence Ching

Thank you for having me again.