

Introduction

Hey, welcome to another episode of shit we don't talk about powered by helix interactive. Today's topic is OCD and pregnancy. Definitely shit we don't talk about. Our guest is OCD therapist, Jenna Overbaugh. She's been in the business for over 10 years. And today she shares her personal experience with OCD during an after her pregnancy. Tune in, turn it up and strap in. It gets good. Here we go.

Mia:

Hi, Jenna. Hi, thank you so much for having me. Oh, I'm excited to have you on the show. This is a great companion piece follow up to the previous episode, which was about first time pregnancy and how my friend got bitch slapped with some reality. She didn't know what having a baby would entail, which is of no fault of hers, in fact that society doesn't prepare us for this as new moms. It doesn't you think you've got this like primer of information from TV and social media and other people's posts. And it is a very, it's a solo journey at times, even with having a companion along with you, husband, our companion in the pregnancy. So it's been interesting. So I'm so excited to talk with you. I know you have been on my friend drew show who was my very first guest on the podcast talking about anxiety. So then I learned the topic that we're going to talk about today, which is pregnancy and OCD. So hit it, let's hear about it.

Jenna

I have two really great passions when it comes to this topic. So I have been working with people who have OCD and anxiety for 10 or 12 years now. And that came about because I was always kind of an anxious kid. But I always knew from an early age, you know, I was nauseous before I go to school, I didn't want to hang out with other kids or say hi to other kids. But I knew from a very early age, like if I just do it, it'll get easier. Like, if I just do it, I won't be this anxious anymore. And it'll like this anxious feeling will go away, and then I'll feel confident. And then when I went to college, and I learned that that was actually a treatment, and exposure and response prevention or ERP. You know, I was like I have to do this, this is me, this is everything like I need to do this as a therapist. And so I really came to love exposure and response prevention. And what that is, is just the gold standard treatment for people who have OCD and anxiety. And in a nutshell really just requires people to do these exposures, which are these anxiety provoking situations, and then not do these compulsions or safety seeking behaviors that they would normally do otherwise. And so I didn't really know it at the time, but I was doing that my whole life like I was doing the exposure of going up to someone and saying hi, even though it felt really anxiety provoking, and then I would resist doing things like avoidance or coming

home and asking my mom how it was, you know, talking to my mom about it or reviewing it in my head. So I was always doing that. So that got me off to the races and really wanting to learn about OCD. And transition to I became pregnant in 2017. And, you know, I knew about the dangers of postpartum depression, I knew about the dangers of postpartum anxiety, OCD, how intrusive thoughts how scary thoughts could kind of come up for women, especially whenever they're pregnant, and whenever they have a baby. And so with my experience, having talked at conferences, having been in peer reviewed articles, I felt really confident and in a way almost immune and naive. Like I could experience that I felt like I was kind of a quote unquote expert in all these things. Like I know what's going to happen. It's not going to happen to me, I know how to resist these things. Like I'm going to be a warrior it's not going to happen to me. Oh, you probably felt like you had the full armor and shield. I felt like I was good to go like I know word for it was never a consideration in my mind. And like if I could go back (speaking of bitch slapping), and bitch slap myself like I would have because it it rocked me so hard.

Also, labor was traumatic. My introduction into motherhood was not awesome. And it was I just like, didn't bond with my baby right away, which I wasn't expecting. I don't think moms expect that. And that's also not talked about either that that feels like a shameful piece as well. And I know it's just age old but my goodness, it's not talked about. No one talks about it. And that's why I feel so passionately to talk about it now. And I love that. You know, people want to combine forces like you and get this message out because, you know, these are all the things that I wish I knew before.

And so yeah, I started to have really scary thoughts really intrusive thoughts with my baby. Issues dressing him thought that I would accidentally or on purpose snap his ankles was like cut the really big first one was then I started to become so sleep deprived as normal moms, you know, as moms typically do that I started to wonder like, did I was I so tired that I didn't remember hitting him like, was I so tired that I didn't remember, like, molesting him. I can just imagine the anguish of even that thought coming up. It was awful. And I would check him for hours in the middle of the night, check him to make sure that he didn't have like a bulging, bloody wound on his head, or that I didn't touch him and appropriately got so bad that I would have to wake up my husband from a dead sleep and be like, honey, I, I need you to verify for me that he's not bleeding right now. Like, and I knew this is the thing about OCD. You know that it's crazy. That like, there's no reason for me to be doing this right now. There's no reason for me to have to wake up my husband right now. But then you have this sweeping urgency, this sweeping feeling of like, this is my son, and I don't care.

Like I don't care. Like it's not worth this day, the stakes are too high. And so that was something that I never ever felt before. And it was so low.

Mia

Yes, I was thinking about that listening to your other podcast, the difference between just OCD (not being pregnant). It's usually just you and whatever is going on, as opposed to you and this most important being that you've created. And then hearing that too, of being in that bridge between "I know it's not right, but I can't help it". Like If you could just swing all to " I'm just gonna go balls deep on this and not worry". That must have been exhausting.

Jenna:

And to know what I was doing, like, I was like, "Jenna, you're having intrusive thoughts right now, you are literally doing this compulsion, and you're making it worse for the next time". I knew exactly, by the book, what I was doing, and I still didn't care. And I remember negotiating with God and I'm not even really a spiritual person. But I was so desperate, I was like, I will never criticize or undermine or, like invalidate any person with OCD that I ever worked with, again, if you can just get me to not have these issues anymore. Because I would always as a as a therapist, right? Like working with these, this population. I would say "you just need to resist it. You just need to resist it. Like you just need to let yourself be anxious and you need to resist it. Your only job is to not do those compulsions." And sometimes when people were really resistant, I would get frustrated, right? Like, you just need to resist it. You just need to stop doing these compulsions. But then I saw the other side. And now I feel like now that I'm a therapist, you know, again, having, you know, gone through that I'm so much, I'm a much better therapist now. I'm more compassionate, and in a unique learning position to understand. I had a conversation with God. "It's like this. Listen, we haven't talked in a while. It's been a really long time. But I really just need you to do me this solid, Jesus"

Mia:

Yes! Jesus, hook me up! How interesting to that you've been able to parlay that into even more empathy as a therapist and being on that side of it, too.

Jenna:

Yeah. And I struggled so much, and I had all this wealth of knowledge, right? And people don't realize that moms don't come equipped with 10 or 12 years of knowledge about what it is that they're doing, let alone like to expect the intrusive thoughts or that this is an intrusive thought versus just like you going crazy in psycho. Right? Like, right, like women are at six weeks follow up, they're asked pretty much like how they feel and they're given the okay to have sex again. They're not asked about their anxiety. They're not asked about their traumatic delivery, they're not asked about their scary thoughts or potentially obsessive compulsive tendencies. If anything, they're asked about depression in a very face-value method. Questions such as: "Do you hate yourself?" And that's it.

And moms don't want to answer that and then give it to a doctor. New moms just don't want to ask for that. And I remember very vividly, I was walking around just having an episode one day, and I was like, "If I'm here and feeling this, how are women alive?" I just didn't get it. And so I started a mom support group, it now has 3000 members. It's one of the largest if not the largest in Wisconsin.

And I've just grown to become really passionate about postpartum OCD. And this can all I mean, I'm talking a lot about postpartum OCD after you have the baby but this can happen in pregnancy

It just sort of showed up one day, the thought process what if? What if I hurt myself or hurt the baby? What if I hurt my stomach?

Mia: I can just imagine these are things that no one really likes to talk about or know or let alone hear them, you know, have the thoughts themselves and can just get really awful, really awful for women. Giving airtime is the important piece. This is a running theme in my podcast topics, quite honestly, is the shame factor, the shame and the isolation and the siloing of things. And I think with this one, too, even you probably don't even want to talk to your mom or your aunt or any of your lineage. Because even that, I mean, and I know I've even had conversations with my mom, even not having kids of like, "Hey, Mom, how was it for you? We were all born in the 60s, my siblings and myself. Talk about being underserved at that point, and not having questions answered, but it's really sad to fast forward to 2021 that we're having this conversation that the medical gaslighting is just so extreme.

Mia: What are some things that moms can do moms to take charge after they give birth?

Jenna: You just legit gave me goosebumps when you mentioned medical gaslighting! I think moms need to know is that your support is going to drop off dramatically. Like you've been the focus of the show for the past nine months. But as soon as the baby's here, you can't expect too much else from the medical field. There are some really great professionals out there, BUT depending on your birth plan. But for the most part, I'm you know, making a sweeping generalization here for the most part, medical professionals don't really care as much about mom, right? Like they care about the baby, they care about, you know, coming in for the next couple days to check in to do the home checkup or whatever, to get the shots and all that stuff. But mom isn't really cared about until the six week follow up. And at that point, it's pretty much can I have sex again. And that's really it. So I think moms need to be equipped to know that they are basically going to fall off the radar. The medical industry does not care enough about women as much as they should after they have the baby. So just knowing that that can feel really brash, and that can feel really abrasive. And that is the way that it is and it's shocking, for sure.

Mia: are there ways that you can negotiate a sooner appointment with your doctor or your provider.

Jenna: yes but you will have to advocate for yourself! So it was VERY well known in my relationships with my doctors that I was a therapist and that I was knowledgeable about anxiety and depression and all of that. And I remember when I finally did get the guts to go to my OB-GYN, and I said that I was really struggling. At that point I'm speaking through sobs, like I'm literally unable to breathe. And she asked me, "Well, does your son take a pacifier? Because you can still give him a pacifier." And I was like "What ?? THAT'S the answer I'm going to get? Is that what we're going with?" Oh, it was terrible. And she was a really well respected doctor. And so I had trusted her completely. And I thought that it would I never anticipated with like, my reputation as in her knowledge of me being a therapist.

And like her unique abilities in this area, I never would have expected that to be the response. And I was like "Listen, I want to run away, like I want to run away and I have fantasies at this point of rolling out of a moving vehicle" WHY am I having to advocate in that way. And I'm a I'm a pushy person, like I at that

point, I was in crisis mode, I knew what I needed to do. And there was no doubting that.

And then I thought: "What about women who are shy? What about women who don't feel comfortable? What about women who can't advocate for themselves?" They would have walked away from that appointment feeling like complete and utter shit, if they'd even had the hutzpah to be able to say something like, just to get that? Think about that. Just that the precipice to get to the point to say something and then you're thinking "if I just say one word, it's gonna be easy, and the whole team's gonna swoop in and, and say, Oh, my gosh, we're so glad you said something."

You have to advocate for yourself. You won't be asked (for the most part) and even like you having that.

Mia:

And you felt that way even with the background and information you had. I was actually talking with my boyfriend about going to the gynecologist and I said, you know, it's so interesting when you are when all this paper gown, with your hoo-hoo and boobs out, trying to keep everything covered, your mind literally cannot even think. You're all "Yup, everything's good. Yep, good." And then, you want to get out of there as quickly as possible. So if you're not asked the right questions, or you don't get the proper response, or you have a trust factor that gets broken like that, it's really tough.

Jenna:

Exactly. So then my doctor gives me a list of maybe five people to call and contact which again is on me, which I'm happy and willing to do. But if I were just a little bit more depressed, or a little bit more avoidant, I'd be like "screw that list" Women shouldn't have to do all this legwork on their own. When I finally did go to my psychiatrist who was able to talk to me more about medications and I told them how I was anxious and that I had these scary thoughts as well as a background and that I have a pretty good idea of what it is, and what's going on that I'm going to therapy, all those things, they STILL just give me the depression screener. I said: "I'm gonna tell you right now, I'm NOT gonna score anything on this, like I give these screens every day of my life. I know that there's an anxiety version of this screen, I don't know why you're not also giving me that one." So AGAIN, I had to stop them in the middle of the depression screen. I asked them to specifically "give me an OCD screen and an anxiety screen" Which women again, don't come equipped with that knowledge.

Thank goodness, I had that knowledge, but I'm one of hundreds of 1000s

Mia:

And it's an anomaly for you to have that information. And speaking up for yourself / advocating yourself or raising the flag reminds me of the Seinfeld episode when Elaine went to the doctor. She was giving them a hard time and they took their little file and we're making notes about her and then all of a sudden she's this pariah with every doctor she goes to. And yeah, that's really not that far off for a lot of people since most doctors have these short time slots.

Jenna:

So that would be another suggestion for moms: you might feel depressed or you might have depressive symptoms. But if you feel strongly that it's kind of attributable to other things like anxiety, or PTSD or OCD, then feel like you have permission and you have my permission to advocate for that and to ask for additional follow up about that.

Because I think so often, like even as little as postpartum depression is talked about, it's kind of this like blanket statement. If you have any distress as a mom, it's postpartum depression. And that's not true. It comes up in so many other ways. And as long as we continue to perpetuate "postpartum depression, postpartum depression, postpartum depression" we're going to get women who aren't feeling depressed, or at least that's not the primary, but they have a lot of anxiety. They're shaking.

I remember, I was shaking so hard, just cooking dinner with a knife that I like, could not cut the onion. Like, right? I like shaking so hard, that I couldn't even cut the vegetables for dinner, or like waking up in the middle the night with these horrific intrusive thoughts and stuff. So sure, it's debilitating. So yes, advocating for yourself in a lot of different ways is key. And just knowing in advance kind of what's potentially coming your way

Mia:

So tell me about your recovery journey on that, then when you really were able to pinpoint and go oh, "even me, this happens to even me."

Jenna:

I definitely did have that experience. Like, "whoa, this sucks. This can happen to anybody. No one is safe from this." And so I did go to therapy. And that was a unique situation because I'm, I'm a therapist in a really small town. And so it was like when I get ERP, (exposure and response prevention). That's the treatment that you need. If you have anxiety or OCD, you definitely need some version of exposure and response prevention so you can have the best medication, the best talk therapist, the best, whatever, the best support system, but if you're not engaging in exposure and response prevention, which is that actively doing these anxiety provoking things, and resisting doing these compulsions that you're typically used to doing otherwise, if there's not some element of that then the problem won't really go away like nothing changes if nothing changes type of situation.

So I was in a unique situation because I'm a therapist in a small town. I, I was like, Who the hell am I going to go to?

What am I going to go to my own practice? Like, what am I supposed to do? Am I gonna go to these people who I normally refer patients to? Like I can't. It's just a unique situation for me. So I did find someone who specialize more in the postpartum stuff. And we kind of combined powers like I had my ERP knowledge and she had her postpartum specialties. And I did exposures. We had like a little fear hierarchy, which is basically, you know, all the things that were not really too anxiety provoking for me all the way up to really, really anxiety provoking for me.

We started doing things that were not super anxiety provoking, but we're still we're a little bit tense about it. And things like that would have been. I mean, I used to be so anxious, even when my husband would like, go to the like, go to the bathroom. And I would have to be alone with the baby. So it'd be little things like that. Like, not avoiding my son, even with small little trips whenever my husband was away. And then all the way up to my husband going on a weekend long vacation, like four or five days just to get him out of the house so that I was with the baby alone the entire time.

Mia: Wow. So you had a wonder twin powers unite with this gal? What a perfect union on that, too, because people don't think those are very, I'm guessing very separate things. But then when you start to merge all these different pieces together, how helpful is that? Is that something that someone can find online than to let's say, if we have a new mom listening to this, that they can they can find that offer? Do you have to do need to work in person? Or can you work online?

Jenna:

Yes! So with all these issues with exposure and response prevention, regardless, so yeah, whether it's postpartum stuff, whether it's unrelated exposure and response prevention, research shows that it's just as effective via telehealth. And so that's actually what I do. Now, I work at an organization called NOCD (see links below) which is a mobile therapy app. For postpartum specific support, I would look at postpartum support International (postpartum.net). So that's you can just type it into Google postpartum support International. And you'll be able to find women or you know, other therapists in your area who specialize in postpartum issues and have gone through specific training for those issues. And then for OCD, specific resources, you I always point people to iocdf.org. That's the international OCD foundation. And then like I said, I'm a therapist at no CD. It's a mobile therapy platform for people who have OCD, and we do exclusive exposure and response prevention.

You can do teletherapy sessions have a 24, seven available messaging with your therapist, it's really, really awesome. And yes, absolutely able to be completed. And I think even in some ways more effective in teletherapy, especially for moms, because moms aren't, if they're struggling with postpartum, they don't necessarily want to leave the house to go tonight. They don't want to, I mean, I was not leaving the house with my son when I was at my worst, right, like, I was there, it just was my issue in general. So how was I going to make that happen? Sure. So by having the availability of the telehealth, which is still just as effective, And you can access so much more help as a mom. So definitely take advantage of it.

Mia:

I love the what a What a great thing for our world now that we have the ability and I think that one of the things the pandemic that led people to that more was getting rid of that, oh, I need to go go somewhere to get that help. And it's really boiled it down. So that's like, okay, just click the button, you can get in there and do that.

So it sounds like intrusive thoughts are one of the first things that start to come up for people.

Jenna: Yes. Intrusive thoughts are really anything and we all experience intrusive thoughts. So whether you have OCD or not like it's not, you know, when you have an intrusive thought, which is just, it could be an idea, a thought and image or an impulse or a feeling. And so everyone experiences this, they've done tons of research to show that 96 to 99% of people say they experience intrusive thoughts I call bs I think the four to 1% who say no, either don't understand the question or they are lying. Right? So I always describe it as like our body is malfunction sometimes without explanation. Our cars malfunction sometimes without explanation and, of course, our thoughts and our minds would do that from time to time without explanation, right? So, you know, our brains are the same brains that are capable of developing a plane before it existed, our brains are the same brains that created the iPhone 47, or whatever the heck we're on, right?

Conversely, sometimes it comes up with not so great ideas. So sometimes it comes up with that thought of, well, what if you snap his ankles? Or could you have hurt? How could you have been that tire that you could have? You didn't hurt him and not know it? And so we all have intrusive thoughts. They're just these things that pop up out of nowhere that seem like they're discrepant with our values. They're not consistent with our values, or who we believe we are as a person. Sure, Gary, they come out of nowhere. And so yeah, they're just these scary things that pop up out of nowhere. Now where it goes haywire for people who have OCD is they tend to misinterpret those intrusive thoughts. They take responsibility for those thoughts, they tend to judge that thought as being bad or perverted or awful, or horrific, I need to get rid of that thought. And then they tend to have this control need, right? So like, I can't think about that. I can't think about that. I only need to think about good things. That causes a lot of anxiety. And so that anxiety leads them to do these compulsions, or these ritualistic anxiety reducing behaviors. And that just feeds the cycle? And so yes, absolutely, we all have intrusive thoughts. That's not necessarily the problem. where it goes wrong is where we start to have this misinterpretation of those thoughts, take responsibility for the thought and feel the need to fix it, versus just

letting it pop up. So we conjure up more thoughts, which is problematic. Yeah. And then we, you know, are off to the races to try to fix it with with rituals. And that makes us feel better in the short term, but it causes a lot of long term problems.

Mia

Sure, and one of the biggest problems too, I think, is toxic positivity.

Jenna:

Oh, man, we could do a whole other show on that!

Mia: Well, we're gonna have to have you come back. But, yes don't buy into the memes, folks. I get I get ranty on that! the bullshit of, of toxic positivity, and then the the bullshit of perfection. So thank you for reminding us of that, too, that these brains that have created all the amazing things in the world can also have a really shitty off day, and, and go haywire. So the expectation of perfection, I think, is also think something we need to drop in this world too.

Jenna: absolutely. And that's the happiness trap. Right. I'm in the middle of a that book right now. it's so good. Like the expectation that we have to have it all together the expectation that that is the baseline and that that's the, the go to and the goal like that. That's the trap. And yes, that book, it's consistent with everything that we're talking about here in this podcast episode. So yeah, the happiness drop is clutch.

Mia: Alright, any final words? And then I have one more question for you.

Jenna: If you're a mom out there specifically, or if you just have OCD in general, like, the power that you can give yourself and to other women, by sharing your struggles is invaluable. I cannot tell you how useful it would have been to hear other moms struggles. Before I had to be the first one to say it, right. I try really hard now when I have a new expecting mom friend. I want to balance the line between I don't want to scare you. But I want to set you up for success. Like I don't want you to be blindsided the way that I was. So yeah, so just know that by sharing your story, you eliminate that shame for yourself, you reduce that shame cycle for yourself, and you never know who else you're going to be helping either in that moment, to give them that validation and that solidarity and who knows what you'll be able to help them in the future with right so try to as hard as it might be for yourself.

Mia:

It's good for yourself and good for others to share your story and talk about the hard things. I love that and then you can also share this information with people that are adjacent to you, as well. I think the importance of it not just being just for the people going through it but the people that are in your world to like that. You know, expanding your mind beyond like it. Oh, it doesn't affect me. I don't need to know about it. That's one of my biggest things too. So thank you so much for all that good information and we will have info in the show notes Jenna's podcast.

Okay, so what's your favorite swear word or swear phrase? Especially when you're frustrated?

Jenna:

FUUUUUUUUUUUUUUUUUUUUUCK

Mia

There's, like 18 "u"s in that wasn't there?

Jenna:

Yeah, in all caps! But, I really need to watch it because my, my toddler now, I said the other day, like, I called my husband, a jackass or something. And he's like, Mom, that's not a nice word.

I love it. Oh, my gosh, that's the best question I've ever been asked. It's super fun.

Mia:

because obviously with my podcast having a swear word in it, it seems pretty natural for that question. So thanks for joining us today. I appreciate you. Thank you. Thank you.

Mia:

Well, that was a topic that many of us didn't know about. And I'm so grateful to Jenna for sharing her story and her expertise. She will definitely be a returning guest and we'll be diving into even more topics around OCD. Please make sure to follow Jenna at Jennaoverbaugh.com .

- NOCD: therapy for OCD - treatmyocd.com + free mobile app
- International ocd foundation: IOCDF.org
- Postpartum support international: postpartum.net

Shit We Don't Talk About
Episode 28 – OCD & Pregnancy
Guest: Jenna Overbaugh

- <https://lakecountryfamilyfun.com/survival-tips-parenting-while-sick/>
- <https://thedevilstrip.com/2021/03/11/being-the-preferred-parent-can-suck-heres-how-you-can-cope/>
- [The Happiness Trap](#) - Russ Harris

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