

Episode 37 - Shit We Don't Talk About Podcast

Guest: Chrissie Hodges

Topic: OCD and Intrusive Thoughts

Introduction:

Hey, welcome to shitwedonttalk about powered by helix interactive. My guest today is Chrissie Hodges, Mental Health Advocate and author of the book: [Pure O: The Invisible Side of Obsessive-Compulsive Disorder](#)

Tune in as we dive into the topics of OCD, Pure O and Intrusive Thoughts. Chrissie knows a thing or two or more based on her own lived experience as well being an Activist and advocate for the last 8 years. Please be aware there are trigger alert topics in this conversation, so check the show notes for specifics and proceed with caution.

Ok, strap in, it gets good..here we go!

Speaker: Mia Voss 00:00

Chrissie

Speaker: Chrissie Hodges 00:07

Hey, I'm here.

Speaker: Mia Voss 00:09

We've been friends for a long time. And so this could get goofy. But, because, that's us. But this is a serious topic. So pure OCD Chrissie that's your name, don't wear it out.

Speaker: Mia Voss 00:28

There she is, she has a book. She has the whole thing, as you will see in the bio, and in the promo.

She's got some chops in this world. And that's what you're going through in your life is OCD. So it's all *shit we don't talk about*.

Speaker: Chrissie Hodges 00:44

My jam is shit we don't talk about. This whole show, my life is built off of that.

Speaker: Mia Voss 00:53

You know, and I'm thrilled to talk about, because I went through and consumed massive amounts of you on YouTube. But tell me about you real quick and kind of what because this is an eight year journey more like 44 years, but eight years, very concerted in those.

Speaker: Chrissie Hodges 01:23

So I live with OCD, obsessive compulsive disorder, which many of you like to throw around, like, it's a funny, quirky phrase that you think everybody's a little bit of. So stop. In the podcast. OCD is a massively debilitating illness, it does not get the respect that it deserves. And the media does not get the respect it deserves. Just overall. And that's not your fault. If you are listening, it is because there's not adequate information out there. And when we're talking about mental illness, people don't really need or want to know until they have to. This is why stigma exists. Right? So I don't want to know about mental health, I don't want to know about mental illness because it doesn't impact me until you're suicidal, or you're having symptoms or your child is or your friend is or this or that. And then all of a sudden, it's okay, now I need to know. That is the story of my life with OCD. I had OCD for 12 years had no idea. Because OCD, as you may know it. People think my house is probably really clean and organized and it is the opposite honey.

Speaker: Mia Voss 02:49

And not that one, right?

Speaker: Chrissie Hodges 02:51

Because a large percentage of people who have OCD, a very large the last I saw was 67%. However, that is just people who know that they have OCD and have not been mis diagnosed, actually have intrusive thoughts, which are thoughts that are unwanted, that are at times terrifying, anxiety provoking, and then they have mental rituals. So you don't even know you're doing these rituals. So I lived with this for 12 years, I had no clue. For example, My first intrusive thought was the fear of vomiting. And you might remember, Yes, I did. Some of the mental rituals I would do is check my body, you know, how am I feeling? I would ruminate about what I ate, I would mentally review when I ate things like that. No one would know what was going on around me. And in fact, I don't even know. It's because it's actively happening to me. And so it feels very real. It is very real. So I didn't see it as a disorder. And then as it progressed in my life, it went on to violent, intrusive thoughts, like religious intrusive thoughts, religious group velocity, and then into sexual intrusive thoughts, which these are the most common themes. And no one knows.

Speaker: Mia Voss 04:13

And the most commonly unknown. Right? It's so interesting, because like you said, it's so ingrained in your thoughts that it's just is a natural part of it as well. Was there something that happened that you were able to, because when you mentioned these different variables of it, was there something that happened? What was that sort of aha moment? When somebody told you that this wasn't, I don't want to say normal, but at least let you know what the diagnosis because I bet misdiagnosis is a huge part of a problem with people.

Speaker: Chrissie Hodges 04:47

Misdiagnosis is one of the main problems. Also the mistreatment of it so people do the wrong treatment for OCD, so people will go years and years getting trauma treatment, which is not helpful. It might be helpful for your experience with OCD, but it's not going to help the symptoms. So my aha moment was a suicide attempt. Okay, so I was, this was back in, I'm ageing myself, but whatever this was pre internet. So I couldn't just go into the computer and be like, Sure. Why do I have sexual intrusion about my family? Why do I feel like I want to fuck my dog?

Speaker: Mia Voss 05:28

We're not giggling at it, but we're just giggling because that's the way our humor is because we can laugh at shit like this.

Speaker: Chrissie Hodges 05:34

yeah, if you don't want to do these things, you have these terrifying thoughts about these things? why am I questioning my sexuality? This is not a healthy questioning, I'm going to go down this journey of figuring out what my sexuality is. This is a stark contrast to one day, this is how I feel the next day I have intrusive thoughts that maybe I don't know. Right. There was no way to type into a computer. I know, a lot of people listening might be like, what, what?

Well, there, we had AOL dial up around them, I was not going to sit in my computer lab and be like, typing in this shit. Like, what? What if I murder my classmates? Alright. So anyway, I attempted suicide when I was 20. So this was around 1998. And I was very lucky. And I recognize how lucky I was.

I was put in a psychiatric facility after having surgery for the suicide attempts.

And I just explained it to a degree where the therapist was like, I think this is OCD. And my first thought was, no, it's not.

Speaker: Mia Voss 06:49

Because my house isn't clean.

Speaker: Chrissie Hodges 06:51

I don't wash my hands. I don't, because that's what we know about OCD. He drew this old map on a napkin. And he was like, this is your brain. And this is the cycle. And I remember thinking he's describing it correctly, but I cannot connect to the diagnosis. But I could connect to Prozac.

And Prozac was amazing. That was really my first line of defense with OCD, which was about a 90% symptom reduction, which says a lot when I was that chronically ill, all while putting on a facade.

No one knew around me for 12 years, no one, everybody was shocked by my suicide attempt.

And that's the other part of OCD. The, intrusive thoughts are so shameful, and so confusing their ego dystonic. So this means that you, have the thoughts, but you identify that they are not part of who you are, what you want, what you desire. And even sometimes, the more taboo, what your morals and values are, so you can clearly see the distinctions, we look at psychosis. Psychosis does not have insight, right. And so we do, and that's what makes you feel like you're going, I don't like to use the phrase going crazy, but I'm going to use it, you feel like you're going crazy, but then you know you're not, which is what drives why OCD is so frustrating.

Speaker: Mia Voss 08:16

And it sounds exhausting. Oh, it's just your one here, one over here. And they're just gale force against one another, especially when you talk about the things that are diametrically opposed to either what's been ingrained in you from religion. Yeah, or and that can go with it a to sexuality.

All right. Oh, my gosh, I just can't imagine.

Speaker: Chrissie Hodges 08:40

I was in the 90s in the south.

Speaker: Mia Voss 08:42

Do the math on that one, folks. Bless your heart.

Speaker: Chrissie Hodges 08:40

The truth is, that I identify as straight. But I remember when I first got intrusive thoughts about sexual orientation, I remember thinking, I do not care if I'm gay. And this wasn't like 1996. No, it was 1993. And I didn't care. But I just knew I wasn't. But I couldn't stop the argument in my head of well, if you didn't think that it must mean something if you didn't, and again, this is not healthy. Questioning.

This is not a Oh, okay, you know, maybe I'll explore this. This is an intrusive, unwanted thought that, you know, isn't true, but you can't stop it.

Speaker: Mia Voss 09:30

Right? Just hearing that, too, but I bet the feeling though of diagnosis, or even hearing these words, because I've seen that from your YouTube videos and the content you put out the relief that I see people feel and just knowing that because then that's literally just the start, honestly, just the acknowledgement of it. There's got to be something that's so helpful for people. But again, that hidden piece of it, why, shit, we don't talk about it, I talk about as is so it can be really evil in a sense, because shame loves that shit.

Speaker: Chrissie Hodges 10:11

Oh, yeah, well, and the problem is that people think and I did the same thing, because then I got off my meds like, eight months later because I was like, I'm smart. I'll think this. Here's the problem. It doesn't come from your frontal lobe, where logic is, where we use logic and we can solve things. It comes from a very reptilian part of your brain, which is only responds to behavior. Hence why compulsions drive the cycle? If I stopped doing compulsions? I wouldn't have the anxiety around the intrusive thoughts, but I don't know to not do the compulsions. When your survival instincts are saying to you, you touch that

doorknob and there was something wet on there was it red that might be blood that you might have HIV? I can't stop myself from wanting to question that if I feel like my life is being threatened. Right. So the secondary fear is, oh my gosh, I think I have OCD most people find out over the internet, which is scary. And then the secondary fear is, but what if I don't really have OCD? What if I meet all the criteria and then I really don't so then that starts a whole other cycle, you can't ever get relief without having professional treatment.

Speaker: Mia Voss 11:28

And it sounds like that maybe the internet from what it wasn't sort of the lack of it wasn't serving you back then. And now, it's too much because you can find out too much information on that too.

Speaker: Chrissie Hodges 11:40

The internet is great until it's not

Speaker: Mia Voss 11:42

Until it's not exactly talk more about some of these, unusual, not so unusual parts of OCD. And then if you can also explain to why just that overarching to saying somebody has OCD can be harmful, especially when there's these different parts to it.

Speaker: Chrissie Hodges 12:00

Okay, so I work as a certified Peer Support Specialist here in the state of Colorado. So that means I have been trained supervised I've put the hours in all that just I like to throw that out. So people understand this is an actual profession. And I meet with people doing peer support consultations all over the world. So OCD has no bounds. It does not matter, culture, religion, sex, gender status, it does not matter.

Yeah, and the most common themes that I see all the time are sexual orientation OCD, so there's a big umbrella for that. Okay, so when we say sexual orientation, it is identify as straight. I've intrusive thoughts about being gay, trans. which I know is gender. I just we just put it under the umbrella. Right? Without being specific, asexual bisexual or identify as gay

I'm having intrusive thoughts about being straight, trans, bi, you see what am saying, whatever you can identify as.

Speaker: Mia Voss 13:04

I know it can flip I mean there are so many variables.

Speaker: Chrissie Hodges 13:07

You can drop into any of these categories and it can fluctuate between. And also these fear of being

a pedophile. So why is this a, and there's harm and there's religious scrupulosity, I'll get to those in

a minute. The pedophilia theme is the one I see the most. So you may think, whoa, because the word pedophile is like what your ears perk up, and you're like, well, you're a pedophile. Sympathizer No. So yeah, hang on a second. And let me tell you, so when we get intrusive thoughts, these are thoughts we don't want. Everybody has intrusive thoughts. Everybody thinks at some point when they're driving on the road. Maybe I swerve my car into that person. Whoa why do I think that I don't care.

I'm going to keep driving. Maybe you look at your dog's asshole and think I'm going to put my finger in it.

Speaker: Mia Voss 14:06

That's really easy to do when you own a Frenchie. A little FYI.

Speaker: Chrissie Hodges 14:10

I mean who would have intrusive thought when they see a hole, everybody has weird, bizarre, intrusive thoughts that maybe are dark or violent or sexual. And if you don't have OCD, you just go along your merry way and think, woo I hope I don't have that. Or you might have a dream. Why did I just have sex with my uncle in my dream? Ooh, yeah. And I

woke up and like, did I feel aroused? felt weird. All right. Yeah. So these are ways that people can develop intrusive thoughts just because everyone does. So when we think about really taboo things, we're going to think about harm, we're going to think about pedophilia, which is Also in the category of harm, and religion scrupulous, selling your soul to the devil, things like that. Those are the super taboo ones. So these are the things no one wants to touch. No one wants to be a pedophile. No one wants to snap and murder their family or their neighbors. No one wants to think that they have dens themselves eternity because they've offended God or sell their soul to the devil. Right? Well, that means they're the most susceptible to getting stuck.

Speaker: Chrissie Hodges 15:29

So the pedophilia one and especially when the "Me Too" movement came around there was this surge of like, what I saw as PSD because then you're seeing it all the time. And you think to yourself, especially like with males especially Have I ever touched anyone inappropriate? What if someone brings up stuff that I have done. And then they start mentally reviewing? Oh my gosh, did I watch porn and someone was under age and I didn't know it. Is that on my computer? Does that mean I want someone under age? The other thing is if you I mean it's not limited to this. These are just common things. I have a baby. I am changing the baby. I'm wiping the baby and I touched the baby's vagina. Oh my God what if that was sexual What if my finger while I was wiping went up too far. Did I just rape my baby? then you get stuck. Where normal people would be like: "I'm tired. And that was fucked up." All right, with OCD. It's why did I have a thought? And I have to find out what it means. And there's where the spiral starts.

I mean, this could even happen. If I'm over like an aunt or uncle's or friend's house and the kids on your lap and you're like, Oh my God, she's so cute. Why would I think that? Is that a sexual thought? and then I put the baby down, put the kid down? I don't want to touch, then you start waiting then you start mentally reviewing Have I ever thought this before? Why would I think this? What does this mean?

And compounded? You are not going to Google "Am I a pedophile", right? The out comes the fears of well what if I am or what if I get arrested? Or what if someone finds out?

Speaker: Mia Voss 17:16

Somebody searches my search. Right?

Speaker: Chrissie Hodges 17:19

People live for years with this. And what keeps me up at night is how many people were losing to suicide? Because if you really think I can't stop thinking these thoughts What if that means I'm going to turn into a pedophile you are eventually going to think I can't live with myself.

Speaker: Mia Voss 17:39

Right? I can see that spiral. Oh my gosh, if somebody was just had and with the pandemic to so much more time, there is so much more time I know I did a lot of time with myself.

Speaker: Chrissie Hodges 17:54

Yeah, you're trapped in the house with kids and you have PTSD OMG.

Speaker: Mia Voss 17:59

Right, and I'm going to put a link to the interview I had with Jenna overbore where she did talk about that. And it was so eye opening. And I can I mean oh my gosh, talk about the ultimate and shame of sharing that. Oh my god. But then also just again, that horrible piece of silence like a lot of these illnesses. It's just based on silence because you're terrified, And interesting. The point about the me to movement, I can see that now. There was a lot because there's just been a lot. And so it just happened to hit that. That Crux and it just seemed to just blow up. And it was it was everywhere.

So I can see how that would oh my gosh, set up a spiral. Oh, yeah, type of thought process, too.

Speaker: Chrissie Hodges 18:46

Yeah. So the other thing about OCD. And so then the bigger, Taboo ones too, are going to be harmed. So you see something on the TV, it's like mom's stabs and drowns her babies. And then you think, well, she did it. What if I do it? So then you start monitoring your mental state you are monitoring, like, would I ever do that? And eventually, we're going to avoid my kids. I don't want to get here. I'm just in case. Then there's religious scrupulosity, which I had for 12 years. That was the overarching thing for me, it was God's punishing me with this thought, I'm a bad person, I need to ask for forgiveness, I need to repent all the time while I was miserable, but I do want to get to this and this is important. OCD not only manifests in our brains as a mental illness, it also manifests physically.

And this is where people will get to a point and go, this cannot be OCD or I will not type into the computer. Am I x, y or z? This manifests in your erogenous areas at times or another way of an easier way of looking at it is if I worried that I have a brain tumor and that's my intrusive thoughts. I watched something, on 2020 and the next day I wake up and I'm like, is my head hurting I'm googling all the symptoms and, I don't know if like, your foot goes numb. I don't know if it but all of a sudden, my foot is numb, does that mean I have a brain tumor, like you start manifesting symptoms, the more you focus on it. And so when we think about sexual intrusive thoughts, and harm intrusive thoughts, when we think about what we don't want to feel, I'm around a kid, I'd last thing I want to feel is arousal, you better believe she's going to start moving around in my groin. And that's called groinal. Right?

The groinal syndrome? Yes. So females will often get it in their vagina area, or their breasts, or anywhere that's erogenous men will get it in their back ends. Oh, their groin. Okay, their mouth, things like that. Go to my YouTube watch. I'll put a link to that. So this is what makes OCD feel so real. So when you're having, let's say, I'm straight, and I have intrusive thoughts

about being gay, okay, and I am around one of my friends. And she's wearing, a really cute top, whatever, and I look right at her boobs, and I feel like something loose in my brain, you better believe immediately I'm going to go that is proof. What does that mean? I don't want to look at her boobs anymore. I'm scared of what that means. Now, remember, this is not homophobia. It's not any sort of phobia. It is just, I have an intrusive thought that I'm trying to solve. And I can't. And there's my answer to it. Right and driven by this massive fear. And every compulsion digs in deeper.

Speaker: Mia Voss 21:41

Wow, I can see that because that is the physical piece of it. Absolutely. Because we do think, okay, what's the cause? And like, what's the distinction, like, why is that? Why did that happen? And there has to be a reason. Oh, yeah, I can see how that was.

Speaker: Chrissie Hodges 21:55

Logic doesn't work. So when we're so used to saying, why does this happen? Or let me go to a doctor and figure out why I have a headache, oh, I'm dehydrated, or whatever. There's your answer. You don't have that with OCD. Because OCD part of the brain does not respond with logic, it only responds with behavior. And that's not our natural language.

Speaker: Mia Voss 22:18

Say that, again, the OCD part. I love that,

Speaker: Chrissie Hodges 21:55

oh, it comes from the amygdala, which is a reptilian part of the brain that is responsible for our survival, it only responds to behavior. It doesn't know how to respond to logic. So when we try to solve it with logic we miss and therefore we continue to tell the amygdala I am in danger. Keep warning me every compulsion is another warning flag for the amygdala to go.

Yep, there is a reason. So exposure response prevention, as I'm sure Jenna talked about. This teaches you the new language, of how to speak to your amygdala. And how you do that is you withhold your compulsions to show the amygdala, there is no danger. And it takes a while, which is so scary. I want the thoughts gone now? How do I get the thoughts gone? You can't get the thoughts gone. You can't control your thoughts unless you're superhuman. So you have to withhold compulsions to communicate to your brain. There's no issue here.

Speaker: Mia Voss 23:27

That's the toughest piece of advice I bet you give every time. It's like I don't want to hear that.

Because what I've learned from talking with you and also with Jenna Overbaugh as well as Drew of The Anxious Truth is the worst thing is avoidance.

Speaker: Chrissie Hodges 23:42

Yes. And it's the easiest compulsion and I'm triggered about whether or not I'm a pedophile. Every time I go by that playground, I get massive anxiety. So the solution is don't drive by the playground. But the more you don't drive by the playground, you're telling your amygdala there's a reason not to. So the bigger the playground gets as a threat. Sure, sure. So it gets fed. So how do you change that behavior? Going to the playground every single day and sitting there at a bench and going I'm going to show my brain there's no threat here by just being here. Yeah, I could totally terrifying for people with PTSD. It's terrifying

Speaker: Mia Voss 24:32

sure I would think anything, Drew and I had talked about it too, I had this horrible speaker anxiety, which I know is so common, but my God, it's so virulent. It's like a monster with fangs and I have done, do public speaking still. But it is definitely from that being avoided. And I swear to you every time I've made a commitment to speaking. And then I'm like, motherfucker, why did I say, do that like for about 36 hours beforehand. And then yeah, it's

when I get through it, but that literally has been one of the most important pieces that I've done is the lack of avoid or just not avoiding. I'm saying that right and just doing that and it's just kicking fear in the teeth. Now I also do beta blockers that helps me so I found my little piece that works for me. And I think that's part of it, too. And I it sounds like with the peer groups can we talk about peer groups had that's got to be so helpful to have these safe spaces.

Speaker: Chrissie Hodges 25:38

So I started OCD Peers and I've been doing peer support now for about four or five years or four years on my own. I've been I worked in the state institution here in Colorado for a couple years, which was amazing. And that's where I got majority of my experience, but I was doing peer support working one on one with people, and especially PTSD I would meet with someone in UK. And they're crying going, I am a monster, what kind of monster has these thoughts? And then I've met with someone in California an hour before and I'm like, if these people could have met and seen their face, they're not like, they they're not monsters like they're, and but I couldn't because of HIPAA. Right. And so right. I thought to myself, okay, it was last year, this is what happens with me, and I love it or hate it about myself. But I had these epiphanies at like 5am like, and I wake up and I walked outside, and I sat down in front of my husband, this was about 14 months ago. And I said, I have to start a peer group practice. And I said, I'm telling you this because you know that when I know what I have to do, I have to do it. So I'm telling you right now I'm doing it, because I can't keep watching these people. Not think that anybody else experiences these horrible this horrible illness and thinking that they're alone. I want them to have a space where they can look at other people and be like, Wow, you look normal.

Speaker: Mia Voss 27:09

You type in you use that phrase a lot of these the hidden the invisible disabilities, and how tough that is. Because when you see something and this is why mental illnesses, or mental health is so stigmatized because it isn't visible as well, Jesus Christ, what half Don't get me started on and how much better things would be if we weren't stigmatizing it but that invisible hidden piece is huge,

Speaker: Chrissie Hodges 27:35

right? So when people come to the groups, like you know, and especially the PTSD group, people come and they're like, not turning their camera on. And I'm like, turn your camera on.

And then they're like I wanted to show up to make sure that normal people were here. And I'm like,

I know, because you feel like a monster. You can't help the thoughts. They show up. And then you just spiral in this deep, especially people that have been dealing with this for 10 years or 20 years.

And especially if you have kids, so then there's the as I've coded of being a parent, and what kind of monster you are. You're not a monster, you're a person that has intrusive thoughts, and your amygdala doesn't work correctly.

Speaker: Mia Voss 28:20

Just those words, for people to hear it, you're not a monster, your amygdala not working correctly.

And that's it. And I'm sure for some people, it's hard to even take that simple of an answer. Because it does seem so complicated and enormous

Speaker: Chrissie Hodges 28:34

what feels so real. And that's the other part is even, I kind of look at it as a recovery is just a lifelong journey. But I continue to learn and grow. And when Dr. Philips in his article choice at OCD online.com, he gets 48 pages, I'm like just publish the damn thing already. But when I read that, what it does is it conceptualizes what's happening in your brain. And when I

read it, I was like, Oh my god, like the amygdala does this and then I respond, and then the amygdala doesn't know it fucked up and then

I respond and then it just and then the amygdala gets passed, even though it caused it and didn't even know the amygdala is a gas. Wow. Yeah. So when I saw that, I was like, Yes. But when I'm in it, you could not tell me. This is your amygdala, I would be like, Go fuck yourself. You don't know what it feels like this is real this time. So that's what makes it so complex. You can know that I said this in

a video that's coming out this next week is I can know I have died. I don't but, if I did, I could know

I have diabetes. And I can know that my pancreas is messed up, but I can't synch my pancreas into working correctly. Right there. Yeah, the only thing I can do is change my behaviors. Yeah.

And that's how it works with the brain.

Speaker: Mia Voss 29:59

And I bet that What's so frustrating? We spoke about this briefly before we hit the record button about toxic positivity. And that we'd need about another four fucking hours for that, because I get like super runty. But in your world specifically because I even know somebody that would say all the time, though are things, choose the good ones. And it was.

Speaker: Chrissie Hodges 30:21

Oh, God is the worst. It's so detrimental for people with OCD, especially like and I'm a big believer in manifestation I am, but when you angle the, power of it, when you angle that and an OCD is involved,

it can be very detrimental for people, they can't stop the thoughts. their thoughts are there because you're doing compulsion, they don't notice stop the compulsions, right? And when you get all the shitty advice all over social media, from people who don't have a

fucking mental illness, who are maybe they do, maybe they have anxiety, and maybe they have depression, but stay in your motherfucking. Lane.

Right. I love it, giving advice to overall mental health. When you don't understand specific I do not ever go into the bipolar space, why I don't have bipolar? Can I support someone as a peer? Yes. Do I know what their experience is like? No, I don't pretend that my illness has anything to do with anyone else. And this isn't just in like the normal realm of toxic positivity. This is also in our community. So I'll just put it out there. Sure you have people coming out of the gates, because they got better. And they're like, I'm an advocate. And they run out and go this work for me this is all you have to do. All you have to do is say this, I'm like, stop you because it's more nuanced than I got your ERP, and I say maybe I am maybe I'm not. And life is better, you cannot do that.

Speaker: Mia Voss 31:53

What is ERP?

Speaker: Chrissie Hodges 31:55

Exposure response prevention, it's a treatment. And I know people want to help and I know they want to get back. But when you don't understand mental health, on different levels and different degrees, your experience does not represent everybody else's.

Speaker: Mia Voss 32:11

Love your vehemence on this too, because it's dangerous. It truly is, especially when you know the cornucopia of information out there. And so I really want to caution people listening, what Christie just said, really vet people because we were talking about this before, there's some folks online that are just really kind of getting addicted to the likes and the popularity and going viral on things. And it's so dangerous. So please choose wisely. And I know we're going to put some links in here of sources that you love, including the work that you do, because, yeah, I can see that people like, Oh, I got this, you know, I'm an expert, like, stop it. Stop that shit.

Speaker: Chrissie Hodges 32:53

I think and I certainly don't want to come across as a "Don't be an advocate",

Speaker: Chrissie Hodges 32:53

Pay attention to what you're advocating for, like, I learned this the hard way. And it took a few years, you make massive mistakes, you learn from people that have done it before, on the do's and the don'ts. And you don't tell your experience as overall. People have had years of suffering with maybe like dual diagnosis of addiction, they're also dealing with depression, they're also dealing with family trauma, they're also dealing with that. And when they click on and see, oh my gosh, just do this. And then bah blah, and life is great. Like, stop, stop it. Like understand mental health overall, and stay in your fucking lane.

Speaker: Mia Voss 33:54

I so appreciate that. Because it is so prevalent. And I would say, what I like what people do and this is what you do is that you give examples, but that's not the monolith. That's not the be all- end all. And that's really kind of a red flag, honestly, folks is that if somebody is saying like you just said, this is the answer that this step, we're all so I mean, look at how COVID affected people differently. It wasn't following a path or rhyme or reason. OCD, same thing. So you're going to have to find your own little recipe. Looking for the easy answer is a red flag.

Speaker: Chrissie Hodges 34:29

Well, if you're listening to this and you feel offended, good, because that means that's just for you. but here's a little word of advice when think about mental illness. preface with, I can't speak for everyone, but in my experience, that way, people are like, Oh, this isn't, the end all, know all. and the other thing is this. And I'll say this and it's just , I can't speak for anything else other than OCD. When you Get into therapy and you get better, you can get better, like really better. And then your outlook changes because you've been suffering and surviving. And then you're like, Oh, my God, life could be great. Well, you haven't had relapse yet. You haven't had what recovery means. So you come out of the gate, and you're

like, I want to share this with the world. Yes, we need more of that. But when I came out of the gates of therapy, I was in absolute denial that I would have this the rest of my life. I was an absolute denial, the relapse could happen to me. So I was literally like, yeah, I'm so strong. And I'm so this. And I went down the hole of a relapse two years later and didn't even know it. And I suffered for a couple years and also was suffering with addiction, and I was suffering with this. Your perception of mental health is not everyone's So it's almost like we're a community that's turned on itself. We're doing all this advocacy, but we're doing it in a way that's actually harming the community. By touting it as "this is what was worked for me. Try this. I'm all better. I don't meet the criteria anymore for the diagnosis." I don't give a fuck if you meet the criteria. Stop telling that to people.

Speaker: Mia Voss 36:24

They're going to follow. It does what?

Speaker: Chrissie Hodges 36:29

It promotes hopelessness. they can't get there. Or people that relapse Well, What am I doing wrong is so and so does right? Like stop.

Speaker: Mia Voss 36:41

We are just talking about it briefly of my low grade obsession with Rachel Hollis. What a hot mess train wreck, she continues to be my shot, and Freud is off the chain. I feel like kind of digging, because I don't like what she created, which is exactly that this idea of a perfectionism that you can hit, if you would only just be which I always get on a little bit of a rant, we're also talking about people who make it look easy to hit a home run when they pretty much started on third base just based on any kind of privilege that you have. So this falls in that same category of the sense of creating these false expectations or false things that you can hit. And then you're just woof off to the races and go into town defeat.

Speaker: Chrissie Hodges 37:29

Yeah, I mean, there's a fine line in promoting hope. And going too far. going too far with that. And then it turns into hopelessness. And it's, I think that we're in the age of social media now, where anybody can start any account and say, Well, I have lived experience so I can say what I want. Like, that's bullshit one like, No, you may be able to, but that doesn't mean you should. But in this age, where we're like that we've lost the dedication, we really are losing what it means to be an advocate what it means to be an activist, you are not an activist, if you're on Instagram, no, no. If you're down at the state capitol with a protest sign, if you're there testifying to Senate, and to the house, and you're working with organizations to help change law, you're an advocate, you're an activist then.

You aren't an activist behind your screen.

Speaker: Mia Voss 38:41

You all know, I've been preaching that on so many levels.

Speaker: Chrissie Hodges 38:46

Do the work. Do the work.

Speaker: Mia Voss 38:48

Know the issues, do the work, know the issues, know who your local folks are, know who you're going to go to, like, I preach this so much. And I love that this loops in with your message as well of like you, cannot do anything up here, you got to see what's going on down here. Who are your local people too. So I love that we have about five minutes left.'

Speaker: Chrissie Hodges 39:09

We could go over three hours.

Speaker: Mia Voss 39:10

Coming back, folks, you know this. We will definitely cover the whole thing of the balance

between being really raised religious, having OCD, and then also having the spirituality. Jesus and I have a very complicated relationship I would say.

Speaker: Mia Voss 39:29

And let's just put that out there too, you know. That's why mine is, he knows, step lightly or you could be out the door too. But the spirituality piece for us to be able to embrace that now. I fucking love that for us. So we got that going, give me a couple of what's next and where people can go when folks you need to look in the blog because I'm going to have a shit ton of resources for this show.

Speaker: Chrissie Hodges 39:53

So if you're interested in peer support services, or referral consultations, you can come to my website. www.chrissiehodges.com, peer groups www.ocdpeers.com, my nonprofit is www.ocdgamechangers.com. We do a lot of education. We do events really focused heavily on community and listening to what the community needs and focusing our events on that. We are not sitting up there like a panel. Like we think that the community needs this. We want the community to tell us what they need. Because that's what's missing, I think in our community. So there's www.ocdgamechangers.com. We are a 501.63, please donate if you can, that's all my stuff.

Speaker: Mia Voss 40:34

Oh your book?

Speaker: Chrissie Hodges 40:39

Oh yeah, my book. *Pure OCD; invisible side of obsessive compulsive disorder*

Speaker: Mia Voss 40:42

And that's everywhere right? On the book. Yeah, okay, good.

Speaker: Chrissie Hodges 40:45

Amazon, book locker is my publisher. And then what's next for me? I mean, I'm on the fence. If I get accepted, I'm sitting here like, intrusive thoughts about like, being a failure. Those aren't OCD. General self-esteem, I am waiting to hear back I got in grad school this fall I am a big proponent of lived experience. And I'm definitely taking my time and everything that I just said on this podcast,

which is I can't do I need to do my own work to understand just because I have lived experience does not mean I need to be telling people what they should and shouldn't be doing. So I am going back to grad school to get the education and the knowledge on I really want to focus on coercive, excuse me. coercively controlled relationships, manipulation, narcissism, gas lighting. And I really want to dig into how that can affect people who have anxiety disorders, because I feel like people with anxiety tend to be people pleasers. And so, what's the susceptibility that we have to get drawn into those relationships?

I'm a big, big, I really want to dive into the identify patient. So do you know what that is?

Speaker: Mia Voss 42:13

I've heard of it, but explain it to.

Speaker: Chrissie Hodges 42:15

So the identified patient is when you have a family system is to also be a work system or a friend group. There's an if you haven't identified patient what that is, if you like, let's say, we're on like a half circle here. And here's all the people, what happens is the identified patient, typically, it's going to be mental health oriented, the scale tips, and all the grievances hit on the one person who's the identified patient, we think about a family unit. What it is, is the family system is unwilling to see the overarching issues. And they're blaming the one person if only this person didn't have this, or family unit would tip back up and be perfect, right? So I see this in my clients all the time. They don't even know it. I don't

I certainly don't diagnose or anything. But I'm like, let me just tell you what this is. And then they're like, and blown away. The thing is, is that people don't know that this is something you know, and this all goes with the manipulation piece. They don't know sometimes that this is happening, as we know gas lighting is, you know, so covert. And then when they find out, then it's a grieving process, but then it's okay, I have a choice to do something. And I'm certainly I also want to explore this with a degree of compassionate empathy for the system. And what people have gone through generationally to get to this point, I don't want to go in and just blast narcissist, and be like, fuck you all, like, over there?

Speaker: Mia Voss 43:50

Which is what I do. So I appreciate this.

Speaker: Chrissie Hodges 43:53

Part of me did and because I have had to heal from this stuff, too. And it took me a really long time, I developed a pretty severe addiction for a long time. So all these issues of trauma, addiction, how these are all coming into play. And like, I don't know what my goal is. But I know I have to start with education. Man, hopefully going if I get in if, I don't know.

Speaker: Mia Voss 44:21

You are going somewhere else. You can't not do this. Sorry. Put it out there. Because everything you talked about, it's so empowering and so important because even the first time I learned what gas lighting meant, Good God, it changed my world. It changed my fucking world because I know I couldn't necessarily change what I was experiencing, experiencing or had experiencing. I could call it Yes, call it what it was. And there's power in that to even be able to come up with a snappy answer or the way to get out of it or the slam dunk. I at least I know it

Speaker: Chrissie Hodges 44:52

So it doesn't mean it still doesn't hurt. But at least you can say there's a reason behind it instead of I am to blame.

Speaker: Mia Voss 45:00

Yeah, and then little incremental steps forward. That's all I'm looking for right now.

Absolutely.

All right, one more thing. What's your favorite swear word? or phrase? Because some of those

Speaker: Chrissie Hodges 45:12

I mean, fuck of course. And then sometimes I worry that I say it too much. And then I think No, I think it keeps people away that don't need to be near me. Thank you, then I embrace it yet again.

Speaker: Mia Voss 45:28

Preach my gospel. If you could not realize I used to be Yeah, no, I'm like, well, then you're not my people. Anyway. I will say one of my favorite phrases that I just remembered the other: "fuck me running". It's random. It's weird. I said it inappropriately, really hard. around that, and then I'm like, I don't mean that literal.

Ok, We need a whole other show on ... What was that... identified patient?

Speaker: Chrissie Hodges 46:07

Okay, that changed my life. When I realized that. I mean, it was literally my life was like this. Yeah. And then it was like, UGH

Speaker: Mia Voss 46:17

"Which one of ya'll kick me?"

Speaker: Chrissie Hodges 46:18

Like this? I was like, What? How did I not know about this? And again, and I know we're trying to wrap up here. Again, like these things. There's no solution just by knowing them. But knowing them helps you to know that there's a solution that change is possible and that there's hope. Because you don't know you're the identified patient. You don't know you're being gas lighted you don't know you're being manipulated until you know. It is often disguised by people that love you the most

Speaker: Mia Voss 46:50

Sure that's their modus operandi to keep you in that then that thing so that's probably going to be coming up very soon, because I can't un-hear that one. All right. Thank you for joining us. Bye, everyone. Bye.

Closing:

This show. I'm still processing all of this information. Listen, Make sure to check out the show notes for all the resources mentioned. And I KNOW you are going to want to follow Chrissie - check her out at ChrissieHodges.com and also subscribe to her youtube channel which is [ChrissieHodges/PureOCDAvocate](https://www.youtube.com/channel/UC...).

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Thanks for tuning in, see you next time, byeeee.