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When Penny Moody was seven years old, she began to think it was up to her to keep her parents safe.

Every time her folks went out to dinner and put the kids in the care of a babysitter, Penny had this awful dread that she'd be working up in the middle of the night to be told that her parents had died in some terrible car accident.

It's not uncommon for kids to get catastrophic ideas in their heads, but in Penny's case, she thought she could ward off the catastrophe by doing specific things, thinking specific thoughts, like a routine. You might have gathered by now that Penny has obsessive compulsive disorder, OCD, but it took forever for it to be properly diagnosed. Obsessive compulsive disorder is a cruel beast of a thing that puts you in a state of near constant anxiety, and it robs you of so much of the simple pleasures in life because it makes it so hard to live in the moment. But Penny Moody is here to tell you that OCD can be treated. There are forms of therapy that have made life so much better for Penny, but to make it work, you have to get to the root of what you're truly afraid of. Penny's book is called *The Joy Thief*. Hi Penny. Hi Richard. There's a story right at the start of your book from when you were six and you wouldn't come out of the toilet. Tell me that story and what happened? Yeah, it's one of my earliest memories actually, and look it's blurry, but I think what had happened was whenever I did something that I thought was maybe a little bit naughty or something I shouldn't do, I started to fear that maybe police would take me away, and I don't know where I got that thought from, but I think I'd done something like I'd burped or something. And so I had this ritual in my head where I had to say a series of things. I think it was like, sorry, excuse me, sorry, excuse me. And it was like a number of times I'd have to say that. And I didn't know what was going on at the time, but I kind of knew it wasn't totally normal. So that's why I'd take myself to the bathroom and do it. Did you spend a lot of time in the bathroom during the course of your life? I did. I did. And look, since writing this book, I've realised that it's not just me. Actually, it's actually quite a common thing I think for people with OCD because you feel like you do have to take yourself away because you feel a little bit ashamed. And also for me, it was like I had to perform these compulsions to prevent a feared outcome from occurring. Would you feel safer after you'd performed these compulsive behaviours? I'd feel safer for a while. Yeah, the anxiety would go down a little bit. And then I'd start getting on with things, but then it would always come back. So fears like that are pretty common in kids, though. I can remember thinking stupid. Well, I won't say they're stupid because you're a kid. You think catastrophic weird thoughts like that all the time as a kid. Totally. They're not abnormal at all. Kids think all sorts of things. Adults think all sorts of things. But I think with OCD, it's just they really stick. You get really, really afraid of them. And then you start developing compulsions to try to get that anxiety down. Yeah, it's like they float into your head, but for most of us, they just sort of float out again. But they don't float out when you've got OCD. No, that would be amazing. I would love to know what that feels like. But no, no, they'd stick often. I mentioned at the start the fears you had about your mum and dad going out to dinner. How specific were your catastrophic thoughts about what might happen to your parents if you didn't do the right thing? Yeah, look, I've heard OCD is limited to your imagination. And people with OCD tend to have really vivid imaginations. So they'd be really specific. I would see them dying in a car crash. And that would be the image in my mind. And what's really cruel is that it made me feel like I was responsible for them. So

I developed this thought pattern that kind of went, okay, if you sort of play out these compulsions, you will keep them safe, which is totally illogical. But that's just how it went for me. And then it kind of stuck around. So it's a real condition that applies to people with really powerful imaginations then that would normally otherwise lead you into a creative life, I suppose. But if your imagination is that powerful, then what you think up can be really compelling. Yeah, yeah, it can. It can be. Yeah, really vivid, really scary. And you can start to really imagine the worst about yourself, which can be really damaging. You're right, your family moved around a lot when you were little. What kind of places did you live in over the years? Yeah, we lived all over. And this was because of my dad's work. He trained as a doctor, but worked in global health and in the field of HIV and AIDS. And so we moved to Boston when I was quite young. Then we moved to Uganda. I think that's where I started kindergarten. And then when I was about seven or eight, we moved to Geneva for a couple of years. You're right, your mum noticed you had ticks when you were very little, a certain kind of ticks, TIC, I should say. Yeah, like behavioral ticks. What did she tell you about that? Yeah, I think it was when I was about four and we were living in Uganda and I started developing a bit of a physical tick and it was kind of like a noticeable grunt that I would do. And I started doing quite often. And she asked my my granddad at the time because he was a psychiatrist and he gave us some very good advice, saying not to draw attention to it, don't tell her not to do it. Just just let it be. And it did eventually, it did eventually wear off. But I think that was definitely an early kind of sign of anxiety in me. Did you from an early age think I have to conceal these thoughts and these behaviors from the rest of the world? I think I did. I think that was something really innate in me. I didn't, of course, know it was OCD or even know that it was a mental illness. I didn't know what a mental illness was. I know you were seven. Yeah, so little. But I did, yes, I did feel like I had to conceal it because I thought that people would maybe make fun of me if they knew what it was going through my head or they think I was an awful person or, you know, whatever it might be. Yeah, so there's still one part of your mind that's telling you that this isn't quite right. And I know this isn't really true, even though part of you believes it at the same time. Is it a kind of a divided self when it comes to these things? Like, I believe this is going to happen, but I know it's not going to happen. It is a divided self. It's actually a little subheading in my book, actually, when I write about this. It's an ongoing battle for people with OCD because logically, you often know that you're not this terrible person or you're not a murderer or you're not a pedophile or whatever it might be. But you have this feeling like it could be true. And what I've learned is we can't trust our feelings. We just can't. But for so long, we feel like we need to. So it's a real battle. You're right that when you, the family moved to Geneva in Switzerland, you had a real issue with the blinds in your apartment. Tell me what the issue was you had with your blinds. I did. I think moving to Geneva, it was always, it was really exciting for me. I loved going to new places and meeting new people and starting new schools. But I think it did kind of set the OCD off again for me. And this is really common for big life changes. And I would often go with my mum to look for apartments that we were going to live in. And I was so excited about it. But it seemed like whenever I was really excited about something, the OCD would really ramp up. And there was this one apartment I loved and my mum loved and it looked like we'd maybe get this

place. And then I saw the blinds and they were this yellow color. And immediately I thought of squashed bananas, like moldy, squashed, gross, smelly bananas. So weird. And then I couldn't separate that thought from the apartment. And what I now know is that that's often called emotional contamination OCD. So you're kind of like pairing a bad thought with a thing. And then I tried my hardest to tell my mum we can't have this apartment. We can't get this apartment. Because if we do, every time I set foot in it, I'm going to be thinking of that. And I won't be able to think of anything else. And look, she didn't listen to that. She got the apartment. No, it's a squished banana. No, I'm just not going to make the decision based on that. But you know, I'm just thinking as you say that if you remove the anxiety component from that, it's just a really poetic way of living in the world. It's finding all these kind of analogies for how to live in the world. It's a poetic way of thinking. It's a beautiful way of putting it. I love that. I've never heard that, but it is. It's just this imagination. And over time, the thought of squished bananas lessened. It didn't stay with me forever, but it was a little bit frustrating for quite a while. You mentioned your dad was working in the international AIDS crisis at the time. And over time, you began to worry you'd caught AIDS yourself. Do you remember how that thought came into your mind and into your life? Yeah, I do. Look, at the time, AIDS was everywhere. It was talked about everywhere. It was very much in the zeitgeist, but it was even more so in our house because of what my dad was doing. But I just remember quite vividly, you know, sitting on the kitchen table in our apartment trying to do my French homework and my mum was watching the news and a news story came on about a man suffering from AIDS. And it was the first time I'd seen like a human face, really, with the AIDS epidemic. And this man was emaciated and sitting on a hospital bed very close to death. And this thought just jumped into my head of like, well, maybe you have AIDS. You know, you can get it from, you know, my mind at the time. I thought, okay, you could get it from blood from someone else. What if I've, you know, what if I've sat on a toilet seat with a cut on my leg? Could that be possible? And then I had all these thoughts just in a barrage of thoughts go through my head. And what's it like when those thoughts come rushing in? Are they shouty thoughts? They're not always shouty thoughts. They start, they can start quite subtle, but I just remember the panic that they caused me from the very start. It's like this, this creeping shadow that just sort of like slowly envelops you. And does it push all other kind of thinking aside? Yes, it can. Is it like a sort of a rock in a pond or something? It sort of displaces a whole lot of water or something? Yeah, yeah, it can be like that. And I remember just going to bed that night, just, just really afraid. And that thought stuck with me and that worry and that fear stuck with me obsessively for maybe two or three years. Who could you turn to for reassurance? Did you actually go to your parents and say, I'm worried I have AIDS? Tell me I don't have AIDS? I did. Yeah, I'm really lucky that I felt like I could go to my mum and my dad, but it was usually my mum because she was the one at home a lot. I don't know if I did it straight away. I probably kept it to myself for a little while, but then it all got too much and it would just spill out. And I, I started going to her and just like you say, I would, I would say to her, okay, well, what if this scenario happened? Could I have AIDS? And she'd listen to me patiently and she'd say, no, no, it's absolutely just not possible. You don't have AIDS. You're not going to pass AIDS on to anyone else. And I'd go,

it's the same kind of thing as sitting on the toilet seat. I'd, I'd, my anxiety would lessen for a little bit and then it would just come back and then I'd go to her again. And after a period of time, I was probably going to my mum about 20 times a day, day and night asking her, okay, but what about this? Or I don't think I explained it to you right last time. I'm going to try and explain it to you again. And I'm so lucky that she didn't judge me at all. She didn't make me feel weird or ashamed, but she didn't know what it was because there wasn't, there wasn't much talk about

mental illness or OCD. And so her instinct was to comfort me and to nurture me, which is really beautiful. And so she'd answer my questions, but we do know that with OCD, if you, if you do provide those reassurances and you are giving into the compulsions, it does fuel that, that kind of OCD fire. So we'd just always come back even stronger. Yeah, your therapist once likened OCD to a lion. How does that work? Yeah, the lion metaphor. The lion is the anxiety. So it might start quite, you know, like a young little cub and it could be growling. And that roar can make you feel or that growling can make you feel a bit anxious. So you might feed it. You might feed that lion a little bit. And the feeding, I guess, is, you know, doing the compulsions. So you'll feed it. And then the lion will start eating it and be quiet for a little bit. But then what you're doing by feeding the lion is you're making the lion stronger and bigger. And so the lion will come back and it'll start roaring again, but the roar will be louder. So her advice was you've got to starve the lion. And this is, this is what exposure and response prevention therapy is about. You have that anxiety, you feel that anxiety, that fear, the compulsion, that's the roar, and you try your best to just let it roar, feel the fear, don't feed it, and eventually the lion will starve. But you couldn't understand that in your little kid. You can't even begin to understand what's going on there with all of that. So you went on a holiday with your friend's family and how did that go?

It was really hard. I was the kind of kid who always wanted to do the fun thing. So when my friend asked me to go camping with her family in Barcelona, I was so excited and I thought, yep, I'm going to do this. But it took me away from my mum for seven days and my mum was my safety net. And going to a new place didn't mean that my obsessions went away. They came with me. And these worries about having AIDS just were there all the time. I found it so hard to be present. And could you ask anyone in that family? No, no, I didn't feel. So you just kept it inside?

Yep. I think I became really good at looking like I was functioning well. But I had so much going on in my head. And so it was always the moments when I was by myself, again, like whether it was in the toilet or at night in bed where I would just be ruminating and just thinking about all the fears. How much importance did you place on functioning well and not looking bad in the eyes

of the wider world? I put so much importance on it. I had from a really young age. I think a lot of people with OCD are real kind of perfectionists and want to appear to be doing fine.

So I became good at pretending. So after a week or so of this

being away from your mum and being away from her reassurance, what was it like when you came back

to your family home and you saw your mum's face again? I was so excited to see my mum. And I was sure that when I would see her, I would feel this enormous wave of relief.

But what happened, and again, this is like OCD trying to take away any kind of joy or relief. What happened was when I saw her face, I thought, oh my gosh, she looks a little bit different. Why does she look different? And then I kind of started to think, well,

maybe she's not your mum. Maybe someone else has taken over her body. I mean, it sounds insane. It really is. But I just started to think, well, maybe this can't be your mum. And if it's not your mum, you can't talk to her about anything. And where does that leave me? Like that leaves me with nowhere to go. So that was just a really, a real low point, a really sad moment. What did you think was happening to you? I didn't know. I had no idea. I really had no idea. Did you think you were different from other people? Yeah, I remember actually asking a friend once, this would have been a couple of years before that in primary school, getting the courage to ask her what her worries were. And my worries at the time were about having AIDS. And she just sort of just looked at me a bit strangely and was like, oh, I don't know. Sometimes I worry about my homework. Sometimes, you know, my brother's annoying me. Exactly. And then it kind of made me withdraw a bit after that and go like, oh, okay, they're different to my worries. I don't know why they're different, but they are. And I'm probably not going to ask a friend that same question again. That profound sense of responsibility you had too. On the one hand, you're kind of a bit helpless with this voice, with this line in your head. And the other hand, there's this kind of an idea that I can fix the whole universe with my head as well. That's another strange little split-level thinking, form of split-level thinking, isn't it? Yeah. Yeah, that's a really good way of describing it. And it means there's no there's nowhere to go. Like, it's just you're in this awful place. And they often call that kind of having that kind of responsibility and feeling like you've got to play out these routines to keep someone safe is often called magical thinking OCD. So you do almost feel like you've got magical powers, but it never feels good. That's for sure. How long did it take for you to lose the thought that my mum is not my mum? Did it stay with you for a while? It's funny because because I couldn't really do anything to keep it there. Like, I wasn't really couldn't go to mum. So it was like this really awful exposure therapy, which was brutal. But it meant that it did it did fall away because there weren't really many compulsions I could do for that. So I think it lasted for a couple of weeks, but it was probably really bad for a few days. Yeah. During a family holiday in Thailand, the other thought crept into you, which is, oh my God, what if my dad was gay? Is he gay? He's gay. Is he gay? Where could you turn with that thought? I went to my mum again. Poor mum. Did you tell your mum and say, I think dad's gay? This is why I dedicated the book to my mum because what she had to go I did. I did. Oh my gosh. And oh, I just was so wanting to enjoy this holiday. Everyone was. But of course, that's when it rears its head again. And it was at a time when at school, it was like phrases with running around like it's so gay. And from my home life, I knew it was okay to be gay. But just from, you know, other messages in society, I thought, you know, it was telling me the opposite. And I'd seen some pictures of my dad dressed up as a woman for a show that he was doing in Alice Springs once. Strangermen have been doing that since the years old, of course. And he loves to act. He's very dramatic. And it was, but my mind twisted it all. And the fear was, you know, I know now the fear wasn't that he was gay. It was that family dynamic would change. Mum and dad would have to divorce. And then where does it leave me? And I'm the one who has to tell my mum this. I mean, that's mortifying. And my mum was great. Again, she just was very gentle and she would say no. Penn, just because you've seen these photos, it doesn't mean he's gay. It's okay. We're all going to stay together, you know, really trying to make me feel better. But

it did stick around a bit. I kind of have noticed twice now you've been on holiday and this voice has come roaring into your head. Is the OCD a bit of a bully?

It is a bully. Yeah. Yeah. It's a really good way to describe it. And I've heard from a lot of people that when you're on holidays, that's when it can really come at its worst. Is it too much to say it's the enemy of your happiness? Oh, I think it would definitely be the enemy of my happiness. And it's also, it takes up the time that it's given a lot of the time. You know, when you do have time to sit back and try to enjoy yourself and you're not busy, for example, that's when it can often get really bad. The OCD says, you know, you think you can have a nice time. We'll see about that. Yeah. So what happened when you entered your teens and you became a bit hormonal? How did your OCD collide with your evolving teenage self?

Yeah, I started high school and again, look for the most part, I was enjoying it. I had friends. I loved to learn. But once you start high school, all the things about sexuality come into play. And there aren't a lot of certainties when it comes to sexuality. I started to worry initially, you know, with my first boyfriend, I started to worry that I was pregnant, even though we'd never had sex. You know, I think when you start high school, especially as a young teenage girl, you suddenly sexualized and it's a really stark change from primary school, at least it was for me. And you're still just a kid, but suddenly you've got to navigate this new sexual world. And for me, I was really worried for a while that if I did anything sexual with someone, I'd be labeled a slut or easy or, you know, I'd have this label on me that I would never be able to shrug off. And then I started worrying, and this is, you know, especially around the time where when I had a boyfriend and I again, I was feeling quite happy, I started worrying that I didn't, I wasn't attracted to him. And then I thought, well, what if I'm, if I'm not attracted to him, maybe I'm not attracted to men or to boys, to guys. Maybe that means I'm gay. But the real worry there isn't that you're gay, it's you're going to disappoint everyone. Yes, it's that I'm going to have to make a decision that I don't want to make, which is so bizarre because of course I'm in charge of what I do. But when you have these thoughts, you don't really feel like you are. Again, it's like, if I have a feeling that maybe I'm attracted to the same sex, then that must make it true. And then I'm going to have to carry through with this, break up with my boyfriend and everyone, I'll have to tell everyone, but it's not what I wanted. So it was a very confusing time.

Were you still going to your mum for reassurance about things?

Yeah, I was. Yep.

And did she suggest seeing a counsellor?

Yeah, she did. You know, it was getting pretty bad by the time I was about 15, because the pressures of school intensify and she did suggest it. And initially I was mortified. I thought, well, I don't know anyone who sees a psychologist. I don't want to be labeled as crazy. I'm not going to see a psychologist. And I really battered that suggestion away very quickly.

What do we know about the factors that bring on OCD, obsessive-compulsive disorder?

We know that it's both biological and learned. There have been really major studies showing how different the brains of people with OCD are. There are differences there. So it very much can be biological and genetic. And there aren't a lot of conclusive studies out there about the specifics when it comes to genetics, but that certainly plays a part.

You do find it tends to run in the family a little?

It tends to run in the family. And look, if you have OCD, you're definitely more likely to have

a child who has OCD. It's not definite, but it's more likely.

And how about environmental factors?

Like I was kind of saying before, certain life changes or upheavals can trigger OCD.

That's not to say that it wouldn't happen. I don't think the AIDS thing

only came up because my dad was working in it. If it wasn't that something else would have come up,

but certain life changes can really intensify the OCD. But it's also about

how you're reacting to the thought. And if you're constantly performing compulsions, then you're creating this neural pathway in your brain.

You now understand that OCD is a kind of a quest for absolute certainty.

Is it a quest for the knowledge of certainty or a feeling of certainty?

I think it's the quest for the feeling of certainty, because what I've learned

is that we can never, ever have certainty or absolute certainty about anything.

When you have OCD, you're always searching for certainty. And when you're performing compulsions,

you're giving yourself the idea or the feeling like you are certain, but it's never actually the truth. And what I've learned is that we can only ever feel certain about something.

We can never be 100% certain about anything, anything at all, really.

I talked to this great American psychologist, Jonathan Grayson,

and he often says, you're never going to get certainty in your life, but let's try for your second best life. Let's try for that life where you don't have that certainty, but you can get

through each day being okay. But you're a perfectionist. Yeah. So is it hard to settle

for the second best life? It is, and that can make people feel really anxious,

because I also talked to another psychologist, Kimberly Quinlan, who's in the US, who's Australian though. She talks about trying to aim for a B, a B plus in life, or maybe it was a B minus.

And that can be, you know, I've talked to people who have read that and gone, oh, God, that makes me feel awful. But the reasoning being that this constant quest for perfection doesn't really make us happy and just often makes us really miserable,

because we often feel like we're falling short.

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You talk about the bullying intrusive thoughts, and you say that psychologists have found there are two different kinds. There are the egocintonic thoughts and the egodistonic thoughts. What's

the difference between egocintonic and egodistonic thought, Penny? So egodistonic thoughts are generally counter to our core beliefs. So people with OCD often will have egodistonic thoughts.

Like, I have a baby. What if I kill the baby? That kind of thing? Exactly. I have this knife in

my hand. What if I stab my partner? So they're not aligned with our values. Egocintonic thoughts are the opposite. They're more in line with what we value, what we see to be important.

So if you have that thought, I might attack the loved one with the cheese grater or something, is the problem that you think, because I've had that thought, I might do it? Is that it?

Yeah. For me, it was. There's something called thought action fusion, and I'd never heard of

that until I started doing therapy with someone who had experienced treating OCD. And I'd often get a thought, and then the next thing for me would be the action. So it's like, well, if I can think

this, it must mean that I can do it. Okay, so what does that say about me? Well, I must be a monster.

I could be a murderer. I shouldn't be trusted with this knife that I'm holding. So it can spiral really quickly. And that's particularly devastating if you have a small child, for example, because I know this often comes up for new parents, those harm thoughts, because you've suddenly got this really vulnerable person in your care. It's totally dependent on you. Yes. Yeah. So what if I did this terrible thing? But you know the whole time, you're never going to do that. Dr. Grayson, you mentioned there earlier, he's this kind of idea of a gun test, doesn't he? Can you explain how that works? This is fascinating. And he talks about it in his book as well. But he often with clients with OCD will say, okay, well, you've got this thought, you've got this fear. Imagine I've got a gun to your head. You've got two answers. You can go one way or the other. You could say, yes, I think I'm actually going to kill my partner or no, I don't think I'm going to do that. If I've got the gun pointed to your head and I'm going to kill you and everyone you love, what's your answer going to be? And he says that everyone answers the way that someone without OCD would. Right. No, I'm not going to kill that person. No, I'm not going to. So you do know that fundamentally. You do. But the louder voice in your head at the time says what if or something. It does say what if and the obsessive compulsive cycle is just really, really damaging. Like it it plays over and over and over in your head. And the more you think something, the more of an emotional response you're going to have to it. It's just this really vicious kind of loop. And it's really interesting because I saw something in my son the other day where my six-year-old son was quite angry at me for something. And he said to me, well, I'm going to think of every single swear word I know and expecting me to go, oh, no, don't you dare. And I said to him, go for it. You can have any thought you want to have thoughts of fine. But already at six years old, he's got that sense that bad thought can equal maybe bad person. So that was a bit of a scary moment for me going, oh gosh, this can happen so, so young. Not to say he has OCD or anything, but just that those fundamental beliefs can kind of be created so young. If sin is born in the mind rather than in the deed. So once you began to see a psychologist in your late teens, was OCD ever floated as a serious possibility? Not really. It was by the second or third psychologist I saw it was kind of casually mentioned, you know, maybe you have obsessive tendencies, but it was never put forward as a possible diagnosis. That was the side salad for the main course. What were you diagnosed with then? Anxiety, general anxiety. But that's not the same thing, is it? It's not, no, no. How would you define the difference between the two? Yeah, it's a good question. Often there can be crossovers for sure and often people with OCD can suffer from anxiety as well. You know, I think one of the big differences with anxiety and OCD are the ego dystonic thoughts. So with OCD, you often are thinking these pretty wild thoughts and with anxiety, you can often have intrusive looping thoughts, but they're often not so counter to your core values. As I was saying before, they might be more sort of real life issues that you might be really blowing out of proportion. And I think the other difference being that often with OCD, you do have the compulsions, whereas with anxiety, that might not be the case. So why don't you think OCD was identified and put front and centre in those early years?

I think it was a mixture of different factors. I think one of the reasons was that it took a very long time for me to really be very honest with the thoughts that were going in my head. I would kind of dance around the edges of the thoughts, but I often wouldn't feel comfortable enough to say to that person, these are the thoughts I'm having. Why? Because, I mean, I had no idea that that was OCD. And so I just thought they would then confirm my fears. That was terrifying to me. Oh, you were worried you'd be like identified as being psychotic or something there? Yeah, or yeah, dangerous. Or when I had fears around the sexuality stuff, I thought that they'd go, well, yeah, maybe you are gay. And then maybe you do have to make these life changes. So we're sending you to a lesbian now. It was just, yeah, it sounds so odd. But I think another reason was that it wasn't and maybe still isn't that well understood even within the mental health community, you know, even amongst psychologists. I think a lot of the time signs were missed. And it wasn't until I came across something in the newspaper that I identified it myself and I kind of had to self diagnose really. What was that article? It was this article, and I'm pretty certain it was in the good weekend, but I have never been able to find it again. And it was written anonymously by a woman. I don't know if she was in Australia or not. But she talked about her obsessive compulsive disorder, but more so about what some people call pure O, which is kind of maybe not the right term, but meaning obsessive compulsive disorder, which is more about the obsessions and more about the mental compulsions, which is the ruminating, the seeking reassurance, it's not your stereotypical counting or ordering or checking. And I just saw myself in this article. I thought this is what I've been through. And she talked about her fears of harming people, their sexual fears. And she was so, so painfully honest in this article. And I imagine that's why it was anonymous. And then she talked about going to the US and getting treatment using exposure and response prevention therapy. Was it relief to read that? It was a huge relief for me. I think I cried a lot, but like happy tears in a way, because I had this sense of clarity for once. And I thought there's nothing wrong with me. There's just something a little bit different about my brain. And I can actually get help for this. Was it then you realized you weren't evil? Yeah. Yeah. Or a want to be evil person. Yeah, I did. I had this weight lifted from my shoulders. And I did. I felt lighter. I felt like I wasn't the only one in the world going through it, because I knew there was someone else. Around about this time, you met Hugh, your now husband. How did you meet Hugh? I originally met Hugh at school. I think he was a little bit older than me, but I knew his brother very well. And over the years, after school, we'd bump into each other every now and then. And then he sort of just slid into my DMs, I think, on Facebook once. So yeah, we kind of just started talking and after a period of time, after a year or so, we caught up. Yeah. Were you trying to hide your OCD from him? Or were you trying to put your best face on things with him at first? Yeah. At first, I was because that's what I had always done in previous relationships. I'd never gone into it, mainly because I didn't have the words for it. So I couldn't really talk about it. By this stage with Hugh, I kind of knew what was going on. I hadn't sought help or proper treatment for OCD. Were you on medication at the time? I was on medication and I had been for quite a long time. And what kind of medication were you on? I was on sertraline, so an antidepressant. SSRI? Exactly. And was that working for you? It definitely took the edge off. Yeah. It certainly helped the obsessions and that kind of obsessive loop, but it didn't stop it. It sort of quietened it down a little bit. Did you begin to think though, you've fallen in love and you're taking

the medication, did you begin to think you might just somehow be getting better from it and you could beat it? And being a perfectionist, you'd want to beat something like this? Was that what was going through your head at the time? Yeah. So not long after I met Hugh, I was so in love and things were great and the idea of medication had always sat a little bit uncomfortably with me. I wanted to be okay without the medication. So after a period of time, I thought, no, I'm going to go off this. I don't need it. And I did that and I did it pretty quickly and it was a really silly thing to do looking back. I had no, you know, I wasn't seeing a psychologist at the time. I was on a pretty small dose of medication, but it just goes to show, you know, I had this really bad slide back into the OCD and into depression. It just goes to show what that little bit of medication was doing for me. So I quite arrogantly just stopped it and just fell into a kind of deep depression. Was it hard to persuade you to get back on the medication? Yeah, it was. I kind of endured this, this really dark feeling for quite a few months. Luckily, I always felt really safe with Hugh to talk about what was going on. And at some point, I felt so low and so hopeless. And I was kind of starting to push him away a little bit that I went to my mum and dad and I said, this is what's going on. And they said, okay, I think we need to get back on the medication pretty quick. So after a while, I realised that was the right thing to do, but I felt defeated. You write that after you saw that Good Weekend article, it was only then you felt you could really come clean with your therapist about your obsessive thoughts. What was it like to get that off your chest? Yeah, and look, it was quite a few years still after that, reading that article. So it just goes to show, you know, sometimes it takes a lot of courage to really talk about what's going on in your head to someone you don't know very well. It was really hard to do it, but I did feel another big sense of relief once I told her. But unfortunately, she didn't really, she was a brilliant psychologist, this woman I told, but she very honestly said, I don't really treat obsessive compulsive disorder. So you'll have to find someone who does, but no one really knew where I should go. So it was literally go to find a psychologist.com. Wow. It feels like we've known about OCD for quite some time, but it's the way you're talking, it sounds like it's still very much an emerging field. So you really had to find your way. And then you found your way to Dr. Andrea Wallace, who was hugely helpful. What was she able to tell you about your OCD? Yeah, she was amazing, is amazing. And she immediately just understood it. I could just tell in the first couple of minutes sitting down with her that she's someone who knew what it was and who wouldn't judge me for it and could sit with my discomfort and show me a way out. But I did go into that session thinking, I've got to go all out here. I've got to be really honest. I'm at a crossroads where I need help and so I'm just going to do it. And what did the intrusive thoughts have to say about that decision? Oh, everything, you know. Because you're proposing not to feed the lion here, aren't you? Yeah. And you know, they call it the doubting disease for a reason because even people who have been diagnosed, you start to think, well, no, it can't be OCD. They've got it wrong. No, it won't be the OCD. I really am an awful person. Luckily for me at this time, I had a one year old, so I had my first son. And I think he's really the reason that I was so determined by this point to get better. That kind of motherly instinct was getting louder than the OCD at that point because I knew I had to get better. I knew if I didn't get better, I wouldn't be a good mum. And by saying that, I just meant I wouldn't be present with him. I even remember in the birth suite, like while I was giving birth to him,

I was having, you know, I was ruminating about things. And that's why I'll try to push a baby out of me. Like it's it's it follows you everywhere. So when I did have this tiny little person to look after, I wasn't getting any sleep and hormones were going crazy. It was pretty rare to feel moments of joy. So you started seeing Dr Wallace and she gave you the good news, which is that there's some pretty good therapeutic techniques. Therapy actually works really well in many, many cases here. This is the therapy known as exposure and response prevention, ERP. Tell me what that is, Penny. ERP is triggering whatever fear it might be that you have. So purposefully bringing on the anxiety somehow and then not performing the compulsion because we know that playing out the compulsion just fuels the obsessions. So it's different from like phobia therapy. It is like you frighten the spiders, bring yourself closer and closer to the spider. It's got this extra step to it. The extra step is super important. If you're just doing the exposure part of it, it's like you're torturing yourself because you're just bringing on this fear and then you're sitting, you're sitting with it, but you're, you're still doing the compulsion until you're just terrorizing yourself. So that second step is really important and it's really hard because you've often spent years doing the compulsion in the response to the obsession. So to begin with, she asked you to compile some kind of hierarchy of fear, which is a great name for a book just quietly. I think hierarchy of fear, some kind of spy thriller or something. How do you build this hierarchy of fear with chalk on a blackboard? Yeah, you do it then and there in the room. You know, I remember when she said we do it, I thought, oh, I'll just maybe do this at home and she won't have to be present. And she's like, no, we're doing it right now. Let's go. Let's put a bunch of fears on a piece of paper. And then you're going to put a number next to it. So it could be 10%, you know, up to 100%. And her idea is that generally might want to start with the client at around 30. So you don't want to go in at 100. You want to have little wins and expose yourself kind of slowly, I guess, so that you can start to experience what they call habituation. And you also then have to start identifying what the compulsions are because they're not always obvious. So it's not like walking around the bed six times or something. And it can be that, but it can also be much more subtle. So trying to identify what your mental compulsions are is also really crucial in the treatment as well. So for example, if you've got someone with OCD who's a germaphobe, how might this work in the case of a germaphobe? So one of the exposures you might do in ERP with it with a germaphobe is doing something like sticking your hand in a bin and then just not washing your hands, you know, higher up on the pyramid could be then licking your hand. Cool. Okay. So you do that, you do this thing you dread, putting your hand in a bin, and then you just got to sit with it, do you? Yes. And how long do you sit with it for? As long as it takes. It might, you know, if Andrea, for example, might sit with a client for the rest of the session, just sitting in that discomfort. And will she do that as well, will the therapist put her hand in the bin as well? She will, she will, and she will lick it. She will lick a hand. Yes. Yes. Okay. So in the case of the germaphobe, for example, you put your hand in the bin and then you lick the hand or something and you got to sit with it. Does she sit with you and try and tell you that you're not going to get sick? No. No, because that would be providing reassurance, it would be falsely providing certainty. Feeding the lion. It would be feeding the lion. Right. So instead, what does she say? She says, maybe you will get sick. Maybe you will. You probably won't, but you might. And when you've been through these therapies, what does that feel like to go through that? Initially, initially it's terrifying. Your

heart rate goes up, you might be sweating, you're in that fight or flight mode a lot of the time. But at the other end of it, when you haven't done the compulsive behaviour?

You eventually realise that the anxiety does die down. It does go away, but you have to do these things a lot. Especially at the beginning, it would be doing these things over and over again, so that you do experience that habituation. So there's a new normal then? So there's a new normal and you're creating new neural pathways. Tell me how she asked you to record your fears into your iPhone. I think this was a time when I had some combined fears. Hugh and I were about to get married

and I started having these relationship OCD fears. So, gosh, what if the person I'm with isn't the one? What if I'm not feeling the right things? It's that core fear of what if I break up this family? And it was also these lingering fears around, you know, sexuality as well. Okay, but so if I'm not feeling these things, well, what does that say about me and my sexuality?

And just always trying to seek certainty where there often really isn't any. So, she'd get me to record a loop tape in my phone. I would have to do it again in session, which was mortifying and say those fears out loud and say things like, maybe, maybe he's not the one for me and maybe I will realise that I have to leave my fiancée and walk out the door and break up my family. Everyone is going to be deeply ashamed of me and I'm going to cause everyone heartache. Yeah, say those kind of things and then listen to it over and over and over again.

How hard is it to listen back to that? Oh, at first it was hard. At first it was really difficult and again, it was, you know, like racing heartbeat, sweaty palms. By the end of it, you know, by the, I don't know, 10th time in one day, it was fine. It really didn't cause any kind of response in me. I would do it on my way to work. I'd do it on the train. I'd do it on the walk from the train to work and then I'd do it on the way back. And maybe it was by the end of that week, I was just like, yeah. One of your fears that you brought up again and again was your fears around sexuality and sex in general, how you avoided any sexually explicit stuff. You'd never watched Sex in the City, for example. That wasn't, that was never part of your life at that point. And so your therapist suggested you listen to some, you know, sex podcasts and then more sexually explicit material. And in the funniest sentence in your book, you write about how difficult this was, trying to do this out of sight of your child at the time. And you write that it was, it was like for you, darling, please shut your eyes so Mummy can go and watch some hardcore porn that will push her to the brink of an anxiety attack. Now, I'm not bringing enough to talk about the porn. I'm bringing this up to talk about, if you're able to write a sentence like that, clearly you're able to laugh at your, your obsessions here. Was this a new thing? Or have you always been able to laugh at your obsessions? I think since learning about what OCD is and gaining a better understanding of it, it's demystified it for me. And I can kind of step back from it and see how absurd it is, how absurd it can be. And I think, I think on top of that is like meeting other people who have OCD and seeing them laugh at it makes me feel like I can laugh at my experiences and makes it a bit easier. And this came from group therapy. Yeah. What was that like? It was life changing for me. It was one of the most therapeutic things I've ever done. It was finally seeing myself, my own experiences in someone else and having really deep empathy for them, which then allowed me to have more empathy for myself. You mentioned before how the voice of parenthood was one of the few voices that could be louder than the OCD voice. Laughter too. Laughter is like a big happy bomb exploding in your head that tends to push everything out momentarily, which is why it's so pleasurable. Are you laughing a lot more now?

Yeah, I think I am. Yeah, absolutely. Yeah, I can definitely live more in the moment now. I mean, it's something that Hugh, my husband kind of does instinctually is like when I'm not feeling good or when he can see that the OCD is raising its head again is he'll try to make me laugh or he'll show me a funny video or he'll do anything it takes to make me laugh because he knows that that can shift things for me for a while. So it's been really, yeah, really powerful for me. I wouldn't want it to be like, well, I had this terrible problem. I got the good therapy and now I'm fine because you'd have had a relapse. You mentioned you did relapse. Is it now for you more a case of learning to manage your OCD rather than trying to be cured of it? It is. Yeah, I've come to the realisation that it probably will be around forever for me, not to say that's the case for everyone. But for me, it'll always be there in the background. You can never get rid of the intrusive thoughts because that's a human experience. It's not an OCD experience. So the only thing you can do is try to change your behaviour in response to that. So doing regular therapy has meant that I can go really long periods without really getting stuck in any kind of OCD hole, days, weeks, maybe sometimes a month. And then external stresses might make the OCD come back

for a bit and I might relapse, but I know that I can get out of it because I've done it before.

And are you comfortable with not being perfect at things anymore?

Yeah, yes, I am. Yeah, absolutely. Being a parent on top of getting treatment for OCD has forced me again to be more present because with little people, you do have to be more present.

Yeah, the therapy has certainly anchored me and made me realise that I've spent so much of my life in my head, even though it may have seemed like I was with it. And I really want to really want to try to be in the present as much as I can. Penny, thank you very much for sharing your story.

Thanks for having me. Penny Moody's book is called The Joy Thief. How OCD steals your happiness and how to get it back. I'm Richard Fidler. Thanks for listening.

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