

# The Initial Consultation – Relating it to the OCD Client

## Initial Consultation

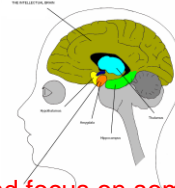
### The 'Intellectual brain' and the primitive 'emotional brain'

#### The explanation *(always remember it has to relate to the client)*

"Let's understand how the brain works. How depression, anxiety, OCD etc. is created. How we can suffer in the way we do and what we can do about it.

Let's have a look at the brain - this is to the bit you know as you. It is your conscious part. The part that interacts with the world. The part we are using to be aware of our interactions together. At the moment, it is attached to a vast intellectual resource, the intellectual mind. This part we don't share with other animals.

"Now, when we operate from this part of the brain we generally get things right in life. It will always come up with answers based on a proper assessment of the situation and is generally very positive.



*It can help us to have insight into our OCD, resist compulsions or distract and focus on something else, it can also be aware that our OCD is not a 'true' representation of what is happening. Eg the intellect wouldn't choose to check the back door is locked 20 times.*

There is another part of the brain. This part is the original primitive part. The centre and influential bit of this brain is the amygdala. This is generally referred to as the fight/flight/depression area of the brain. It is associated with two other very primitive parts. The hippocampus, which holds all our primitive and sometimes inappropriate behavioural experiences and patterns, and the hypothalamus which regulates chemical responses in the body and mind.

So, let us imagine that when you leave here today you run into a polar bear. What would happen? Your anxiety would go up. You would lose intellectual control and move from this part of the brain (the intellectual brain) to this part of the brain (the primitive emotional brain) go 'sweaty' increase the heart beat, churn the stomach and you would be off like a shot.

*It's the same with OCD, it's just your fear of x is like the polar bear; your anxiety goes up and you lose intellectual control, you must ensure that you are safe so you have to do x to be sure.*

In the circumstances with the polar bear, this response would be entirely appropriate. You would be pleased.

Unfortunately, it is the same in life. When our anxiety goes up, and it can be a gradual process, we lose intellectual control and to a greater or lesser extent the primitive mind takes over and this mind always operates within the primitive parameters of the depression, anxiety and anger or a combination of all three.

If our primitive mind thinks that, for one reason or another, our life is in some sort of crisis or emergency it will step in generally to help. Depression, anxiety, and anger are all primitive opt out clauses.

When the cave man looked out of the cave and there was snow or ice or danger and he couldn't go out to hunt, he pulled the rug over his head and didn't interact until the situation changed. We have adapted this to all the modern-day symptoms of depression etc. etc.

If we were in the jungle in those days I doubt very much if we would be too far away from our panic button at any given time etc. etc.

Anger is merely a primitive way of increasing our strength to defend ourselves against wild animals and other wild tribesman etc. etc.

*We know that anxiety/depression commonly are associated with ocd. But their manifestations may also have had a primitive origin. E.g. checking for dangers in tribes, fire going out or cleanliness of water.*

## The Initial Consultation – Relating it to the OCD Client

But there is more. The primitive mind is a negative mind. It will always see things from the worst possible perspective. If you think about it, it has to for your self-preservation. When you run into the polar bear it won't say 'ah it has probably eaten'. No quite rightly it will say 'it will snaffle you.' This response is great when we run into polar bears but not so good when the bank statement arrives or we are facing redundancy or we've had an argument etc.

*Here we can explain about the client's ocd thought patterns, e.g if I don't wash my hands I will die etc....*

It is an obsessional mind (so important to explain this to OCD sufferers). If you did have a polar bear in the back garden you would be reminded of it constantly. You would keep checking.

*It is obsessional mind for everyone, but some personality types/people are more prone to this*

It is a vigilant mind. If the perception is that danger is all around, then it is wise to stay on red alert.

And, because the primitive brain is not an intellect it can't be innovative. It has to refer to previous patterns of behaviour. If what we did yesterday ensured our survival, then we are encouraged to do it again.

*Here we can use examples of the clients specific ocd behaviour eg every time do wash hands/check light switches/ask for reassurance etc. you strengthen the need to do it, i.e. you survived last time because you did x so we can be sure you will do it again*

So how do we create this anxiety which causes us to move from the intellectual sensible part of the brain to the angry, anxious and depressed part?

Anxiety is caused by negative thinking. It is not the events in one's lives that necessarily cause the perception of crisis. No, if that were so everyone at university would be suffering from panic attacks (*an example to the client*) and we know that is not the case. So, it must be our thought patterns surrounding the events of our life.

*Your negative thinking forces you to avoid situations/places/people or focus on other things when you should be doing something else, can you see what an impact this has on your life?*

Every negative thought we have is converted into anxiety. We can create anxiety by negatively forecasting the future, big things; "we will never be able to afford that", "I'll never find another girlfriend", "I'll never have a baby" etc. It can be small things; That meeting. Here we should remember that the mind can't tell the difference between imagination and reality. Intellectually you know the meeting is going to go OK, they generally do, but being you, you start thinking about things going wrong. You think about it 50 times? The actual meeting goes quite well but you have attended 51 meetings and 50 have been disasters.

We can negatively introspect about the past.

*Here we can repeat the process giving more examples and perhaps emphasising the negative, obsessional, anxious nature of the primitive emotional mind.*

Now, every negative thought that we have is accumulated and stored. We say it is stored in a stress bucket. Thankfully, we do have a method for emptying our bucket and it is known as REM sleep, rapid eye movement. At night, we re-run events of the day and change them from being an emotional memory to a narrative memory. A memory we have control over.

You are familiar with how REM works. Someone upsets you in the afternoon and you really are upset. You tell your husband and he says forget about it but you really can't. You are thinking about it when you go to bed.

*At this stage of the consultation if we have achieved the rapport and understanding we would expect, we should have plenty of nodding and "yes that's me alright".*

During your REM sleep you will re-run the event either in clear or metaphorically (dreaming), and you will move it from the primitive brain to the intellectual brain where you have control over it. So, when you awaken in the morning you might well have forgotten about the wretched person, you might not but you will certainly be saying something like "how do I allow these people to upset me so".

# The Initial Consultation – Relating it to the OCD Client

I fondly imagine that I awaken each morning with my bucket emptied so I can start the day without anxiety, anger or depression. You don't. Why?

*Here we have the option of emphasising the not enough REM or the too much REM mode. We will probably talk about both but we will know, from the information we have gathered, which one is more applicable to our client.*

## Option 1

Well for a start you have been piling too much into your bucket. (sometimes it will overflow!) Sadly, for one reason or another, REM is restricted to about 20% of our sleep patterns. If we try and overdo that then the mind will wake you up. You know when it is your mind waking you up because you wake up wide awake and often feel quite miserable. Often we can't get back to sleep again. You know the difference between that and the baby waking you up for instance

Now we are in the grip of a bit of a vicious circle. The more you have in your bucket, the more time you will spend in your primitive brain and the more you will be encouraged to be negative.

So, you can see how we can start getting you back on top of things. We need to restrict the amount you are piling into your bucket and get you concentrating on the positive things in your life. You will know when you are doing this when you start sleeping better.

## Option 2

Well for a start you have been piling too much into your bucket and it takes a great deal of effort to attempt to empty it. Sadly, REM is enervating. It has enormous energy in that effort to diffuse that anxiety. Sometimes we can overdo it and this exhausts us and makes us even more depressed. Now we find ourselves in the grip of a vicious circle. In an attempt to empty our bucket, we are encouraged to sleep more and more, sometimes all day, which makes our depression and anxiety worse and worse.

So, we can see how we can start getting you back on top of things. We need to restrict the amount you are piling into your bucket and get you concentrating on the positive aspects in your life. We need to re-organise your sleep patterns too.

*Explain here that as our stress bucket empties our OCD lessens*

So, what we're going to do is help you to reduce your anxiety and get the real you back. I'll give you a CD to listen to every night when it is time to go to sleep which will help the process. We will see a difference. Before we finish today, I want to tell you about the physiology, about what happens in the brain when we suffer from anxiety disorders and depression.

*If they are on anti-depressant medication you can add that 40-60% of people find SSR'Is effective for reducing symptoms as lower serotonin = more severe symptoms thus increasing serotonin decreases ocd symptoms also and that the following explanation will be really helpful as it will give them an understanding of how their medication is going to help them.*

Early man and early women were given quite definite rewards for carrying out certain evolutionary processes. They got a reward when they hunted and gathered, and successfully supported themselves and their families. We are better as a tribe rather than individuals, so they got rewarded when they interacted with others. The reward they got they quite definitely recognised and scientists are adamant about this. They felt motivated. But most of all was a coping mechanism, it helped them cope with day to day activities...helped them cope better with physical fear...made them braver, it even helped them cope with physical pain. No doubt they were pleased. Now we know what that reward is. It's a chemical response in the brain that produces various neurotransmitters that act as catalysts for that sort of mentally healthy behaviour. And you know, the neurotransmitter we talk about most, simply because it is the most important, is serotonin.

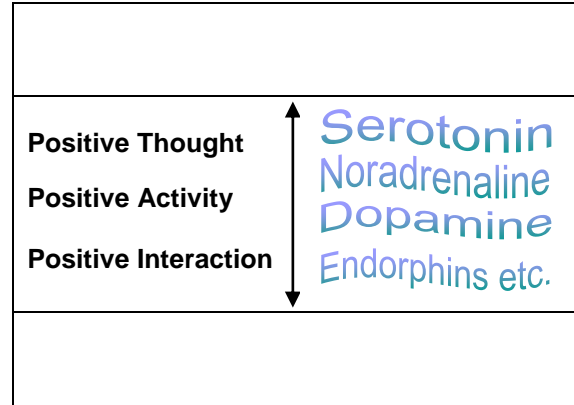
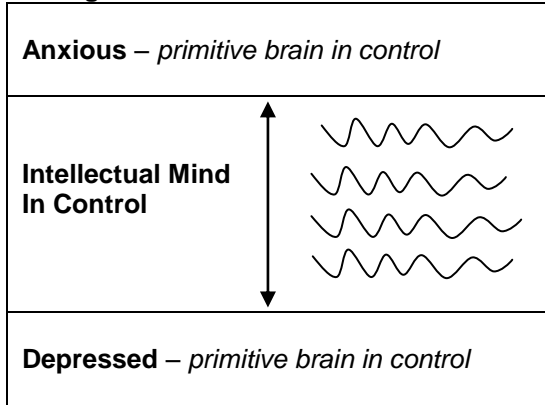
When we produce a constant flow of serotonin we are nice, happy, coping, brave little souls!

So, we need to operate within these positive parameters like early man (referring to diagram), and although we do not have to go out to hunt, we do have to interact in a positive way, be active in a

# The Initial Consultation – Relating it to the OCD Client

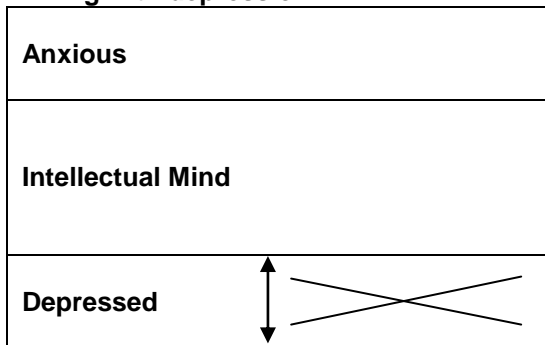
positive way, and think in a positive way. Because when we do, we produce patterns in the brain that give us that constant flow of serotonin.

## Living with Intellectual Control

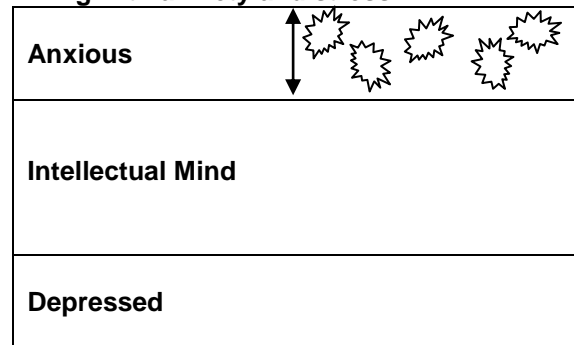


What stops the flow of serotonin? Well, you know that when we're down the miserable end, the depressed end, we don't produce any chemicals at all. When we're up the anxious end, we produce an overload of adrenalines, stress hormones. Great for when we run into polar bears but not so good for running our daily lives in and around Bristol. So, we have to get back into this bit (diagram), and we will.

## Living with depression



## Living with anxiety and stress



Next week we will get you on the couch. One of the tremendous advantages we have here is that we use trance. Trance is a course very ordinary in many ways. We go into trance many times a day, when we are driving, watching television, out for runs etc.; we do it all the time.

Trance is when the two minds come together and focus on the same thing and when we are in that state we have access to the subconscious mind. That's going to help us enormously and it's the easiest thing in the world to contrive etc., etc.

*Finish the session with suitable encouragement, you will be pleased to know that we work very quickly here, we will be seeing each other for 8,10, 12, sessions (you might need to say it's common for it to take a little longer with OCD as can be quite entrenched, but the good news is people with OCD are generally up the bright end of the market and once they 'get it' they 'get it!'. You can also say that you will not be focusing on the ocd symptoms but rather reducing their anxiety and increasing positivity.*