



Aikido and OCD: How Women Can Harness the Power of Their Minds

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1


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No financial disclosures

Thank you to Dr. James Abelson, former director of the Anxiety Disorders Clinic at University of Michigan for originally sharing the aikido metaphor with me

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2




Goals for today

1. Define intrusive thoughts
2. Distinguish OCD from typical intrusive thoughts and experiences.
3. Explain women-specific experiences of OCD and their impact on well-being.
4. Identify the impact of OCD on women's well-being and what evidence-based strategies are available for support.
5. Understand what ← this has to do with what we're talking about today



3

Who here has had an intrusive thought?



4

What are intrusive thoughts?

Thoughts that come to mind uninvited and unwanted



Can be words, or images, ideas, impulses, even feelings

They aren't just one thing, but often have some of these features:

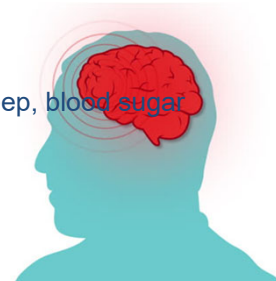
- Not typical thoughts you'd have
- Unpleasant or bothersome, disturbing
- Hard to control
- Often cause feelings of discomfort, fear or anxiety



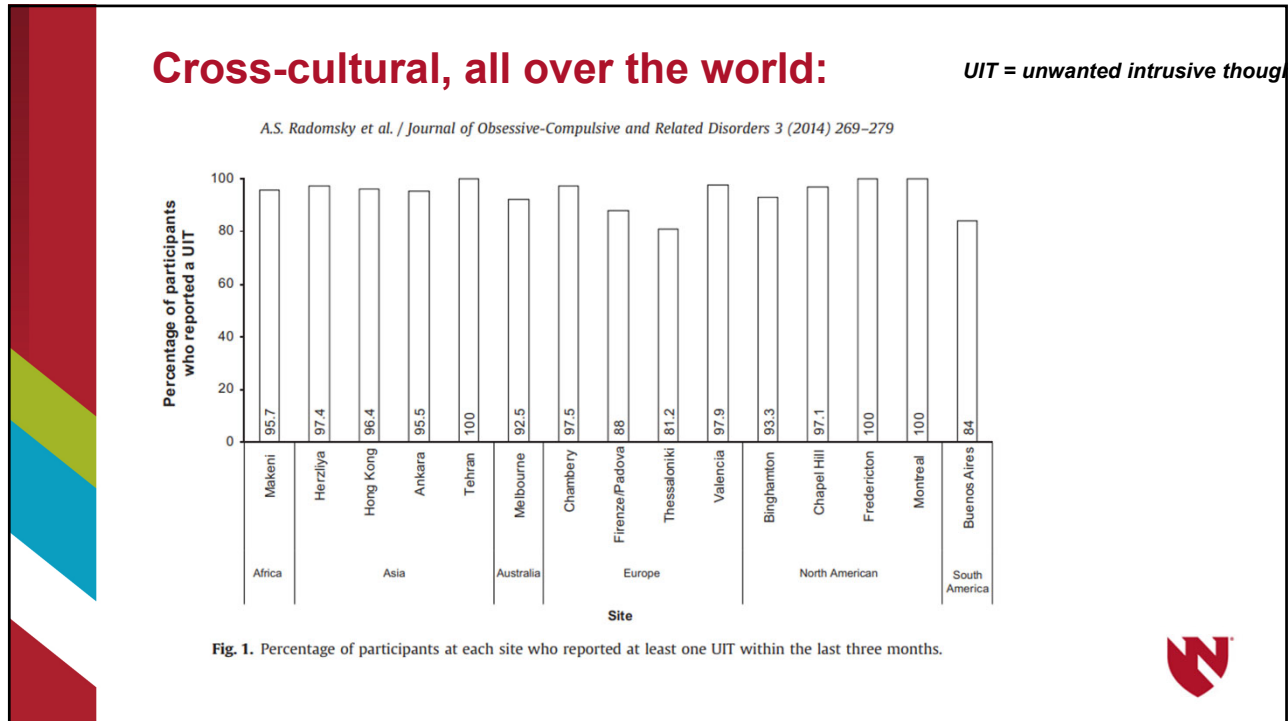
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What do they mean?

- Sometimes nothing! Just a stray thought
- It can also be a **signal**, but not necessarily of what it means on the surface
 - Just because something makes you anxious, doesn't mean it's actually dangerous
 - Anxiety can tell you what is important to you
 - You can reflect (if you want to), act on it if appropriate, then plan to move on
- Something is increasing your stress or reactivity
 - Change, uncertainty, something in your body (illness, lack of sleep, blood sugar crashes, caffeine, etc), feeling overwhelmed.
 - Can be normal OR something to pay attention to and address
- You're human



6



7



8

What is Obsessive Compulsive Disorder (OCD)?



9

What is OCD?



A biological disorder that comes from the brain

- Usually developmental (just part of how brain is built), meaning nothing seems to cause it.
 - Multiple genetic factors, can run in families
 - Then symptoms come and go over the course of the lifespan
- Can come on suddenly after particular infections or brain injuries (like strokes, head injuries, tumors, etc). Much less common

2-3% of people over the course of their lifetime

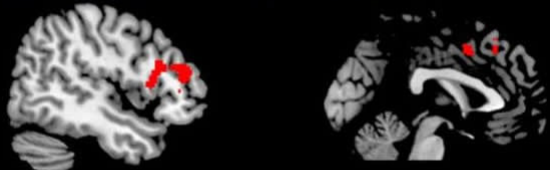
- Average age of onset is 19-years-old
- Males = Females




10

Obsessive-compulsive disorder: Brains stuck in a loop of wrongness

Areas of hyperactive error processing in people with OCD




Areas of under-active inhibitory control in people with OCD





Norman et al - Biological Psychiatry, November 2018

M MICHIGAN MEDICINE



11

What is OCD?


A biological disorder that comes from the brain
A disorder where intrusive thoughts, or other things that don't feel right, generate anxiety and can become obsessions

For example:

Shelly has an intrusive thought of forgetting to turn the stove off after cooking dinner, then somehow a towel catching fire and the house burning down. Sees it all in her mind, right down to her children screaming and smoke choking them and not being able to escape. Because of this, she makes sure that the oven is turned off after cooking.

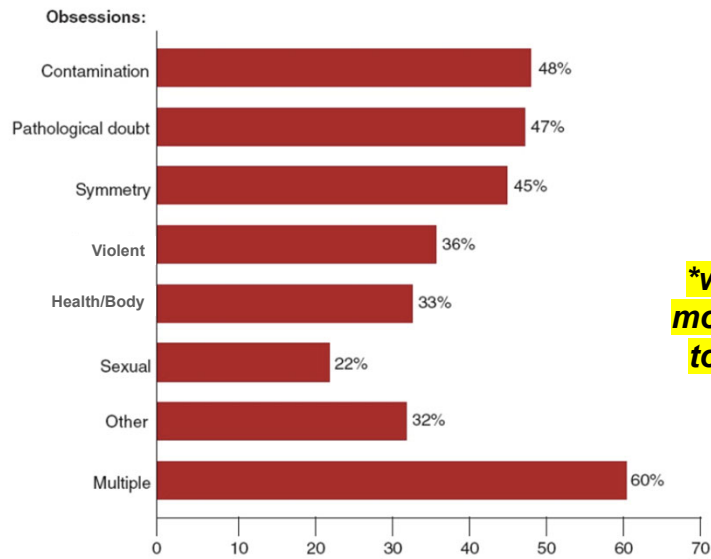
- After a few moments, the thought is back and she checks to make sure the oven is off. Feels better for a moment, but now the thought is back...

These become obsessions – thoughts, images, ideas – that one then attempts to suppress, avoid triggers, or compulsively alleviate



12

Obsessions – recurrent & persistent ideas, thoughts, impulses, or images.



****whatever you
most don't want
to think about***



13

What ISN'T OCD

Normal, everyday fears and worries

People with OCD can have those, too, and they can get drawn into the OCD, but obsessive fears end up being more specific and focused and often don't fully make sense, even to the person suffering from it



14

What is OCD?

A biological disorder that comes from the brain

A disorder where intrusive thoughts, or other normal things that don't feel right, generate anxiety and can become obsessions

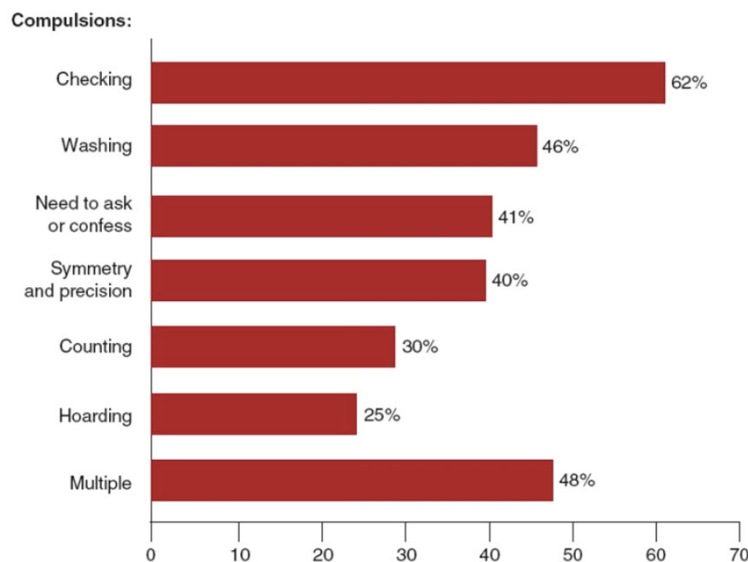
Compulsions are done to alleviate that anxiety about the obsession. It may work for a moment, which then reinforces the act

- Repetitive behaviors OR mental acts
- Not connected in a realistic way to the fear they are trying to neutralize
- Back to our example: Shelly has to check the stove over and over and over and over. She feels reassured for a few moments, but then with OCD, doubt and the intrusive thought are not fully suppressed and creep back in



15

Compulsions – repetitive, intentional behaviors in response to obsessions or rules



16

What ISN'T OCD



- Coping skills (e.g., listening to music, taking a shower to relax, fidget devices)
- Liking things a particular way or perfectionism
- Something that easily passes on its own if you just let it go
- Something done to satisfy an urge
 - Skin picking and hair pulling are related, but different conditions – they aren't driven by fear or anxiety



17

What is OCD?

- A biological disorder that comes from the brain
- A disorder where intrusive thoughts, or other normal things that don't feel right, generate anxiety and can become obsessions
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- **Takes more than 1 hour per day or significantly affects functioning**



18

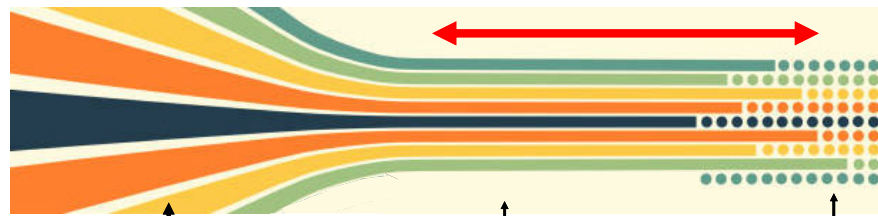
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- Compulsions are done to alleviate that anxiety. It may work for a moment, which then reinforces the act
- Takes more than 1 hour per day or significantly affects functioning
- It has a continuum of severity – from traits that can be helpful in life to complete, disabling disordered thoughts and behaviors



19

OCD exists on a continuum



Obsessive-compulsive traits that aren't noticeable, or maybe are helpful/adaptive (e.g. exact adherence to process, like a surgeon militant about hand washing)

Obsessive-compulsive symptoms that aren't full OCD (may think is normal or may be bothersome)

Symptomatic obsessive-compulsive disorder

- There is a continuum of severity for obsessive-compulsivity
- Obsessive-compulsive (OC) traits or symptoms are usually there long before OCD is diagnosed
- People can move back and forth along the lifespan
- Women, in particular, can have variation due to the reproductive cycle, hormonal changes across the lifespan, and life changes



20

Women and OCD

Clarification: Only in a minority of cases would sexual genetics be a specific factor

We can be talking about both of the following

- Genetic XX females
- Genetic XX individuals who DON'T identify as a female
- People who identify as women who may have different genetics
 - *May or may not take hormones*

What really matters for the purposes of this discussion?

- Hormones
- Life experience



21

Girls (before adolescence)



Childhood onset occurs in at least 30%–50% of cases

- **KIDS:** Prevalence rates of pediatric OCD are around 1%–2% in the United States and elsewhere
- (Remember: adults have a 2-3% lifetime prevalence)

** Girls (on average) have a later onset of OCD than boys

Therefore, more boys may have OCD in childhood, and girls/women may be more likely to have onset at an older age



22

Adolescence (and beyond)

- Transition through puberty – leads to a significant increase in estrogen and progesterone in the system, and the start of menstruation
 - As early as 7.5 years old, usually completed by age 16
- Girls/women may have later onset of OCD than boys – are hormones a factor? This is unknown!!
- Adolescence is also a period of more potential OCD triggers (e.g. stress, danger awareness)
- May start to notice pre-menstrual exacerbation in anxiety and OCD symptoms

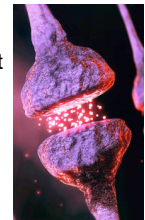
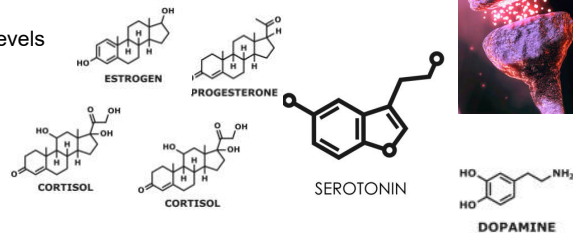


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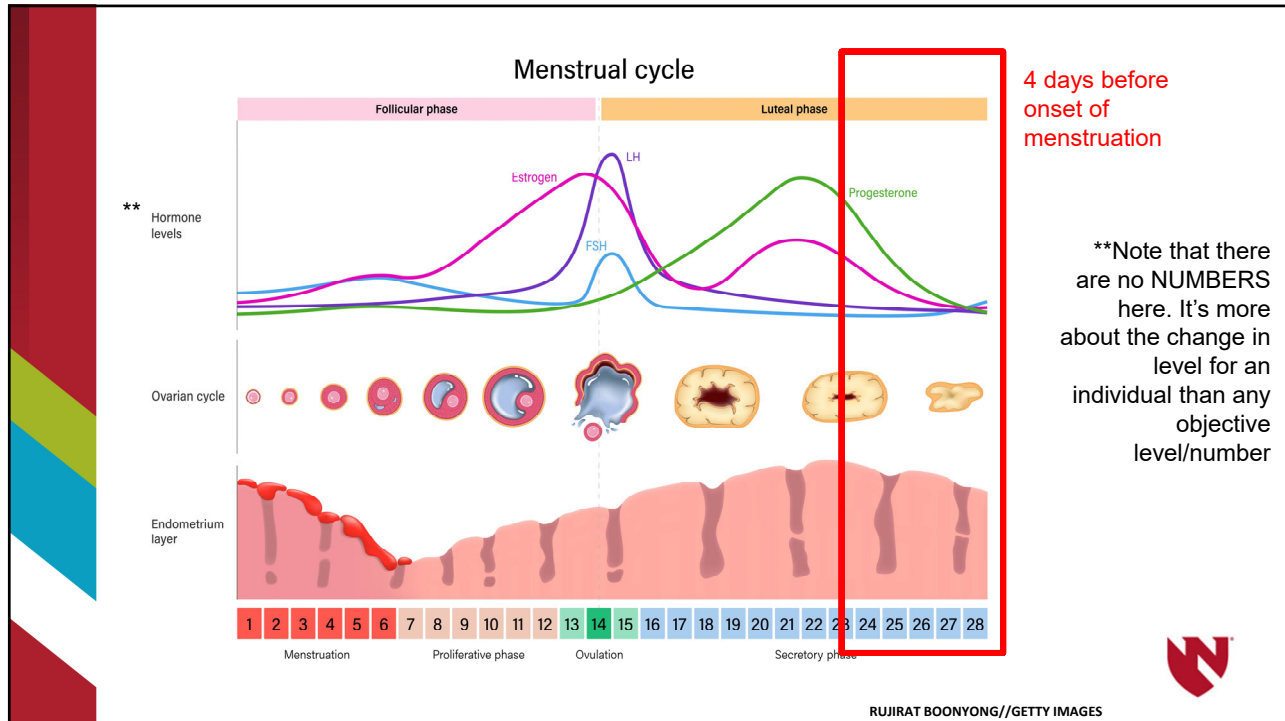
Hormonal factors

More research going on only recently, but we can discuss some of what we know now

- Obsessive and compulsive symptoms have been found to get worse beginning 4 days before the start of menstruation (Vulink et al 2006)
- OCD seems to be worse when serotonin transmission is **decreased** and dopamine transmission is **increased** (Kapinski et al 2017)
 - Serotonin and dopamine are neurotransmitters (molecules in the brain that send signals) that are important in mood, anxiety, and self-control
 - **What decreases serotonin signaling:**
 - Declining or low estrogen (or estradiol) levels
 - Declining or low progesterone levels
 - Increased cortisol (stress hormone)
 - **What increases dopamine transmission:**
 - Increased cortisol (stress hormone)
- Stress counts twice! This might be why you sometimes notice issues before your period and sometimes you don't – your cortisol level is an interacting factor (and there are many others)



24



25


Pregnancy and Postpartum

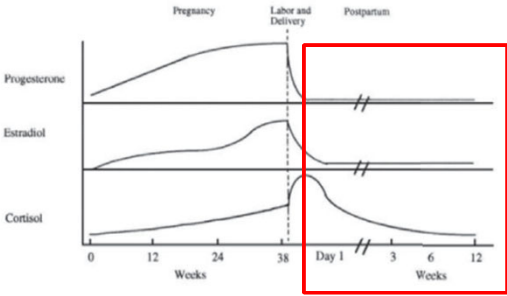
During pregnancy:

- All hormones are increasing, ESPECIALLY estradiol
- OCD onset or exacerbation in late pregnancy is rare

After giving birth:

- Estrogen and progesterone go off a cliff
- Cortisol peaks, then *should* decline unless there are complications, trauma, significant stress (social factors, inability to sleep, medical problems, etc)
- The post-partum period is one of the most common periods of onset or exacerbation of OCD in adulthood
 - 25-75% of women with h/o OCD have recurrence at this time
 - 25% of women with OCD will have their first onset at this time





Period of vulnerability

Uguz et. al. (2011)

26

Pregnancy and Postpartum

What can this look like?

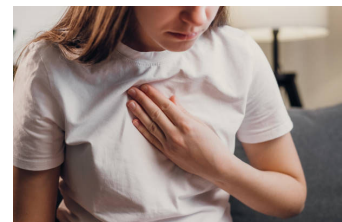


Obsessive-compulsive traits/symptoms [within the range of normal]

27

Pregnancy and Postpartum

What can this look like?



Post-partum obsessive-compulsive disorder

28

Peri-Menopause



Midlife transition that leads to end of reproductive capacity in women

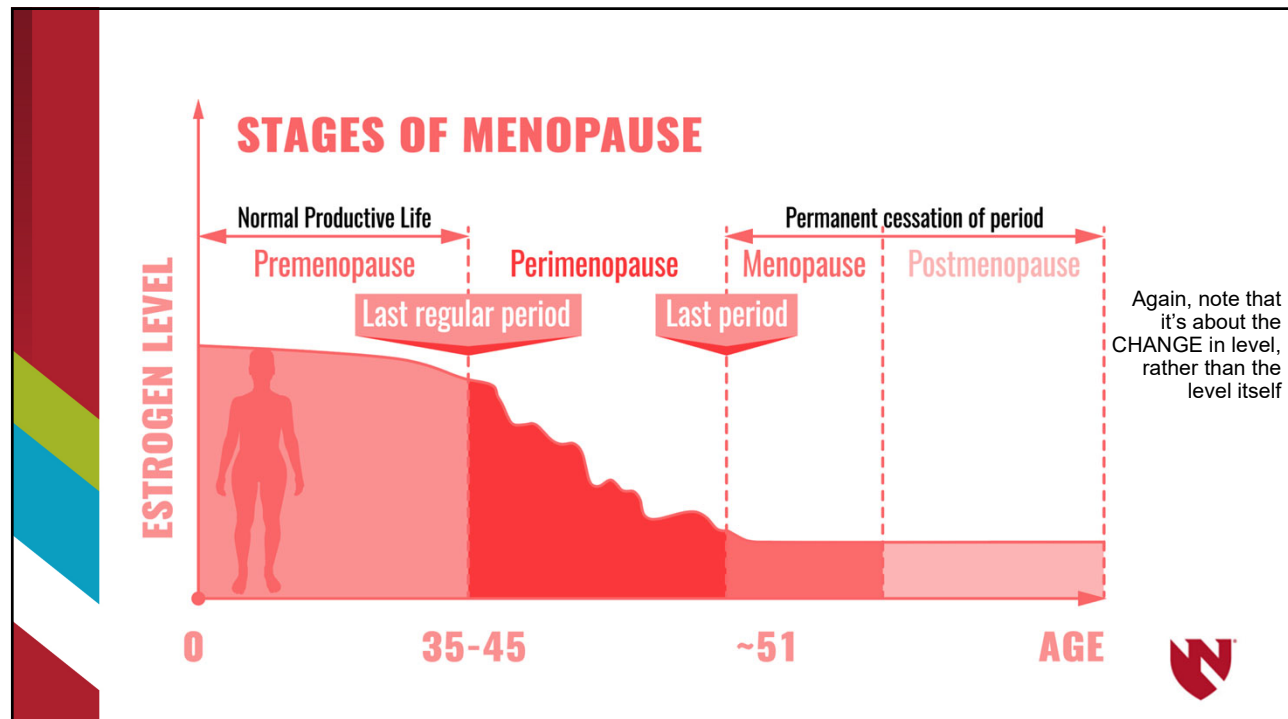
- Estrogen and progesterone start to decrease
- Average age is 51.4 years old, but can start as early as mid-30s
- Can take 10-15+ years to go through that stage

Symptoms include (but are not limited to):

- Brain fog, subtle (or not so subtle) difficulties with word finding/recall, alterations or impairment in short-term memory (think, what was I doing?)
- Mood changes, such as aggravation of PMS symptoms or volatility
- Vasomotor symptoms, like hot flashes or night sweats
- Vaginal dryness
- Reduction in libido
- Abnormal uterine bleeding, cycles start to shorten, followed by successive lengthening.
- Unintentional weight gain, or redistribution of adipose tissue
- Decline in muscle mass



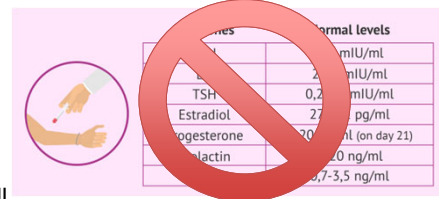
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30

What hormone levels mean you are in peri-menopausal period?

- Hormones are remarkably complex and it's hard to have an objective standard that applies to everyone
 - Just because you *feel* the peri-menopausal symptoms doesn't mean your hormone levels will be "low" based upon non-individualized labs standards. Low for you, doesn't mean low compared to other women
- You can be in perimenopause and still have lab values that fall within normal range



Hormone	Normal Levels
Follicle Stimulating Hormone (FSH)	25-65 mIU/ml
Luteinizing Hormone (LH)	10-40 mIU/ml
TSH	0.2-4.0 mIU/ml
Estradiol	27-75 pg/ml
Progesterone	0-20 ng/ml (on day 21)
Prolactin	0-20 ng/ml
Testosterone	0.7-3.5 ng/ml

Treat the SYMPTOMS not the labs

- By way of labs drawn by "hormone clinics" that may alter reference ranges so that most clients fall in abnormal range, thereby necessitating treatment (which they make money by providing)
- DO** go to a physician for this assessment, preferably an OBGyn (ideally with some advanced understanding of menopause) or a reproductive endocrinologist or medical endocrinologist.

Guida

31

Post-Menopause



Menopause: the final stage of perimenopause, is complete when there have been 12 months without any menstrual cycle (no bleeding, if uterus is intact)

- Associated with a decrease in ovarian secretion of estrogen and progesterone

Treatment:

Hormone replacement therapy (HRT) – best if before age 60 and/or within 10 years of the onset of menopause

- There are risks/benefits – talk with a physician!
- Avoid private hormone clinics who may not practice evidence-based care
- Vaginal estrogen
- Antidepressants and other medicines that can help with mood changes, hot flashes, and other symptoms
- Exercise and healthy lifestyle changes can be key for wellness, as well
- Routine healthcare maintenance to look at bone density and other overall health measures

32

OCD in Peri-Menopause and Post-Menopause

- Recent study found prevalence rate in **postmenopausal women** was 7.1%!! (remember 2-3% mentioned before in overall population??)
 - This needs to be studied more!!

What about in perimenopausal women??

- This needs to be studied...at all, period. No studies that I can find
- Given what we see about the fall of estrogen and progesterone contributing to increased risk of OCD symptoms, we can predict that this could be a time of risk for women with predisposition to OCD, and also for intrusive thoughts in general (in women without OCD)

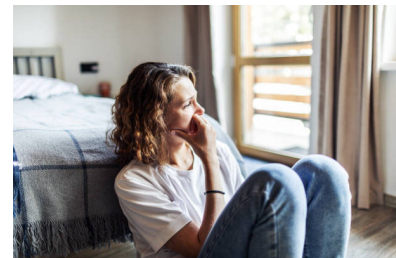
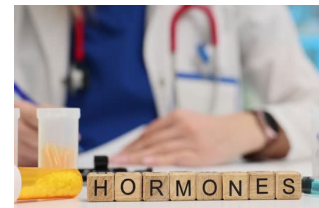


Uguz et al 2010

33

Important takeaways so far

- Anyone can have intrusive thoughts
- Intrusive thoughts that are sticky can become obsessions; compulsions are done to decrease the anxiety of these obsessions, and this can lead to OCD
- Hormones are clearly a factor, but there is a lot to learn
- Estrogen and progesterone are **NOT** the only factor for why females/women develop and or experiencing worsening OCD
 - In fact, they aren't even the most common factor
 - Stress (cortisol) counts twice
- OCD exists on a continuum, which people move along across their lifetime



34

What to do if you think you have OCD?



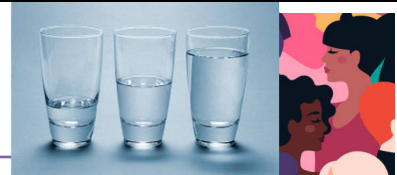
- You are never too old or too young to get help!
- Get a good diagnostic evaluation
- Gold standard therapy and first line treatment: **exposure and response prevention**
 - Therapist should have specialized training or supervision by a specialist
 - Can be done weekly or in an intensive format
 - There are residential programs for severe cases (out of state)
- **Medications** that increase serotonin transmission can help to treat OCD
 - Selective serotonin reuptake inhibitors (SSRIs)
 - Serotonin and norepinephrine reuptake inhibitors (SNRIs)
 - Tricyclic antidepressants
 - Others can also help that work on dopamine receptors, like atypical antipsychotics (this doesn't mean people with OCD are psychotic!! It's just the name of the class of medicines)
 - **Medicines that just take away the feeling of anxiety, like benzodiazepines, may help in the short term, but not the long run (may even make it worse if taken long-term)**

This is treatable!! And we aim to treat to remission (until symptoms aren't causing you problems anymore).



35

Specifics for women



During reproductive cycle:

- Track your cycle – knowledge is power!
- Talk with an OB-Gyn if you have questions (be wary of information coming from the internet)
- Medication (antidepressants like SSRIs) can be dosed differently during luteal phase, when estrogen and progesterone are dropping or when symptoms get worse

For all women: Consider supportive measures: exercise, getting outside, extra sleep, being with supportive community, increased self-care



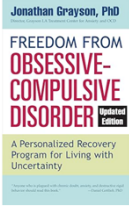


During perimenopause:

- Discuss with OB-Gyn or primary care provider if hormone replacement therapy (HRT) is appropriate
 - There is no evidence for OCD, but there are **significant benefits for depression and brain health** associated with perimenopause, and the earlier HRT is started, the better people seem to respond



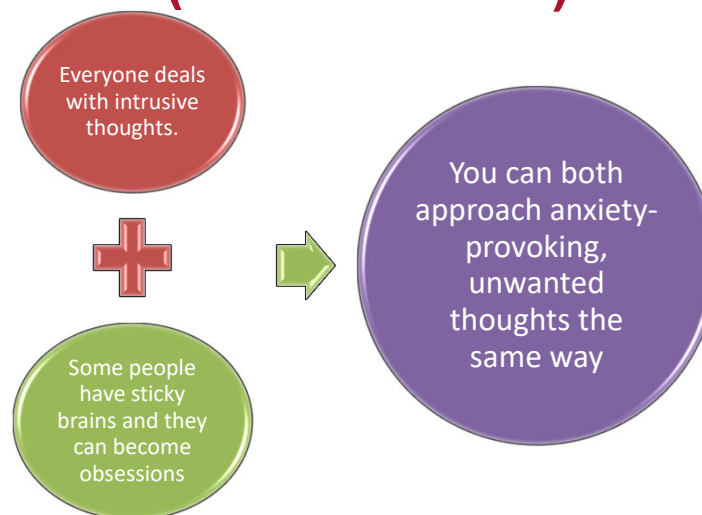
36

Some resources

- International OCD Foundation: www.iocdf.org 
 - Fantastic online education
 - National conference for patients AND providers
 - Support group in Lincoln (one being built soon in Omaha) <https://iocdf.org/support-groups/lincoln-ocd-support-group/>
- Anxiety and Depression Association of America (ADAA) 
 - Some online education
 - *Find a Therapist* function can help to link you to people who are trained in ERP
- Book: Jonathan Grayson's Freedom from Obsessive Compulsive Disorder 
- YouTube: Doctor Ali Mattu talks about anxiety, OCD, and other conditions very well. Clinically trained psychologist 
- Talk with your primary care doctor
- Consider consultation with a specialist (look on their website or call to ask if they have specialized training to diagnose and treat OCD) 

37

Coming back to intrusive (or obsessive) thoughts

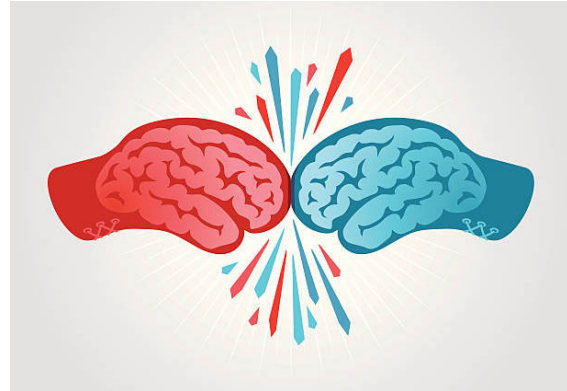


38

Your mind is powerful: YOU are powerful!

What makes anxiety an anxiety disorder?

- You fear it
- You fight against it
- Fighting it can give it more power
 - *What we resist, persists*



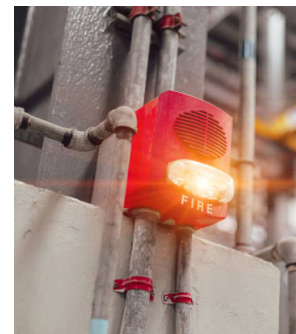
Fight smarter, not harder



39

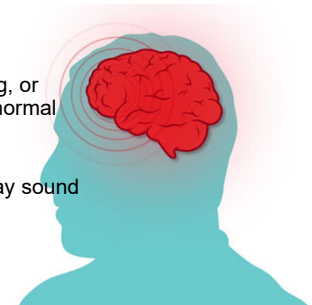
Step 1: Anxiety as a signal

- It tells you what is important to you
- It can help you to detect a threat, but sometimes keeps going off even if there is none (like a fire alarm with no fire)
- Great for day-to-day anxieties and intrusive thoughts



How to use this information as a strategy:

1. Name the anxiety
2. Reflect upon what caused it or triggered it
3. Decide if the threat is real or if the anxiety may just be part of caring about something, or related to uncertainty, change, or another discomfort (lack of sleep, illness, hunger, normal unpleasantness)
4. If it's not about a real threat, then just know that you've picked up on a signal that may sound for the day.
 - Acknowledge it and carry on with your day.
 - Take care of yourself, but don't avoid things because of it.



40

Soooo...what do I do with my anxiety?



Bill Hader (Saturday Night Live actor and comedian) on how he manages his anxiety



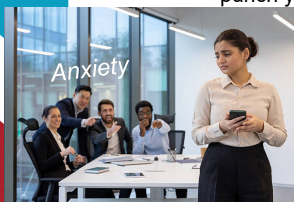
(Getty / Underwood Archives)

41

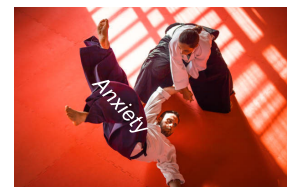
Step 2 (if needed)

Anxiety as a bully

- You've reflected on the signal, accepted the anxiety, and yet it keeps attacking you (i.e. punching you, roaring at you) and you're struggling to go about your day
 - Also don't just KEEP reflecting. That may become obsessing or ruminating and keep you stuck
- Can try this for disordered anxiety or anxiety that is clearly excessive
- **How do you make a bully go away?**
 - Completely ignore them; Agree with them; Laugh at yourself with them
 - Basically, let them get bored with you because you aren't allowing them to be powerful
 - *Hint: NOT fight back (unless you really need to for self defense)*. Bullies want a reaction. They want to punch you DOWN so that you know they are powerful, in control.



→ This is where **aikido** comes in



42

What does this have to do with anxiety (or you!)? Aikido


What strategies can we use from this video?

1. Face it! (she's not running away)
2. Use the attacker's force and energy against them
3. Don't RESIST the blow → Go with the blow to use your attacker's momentum against them
4. They didn't learn to do this all on their own – get an expert to help you! And practice, practice, practice!





43

Demonstration




Take your dominant hand (your right hand if you're right-handed, left if you're left-handed) and make a fist

Take your non-dominant hand (your other hand) and keep it flat, holding it up



Now punch that hand! As hard as you can without accidentally punching your neighbor. Punch it as hard as you've felt anxiety punch you in the past. STOP the punch with your other hand. RESIST IT!



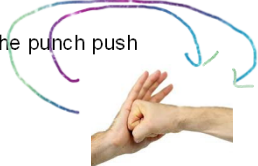

Keep resisting it!!!

How does that feel?

Are you getting tired? Did your palm hurt at all?

How long could you resist this for?

Now punch that hand and instead of resisting the punch, let the momentum of the punch push your hands together in a big circle in front of you.

44

Don't fight it, **DANCE** with it!

If your anxiety owns the room, figure out its moves and **make them your own**



(Check out Doechii – Anxiety video on YouTube and her full song! It's brilliant)

45

Soooo...what do I do with my anxiety?

- Remember that anxiety itself is NOT dangerous, even if the thoughts are scary
- You must be aligned with your goals and values
 - THEN and only then: **seek out opportunities to be anxious** that move you towards those goals and values
 - Start with low intensity! Not 10/10 anxiety. What can you handle? Do that thing!
 - Example: intrusive thoughts of people looking at you negatively or thinking you're stupid keep you from asking a question you really want to know after an interesting conference talk → ask a question at EVERY conference talk and celebrate when you feel dumb (and note that you get an answer – goal achieved!)
- What is your metaphor? Standing up to a bully? Aikido? Dancing? (humor is great!)
- If your anxiety feels like too much to take on alone, get some help! Consider doing exposure-based therapy. This is like taking aikido lessons. These therapists are EXPERTS at teaching you how to dance with your anxiety



46

What is exposure therapy?



Dr. Ali Mattu on YouTube – check him out for more great videos like this!

Instead of Bees →
what you're afraid of
- Can include
intrusive thoughts

Notice that it doesn't
feel good! But he's
not leaving. He's not
getting reassurance.
He's mindful
(present in the
moment) and
tolerating anxiety!

The Aikido move:
Seek out flower
patches every day!
See those bees and
lean in until there is
a flare of anxiety.
Then smell the
flowers.

47

Soooo...what do I do with my anxiety?

Intrusive thought/anxiety	Signal strategy	Aikido (Exposure) Strategy

48



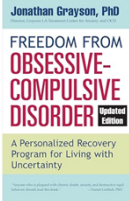

In summary

- Everyone around the world has intrusive thoughts. No one likes them.
- Your brain and mind are **STRONG**. It can feel like it's **TOO** strong. But you can make use of it, too!
(You can do crazy hard things!)
- **DON'T** fight with your anxiety or run from it. Avoiding it makes it worse.
- You can ignore the intrusive or anxious thoughts and move on, or...
 - Learn something about yourself from it (be careful not to read too much into them, though!)
 - Learn how to go with the blow – or dance with them
- If they get **STUCK** in your head, you might benefit from an evaluation for OCD or another anxiety disorder
- There are evidence-based treatments that can empower you to manage anxiety and be well
- Get more information!
- If you need inspiration, go watch dance videos to Doechii's song 'Anxiety' (it went viral, it's a thing!)



49

Some resources again

- International OCD Foundation: www.iocdf.org 
 - Fantastic online education
 - National conference for patients AND providers
 - Support group in Lincoln (one being built soon in Omaha) <https://iocdf.org/support-groups/lincoln-ocd-support-group/>
- Anxiety and Depression Association of America (ADAA) 
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 - *Find a Therapist* function can help to link you to people who are trained in ERP
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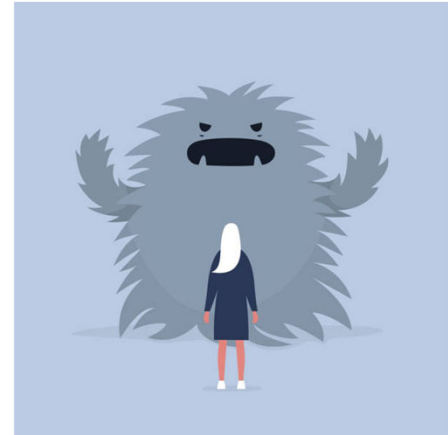


50

Thank you

Let this marinate. Go back and watch Bill Hader's video. Watch some aikido and dance videos.

Approaching anxiety this way is COUNTER-INTUITIVE and NOT THE NORM, but it can WORK! If it doesn't work for you, don't get frustrated, get help!



Anxiety Subspecialty Treatment Clinic

- Interdisciplinary – psychiatrists, psychologists, masters-level therapists
- Can offer a diagnostic assessment and evidence-based treatments for anxiety disorders (aka mental aikido lessons)
- Call psychology at 402-559-5031 and/or psychiatry at 402-552-6007



51

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52