Help Flyer

for Friends of

Mary

Nov. 2023

"Two are better than one… for if they fall, the one will lift up his fellow:
but woe to him that is alone when he falleth; for he hath not another to help him up…
a threefold cord is not quickly broken."

Eccl. 4:9-12

Obsessive Compulsive Disorder

Overview

NIMH: https://www.nimh.nih.gov/health/topics/obsessive-compulsive-disorder-ocd

Type: Rumination with Panic Attacks

Rumination

"In the context of OCD a rumination is actually a train of prolonged thinking about a question or theme that is undirected and unproductive. Unlike obsessional thoughts, ruminations are not objectionable and are indulged rather than resisted… With most ruminations it inevitably never leads to a solution or satisfactory conclusion and the person appears to be deeply pre-occupied, very thoughtful, and detached." – OCDUK.org

Panic Attacks

"People with panic disorder may have: sudden and repeated panic attacks of overwhelming anxiety and fear, a feeling of being out of control, or a fear of

death or impending doom during a panic attack, an intense worry about when the next panic attack will happen, a fear or avoidance of places where panic attacks have occurred in the past.

Physical symptoms during a panic attack, such as: pounding or racing heart, sweating, chills, trembling, difficulty breathing, weakness or dizziness, tingly or numb hands, chest pain, stomach pain or nausea." - NIMH

Specific Type

Stress induced OCD, involving very particular religious and ethical thoughts which have been deeply personal, with panic attacks and ideation of and attempts at self-harm and suicide

Frequency

One to several major episodes a year occur related to times of increased stress (e.g. own wedding, pregnancy loss, travel, etc.). Minor episodes occur more often, but variably.

Partial Explanation of OCD

Normal, physiological brain functions, through a variety of factors (genetics, upbringing, environment, diet, distressing situations, etc.), can become imbalanced so that normal factors regulating thoughts (ability to focus, hyper-focusing, blocking out other thoughts and sensory data, or the inability to, instinct to act, states of uncertainty, certainty, doubt, fixation, persevering, etc.) become more disordered, unhelpful, instinctive or even compulsory.

Stress often exacerbates these characteristics, and given the brain's networks of (possibly non-regular) circuitry, atypical and circular thought patterns and behaviors may arise, becoming related to deeply personal thoughts, emotions, memories and environmental stimuli, etc. A lower body threshold to regulate stress well (which can be caused by many reasons) increases the frequency and intensity of episodes.

In an acute episode, the pattern of behavior is secondary to the mental state, being internally driven. As it is being driven by subconscious factors which shapes one's consciousness, identity and thoughts, it is difficult for persons to recognize what is going on, have an outside perspective or to change it, especially as their mental ability and will to change it is often not present.

There is a feeling of constant compulsion to perseverate (continue persevering about something) which is discomfortable to resist; hence the obsessiveness. Indulging the patterns gives some soothing (which is why persons do it), but not usually relief. Ultimately the mental state is usually distressing and may wear one out to exhaustion, which can lead to worse things.

Sustained exhaustion, agony and feelings of overwhelming grief can lead to thoughts of being a burden to people, being better off dead, etc. Self-harm can come from feelings of worthlessness, inner-uncleanness and self-hate, and act as a cry for notice and help.

What Mary may Experience in Acute Episodes

Anxiousness, nervousness, being stressed

Feeling that she is wrong about something important, or might be

Has to figure something out, can't stop till she is sure

Constant doubting

Hyper-fixation on thoughts that are always there (which are the only things that matter) with an inability to repel them, though she could repel them in a normal state

Circular, black-and-white, all-or-nothing thinking

Constant impulses to these thought patterns

Detachment (from environment, husband, kids, etc.)

Unrealistic and extreme thoughts

Thinking it will always be like this

Rapid mood swings

Physical symptoms of panic attacks listed above

Feelings of overwhelming grief, fears, despair or doom

Exhaustion

Not wanting or being able to rest or sleep; fear of sleep and delusions

Suffering in prolonged (days and weeks of) agony

Thinking that God is harsh and judging her

How Mary can Help Herself

Long & Short Term

Meditation on good, lovely, pure and edifying things (Phil. 4:8)

Medication compliance

Stress reduction, rest; the body having reserves increases how much stress it can handle

Nutritious diet; cut out unhealthy drinks and foods

Regular exercise

Taking care of herself

Good, full sleep, with as many hours before midnight as possible

Slow down and limit lighting a few hours before sleep, to get tired

Limit and avoid screens, blue light, fluorescent lights, especially in evenings

Be outside a lot

Keep hydrated; use various supplements: i.e. magnesium, vitamin D

Recognize and deescalate minor and major episodes

Sickness, pregnancy, health issues, etc. can stress the body

Support groups for OCD (online or otherwise)

Do cognitive-behavioral therapy (CBT) exercises, which seek to realign and retrain the thought-behavior connection: https://www.mind.org.uk/information-support/types-of-mental-health-problems/obsessive-compulsive-disorder-ocd/self-care-for-ocd/

In Acute Episodes

Prioritize mental health over almost everything else (Prov. 4:23)

Stress reduction, exclude drama

Slow breathing and stretching exercises; vagal nerve stretches (see Youtube); these are the quickest way to put the autonomic nervous system into a state of relaxation

Be in a safe, risk-reduced environment

Stay off social media

Stay away from triggers

Be around people (this acts as an engaging distraction, providing a change to healthy thought patterns, promotes connections and is safe)

Keep hydrated and nourished with foods that don't spike energy

Face fears in a healthy way, accept uncertainty

Call, text, message friends

Do engaging things that take up and divert her attention, i.e. movies, get into a novel

Enjoyable, therapeutic activities: e.g. listening to music, reading, playing with her kids, being outside, hiking, photography, doing art

Resist compulsions

Exercise with mindfulness about the movements and rhythms

Think:

"Why am I thinking this?"
"Is this helpful to me?"
"What would my friend think of what I am thinking or doing?"
"What would I normally be doing right now? What should I be doing?"

Be mindful about what one is doing, should be doing, of persons, of one's environment
Reorient thoughts and behavior

God will take care of me no matter what.

Trust trusted friends more than inner-compulsions

Take care of oneself

Spend time outside

Try to rest

Execute one's own plan for these episodes

Read over one's own list of reasons why her life is valuable and needed, including because of her kids, husband, etc.

CBT techniques:

https://www.mind.org.uk/information-support/types-of-mental-health-problems/obsessive-compulsive-disorder-ocd/self-care-for-ocd/

https://www.healthline.com/health/grounding-techniques

Organizing Help

Just as a church often coordinates visiting or meals for post-partum mothers, the sick, etc. so another need is organizing a support network for persons with mental health difficulties. A strong support network, by God's natural law and light, is the most effective tool and predictor of whether those with mental conditions will do well.

A church, elder, women's leader, friend or person can find persons who are willing to be part of that support network and be on call for when needs may arise with Mary. Mary can let the point-person know when she feels weak.

Ask her if she is able to discern whether it may be a minor or major episode, how long it has been going on, out of 1 through 10, how intense it is and is it better or worse than the last few days.

Using the numeric scale will be the most helpful way of measuring the intensity and length of the episode.

Seek to have Mary supported through the whole episode.

Strategies to Help Mary in Acute Episodes

Seek to hold her hand, as it were, through the discomfort and agony of her episode till she is back to a more stable state.

Call or message her, keep in touch. Connection over time is key.

Be stable, sympathetic, loving, caring, assuring and a pillar of support.

Don't become exasperated. It's harder for her than you; being with her is what matters, not so much any particular action. Don't expect her to change instantly upon the voice of reason, or at all. Getting through the episode with time is how she will regain her stability. OCD is not rational, don't expect it to be.

Just be a friend.

Self-awareness of the condition driving the symptoms can be helpful (in contrast to doubt about it, or denial, or attributing it to other causes: that she is in sin, God is disciplining her, etc.). Remind her that it is an OCD episode; you can use the numeric scale to do this.

Find out what it is like for her, what she is feeling, etc.

Don't say: "You'll be fine." "Don't worry, its not a big deal." Avoid using conversation ending answers.

> Do say: "Wow, that sounds really difficult." "How can I help?" "Thank you for telling me." "That is legitimate." "I'm here for you." "I wish I could take it away." "I can't imagine how that feels." "You're not alone." etc.

Use grounding (grounding her in concrete, sensible and stable things):

> Ask her about what she is doing, her environment, what is happening, her plans, what her husband is up to
>
> Answer her pressing questions and objections with a reasoned outlook (which can help even if it doesn't show); put things in perspective. Show that things are often not black and white, all or nothing. But move on and don't dwell on her pressing thoughts.
>
> Common sense is good.

Religion can be an obsessive trigger for her; limit religious talk and if it comes up emphasize being accepted by the Lord, she being his daughter, his unconditional love for her, resting in his care, being able to appreciate and enjoy life and avoid talk concerning living up to religious duties.

Engage her mostly about things besides her pressing thoughts and questions, what her kids are doing, etc. Talk about what you are doing, interesting things, what she thinks about such and such, give her a task to get back to you about

Try to make her smile or laugh (these reduce stress and fixations and promote human connection)

If possible, visit her, help with meals, errands, babysitting, etc. anything to take a load off her.

Tell her that you will be in touch and check in with her.

How to help in case of ideation of self-harm or suicide:
https://www.healthline.com/health/mental-health/how-to-help-a-suicidal-friend

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