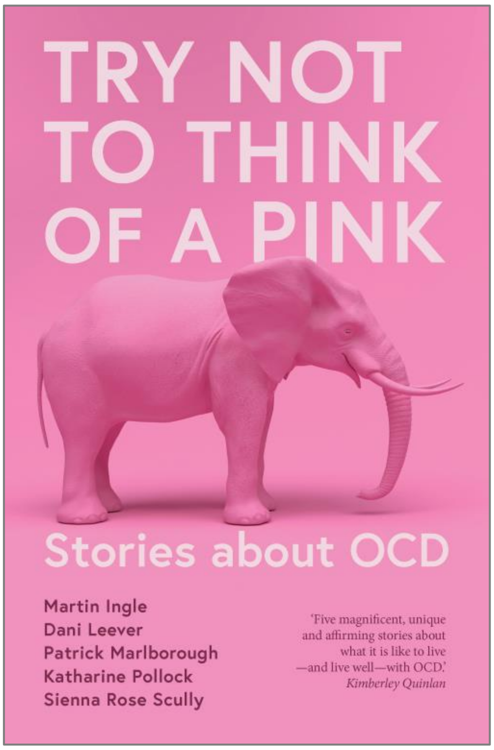

TRY NOT TO THINK OF A PINK ELEPHANT: STORIES ABOUT OCD

MARITN INGLE, DANI LEEVER, PATRICK MARLBOROUGH, KATHARINE POLLOCK AND SIENNA ROSE SCULLY

ABOUT THE BOOK

This is a collection of personal stories from people who live with obsessive compulsive disorder. They were invited to tell whatever story they chose about their experiences, which range from topics like love and other obsessions, living with contamination-based OCD, living with OCD as just one aspect of neurodivergence, OCD and eating disorders, and what happens when your worst obsession comes true. The stories are funny, heartbreaking, insightful and thought-provoking. They are accompanied by an introduction from OCD therapist Kimberley Quinlan who describes the gold-standard treatment for OCD and how treatment helps people with the disorder to live full lives.

ABOUT THE AUTHORS

Martin Ingle is a writer, filmmaker and actor who lives and works on Yuggera land (Brisbane).

Dani Leever is a genderqueer non-fiction writer and genderbending drag DJ from Naarm (Melbourne) who is currently the online deputy editor at *Archer Magazine*.

Patrick Marlborough is a neurodivergent nonbinary writer, comedian, journalist, critic and musician based in Walyalap (Fremantle).

Katharine Pollock is a writer from Eora (Sydney). Her debut novel is *Her Fidelity* (Penguin Random House, 2022).

Sienna Rose Scully is a marketing and communications graduate who has just returned to Walyalap (Fremantle) after living with her fiancé in Buenos Aires, Argentina.

Kimberley Quinlan is a licensed marriage and family therapist who has a private practice in Calabasas, California, specialising in anxiety, OCD and related disorders, and eating disorders.

DISCUSSION QUESTIONS

These questions are intended both for readers who may be living with obsessive compulsive disorder and those who are not.

1. Why is this collection called *Try Not to Think of a Pink Elephant*?
2. Before you read this book, how would you have defined obsessive compulsive disorder?
3. Is it possible to be a ‘little bit OCD’? What are some common perceptions and misconceptions about OCD? Why do you think this is?
4. What is the relationship between OCD and secrecy/shame? Do you think this contributes to perceptions about what OCD is or isn’t?
5. Are you aware of any representations in popular culture about OCD?
6. Do you know any prominent figures who have it?
7. What is your understanding of the different forms OCD might take?
8. What do you see as some of the greatest challenges for people living with OCD?

9. Has reading this book changed your perception about OCD? Do you think it will change the conversations you have with others, or the way you use language in relation to it?
10. In your view, do the authors in this collection all follow a similar trajectory of suffering, diagnosis, understanding and management?
11. What, according to Kimberley Quinlan, is the current gold-standard treatment for OCD?
12. What strengths do you think somebody with OCD might have?
13. What do you think helps people change their relationship with the disorder?
14. Which was the piece you felt most strongly about, and why?

INTERVIEW WITH THE AUTHOR

What do you think you have lost from having OCD and what do you think you have gained?

MI: I got OCD totally out of the blue when I was twenty-three, and it very quickly stole all those subsequent years from me. This fundamental, youthful, exciting, fun time that everyone deserves: my first share house, my first relationship, drinking, partying, travelling, sexual exploration, career growth, you name it; *every* aspect of my personal growth was totally flattened by this thing. I jealously watched friends around me blissfully able to do such basic things that I found virtually impossible. It destroyed my self-confidence, my autonomy and my bank account. At my worst, I was hardly able to eat or leave the house. I was an egg scrambled in its own shell.

But the worst part was how it made me doubt myself, my fundamental goodness. My intrusive thoughts were so horrible, so unspeakable, so relentless, that I felt totally alone. And more than that – I felt that maybe I even deserved it. After all, what kind of person would have intrusive thoughts about these things? Sexual perversions, moral atrocities, doubts about whether I could be the perpetrator of any number of horrific acts. Thoughts and doubts that before I would've brushed off or shelved high in the restricted section of my brain were now fearfully at the front of my mind 24/7, no matter how much I hated them, no matter how much I tried to make them go away. How could I ever have a normal life again after this? How could I ever tell anyone about this? I felt tainted forever, even if recovery was somehow possible.

Coming out the other side of all of this has counterintuitively given me many positive things as well. I wouldn't have contributed to this *Pink Elephant* book without it. I wouldn't be writing this now without it. That's part of the struggle: who am I without this illness? What do I have to offer the world other than this part of me? What makes me interesting apart from this? Perhaps this is just another trick mental illness plays to make you think you need it to survive. I don't know. Maybe I'll find out as the years go on.

DL: It seems that I have lost many hours in the day due to my OCD. Checking things over and over takes time. Staying in one space because something doesn't feel right can span over an unbearable amount of time. I also feel that I've lost the ability to operate throughout spaces in an easy and mindless matter – every room has a potential danger in it, every unknown surface could be dangerous. There are days that I'm constantly on edge.

However, what I've gained from my OCD is a new understanding of an illness I was previously uneducated about. This has brought about deeper connection and community into my life. I also have gained the opportunity to speak on OCD and spread awareness, education and empathy, which is something I take so much joy in.

PM: I have lost a miniature velociraptor toy that came in a set of small dinosaur figurines that I got at Scitech in 1997. I remember fastidiously counting and recounting these toys and somehow this one, my favourite, got misplaced in the mix (on a summer holiday at Woodman's Point, in 1998). I think I know where it might be, but the house has since been bought and I doubt the ranger who lives there now would let me rip up the floorboards.

I have gained a toehold in the publishing industry.

KP: The main thing I lost from having OCD was time. I don't mean in the alien-abduction, watch-stopping, *X-Files* sense, but rather that I spent many hours trapped inside my head. However, I don't say this with a sense of regret: there is no point in ruing what could have been. Life happened as it happened, and the time that I lost actually gave me something in return. In fact, it granted me several things: self-awareness, fortitude and coping strategies for tough times. It also gave me a sense of humour. Humour can be a mask to disguise pain, but it can equally be a way to alleviate pain and to gain perspective. OCD also gave me ample writing material, and two weeks paid leave to watch TV. I'm joking, but only kind of! In all seriousness, while I would prefer not to have had OCD, it made me a stronger, more resilient and, yes, funnier person.

SRS: I have thought about this question a lot throughout my life and about how much easier life would be without OCD and all the things I have lost. And then from that thought comes the knowing that the only thing I have gained from OCD is now having the ability to potentially help others through my true understanding of the pain and difficulty that comes with having the disorder, which was the main inspiration of the book. To try to summate what I have lost, I think would be that I feel I have lost being able to exist in the world with ease. Being able to just flow through the day from one task to the next or even one moment to the next. It would be amazing (yet I'm sure confronting) to see the amount of hours that OCD has taken from me because I'm sure by now it's added up to weeks of my life. It's almost impossible to describe everything I've lost from having OCD as it is as difficult as trying to describe the disorder to someone who does not have it, and is something that I think those without it will never be able to fully and truly understand.

What do you wish you could have known about OCD sooner?

MI: When I describe how I experience my brain, I try to hold out as long as I can before mentioning obsessive compulsive disorder. There is such a huge disconnect between the public perception of the illness and what it actually is, that I feel that even saying 'OCD' too soon gets people to relax into assumed knowledge. Lord knows I would've! After all, OCD is the cleaning one. The neatness one. People 'know' this. That's what I knew about OCD before I got it. But this crucial mistake meant I had no idea what it was when I got it for real, because it looked so different to what I thought. In fact, I would *never* have guessed that what I was experiencing in those first few months was OCD. I now know it's normal for people to live like that, in silence, for decades without getting diagnosed. And the problem starts with us.

It's not that we just have a simple misconception about OCD, it's that our idea of it is *totally wrong*. To think OCD is about cleaning is as wrong as thinking bipolar is about split personalities or cancer is about a bad mole. I really don't know what needs to happen for OCD to undergo the same change in public perception that other illnesses have gone through, but I think talking about our experiences honestly and simply and emotionally (like the personal stories in this book) is a great way to start! We all have a brain and – having experienced life before and after OCD – there are things about even my sick brain that my healthy brain could have related to.

I guess, simply, I wish I'd known that – whether you have OCD or not – your thoughts are not under your control. You should not believe everything you think. The heart of OCD is the intrusive thoughts that come without your consent, but that you mistakenly think are yours. I wish I'd known to stop taking my thoughts so seriously.

DL: I wish I knew that OCD wasn't just about order or cleanliness. As someone who'll happily leave an empty wine bottle or five in my room for a week, I never associated my symptoms with OCD because I didn't strike myself as ultra clean. These misconceptions led me to stay in the dark about what I was experiencing for quite some time. I wish I knew that intrusive thoughts were a common and explainable experience – for myself and many others, the terror and shock that comes on from these thoughts means it's extraordinarily difficult to discuss with others. This means we can fall into shame and self-blame, but it really doesn't have to be that way if we were able to break down the misconception and stigma surrounding OCD.

PM: That it is marketable.

To be honest, I find it a fairly uninteresting aspect of my life and as a subject in general. Wishing I knew more about it is like wishing I knew more about eczema. The only thing I find less interesting in how it relates to myself is how it relates to others – it barely crosses my mind (because of all the other intrusive thoughts, I suppose!)

I think I wish that I knew OCD, and things like it, bored me in such a way sooner. It would have freed me up to write/talk about them more honestly. Until then, I had to use them as Trojan horses to dupe a long line of editors into platforming me at various publications until I could write about what I'm actually interested in (see: dinosaurs, above).

KP: I wish I had known what OCD really was: an almost entirely interior and all-consuming experience. If I thought of it at all before I had it, it was merely as an exterior quirk. Thus, when I went through it, I didn't *really* know what it was. I also wish I had known how many other people experience anxiety, depression, and other mental health conditions. These topics were more taboo than they are now, which is of course largely generational and societal. I'm happy for younger people today that they live in a world where almost nothing is off topic. Beyond this, any well-meaning sentiments such as 'it will get better,' or, 'all of this time retracing your steps will mean you don't have to join a gym until you're in your thirties,' would have fallen on deaf ears back then. Well-intentioned advice can't negate the reality of what a person is living through. Not to mention that OCD is all about projecting into the future: *if I perform this act, I will change the future.* Never has a condition more obstinately resisted platitudes about how the future will be better! I am just happy to have survived it, surrounded by love and affirmation.

SRS: I wish I could have known that OCD was even a thing sooner. To know that it was a real disorder that can be diagnosed and that there are treatments for it. I truly believe it should be something that gets taught in health class in school with the number of people this affects, and especially with something that can be so scary and time-consuming to start to endure throughout childhood and adolescence. Having no idea what it is is terrifying when you are the one with the disorder, however. If there *was* some awareness and education around it, it would help not only the sufferer, but also those without OCD to at least try and get some perspective on what those with OCD are going through and have to endure. And if you are the one with OCD, it can give you the opportunity to learn about it and be like 'hey, that's me' and be able to seek help at a much younger age, instead of holding such shame and fear that you hide it, and avoid having to do all the uncomfortable and often daunting research to try figure it out for yourself years later.

Do you think that humour plays an important role in your own resistance/acceptance and expression of OCD?

MI: Look, OCD is pretty funny. I can see that – I may be mentally ill, but I'm not crazy. It's a double-edged sword: OCD has long been the butt of the joke, but humour is also essential to understanding, coping with and communicating about it. How else do you talk about morbid subjects like death, violence, sex crimes and poo? A great way to think of OCD is like the boggart in Harry Potter. It's your worst fear realised, and looks totally different for every individual person it's in front of. But the way you defeat it is shouting, 'Riddikulus!' and imagining it in rollerskates and a flowery hat.

So, where's the balance between those things? How do I talk about it accessibly and lightly while also making sure people realise the true devastation it causes? It's a balance I'm still trying to find (and I've tried in this book), and if in doubt I just settle on a poo joke to finish.

DL: As someone who reflects inward for my artistic expression, I've found that drawing on my experiences of OCD a new and healing way to create! I like to write to explore - it's a way I like to make sense of my experiences. So it's not that it's integral to my creative expression, but that it fuels me to explore myself through my art!

What are the challenges in knowing your art will be received by a largely neurotypical audience? Are these challenges an unavoidable part of your artistic practice?

PM: The challenge comes from constantly having to translate yourself for their sake, while little effort is made on their part to try and learn your language, so to speak. Neurotypical audiences – in any medium – are set up to accept neurodivergence as a matter of content, but aren't really capable of appreciating it as a matter of form, which I fear is the truest way of presenting it. The way around it is to trick them, and to turn your prose into a glass dagger of sorts, slowly wounding them with the full profundity of a neurodivergent mind without them realising until they're bleeding out on the carpet.

Getting away with it is another thing entirely, however.

Do you think that popular culture has a role to play in helping people find metaphors and strategies for tackling mental health challenges?

KP: Popular culture has an immense role to play in helping people to make sense of and maintain their mental health. I have always had one foot in the real world and one foot in fiction: whether books, film, TV or music. I can retreat into make-believe worlds to purely escape. I can recognise myself in characters. I can feel emboldened by characters persevering and succeeding in difficult circumstances. Popular culture shouldn't ever be overtly or purely didactic or moralising. However, good pop culture will subtly impart a message, reflect a truth or portray a reality. Obviously for me, *Buffy the Vampire Slayer*, while by no means a 'perfect' show, provided me with a metaphorical framework for many of my lived experiences. But anything that tells a story, even if a song or a single painting, has huge value. It isn't a substitute for therapy, but it can be a guide, a friend or a beacon.

How would you like to see your piece being used to help others? How does somebody know what might be too triggering for somebody who is new to OCD to read?

SRS: I would love to see my piece being used to help others perhaps by being recommended by psychologists to young people (or even adults) who are just discovering they have OCD for the first time, along with parents/guardians of those with OCD. Or even used as a resource if OCD were something that gets added to the health curriculum in schools. Unfortunately, I don't think any one person would be able to say whether it is *too* triggering or not for a person to read, as everyone has their own individual triggers and everyone is different, and so I guess that could be quite difficult. I would say that perhaps it could depend on the severity of the OCD that that person is experiencing right in that period of time. However, to read about OCD and how it is possible to get through these severe bouts could also be helpful, rather than triggering, so it is a difficult question to answer. I purposely wrote my piece in a way I would have wanted to hear/read about it as my younger self, so hopefully that helps the piece to be less triggering.

What practical advice would you give to somebody who thinks they may have OCD or believes a loved one has it?

KQ: The most important thing to remember is that your intrusive thoughts do not define you. Your thoughts, feelings, sensations, images and urges mean nothing about you or your values. While your thoughts likely make you incredibly uncomfortable, it does not mean you have to respond to them as if they are important. Try to allow your thoughts to come and go without doing anything about them. Recovery is not the absence of intrusive thoughts. Instead, it is choosing behaviours based on your values and interests, not based on fear.

What are the major steps from discovery to acceptance when it comes to OCD? Do you think it is the way that people learn to relate to their OCD that enables them to come to terms with it?

KQ: When it comes to OCD recovery, you must first understand that OCD thrives on uncertainty. The more time you spend trying to gain certainty or trying to rid yourself of fear, the stronger your OCD will get.

Accepting uncertainty is the foundation of OCD recovery. When you practise accepting the presence of uncertainty without engaging in compulsions, you will then learn that you can tolerate the rise and fall of uncertainty. With time, you will begin to understand that you are stronger than you think and that fear does not have to run your life. Instead of fear being in charge, you are!