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Tackling OCD: Talk Is Not Cheap!

February 2, 2010 — Christina J. Taylor, Ph.D.

While E&RP is the main behavioral tool to take apart OCD, there are cognitive skills to assist in your efforts to fight OCD. Cognitive Therapy is based on the idea that our thoughts — what we say to ourselves — determine our feelings and our actions. It is the essence of the biblical statement, “As you think, so shall you be.” It’s a simple idea with profound implications for what guides all behavior — we are like puppets on the strings of our own thoughts. Even the act of reading these words was based on a simple thought such as, “I’ll take a look at the Webzine to see what they have to say about OCD.” And there may have been further thoughts such as, “I’ll read this article and learn something that will help my OCD.”

Simple statements, what amounts to talking to ourselves, guide our actions, effort, and feelings.

The person who says “I will read this and learn something that will help my OCD” has clearly a different mindset than someone who says “I’ll read the article, but it probably won’t help much.” How we talk to ourselves can certainly affect our motivation and effort, and in this case the willingness to engage in finding help for OCD.

Cognitive Therapy offers techniques to help identify ways and patterns of thinking that produce distress, negative behavior, and poor motivation. Cognitive techniques can help improve an individual’s motivation to tackle their OCD, help change their reaction to and interpretation of their obsessions, and help them to cope with the anxiety they experience when they carry out an exposure and response prevention regimen. It can do helpful things and be a useful tool in the treatment of OCD.

I have been a college teacher for thirty years. I have seen students with the exact same ability excel while others fail precisely because of how they spoke to themselves about their ability to succeed — which in turn determined their motivation. I learned this lesson very clearly when I returned exams to students in an introductory psychology course. It was the first test the students took in the course. The students were very keen on reviewing their exam. When the class finished going over the questions, a student who had done poorly complained to me about the difficulty of the test questions (The implication being, of course, that the test was unfair). Another student who had also done very poorly, looked at me with steel in her eyes and resolve in her heart as she exclaimed, “Now I know what it is that you want.” Interestingly, at the end of the course, the student who complained that the

questions were unfair ended up with a "C" average on the exams, while the student with resolve and determination achieved an "A" average.

Why should students of similar capabilities perform so differently?

It really is a matter of self-talk.

If you say that your poor performance is due to the impossibility of a task, it is a very unmotivating situation. Why would you even try to succeed? Where is the motivation to try if you perceive the questions, job, therapy, or life problem as too hard? On the other hand, if you say to yourself that the questions are hard, "I can redouble my effort, regroup, and try harder," then you will be motivated to put in the effort to succeed. This seems to be what my steely eyed and determined student did.

This is called self-efficacy.

Self-efficacy is the expectation, knowledge, or confidence that we can do what is necessary to achieve a goal. The student who asserted that she knew what the teacher expected demonstrated strong self-efficacy — confidence in her ability to do what was necessary to succeed. In contrast, the student whose self-talk said "the teacher was too tough and the questions too hard," appeared to be low in self-efficacy. If you think you have a shot at succeeding, that you can figure it out, then you will try, doing whatever it takes to succeed.

How you talk to yourself about your own ability to tackle OCD reflects your self-efficacy. It is a key ingredient to your motivation. If you think you can do it, then you greatly increase your chances of trying. In challenging your OCD, you will be determined to learn what you need and get the tools and resources to do it. If you don't think you can, or if you are unsure, then you will need to build your self-efficacy and motivation.

Resistance to change or ambivalence about making change are common reactions among people confronting changes of all types. Change is a difficult undertaking even when the behavior we want to eliminate is hurting us and preventing us from living life more fully and happily. There can be very strong resistance and ambivalence about change because the obsessions seem so real and the compulsions appear to offer protection from some very awful consequences. It appears almost impossible to stop the compulsions.

How do you build motivation and self-efficacy to take on such a challenge? Remember that self-efficacy is at least partly a reflection of self-talk. Cognitive techniques are a means of overcoming this

obstacle. Changing irrational and self-defeating self-talk sets the stage for embarking on the journey of gaining control over the OCD.

To help you with this, check out the self-help books on OCD. Look over the discussion and exercises on how to change distorted and irrational thinking, especially statements that interfere with trying to work on your OCD. Someone who has been working on their OCD for some time and who has become discouraged, can benefit as well as someone who does not recognize that she has a problem. Finally, someone else who does not think that there is any particular hope for his problem, may benefit from using Cognitive Therapy techniques to build self-efficacy and hope.

The most important point is that you can learn the tools needed to control OCD. Remember the "Little Engine that Could!" You can too!