



Common Myths About OCD Treatment

We know from years of research that the most effective treatment for OCD is exposure and response prevention (ERP) therapy. This treatment has two parts:

Exposure — Repeatedly and deliberately face your fears head on. This is supposed to “trigger” your anxiety

Response prevention — Make a choice to not engage in any ritual or compulsion. While compulsions give you temporary relief, it is these very same behaviors that are keeping you stuck in the OCD cycle.

Evidence shows that ERP is an effective treatment for OCD, but that doesn't mean it's easy to do. In order to increase the chances of success, it is important for both the therapist and patient to develop a deep understanding of how ERP works and its rationale.

Here are some common myths that people have about OCD treatment:

MYTH: OCD treatment is about fighting with your brain and internal experience (thoughts, image, and emotions).

TRUTH: OCD treatment is about learning to accept and be open to internal experiences.

Our brain and body's threat signals (anxiety) exist to keep us safe and are not meant to make our lives miserable, but instead to warn us. The problem with OCD, however, is that these signals are misfiring. Consider this: what if a fire alarm wasn't working properly and it was going off all the time, even when there was no actual fire?

If individuals learn to notice and react to their brain's signals as information rather than an absolute truth that one is in danger, then the fight with your brain and your body and the world becomes much less intense.

MYTH: The goal of therapy is to eliminate intrusive thoughts and anxiety, or to “cure” OCD.

TRUTH: The goal of treatment is to learn how to better manage unwanted internal experiences, and how to respond more skillfully when they do come up.

By equipping oneself with the tools and expertise to regard intrusive thoughts and feelings as irrelevant (“a thought is just a thought”), one can feel more empowered to handle whatever variation of OCD may arise in the future.

OCD cannot be “cured,” but it can be successfully managed! Success in treatment entails demonstrating a willingness to experience uncomfortable thoughts and feelings as they present, and consistently making choices that follow your values, not your OCD fears. By repeatedly practicing this, over time, the intensity of your OCD symptoms become “background noise.”

MYTH: You must “white knuckle it” through exposure exercises, and just go through the motions of doing them.

TRUTH: ERP is most effective when you connect with the “spirit” of the treatment, rather than simply going through the motions. This will help you more fully benefit from ERP.

ERP treatment involves teaching you a new way of relating to your brain and anxiety. It is about developing a willingness to move towards discomfort and uncertainty. How would you learn that something isn't that dangerous if you don't go out and actually learn more about it? Keep in mind that any physical or mental rituals performed during an exposure to neutralize or decrease discomfort will undermine the effectiveness of the exercise. If you are still keeping yourself “safe” by doing compulsions, then your brain hasn't learned that this situation isn't as dangerous as once thought.

It is essential to address a core fear that your OCD is telling you. The goal is not to accept this core fear (e.g., getting ill, harming someone, etc.), but to accept the uncertainty of the fear. This perspective shift is critical to getting the most benefit from ERP.

MYTH: Accepting your thoughts means that you have to agree with them or like having them.

TRUTH: Accepting means not judging the thoughts as good or bad, and understanding that we cannot control thoughts that arise. In fact, it is the struggle to get away from the thoughts or make them go away that brings them back with more frequency and intensity!

The goal is to adopt an attitude in which “forbidden” or “taboo” thoughts are deemed to be unimportant. The reality is that the content of the OCD-related thought is irrelevant.

Nearly everyone experiences intrusive thoughts, whether or not they have OCD — it is how we respond to them that matters!

MYTH: The goal of treatment is to convince your brain that the OCD threat is not dangerous.

TRUTH: The goal of treatment is to show your brain that you can tolerate uncertainty and the accompanying discomfort.

ERP helps to build up a higher threshold for anxiety to show the brain that even though these situations or “triggers” feel dangerous, they no longer need to be treated as such.

We face uncertainty and take risks every day. The reality is that nothing in life is certain and we can never ensure that there will be zero threats, even outside the content of the OCD theme.

MYTH: You should distract yourself when feeling anxious or when doing exposure exercises.

TRUTH: It is much more beneficial to be present in the uncomfortable experiences and feelings of anxiety that come with exposures, rather than trying to avoid them.

Practice making room for discomfort by giving it permission to be there, without trying to avoid it or escape it. This approach teaches the brain that while these feelings are unwanted and uncomfortable, they are not intolerable nor dangerous.

Mindfulness tools from acceptance and commitment therapy (ACT) can supplement exposures in this way.

MYTH: If you are not experiencing anxiety during an exposure, you are doing it wrong.

TRUTH: The goal of an exposure is to show the brain a willingness to experience whatever it sends your way, which may or may not lead to anxiety.

Sometimes, anxiety does not show up during an exposure exercise; this is not an issue as long as one is willing to experience the possibility of anxiety.

Practice developing a curious attitude about your internal experience. What shows up? How does it feel? What does it do if I don't do anything with it? How does it change?

MYTH: You should feel better after therapy.

TRUTH: The aim of OCD treatment is to live better rather than feel better.

Making room for unwanted thoughts and feelings is a critical part of the OCD therapy. Often, this journey entails experiencing more difficult feelings in the short term to become better equipped to manage OCD episodes in the long term.

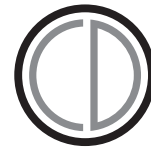
Instead of feeling “good,” the goal is to feel more empowered to manage OCD for the long haul, and to lessen its impact on your life.

For more information on OCD treatment, please visit the following pages on the IOCDF website: [How is OCD Treated?](#) [Exposure and Response Prevention Medications for OCD.](#)

Author: **Tatyana Mestechkina, Ph.D, Licenced Clinical Psychologist, CBT for Better Living**

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"I'm soooo OCD"



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+ Other Common Myths About Obsessive Compulsive Disorder

MYTH: WE ARE ALL "A LITTLE BIT OCD" AT TIMES.

FACT: OCD is not a personality quirk or a character trait — it is a very real mental health condition that affects about 2 to 3 million adults, and half a million youth, in the US alone. While many people can have obsessive or compulsive traits, OCD stands for obsessive compulsive disorder, and people who are diagnosed with OCD cannot simply "turn it off." Research has shown that their brains are wired differently than the brains of people without OCD, and as such OCD strongly influences their thoughts and actions.

MYTH: OCD IS NOT THAT BIG A DEAL, PEOPLE JUST NEED TO RELAX AND NOT WORRY SO MUCH.

FACT: Having OCD is not simply an overreaction to the stresses of life. While stressful situations can make things worse for people with OCD, they do not cause OCD. People with OCD face severe, often debilitating anxiety over any number of things, called "**obsessions**." This level of extreme worry and fear can be so overwhelming that it gets in the way of their ability to function. To try to overcome this anxiety, people with OCD use "**compulsions**" or rituals, which are specific actions or behaviors. These compulsions are not activities a person with OCD does because they want to, but rather because they feel they have to in order to ease their fears. OCD is not about logic — it is about anxiety and trying to get relief from that anxiety.

MYTH: OCD IS JUST ABOUT HAND-WASHING, CLEANING, AND BEING NEAT.

FACT: Triggers related to cleanliness and symptoms related to washing make up only a small part of the range of OCD triggers and symptoms. People with OCD can have obsessions related to a wide variety of things, including losing control, hurting others, unwanted sexual thoughts, and many more. Similarly, the anxiety caused by these obsessions can be lessened by different compulsions, such as "checking" (e.g., re-checking door locks, repeatedly making sure the oven is off), "repeating" (e.g., doing the same action or ritual over and over to be sure it was done "correctly"), and "counting" (e.g., doing things in certain numbers, counting items to certain numbers).

MYTH: PEOPLE WITH OCD ARE JUST "WEIRD," "NEUROTIC," OR "CRAZY" AND THERE IS NO HOPE FOR THEM TO EVER LEAD HAPPY, FUNCTIONAL LIVES.

FACT: With proper treatment, it is very possible for people with OCD to lead full and productive lives. Many people respond positively to behavioral therapy and/or medication. Specifically, Exposure and Response Prevention or ERP is considered the first-line treatment for OCD. Additionally, medication (such as anti-depressants like SSRIs) may also be recommended for people with OCD. Family therapy can also be very beneficial since family members (including parents, siblings, and spouses) often play a major role in recovery. Finally, many individuals report that support groups are very helpful. Support groups provide a safe, understanding place for people with OCD to feel less alone, as well as to teach and learn from their peers. People with OCD use one or several of these options to help them manage their OCD, as well as the support and understanding of their loved ones.

HOW CAN I HELP?

- Stigma is one of the biggest problems faced by people with OCD, but oftentimes, people don't realize that their words or actions are stigmatizing or trivializing the suffering of those with OCD. The next time you hear someone say that someone or something is "so OCD," engage them in conversation about what OCD really means and why what they're saying is dismissive and inaccurate.
- Educate yourself about OCD, and work to raise awareness in your community however you might feel comfortable.
- Visit the IOCDF website or follow us on Facebook or Twitter to learn more ways to help.

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