Abstract: The prime motive of the present study was to explore the relationship of insight and motivation for change in patients suffering from obsessive compulsive disorder. The findings of the study have particular relevance for the management of the OCD patients aiming towards improving their quality of life. This study put some light on the underneath relationships of poor motivation for change, insight, coping styles and attributional styles of the OCD patients. The study of motivation is an area of psychology that has particular relevance to the issues of dropout, compliance, and maintenance of change. In fact, lack of motivation is one of the most frequently cited reasons for patient dropout, failure to comply, frequency of relapse, and other negative treatment outcomes for a variety of psychotherapeutic interventions (Pelletier, Tuson, Haddad, 1997; Ryan, Plant, & O’Malley, 1995).

The present study had specific implications in the area of clinical therapeutic interventions.

Key words: Motivation for change, Attributional styles, Obsessive compulsive disorder

Objectives of the study were as follows

1. To study the relationship between insight and motivation for change in patients suffering from OCD.
2. To study the relationship between insight and coping styles in patients suffering from OCD.
3. To study the relationship between insight and attributional style in patients suffering from OCD.
4. To study the relationship between motivation for change and coping styles in patients suffering from OCD.
5. To study the relationship between motivation for change and attributional style in patients suffering from OCD.
6. To study the relative contribution of insight, motivation for change, coping style and attributional style on OCD.
7. To study the relative contribution of insight, coping style and attributional style on motivation for change in OCD.

**Materials & Methods**

For this purpose 98 cases of OCD diagnosed by a trained psychiatrist using DSM IV-TR (2000) criteria were drawn from different Psychiatric clinics of Bathinda, Barnala and Patiala. Patients suffering from organic disease or mental retardation and patients less than 18 years of age were excluded. The cases thus included were assessed using the following tools:

1. ‘Brown assessment of belief scale’ (Eisen et. al., 1998).
5. The Attributional Style Questionnaire (ASQ; Peterson et al., 1982).

**Results:** It was hypothesized that Insight would be positively related to motivation for change in patients suffering from OCD. Results of the study do not support the hypothesis. It might be due to having the intellectual insight and lack of emotional insight in OCD patients. Avoidance and anxiety may be the other reasons. However, Insight is positively correlated with one of the sub- scale of motivation
of change i.e. internal locus of control. Insight is negatively correlated with obsessions.

It was Hypothesized that Motivation for change would be positively related to adaptive coping styles in patients suffering from OCD. Results of the present study indicated that composite score of motivation of change found to be positively and significantly correlated with adaptive coping styles specifically problem solving. However, non adaptive coping styles specifically cognitive negative, magical thinking and external attribution are significantly negatively related to overall motivation for change.

Motivation for change would be positively related to optimistic attributional style in patients suffering from OCD. Results indicate that internal attributional styles for good events are positively related to overall motivation for change. However, depressive attribution styles like stable and global attributional styles for bad events is negatively related to overall motivation for change. It is expected that insight, motivation for change, coping style & attributional style will contribute significantly to OCD. Regression analysis suggests that most of the variation in OCD was due to subscales of MFC Self Esteem, Religious attitude and Insight.

It is expected that insight, coping style & attributional style will contribute significantly to motivation for change in OCD. Results Indicate that major source of variation in MFC was due to the external attribution coping style, problem solving coping style, cognitive negative coping style and internal attribution style for good events.

**Therapeutic Implications:**

- If we can enhance insight we may be able to enhance intrinsic motivation for change in OCD.
- There is enormous scope for enhancing the motivation of an OCD patient as motivation for change is negatively correlated with severity of OCD in this study. Sizable percentage of patients fail to
comply with their therapeutic regimen, drop out of treatment prematurely, or encounter difficulty in maintaining therapeutic gains (Vogel et al., 2006), which can be helped as stated earlier.

- Negative or non adaptive coping styles like cognitive negative, magical thinking and avoidance decrease motivation for change in OCD.

- Positive or adaptive coping styles like problem solving and distraction enhance motivation for change in OCD.

- Internal attributional styles for good events enhance motivation for change and self esteem in OCD. Stable and global attribution styles for bad events have detrimental effects on self esteem and motivation for change. So reattribution training may help to enhance motivation for change.

- Religious attitude is negatively correlated with OCD severity especially with compulsions.