

DIFFERENCES IN THE APPRAISAL OF INTRUSIVE THOUGHTS AND CONTAMINATION FEARS IN OBSESSIVE-COMPULSIVE DISORDER

Christian Ryan

Nottinghamshire Healthcare NHS Trust, UK

Abstract. A number of studies have shown that patients with obsessive-compulsive disorder do not universally regard their obsessions as either senseless or unlikely to happen. This is of particular significance for the current cognitive-behavioural model of OCD, which is based on the notion that obsessions are ego-dystonic. This study examined the appraisal of obsessions by a group of OCD patients ($n = 63$). Participants completed a paper and pencil task in which they had to appraise a range of intrusive thoughts and contamination fears on two variables: senselessness and likelihood to happen. The results suggest that the appraisals may vary according to the content of the obsessive thought. Contamination obsessions were judged less senseless and more likely to happen than obsessions concerning aggressive and sexual themes. A number of variables, which may play a role in these appraisals, are discussed and the methodological limitations of the study are examined.

Keywords: OCD, contamination, intrusive thoughts, cognitive-behaviour therapy, appraisal.

Introduction

It is widely acknowledged that patients with obsessive-compulsive disorder (OCD) vary in the degree to which they believe in their obsessive thoughts. This led to a change in the definition of OCD in DSM-IV, in which it is stated that the person only has to regard the obsessive thoughts as inappropriate “at some time during the disturbance”. However, this change in the view of obsessions has particular significance for the cognitive-behavioural model of OCD, which has been elaborated by Salkovskis (1985). This account suggests that it is not the intrusive thought that causes distress, but the appraisal of what it means, with particular reference to inflated personal responsibility. This explains the frequently demonstrated occurrence of intrusive thoughts in the wider population without the concomitant distress associated with OCD.

The cognitive-behavioural model locates the threat to the person in the form of an intrusive thought and its appraisal. One can regard some obsessive phenomenon as an internal threat to the person, that is, the threat comes in the form of repetitive, unwanted intrusive thoughts that are believed to be senseless and unlikely, and in need of controlling. The obsessive patient will attempt to suppress or neutralize the thought by some other thought or action. Salkovskis cites an example that fits this model well: “I might kill or molest my baby” (Salkovskis, 1995).

Reprint requests to Christian Ryan, Nottinghamshire Healthcare NHS Trust, Hope Ward Extension, Duncan Macmillan House, Porchester Road, Mapperley, Nottingham NG3 6AA, UK. E-mail: christian.ryan@nottshc.nhs.uk An extended version is also available online in the table of contents for this issue: http://journals.cambridge.org/jid_BCP

Salkovskis, Forrester and Richards (1998) suggest that the patient is likely to regard this as highly senseless and unlikely. The distress in this circumstance is caused by the appraisal of an unwanted mental event and what that might mean (e.g. "I must be evil to think such things"). The purpose of the patient's compulsive ritual in this circumstance will be to ward off these unwanted mental events. However, thoughts concerning contamination may have a rather different phenomenology. When a patient has the thought, "If I don't wash thoroughly enough I might catch a disease", it is possible that they regard this as senseless and unlikely and are washing to ward off the unwanted thought. However, it seems equally plausible that in this scenario the threat is external to the patient; it is not the thought they are trying to prevent, but rather "catching the disease", however irrational this may seem to the therapist, and indeed the patient when away from the trigger.

It was predicted that judgements about the senselessness or likelihood of an obsession coming true would relate to the content of obsessions. In particular, contamination obsessions would be judged to be more likely to happen and less senseless than aggressive or sexual obsessions.

Method

Participants

One hundred and six questionnaires were sent out to participants who were recruited through the Southern Derbyshire Behaviour Therapy Unit and via advertisements in two voluntary organization newsletters: Obsessive Action and the National Phobics Society. Sixty-three patients returned their questionnaire (26 men and 37 women) representing a response rate of 55%. They had a mean age of 39.5 ($SD = 12.6$, range 18–68).

Instruments and procedure

Three measures were given to each participant: the Hospital Anxiety and Depression Scale (HADS) (Zigmond & Snaith, 1983) and Obsessive Compulsive Inventory (OCI) (Foa, Kozak, Salkovskis, Coles, & Amir, 1998). The third measure was a paper and pencil test devised specifically for this study and called the Obsessive Thoughts Appraisal Scale. In this test patients were presented with a list of obsessional thoughts that they were asked to rate for frequency, distress, likelihood to happen, senselessness and safety. The list contained a range of obsessional items including items concerning contamination themes and aggressive and sexual intrusive thoughts.

Results

Descriptive statistics

Means and standard deviations were calculated for the HADS and OCI. The scores were consistent with those found in similar studies of obsessive-compulsive disorder, with the mean distress score 71.44 being well above the cut-off score for OCD of 40 suggested by Foa et al. (1998).

Table 1. Mean appraisal of items by content type for items with a frequency greater than monthly

Content – appraisal	Strongly disagree	Moderately disagree	Uncertain	Moderately agree	Strongly agree
Contamination – likelihood	7%	24%	33%	27%	9%
Aggressive/sexual – likelihood	37%	17%	31%	11%	4%
Contamination – irrational/senseless	11%	26%	22%	26%	15%
Aggressive/sexual – irrational/senseless	9%	7%	23%	20%	41%

Data analysis

Preliminary data analysis revealed that contamination obsessions occurred more frequently than aggressive and sexual obsessions. To control for the effect of frequency, a methodological adjustment was made based on the Langlois, Freeston and Ladouceur (2000) technique. Frequency of thoughts was measured on a 5-point scale corresponding to these anchors: 1 = at least once a day, 2 = at least once a week, 3 = at least once a month, 4 = at least once a year, 5 = less than once per year. Many respondents replied to individual items with responses 4 and 5. It was judged that appraisals of thoughts that occur at least once a month would be the most meaningful; therefore the data were screened to include only responses to obsessive thoughts that had been experienced at least monthly. This eliminated any differences between the two groups in terms of frequency.

It was hypothesized that obsessions concerning contamination would have lower ratings of senselessness and higher ratings of “likely to happen” than obsessions concerning aggressive and sexual themes. Table 1 demonstrates that this was the case. Contamination obsessions were judged to be significantly more likely to happen than aggressive and sexual obsessions ($W = 81$, $Z = -5.85$, $p < .000000005$ two-tailed test, $n = 56$). Likewise, contamination obsessions were judged to be significantly less senseless ($W = 98$, $Z = -5.63$, $p < .00000002$ two-tailed test, $n = 55$) than aggressive and sexual obsessions.

Discussion

Participants in this study rated obsessions concerning contamination themes as more likely to happen and less senseless than obsessions concerning themes of a sexual or aggressive nature. These results replicate the general finding that obsessions are not universally reported as senseless and unlikely to happen by obsessive-compulsive patients. Thus, while it might be said that aggressive and sexual obsessions are generally reported as senseless and unlikely to happen by obsessive-compulsive patients, the same is not the case for contamination obsessions.

The central thesis of this paper is that patients having a particular obsessive thought might not, at the time, judge it to be senseless or unlikely. Patients were asked to make judgements about obsessive thoughts in “the cold light of day”, not in the triggering scenario (e.g. the bathroom) where these thoughts normally occur. This may have the effect of reducing the number of appraisals of “not senseless” and “likely to happen”. Furthermore, patients may self-monitor their appraisal of whether a thought is senseless or not, and whether it is likely to happen. They may be more likely to suppress answers that they think may not be in keeping

with other people's judgements for fear of being perceived as "mad". Furthermore, they may try to suppress answers in a process of trying to convince themselves that the danger is unrealistic. Each of these processes would make it more difficult to detect the effect hypothesized in this study.

This study offers support to the idea that the appraisals of obsessions may not be homogenous. A possibility is that intrusive thoughts are a ego-dystonic transitory phenomenon that the person tries to control as an unwanted mental event. Contamination fears may be related to longstanding beliefs about risk and vulnerability that feature as a predisposition to obsessive-compulsive disorder. Early attempts to develop a cognitive model of OCD emphasized the unrealistic threat appraisal made by patients, whereas later models such as that of Salkovskis (1985) emphasize the appraisal of the intrusive thoughts. This may have led to an underestimation of the importance of irrational beliefs about likelihood and perceived good sense of contamination fears in some patients with OCD. Further work is required to establish the mechanisms underlying these differences in appraisal and the treatment implications for OCD.

Acknowledgements

I wish to thank Konstantine Loumidis who was my university supervisor overseeing the initial stages of this project, Pete Kryziak who co-ordinated the access to patients, and Mark Freeston who offered very helpful advice on some of the methodological issues involved in the data analysis.

References

- FOA, E. B., KOZAK, M. J., SALKOVSKIS, P., COLES, M. E., & AMIR, N. (1998). The validation of a new obsessive-compulsive disorder scale: The Obsessive-Compulsive Inventory. *Psychological Assessment*, 10, 206-214.
- LANGLOIS, F., FREESTON, M. H., & LADOUCEUR, R. (2000). Differences and similarities between obsessive intrusive thoughts and worry in a non-clinical population. *Behaviour Research and Therapy*, 38, 157-173.
- SALKOVSKIS, P. (1985). Obsessional-compulsive problems: A cognitive behavioural analysis. *Behaviour Research and Therapy*, 23, 571-583.
- SALKOVSKIS, P. (1995). Cognitive factors in depression, obsessive-compulsive disorder and hypochondriasis. *Current Opinion in Psychiatry*, 8, 80-84.
- SALKOVSKIS, P., FORRESTER, E., & RICHARDS, C. (1998). Cognitive-behavioural approach to understanding obsessional thinking. *British Journal of Psychiatry*, 173, 53-63.
- ZIGMOND, A. S., & SNAITH, R. P. (1983). The Hospital Anxiety and Depression Scale. *Acta Psychiatrica Scandinavica*, 67, 361-370.