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A diary study of the phenomenology and persistence of compulsions

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ABSTRACT

Background and objectives: Research on the persistence of compulsions has found that, when making the decision to stop a compulsion, people with OCD weigh sensory and memory information as more important than external criteria. At the same time, research has also found that repetition of behaviour has a deleterious effect on memory, sensory and cognitive confidence. These findings have important treatment implications but they are almost exclusively laboratory based. This study sought to examine compulsions as they occur *in vivo* using a structured diary format.

Methods: 22 People with a principal diagnosis of OCD completed measures of memory, sensory and cognitive confidence and used a structured diary to report on three compulsive episodes a day for three days.

Results: Despite repetition, a sense of certainty or the “right” feeling was achieved in over half of the compulsive episodes. The outcome of compulsive episodes was not influenced by distress over the obsession, nor was distress associated with negative beliefs about obsessions. Episodes in which certainty was not achieved were characterized by greater repetitions, greater memory, cognitive and sensory doubt and less certainty that the compulsion had been done properly.

Limitations: The sample size was modest, checking compulsions were over-represented and data were based on retrospective self-report, albeit 2-h on average.

Conclusions: Consistent with laboratory studies, repetition has insidious effects on the persistence of compulsions. However, compulsions yielded a sense of certainty half the time, despite repetitions.

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1. Introduction

Leading models of obsessive–compulsive disorder (OCD) implicate negative beliefs about and appraisal of obsessional thoughts as key factors in the development and persistence of the disorder (see Purdon, 2009 for a review). According to these models, negative beliefs and appraisal evoke distress which the individual attempts to ameliorate through covert or overt actions. The relief from distress negatively reinforces the action and the action terminates exposure to the obsession, which prevents extinction of the distress and new learning about the meaning of the obsession. The non-occurrence of the feared event represented in the obsession is then attributed to the performance of the action. Distress over the obsession persists, the action is more likely to be

conducted to ameliorate that distress, and over time it escalates into a compulsion. In the absence of distress over the obsession, then, the compulsion becomes obsolete. Thus in the past few decades research has focused on identifying the factors that evoke distress over obsessions and developing interventions to address them. However, this vast body of research has not yielded a significant change in treatment efficacy, which remains at an unimpressive 50% success rate (e.g., Tolin, 2009).

It is possible that leading models of OCD have underspecified the factors involved in the persistence of compulsions. Tolin, Abramowitz, Brigidi, and Foa (2003) found that people with OCD reported higher intolerance of uncertainty (IU) than nonanxious controls. Intolerance of uncertainty was also higher in people with checking and repeating compulsions than with other types of compulsions, such as washing. Tolin et al. proposed that checking and repeating might be driven in part by low tolerance of distress for uncertainty as to whether the action has achieved its goal. They recommend that exposure to uncertainty could be a potentially important component of treatment.

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Meanwhile, a growing body of research demonstrates that repetition of a behaviour tends to decrease, rather than increase, certainty. Evidence from numerous studies indicates that as a behaviour is repeated, confidence in memory, sensory perception, attention and concentration declines. In one of the earliest studies of its kind, van den Hout and Kindt (2003) monitored memory accuracy and confidence over a series of trials in which participants checked a virtual stove to ensure its safety. Across rounds of checking, actual memory accuracy remained stable but memory confidence declined. This effect has been replicated in a number of studies which have found that a decline in memory confidence occurs after repeatedly checking the same object (Radomsky, Gilchrist, & Dussault, 2006), after repeatedly washing a set of objects (Fowle & Boschen, 2011) and after a relatively limited number of repetitions (i.e., as few as 5 checks; Coles, Radomsky, & Horng, 2006). Other research suggests that a decline in memory confidence may be especially pronounced under conditions of high responsibility and on tasks relevant to current goals (Boschen & Vuksanovic, 2007; Radomsky, Dugas, Alcolado, & Lavoie, 2014).

At the same time a number of studies have found that individuals with OCD have less confidence in their memory, cognitive and sensory faculties overall than do individuals with another psychiatric diagnosis or individuals with no diagnosis (Hermans, Marten, De Cort, Pieters, & Eelen, 2003; Nedeljkovic & Kyrios, 2007; Nedeljkovic, Moulding, Kyrios, & Doron, 2009; van den Hout, Engelhard, de Boer, du Bois, & Dek, 2008), particularly when referencing OCD-relevant actions such as locking a door (Hermans et al., 2008). Confidence in memory, attention, and perception have also been found to predict greater self-reported checking symptoms over and above other OCD-relevant cognitions, such as increased responsibility and confidence in memory (Bucarelli & Purdon, 2009). Indeed, Alcolado and Radomsky (2011) recently showed that poor memory confidence may be a risk factor for repeated checking.

In his model of checking compulsions Rachman (2002) proposed that when responsibility for harm and the perceived likelihood and severity of harm are all high, investment in establishing certainty that preventative acts have been done properly is also high. The degree of certainty required is often elusive and so the act is repeated, which in turn reduces confidence that it has been done properly, which in turn evokes more repetition. Radomsky, Shafran, Coughtrey, and Rachman (2010) suggested that psycho-education about this insidious process and restoration of confidence in cognitive abilities, particularly memory, may improve treatment outcome in cases of compulsive checking.

If poor confidence in memory and cognitive abilities result in greater repetition and less certainty, how does the cycle stop? There is surprisingly little research on “stop” rules. Szechtman and Woody (2004) proposed that compulsions are safety behaviours that are voluntarily terminated when the individual is confident that danger has passed. Since it is not possible to know with certainty that danger has passed (that is, one cannot prove the null hypothesis) the individual is instead guided by an implicit, internal, felt sense that danger has passed. Woody and Szechtman argued that people with obsessive–compulsive disorder have a disruption in their ability to achieve that implicit, felt sense and are thus compelled to repeat the behaviour. Consistent with this, Woody et al. (2005) found that people who were unable to achieve a sense of satisfaction during washing indeed washed longer.

O'Connor and Robillard (1995) and O'Connor (2002) asserted that obsessions are the product of *inverse inference*, or, the hypothesis that a feared event has happened or will happen despite evidence to the contrary (“even though that table looks clean I expect that it is dirty”; guilty until proven innocent). Since the feared event is wholly imaginary there is very little objective

evidence in the environment that the individual can use to disconfirm the conviction, and existing evidence is discounted on the basis that if the person were to probe more deeply evidence confirming the conviction would be found (e.g., “If I had a microscope, I’m sure I would find dirt on this table”). This results in repeated attempts to redress the concern (i.e., compulsion), which persists until the individual achieves an adequate sense of certainty that the ritual is no longer necessary (e.g., there is no longer a chance of harm).

Wahl, Salkovskis, and Cotter (2008) interviewed people with and without OCD about the criteria they used to terminate a washing behaviour and also observed their washing behaviour in a laboratory setting. People with OCD reported using more criteria overall to make the decision to terminate than did those without OCD. Furthermore, those with washing compulsions used subjective criteria more frequently and tended to weight those criteria more heavily than others when making the decision to stop. Coughle, Goetz, Fitch, and Hawkins (2011) assessed not-just-right experiences in a sample of healthy controls and had them undergo a washing challenge in which they dirtied their hands and were allowed to wash. Self-reported frequency and intensity of not-just-right experiences was positively correlated with greater washing time. These findings are consistent with the idea that stop rules for compulsions reference internal sensations. However, Wahl et al. (2008) noted that people with OCD relied on external criteria as well as internal criteria and that decision making was quite conscious and effortful, as opposed to implicit and automatic. Thus both trait (e.g., negative beliefs about obsessions, inferential confusion, memory confidence) and, as per Rachman (2002), situational factors (amount of distress the obsession gives rise to, perceived threat in the moment, need for certainty that the compulsion will be done properly before enacting it) may influence compulsions.

If we are going to apply lab-based research on repetition to understanding and treating OCD we need to know whether people tend to repeat their compulsions frequently enough for the insidious effects to emerge and whether repetition does, indeed, foster doubt. There is little phenomenological data on compulsions. Zor et al. (2009) found that compulsions were characterized by the performance of behaviours irrelevant to the task and with frequent repetitions of both relevant and irrelevant behaviours. However, there was no investigation of the impact of repetition on emotional, cognitive and behavioural aspects of the compulsion. At this time, then, we know very little about compulsion parameters, such as the average number of repetitions within and across episodes and the frequency with which the goal of the compulsion is achieved. Furthermore, research on the influence of memory confidence on compulsions has been largely lab-based and so we lack phenomenological data on the impact of *in vivo* repetition on memory.

The current study offers a preliminary examination of the phenomenology of compulsions and explores whether the factors identified in the persistence of compulsions are observed in an *in vivo* setting. Individuals with a principal diagnosis of OCD completed self-report measures of inferential confusion, memory and cognitive confidence and negative beliefs about obsessions. They then used a structured diary to report on compulsive episodes three times a day for three days. The diary asked about basic parameters of the compulsion (length, number of repetitions), events prior to compulsions (distress, level of harm and danger, need for certainty that the compulsion will be done properly), events during the compulsion (erosion of memory, sensory and cognitive confidence, increases and decreases in certainty that the compulsion is meeting its goal), termination criteria, and relief afforded by the compulsion.

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