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Review article

Intrusive thoughts, obsessions, and appraisals in obsessive–compulsive disorder: A critical review

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Abstract

This article reviews empirical findings on two key premises of the appraisal model of obsessive–compulsive disorder (OCD): (a) non-clinical populations experience intrusive thoughts (ITs) that are similar in form and in content to obsessions; and (b) ITs develop into obsessions because they are appraised according to dysfunctional beliefs. There is support for the universality of ITs. However, the samples used are not representative of the general population. IT measures do not relate systematically or exclusively to OCD symptom measures, and are not specific enough to exclude other types of intrusive thoughts such as negative automatic thoughts or worries, nor are they representative of all types of obsessions. When general distress is controlled, there is so far no evidence that participants with OCD endorse obsessive belief domains more strongly than anxious participants, and inconclusive evidence that OCD and non-clinical samples differ on the belief domains. Some OCD symptom subtypes are associated with belief domains. Currently, there is no coherent model to offer strong predictions about the specificity of the empirically derived belief domains in OCD symptom subtypes. Cognitive therapy based on the appraisal model is an effective treatment for OCD, although it does not add to the treatment efficacy of behaviour therapy. It is unclear how appraisals turn ITs into obsessions. Implications for future research are discussed.

Keywords: Obsessive–compulsive disorder; Obsessions; Intrusive thoughts; Beliefs; Cognitive therapy

Contents

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Individuals presenting with obsessive–compulsive disorder (OCD) suffer from obsessions (recurrent and persistent thoughts, impulses, or images experienced as intrusive and inappropriate and causing marked anxiety or distress) generally accompanied by compulsions (repetitive behaviours or mental acts done in order to prevent or reduce anxiety or distress caused by obsessions) (American Psychiatric Association [APA], 1994). It has been proposed that non-clinical individuals have thoughts whose content is similar to obsessions (see among others, Freeston & Ladouceur, 1993; Freeston, Rhéaume, & Ladouceur, 1996; Parkinson & Rachman, 1981a, 1981b; Rachman, 1997, 1998; Salkovskis, 1985, 1989, 1999). These thoughts have been variously identified by authors as "cognitive intrusions", "normal obsessions", "obsessional thoughts", and "intrusive thoughts". Here, we will employ the term "intrusive thoughts" (ITs).

Rachman (1971) proposed a close link between ITs and obsessions on the basis of similar content even though they differ in that obsessions are more frequent and anxiety provoking than ITs. ITs would be experienced by a majority of individuals (Rachman, 1971), but would develop into obsessions only for a minority (Rachman, 1997; Salkovskis, 1999). In particular, one cognitive model of OCD (i.e. the appraisal model) proposes that the interpretation (appraisal) of the presence and content of ITs will determine whether they escalate into obsessions (Freeston, Rhéaume, Ladouceur, et al., 1996; Rachman, 1997, 1998; Salkovskis, 1985, 1989, 1999). The appraisal of intrusive thoughts is in accordance with pre-existing dysfunctional attitudes or beliefs, which are relatively enduring pan-situational assumptions held by an individual (Obsessive Compulsive Cognitions Working Group [OCCWG], 1997). Hence, the crucial difference between people with OCD and non-clinical individuals would be the presence of OCD-related dysfunctional beliefs. In the absence of OCD-related beliefs, ITs are ignored more easily, preventing escalation into obsessions (Salkovskis, 1989).

The appraisal model of OCD then relies on two key premises: (a) ITs are part of normal experience, implying that obsessions may be on a continuum with normality; and (b) the interpretation given to the presence and content of ITs according to dysfunctional beliefs explains why they escalate into obsessions. Purdon and Clark (1993) have identified three conditions necessary to support the initial premise: Firstly, it should be clearly evident that non-clinical samples experience ITs. Secondly, ITs should show a specific link with clinical obsessions. For example, it is expected that correlations between measures of ITs and OCD would be higher than correlations between measures of ITs and measures of general distress (e.g.: depression, anxiety). Thirdly, ITs should be distinguishable from negative automatic thoughts (NATs) believed to be characteristic of anxiety and depression. In addition to these three conditions identified by Purdon and Clark (1993), a fourth and fifth condition for support of the first premise of the appraisal model is that ITs should be representative of obsessions and show a stable factor structure.

Tolin, Worhunsky, and Maltby (2006) have identified three conditions necessary to confirm the second premise: Firstly, clients with OCD should endorse obsessive belief domains more strongly than patients with anxiety disorders