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The spread of mental contamination



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ABSTRACT

Background and objectives: Fear of contamination can be evoked following physical contact with a dirty, harmful or polluted item, person, or place (contact contamination) or in the absence of physical contact with a contaminant (mental contamination). The spread of contact contamination does not degrade over successive degrees of removal from the contaminated source. However, to date, the spread of mental contamination has not been empirically investigated. This study aimed to examine the spread and degradation of mental contamination.

Methods: The paradigm of Tolin et al. (2004) was adapted. Feelings of mental contamination were evoked, and participants were asked to transfer these feelings to an uncontaminated pencil by touching it (contact condition) and without touching it (no contact condition).

Results: Seventy-two percent of participants in the contact condition and 48% participants in the no-contact condition reported being able to transfer contamination to a clean pencil, demonstrating that mental contamination transfers both with and without contact. In both conditions, the mental contamination subsequently spread to a series of 12 neutral pencils without degradation.

Conclusions: These findings suggest that mental contamination can be transmitted and spread in the absence of physical contact, similar to contact contamination.

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1. Introduction

One of the most remarkable qualities of the fear of contamination is its ability to spread rapidly and extensively to previously uncontaminated objects, items, people and places. Indeed, the compulsive washing seen in patients with Obsessive Compulsive Disorder (OCD) is provoked both by a need to remove a current contaminant, but also by an overwhelming urge to isolate contamination and prevent it from spreading (Rachman, 2006). If contamination is not successfully contained then it will spread to new items without decaying i.e. it does not appear to decrease over successive degrees of removal from the source or reduce with the passage of time. It has been proposed that these properties of contagion are closely related to sympathetic magic, implausible beliefs regarding the transmission of contamination (Frazer, 1922; Nemeroff & Rozin, 1994; Tolin, Worhunsky, & Maltby, 2004). According to Frazer (1922) there are two principles of sympathetic magic: 1) that 'things that have once been in contact continue ever afterwards to act on each other', i.e. 'once in contact always in

contact' (Frazer, 1922, p. 12); and 2) 'that the most familiar expression of contagious magic is the magical sympathy which is supposed to exist between a man and any severed portion of his person – whoever gets possession of human hair or nails may work his will, at any distance, upon the person from whom they were cut' i.e. 'like produces like' (Frazer, 1922, p. 43; see also Nemeroff & Rozin, 1994; Rachman, 2006; Tolin et al., 2004).

In a unique study, Tolin et al. investigated the properties of the spread of contact contamination in OCD and the relation to sympathetic magic. Tolin et al. (2004) compared the responses of 12 patients with OCD, 16 non-anxious controls, and 13 anxious controls with panic disorder on a chain of contagion task. Participants were asked to take a pencil (which they established was uncontaminated), wipe it over a contaminated item (e.g. a garbage bin or a door handle) and rate the contamination level of the pencil. This first pencil was then touched to an identical second pencil, and the contamination level of this second pencil was established. The second pencil was then touched to a third, and so on until contamination ratings had been collected for 12 pencils. Whereas the non-anxious and anxious controls reported degradation in contamination of the successive pencils, the OCD patients did not, leading Tolin et al. (2004) to propose that in OCD, there is a chain of contact contagion which persists even with successive degrees of removal from the initial source of contamination.

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In Tolin et al.'s study, participants selected the most contaminated object in the building to contaminate the pencil. However, recent research has suggested that feelings of dirtiness, pollution and contamination can arise in the absence of physical contact with a contaminant (Rachman, 2006). This is known as mental contamination, a concept of considerable clinical interest particularly for people with OCD (Coughtrey, Shafran, Knibbs, & Rachman, 2012; Rachman, 2006). Mental contamination can arise following a physical or moral violation, is associated with harm, humiliation and betrayal, and the fear of acquiring the undesirable characteristics of another person, and can be evoked by repugnant intrusive thoughts, images and impulses. The theory of mental contamination proposes that feelings of mental contamination can be transferred to previously neutral objects and then spread widely and rapidly without degradation in a similar manner to contact contamination. Mental contamination may have an even greater opportunity for spreading than contact contamination due to the large range of idiosyncratic objects associated with the source of contamination and its ability to spread in the absence of physical contact, for example by memories, images, telephone calls and emails. Furthermore, the spread of mental contagion is postulated to be remarkably stable, with newly contaminated items remaining contaminated for long periods of time. Preliminary research into this area has indicated that 85% of people with mental contamination and OCD reported the mental contagion spreading, mainly via connections between objects, people and places (Coughtrey, Shafran, Lee, & Rachman, 2012). Therefore, the nature of the spread of mental contamination warrants further investigation.

Although not designed to directly examine the spread of mental contamination, a study of magical contagion by Nemeroff and Rozin (1994) has particular relevance. Nemeroff and Rozin (1994) asked 36 healthy adults to imagine wearing jumpers belonging to various different people and found that participants rated wearing the jumper of someone who was evil or an enemy as significantly more unpleasant than imagining wearing a clean neutral jumper. Analyses of participants' reasons for their responses led Nemeroff and Rozin to propose that contagion can be transmitted in one of five ways: via physical germs or micro-organisms; via physical residues e.g. odour, dandruff etc.; via the symbolism of the action e.g. implying approval or acceptance of negative interpersonal characteristics; via a non-physical spiritual essence contained in the jumper; and via association or reminder of the source of contamination. Interestingly, Nemeroff and Rozin (1994) also found evidence that when interpersonal contagion was spread via non-physical contact, especially via some form of non-physical spiritual essence, the chain of contagion could only be broken by burning the jumper to ash, or bringing it into contact with someone of the opposite valence. Even unravelling the jumper and re-knitting it into a scarf was not considered sufficient to remove the interpersonal contagion, demonstrating the stability of the contamination. This is similar to clinical cases of mental contamination, where patients often report that washing clothing is not always sufficient to remove contamination. For example a young woman whom we have worked with clinically, described to us how her suit had become contaminated two years previously after she had worn it to a meeting with an unsavoury person, and that it remained contaminated and unwearable even following repeated dry-cleaning.

To date, there have been no direct empirical studies of the spread of mental contamination. Understanding the spread of mental contamination is important because of its potential role in the maintenance of OCD; people will often engage in compulsive washing both to remove the original contaminant and to prevent its future spread. It is also important to ascertain the association between the spread of mental contamination and specific cognitive biases associated with magical thinking such as Thought Action Fusion.

1.1. Aims and hypotheses

This study aimed to explore the transfer and spread of mental contagion. Based on clinical knowledge, the theory of mental contamination and studies of the laws of sympathetic magic, it was hypothesised that:

- 1) Induced feelings of mental contamination could be transferred to a previously uncontaminated object;
- 2) Induced feelings of mental contamination could be transferred to a previously uncontaminated object, in the absence of physical contact with that object;
- 3) Induced feelings of mental contamination could spread between previously uncontaminated objects;
- 4) Induced feelings of mental contamination could spread between previously uncontaminated objects, in the absence of physical contact between these objects;
- 5) Induced mental contamination transferred to previously uncontaminated objects would not degrade over time; and
- 6) The ability to transmit mental contamination would be related to forms of magical thinking such as Thought-Action Fusion (TAF).

2. Method

2.1. Design

Sixty non-clinical participants with moderate levels of mental contamination concerns were asked to complete a number of baseline questionnaire measures. Participants were then asked to complete five short tasks designed to induce mental contamination, and completed the spread of contagion task based on Tolin et al. (2004). Participants were asked to contaminate a pencil previously established as uncontaminated, by associating it with the memories, thoughts and images they had generated during the mental contamination induction tasks. They were then asked to transfer this contamination to 12 subsequent pencils in turn, either by touching the pencils to one another (contact condition; following Tolin et al., 2004) or without touching the pencils (no-contact condition; used to explore the spread of contamination in the absence of physical contact). Participants completed the spread of contagion task in both conditions in a counterbalanced order.

2.2. Participants

This study sought to recruit healthy participants with moderate levels of mental contamination. Students who indicated that they were currently experiencing anxiety associated with contamination were recruited via poster advertisements and accessing the student research panel. Participants who scored ≥ 10 on a short questionnaire relating to mental contamination (VOCI-MC; see below for details) were invited to participate in the main part of the study. Seven participants were excluded as their scores on the VOCI-MC did not meet these requirements. The final sample comprised 11 males and 49 females, aged between 18 and 38 years ($M = 20.53$, $SD = 4.30$). Participants were all currently enrolled on an undergraduate or postgraduate programme of study at a local university, and received either £10 or a course credit in return for their participation.

2.3. Questionnaire measures

2.3.1. Vancouver obsessional compulsive inventory – mental contamination scale (VOCI-MC; Rachman, 2006)

This 20 item scale assesses aspects of mental contamination. Participants rate each item, e.g. "I often feel dirty under my skin" on

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