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Symptom dimensions in obsessive-compulsive disorder: Differences in distress, interference, appraisals and neutralizing strategies

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ABSTRACT

Background and objectives: Cognitive proposals about the mediating role of misinterpretations, emotional reactions, and control strategies in the escalation of obsessional intrusive thoughts (OIT) to clinical obsessions have received only partial support. This study aims to examine these variables, taking into account the obsession/OIT contents and the severity of the Obsessive-Compulsive Disorder (OCD).
Methods: After identifying their most upsetting OIT/obsession, 61 OCD patients and 61 non-clinical individuals assessed the associated distress, interference and appraisals, and the strategies used to control the obsession/OIT.
Results: Compared with the nonclinical subjects, OCD individuals scored higher on all variables. The obsession's severity was associated with high disturbance, interference and dysfunctional appraisals, whereas the compulsion's severity was related to specific control strategies. Different obsessional contents produced similar emotional disturbance and interference. However, obsessional contents influence the amount of adscription to different dysfunctional appraisals and the frequency of use of several control strategies.
Limitations: Our conclusions are limited by the scarce number of patients representing the various obsessive contents, specially order.
Conclusions: Overall, superstitious obsessions were more dysfunctionally appraised than the other obsessional contents, inducing both covert and overt neutralizing strategies, whereas contamination obsessions were less dysfunctionally appraised.

1. Introduction

Cognitive models of obsessive-compulsive disorder (OCD) suggest that the way normal unwanted obsessional intrusive thoughts (OIT) are interpreted is a crucial factor in determining whether they develop into obsessions (OCCWG, 1997; Salkovskis, 1985, 1996). OIT misinterpretations make them more relevant, emotionally disturbing and interfering, thus increasing the efforts to control them (e.g., through overt and covert compulsions, avoidance, and so on). From this perspective, OIT misinterpretations, together with their resulting disturbance and the use of control strategies to get rid of them, are expected to distinguish between clinical obsessions and normal intrusions. In the last decade, different studies have provided support for these assumptions when comparing normal and abnormal OIT, although the specificity of these variables to OCD is controversial (e.g., Julien, O'Connor, & Aardema, 2007; Morillo, Belloch, & García-Soriano, 2007; Tolin, Worhunsky, & Maltby, 2006).

First, the assumption that the interpretation of obsessions and OIT will differentiate between OCD and non-clinical samples has been supported from different perspectives. On the one hand, studies have found support for the presence of more dysfunctional appraisals in clinical individuals. For instance, Salkovskis et al. (2000) reported that scores on responsibility were higher in OCD participants. The OCCWG (2001, 2003, 2005) found that OCD patients scored higher on the Interpretation of Intrusions Inventory (III, OCCWG, 1997), and Kaiser, Bouvard, and Milliery (2010) also observed differences in the III between OCDs and non-clinical individuals. Morillo et al. (2007) found that OCD patients scored higher than non-clinical participants on appraisals of importance of thought control, worry thought will come true, thought unacceptability, likelihood the thought will come true and responsibility. On the other hand, studies with non-clinical samples show that although subjects maintain low dysfunctional appraisals

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of their most disturbing OIT (e.g., Corcoran & Woody, 2008; Lee & Kwon, 2003; Purdon & Clark, 1994), they appraise their most disturbing OIT more dysfunctionally than their least disturbing one (Rowa & Purdon, 2003). This result was replicated in an OCD sample (Rowa, Purdon, & Summerfeldt, 2005). Lee, Kwon, Soo, and Telch (2005) reported that autogenous obsessions (including aggressive, sexual and blasphemous or repulsive contents) were rated higher than the reactive obsessions (contamination, mistakes, accidents, asymmetry or disarray) on guilt, importance of controlling the thought, and perceived threat of having the thought. In contrast, reactive obsessions were rated higher than autogenous obsessions on worry that the thought will come true, responsibility, and likelihood that the thought will come true. However, other studies, such as Clark, Purdon, and Byers (2000), when comparing sexual vs. non-sexual OIT in non-clinical samples, and Kaiser et al. (2010), when comparing OCD washers, ruminators and checkers, found no differences in the appraisals of different obsession-like contents.

Second, the assumption that the emotional consequences and interference caused by OIT differentiates between OCD and non-clinical individuals was supported by the Morillo et al. (2007) study. Results indicated that obsessions provoke more unpleasantness, guilt feelings and uncontrollability, and trigger more avoidance, in OCD patients than in their non-clinical counterparts.

And third, studies that have focused on the strategies used by OCD and non-clinical individuals to control and/or neutralize unwanted thoughts have consistently reported that OCD patients frequently use three strategies to control their thoughts: punishment (Abramowitz, Whiteside, Kalsy, & Tolin 2003; Amir, Cashman, & Foa, 1997; Belloch, Morillo, & García-Soriano, 2009; Fehm & Hoyer, 2004), worrying (Abramowitz et al., 2003; Amir et al., 1997) and chronic thought suppression (Belloch, Morillo et al., 2009). However, inconsistencies have been found in the use of social control and reappraisal by OCD patients (Amir et al., 1997). Moreover, clinical individuals are reported to use distraction less often than non-clinical individuals (Abramowitz et al., 2003; Fehm & Hoyer, 2004).

Few studies have analyzed whether thought control strategies in general, and not just the overt compulsions, differ depending on the obsessional content they aim to control and/or neutralize. Using non-clinical samples, Clark et al. (2000) reported that in response to their non-sexual (vs. sexual) intrusive thoughts, participants more frequently used cognitive distraction, behavioral distraction, cognitive restructuring, reassurance seeking from others, thought stopping, and self-reassurance. Lee and Kwon (2003) reported a greater use of avoidance strategies to control autogenous intrusions, and a greater use of confrontational strategies to control reactive intrusions. These results were only partially replicated in non-clinical (Belloch, Morillo, & García-Soriano, 2007) and OCD (Lee et al., 2005) samples.

The associations between appraisals, emotional reactions, interference, and control strategies have scarcely been studied in relation to OCD severity, and the results have been inconsistent. For example, the OCCWG (2001) reported moderate associations between appraisals (III) and OCD severity (YBOCS self-rated version) in a combined sample of OCD and community participants, but no significant associations were found in another study with an OCD sample (OCCWG, 2003).

To summarize, cognitive proposals about the mediating role of misinterpretations, emotional reactions, and control strategies in the escalation of OIT to clinical obsessions have, to date, received general support. However, few studies have analyzed the relevance of these variables taking into consideration OCD obsessional contents and disorder severity. The purpose of the present study is to further analyze these aspects by addressing the following questions: First, are emotional consequences, appraisals and the control strategies used to get rid of the most disturbing OIT/obsession able to distinguish between clinical and non-clinical participants? Second, are emotional consequences, appraisals and control strategies associated with OCD severity and OCD symptoms? Third, do emotional consequences, disturbance, appraisals and control strategies differ depending on the content of the most disturbing obsessional dimension?

We hypothesize, first, that emotional disturbance, interference, appraisals and some control strategies (i.e., anxiety control, thought control, overt compulsions), will be most frequently used by OCD patients than by non-clinical participants. Regarding the second question, we hypothesize that emotional consequences, appraisals and dysfunctional control strategies will be positively associated with OCD severity and OC symptoms in both clinical and non-clinical participants. Finally, we expect a differential pattern of associations between appraisals and control strategies, depending on the obsessional/OIT content. Specifically, following the Lee et al. (2005) results, we predicted (a) a greater importance of controlling the thought and over-estimation of threat in Aggressive and Religious/sex obsessions; and (b) greater responsibility and TAF-likelihood in Doubt, Contamination and Order contents. Regarding control strategies, we expected higher use of covert strategies to control Aggressive and Religious/sex obsessions/OITs, and higher use of overt compulsions to control Doubt, Contamination and Order contents. No specific hypotheses were formulated about negative emotional reactions and interference for the different obsessional contents.

2. Method

2.1. Participants

Two groups of subjects participated in the study. The initial clinical group included 87 OCD patients. Of this sample, 19 patients were not included because at the time of the evaluation they presented a comorbid axis I or axis II disorder, or OCD was not the primary axis I diagnosis. Another 7 individuals were not included because they met criteria for more than one main obsessional content. Thus, the final clinical sample included 61 OCD patients, 50.8% were men, and the mean age (*SD*) was 35.23 (12.59) years (range: 17–64 years). Most of the subjects (60%) had a medium socio-economic level and high school or first-level university education (76.8%). Moreover, 46.7% were single, and 45% were married. On average, the patients had a severe disorder: Yale-Brown Obsessive Compulsive Scale (YBOCS)-total score: *M* (*SD*) = 25.45 (6.89). The duration of their disorder was *M* = 9.66 (9.10) years.

The second group included 61 non-clinical community adults extracted from a larger community sample. Their basic socio-demographic features (i.e., sex, age, study level, socio-economic level) were matched with those of the OCD patients. Most of the participants were men (52.50%), with a mean age of 36.33 (9.84) years (range: 19–60 years), married (47.50%), and reporting a medium socio-economic level (82%), with high school or first-level University education (90.10%). Depending on the content of their main OIT, participants were classified in the following way: 9 aggressive, 8 sexual/religious, 3 order, 30 doubts, 6 contamination and 5 superstitious.

2.2. Measures

The Obsessional Intrusive Thoughts Inventory (Spanish original version: "Inventario de Pensamientos Intrusos Obsesivos", INPIOS; García-Soriano, 2008; García-Soriano, Belloch, Morillo, & Clark, 2011). This is a self-report questionnaire designed to assess the