



The differential relationship between mental contamination and the core dimensions of contact contamination fear



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ABSTRACT

Two types of contamination fear are recognized: contact and mental contamination. Contact contamination appears to be motivated both by harm avoidance and disgust avoidance. This study aimed to examine the relationships between disgust propensity, mental contamination and contact contamination while differentiating between harm avoidance and disgust avoidance in contact contamination. 169 OCD patients completed a set of questionnaires assessing mental contamination, contact contamination, disgust propensity, OCD, anxiety and depression. 1) Contact contamination based on disgust avoidance was more strongly associated with mental contamination and disgust propensity than contact contamination based on harm avoidance; 2) mental contamination significantly predicted contact contamination based on disgust avoidance, while it did not predict contact contamination based on harm avoidance; 3) mental contamination had a significant mediational role in the relationship between disgust propensity and contact contamination motivated by disgust avoidance. Mental contamination plays a role in contact contamination fear when disgust is primarily experienced.

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1. Introduction

Obsessive compulsive disorder (OCD) is characterized by the occurrence of persistent thoughts, urges, or images that are experienced as intrusive and unwanted (obsessions) and compulsive actions that the individual feels driven to perform in response to an obsession, which are aimed at preventing or reducing anxiety or distress, or preventing some dreaded event or situation from occurring (American Psychiatric Association [APA], 2013). Compulsive washing and contamination fear are among the most common manifestations of OCD (Rasmussen & Tsuang, 1986; Summerfeldt, Antony, Downie, Richter, & Swinson, 1997).

In general, contamination fear is considered to be the fear of coming into contact, direct or indirect, with a person or item that is perceived to be dirty or harmful (i.e., contact contamination; Rachman, 2004). However, as described by Rachman (2004), contamination can also occur merely by observing or thinking about something unclean, immoral or undesirable without physical con-

tact with an external object taking place (mental contamination). Mental contamination differs from contact contamination because it does not require a tangible external source (Fairbrother, Newth, & Rachman, 2005). The source is often human and unknown rather than inanimate and tangible, and the feelings of dirtiness are internal and consequently less amenable to exposure (Rachman, 2006). Even if overlaps are common, these features distinguish these two types of contamination. In a recent study (Coughtrey, Shafran, Knibbs, & Rachman, 2012) involving a sample of 177 people with severe OCD symptoms, 10% of the sample reported mental contamination without clinically relevant contact contamination and 36% experienced both mental and contact contamination. Taking into account only participants who suffered from contamination fear, the percentages increased to 15.5% and 61% respectively. Even though little is understood about the nature of the relationship between mental and contact contamination fear, this study indicates that the majority of patients with contamination fear experience both types of contamination fear.

Mental contamination feelings may be caused by physical violation, such as sexual assault (Fairbrother & Rachman, 2004) and have also been found to be prominent in patients with Post-Traumatic Stress Disorder (PTSD; de Silva & Marks, 1999). There is supporting evidence that psychological violation may also be a cause of men-

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tal contamination. Feelings of internal dirtiness may be elicited in non-clinical participants by asking them to image either receiving or perpetrating a non-consensual kiss (Elliott & Radomsky, 2009; Fairbrother et al., 2005; Herba & Rachman, 2007; Radomsky & Elliott, 2009), to recall an unethical memory, or to copy out immoral stories (Zhong & Liljenquist, 2006). In addition, experimental studies indicated that mental contamination may be evoked by recalling unwanted memories associated with betrayal which do not involve physical violation (Lee et al., 2013) and by imagining the act of wearing clothes that belong to an immoral person (Coughtrey, Shafran, & Rachman, 2014).

Compensatory behaviors (e.g., washing, cleaning) concerning contact contamination are traditionally viewed as attempts to remove the contagion and to protect the individual from threats of illness resulting from having been in contact with germs and contaminants that are viewed as harmful (i.e., harm avoidance; Frost & Steketee, 2002). Accordingly, cognitive-behavioral models propose that contact contamination fear is motivated by harm avoidance and its associated features, which include threat-related dysfunctional beliefs (e.g., threat overestimation, beliefs that uncertainty is intolerable, beliefs that one is personally responsible for anticipating and preventing harm, etc.; Frost & Steketee, 2002). However, some empirical results question the traditional cognitive-behavioral view that washing and cleaning compulsions are motivated by harm avoidance and the relevance of these cognitive beliefs for all OCD symptom subtypes (Calamari et al., 2006; Taylor et al., 2006). For instance, Adams, Cisler, Brady, Lohr, and Olatunji (2013) suggested that the mechanisms mediating contamination aversion could depend on the type of object or situation. They found that affective mechanisms (e.g., disgust) play a greater role in aversions toward more directly contaminated objects and situations, while cognitive mechanisms (e.g., threat overestimation, delayed disengagement of attention, sympathetic magic) relate more to aversions concerning more indirectly contaminated objects and situations. Moreover, the DSM-5 recently recognized that washing/cleaning compulsions may also be provoked by feelings of distress that are unrelated to any perceived harmful outcome (APA, 2013). The feeling of disgust is the main form of distress that has been associated with contact contamination fear and research suggests that both fear and disgust play a crucial role in contamination-related OCD symptoms (for a review see Cisler, Olatunji, & Lohr, 2009).

Several lines of evidence indicate that a tendency towards experiencing disgust may contribute to contamination-related OCD. Disgust sensitivity refers to the intensity of the unpleasantness that is experienced by an individual due to the emotion of disgust, while disgust propensity is defined as the general tendency to respond to any given situation with the emotion of disgust or the ease with which an individual experiences disgust (van Overveld, de Jong, Peters, Cavanagh, & Davey, 2006). Most of the research concerning disgust's role in contamination-related OCD has focused on investigating disgust propensity. There are a number of empirical studies supporting this association across methodologies. Disgust propensity self-report measures positively correlate with contact contamination fear self-report measures (Mancini, Gragnani, & D'Olimpio, 2001; Moretz & McKay, 2008; Olatunji, Sawchuk, Lohr, & de Jong, 2004; Thorpe, Patel, & Simonds, 2003). Moreover, studies have found that the relationship between disgust propensity and contact contamination fear persists when controlling for negative affect (Cisler et al., 2009; Melli, Bulli, Carraresi, & Stopani, 2014; Melli, Chiorri, Carraresi, Stopani, & Bulli, 2015a; Melli, Gremigni et al., 2015). Longitudinal studies also support an association between disgust propensity and contact contamination concerns (Olatunji, 2010). Behavioral studies have shown that disgust proneness mediates the association between contact contamination fear and repulsive stimuli avoidance (Deacon & Olatunji,

2007; Olatunji, Lohr et al., 2007). Furthermore, reduced disgust propensity is associated with an improvement of washing symptoms in OCD when controlling for change in levels of negative affect (Athey et al., 2015; Olatunji, 2010). Finally, a recent study (Melli, Chiorri, Carraresi, Stopani, & Bulli, 2015b) found evidence that there are two distinct motivational “core dimensions” (disgust avoidance and harm avoidance) underlying contact contamination symptoms.¹ These authors have also developed and validated a new measure to assess harm avoidance and disgust avoidance as motivators for contact contamination fear. The results from a study undertaken on 176 OCD patients showed that disgust avoidance and harm avoidance are distinct, albeit correlated, factors which have different association patterns with other measures of OCD symptoms. Specifically, disgust avoidance was more strongly correlated with disgust propensity and mental contamination than harm avoidance (Melli, Chiorri, Carraresi et al., 2015b).

In a sample of 63 OCD patients who experienced contamination fear and displayed washing rituals, Melli et al. (2014) found significant correlations between mental contamination, disgust propensity and contact contamination symptoms. This supports a model in which mental contamination partially mediates the association between disgust propensity and contact contamination. In this study contamination fear was unfortunately assessed through the Dimensional Obsessive-Compulsive Scale (DOCS; Abramowitz et al., 2010; Melli, Chiorri, Bulli et al., 2015) – Contamination subscale, which does not distinguish contamination-related OCD symptoms based on disgust avoidance from those based on harm avoidance.

Summarizing: preliminary results show that disgust propensity and mental contamination are more strongly associated with contact contamination fear based on disgust avoidance rather than with contact contamination fear based on harm avoidance (Melli, Chiorri, Carraresi et al., 2015b). Furthermore, there is evidence that mental contamination may mediate the association between disgust propensity and contact contamination in OCD patients (Carraresi, Bulli, Melli, & Stopani, 2013; Melli et al., 2014). These findings have led to the current study which aims to further examine the relationships between disgust propensity, mental contamination and contact contamination differentiating between the two motivational factors of harm avoidance and disgust avoidance. We specifically hypothesized that: 1) contact contamination based on disgust avoidance would be more strongly associated with mental contamination and disgust propensity than contact contamination based on harm avoidance; 2) mental contamination would be a significant predictor of contact contamination symptoms based on disgust avoidance – also controlling for depression, anxiety, OCD severity and disgust propensity effects – while it would not be a significant predictor of contact contamination symptoms based on harm avoidance; 3) mental contamination would have a significant mediational role in the relationship between disgust propensity and contact contamination based on disgust avoidance.

2. Method

2.1. Participants

Participants (182 OCD patients) had been referred to an Italian private centre for adult psychotherapy for evaluation and treatment. During the routine assessment phase, patients were interviewed by two research team members (both doctoral psychologists experienced in diagnosing psychiatric disorders) using

¹ Note that being motivated to avoid disgust (disgust avoidance) is distinct from disgust propensity although the two constructs are related.

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