



Contents lists available at ScienceDirect

# Journal of Behavior Therapy and Experimental Psychiatry

journal homepage: [www.elsevier.com/locate/jbtep](http://www.elsevier.com/locate/jbtep)



## Implicit aggressiveness in patients with obsessive-compulsive disorder as assessed by an Implicit Association Test



Barbara Cludius <sup>a,\*</sup>, Alexander F. Schmidt <sup>b</sup>, Steffen Moritz <sup>a</sup>, Rainer Banse <sup>c</sup>, Lena Jelinek <sup>a</sup>

<sup>a</sup> University Medical Center Hamburg-Eppendorf, Department of Psychiatry and Psychotherapy, Martinistr. 52, Hamburg, Germany

<sup>b</sup> Department of Psychology, Medical School Hamburg, Hamburg, Germany

<sup>c</sup> Department of Psychology, Social and Legal Psychology, University of Bonn, Germany

### ARTICLE INFO

#### Article history:

Received 15 April 2016

Received in revised form

2 January 2017

Accepted 4 January 2017

Available online 6 January 2017

#### Keywords:

Aggressiveness

Anger

Implicit Association Test

IAT

Obsessive-compulsive disorder

Checking

### ABSTRACT

**Background and objectives:** Cognitive models of obsessive-compulsive disorder (OCD) highlight the role of cognitive biases for the development of the disorder. One of these biases, an inflated sense of responsibility has been associated with higher anger scores and latent aggression on self-report scales, especially in patients with compulsive checking. Validity of self-report assessment is, however, compromised by inaccuracy, social desirability, and low metacognitive awareness of traits and behaviors in patients. The aim of the present study was to extend the research on latent aggression in individuals with OCD by using an indirect, implicit measure of aggression.

**Methods:** Fifty-eight patients with OCD and 25 healthy controls were assessed with an Aggressiveness-Implicit Association Test (IAT), which is a reaction time task that assesses the strength of associations between the concept of “aggressiveness” and “me” compared to others.

**Results:** Contrary to our expectation, OCD patients with checking symptoms showed a more peaceful implicit self-concept than healthy controls. This result was corroborated by negative correlations between checking symptoms and implicit aggressiveness in the OCD sample.

**Limitations:** No self-report measures on aggression or anger were included in the study.

**Conclusions:** In comparison to previous research using self-report measures, our study indicates that implicit aspects of aggression do indeed differ from controlled aspects in patients with checking compulsions. Future research is necessary to better understand the role of aggressiveness in OCD and to derive implications for therapy.

© 2017 Elsevier Ltd. All rights reserved.

### 1. Introduction

Obsessive-compulsive disorder (OCD) is characterized by unwanted intrusive thoughts, impulses or images (obsessions), and/or repetitive, often ritualistic behaviors with the purpose of neutralizing the obsessive content or preventing an unlikely event. The content of obsessions can vary widely. Common themes of obsessions involve aggression, contamination, as well as sexual or blasphemous thoughts. Compulsions are equally diverse and involve overt behavior, for example, washing, checking as well as ordering, and/or covert behavior, for example, to actively evoke a certain phrase or image in one's mind (American Psychiatric Association, 2013).

Due to the diversity and complexity of symptoms and subtypes in OCD, it has been difficult to derive a psychological model of OCD that explains all the observed phenomenology. Freud (1909) referred to the role of love and hate with a strong repression of hate as an underlying conflict of OCD. He further claimed that hypermorality (“Übermoral”) was characteristic for individuals with OCD. This concept is further pursued by psychodynamic models of OCD suggesting that hypermorality is a reaction formation to repressed aggressive and erotic impulses. This aggression is expected to be directed towards others, not openly expressed but manifests in fantasies or forms unavailable to consciousness (i.e. latent aggression). It is assumed that instead of dealing with it adaptively, individuals with OCD strongly repress aggressive impulses (for an overview see Kempke & Luyten, 2007).

More recent cognitive models posit that obsessions partly arise due to cognitive biases. One of these cognitive biases is an inflated sense of responsibility, according to which patients evaluate

\* Corresponding author.

E-mail address: [b.cludius@uke.de](mailto:b.cludius@uke.de) (B. Cludius).

thoughts in terms of potential harm to themselves or others for which they are personally responsible (Obsessive Compulsive Working Group, 1997; Rachman, 1993, 1997, 2002; Salkovskis, 1985, 1989, 1996). This inflated sense of responsibility has been associated with several subtypes of OCD (Salkovskis, 1985), but has been most strongly related to checking compulsions (Foa, Sacks, Tolin, Prezworski, & Amir, 2002; Rachman, 2002). Notably, Rachman (1993) further proposed that this inflated sense of responsibility might be associated with higher anger scores as persons with OCD assign the blame for their obsessional thoughts internally rather than externally.

In line with the assumptions by Rachman (1993) and supporting the assumptions by Freud (1909), OC symptoms, especially checking, were associated with higher anger in empirical studies. College students scoring high on self-report measures of OC symptoms reported higher levels of anger compared to students without OC symptoms. These differences, however, disappeared after controlling for depression, with the exception of OC checking, which remained to be independently associated with anger (Whiteside & Abramowitz, 2004). Similar results were obtained in a clinical sample, however, in this study the relation between subtypes of OCD and anger was not directly assessed (Moscovitch, McCabe, Antony, Rocca, & Swinson, 2008). In a study that exclusively included individuals with substantial checking compulsions, “checkers” reported greater trait anger than a student control group. Surprisingly greater self-reported checking was associated with less trait anger in “checkers” (Radomsky, Ashbaugh, & Gelfand, 2007). In contrast to the results reported above, in a study by Whiteside and Abramowitz (2005) patients with OCD showed only minimally higher levels of self-reported anger, compared to a healthy control group, which were attributable to general distress. However, as general distress may be a consequence of anger, controlling for distress may have removed criterion variance. In adolescent in-patients with OCD, anger was not explicitly assessed. However, on a self-report scale of aggression no differences between patients with OCD and psychotic in-patients or healthy controls emerged (Shoval, Zalsman, Sher, Apter, & Weizman, 2006).

Additionally, following Freud's assumptions (1909) suppressed anger (or latent aggression) has been investigated in OCD by using self-report measures that include subscales assessing “inner experience of anger vs. outward expression of anger” (State-Trait Anger Expression Inventory-Research Edition in Whiteside & Abramowitz, 2004 and in Radomsky, Ashbaugh, Gelfand, & a, 2007), “anger inwardly suppressed” (Aggression Questionnaire in Moscovitch et al., 2008), or “latent aggression” (Responsibility and Interpersonal Behaviors and Attitudes Questionnaire in Moritz et al., 2009, Moritz, Kempke, Luyten, Randjbar, & Jelinek, 2011). Students scoring high in OCD as well as patients with OCD reported a greater tendency to suppress or internalize their anger compared to healthy controls (Moscovitch et al., 2008; Whiteside & Abramowitz, 2004). Inflated latent aggression towards others was assessed in an online study in patients with OCD compared to healthy and psychiatric controls (Moritz et al., 2009). Results were replicated and extended in a study including in-person assessment; patients with OCD showed higher scores on latent aggression compared to healthy controls (Moritz et al., 2011). Moreover, in patients with OCD the suppression of anger was associated with the tendency to believe that bad thoughts have moral significance or increase the risk of harm (Whiteside & Abramowitz, 2005) and in patients with checking-related symptoms of OCD perfectionism and intolerance of uncertainty were associated with suppression of anger (Radomsky et al., 2007). Thus, suppressed anger was repeatedly found to be associated with OCD and especially checking-related symptoms of OCD.

All of the studies above used self-report questionnaires to assess anger and suppressed (latent) aggression in participants with OCD. However, one major disadvantage of self-report assessment is that it is confounded by imprecise reporting or social desirability (Greenwald & Farnham, 2000), which is especially relevant when assessing normatively disapproved dispositions, such as, trait-aggressiveness. Further, self-report measures rely on metacognitive awareness, but some traits or behaviors cannot easily be accessed by individuals themselves (Baumeister, Vohs, & Funder, 2007). To address some of the issues inherent in using self-report measures, recent research has used indirect measures. Here, instead of directly asking the participant, the implicit associations and precursors of behavior are derived from seemingly unrelated responses to stimuli (Nosek, Hawkins, & Frazier, 2011).

According to the Reflective-Impulsive Model (Strack & Deutsch, 2004), behavior is shaped by two complementary information processing systems. The impulsive system is fast requiring no attentional resources. It generates behavior through an immediate appraisal of the stimulus leading to a motivational orientation and corresponding co-activation of behavioral schemata. In the reflective system, behavior is driven by knowledge about facts and values and is a consequence of deliberate decision processes. In line with the model, research suggests that automatic (Banse, Messer, & Fischer, 2015; Richetin, Richardson, & Mason, 2010) as well as controlled (e.g., Bettencourt & Miller, 1996; Schmidt, Zimmermann, Banse, & Imhoff, 2015) precursors of reactive aggression, determine whether an individual will show overt aggressive behavior or suppress aggressive tendencies. To fully understand aggression, it is important to assess both reflective as well as impulsive precursors of aggressive behavior. While explicit self-ratings serve to reveal more reflective processes, implicit measures tap more into automatic or associative processes in the impulsive system (e.g., Asendorpf, Banse, & Mücke, 2002; Krieglmeier, Wittstadt, & Strack, 2009).

Among various implicit measures that have been developed, the Implicit Association Test (IAT; Greenwald, McGehee, & Schwartz, 1998) has shown superior psychometric properties compared to other implicit paradigms (Bar-Anan & Nosek, 2014). The IAT has previously been employed to assess implicit associations between aggressive behavior and the self (Banse et al., 2015; Grumm, Hein, & Fingerle, 2011; Richetin et al., 2010; Schmidt et al., 2015). It has been shown to predict overt and observable aggressive behavior (Banse et al., 2015), negative evaluation of an experimenter (i.e. opportunity for aggressive behavior) who provoked the participant (Richetin et al., 2010) and reactive aggression under impeded self-regulatory resources (Schmidt et al., 2015).

The aim of the present study was to shed further light onto the dynamics of (latent) aggression in OCD by using an indirect, implicit measure of aggression. To this end, patients with OCD and healthy controls were tested with a modified version of the Aggressiveness-IAT (Agg-IAT; Schmidt et al., 2015). As no previous study has used implicit measures to assess aggression in OCD, we based our hypothesis on psychodynamic and cognitive theories and previous research using self-report measures. We assumed higher implicit aggression for patients with OC checking symptoms (as assessed with the Obsessive-Compulsive Inventory Revised) compared to healthy controls when assessed with the Agg-IAT. In patients with OCD, we further expected a positive association between checking symptoms and aggression scores on the Agg-IAT.

## 2. Methods

### 2.1. Participants

The sample consisted of 58 patients with obsessive-compulsive

Download English Version:

<https://daneshyari.com/en/article/5039059>

Download Persian Version:

<https://daneshyari.com/article/5039059>

[Daneshyari.com](https://daneshyari.com)