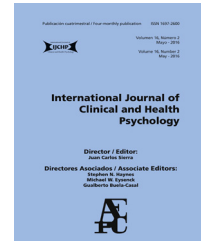




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ORIGINAL ARTICLE

Functional links of obsessive, dysmorphic, hypochondriac, and eating-disorders related mental intrusions

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KEYWORDS

Mental intrusions;
Transdiagnostic;
Obsessive-compulsive disorder;
Body dysmorphic disorder;
Cross-sectional study

Abstract

Background/Objective: Unwanted mental intrusions (UMIs) are the normal variants of obsessions in Obsessive-Compulsive Disorder (OCD), preoccupations about defects in Body Dysmorphic Disorder (BDD), images about illness in Hypochondriasis (HYP), and thoughts about eating in Eating Disorders (EDs). The aim was to examine the similarities and differences in the functional links of four UMI contents, adopting a within-subject perspective. *Method:* 438 university students and community participants ($M_{\text{age}} = 29.84$, $SD = 11.41$; 70.54% women) completed the Questionnaire of Unpleasant Intrusive Thoughts (QUIT) to assess the functional links (emotions, appraisals, and neutralizing/control strategies) of the most upsetting UMIs with OCD, BDD, HYP and EDs-contents. *Results:* HYP-related intrusions caused the highest emotional impact, OCD-related intrusions were the most interfering, and EDs-related intrusions interfered the least. The four UMI were equally ego-dystonic. Women appraised OCD-related intrusions more dysfunctionally, but men appraised the four intrusive contents similarly. All UMI instigated the urge to "do something", to keep them under control and/or neutralizing them. *Conclusions:* Similarities among the functional links of intrusions related to OCD, BDD, HYP and EDs contents support their transdiagnostic nature and they might contribute to understanding common factors in these disorders.

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PALABRAS CLAVE

Intrusiones mentales;
transdiagnóstico;
trastorno
obsesivo-compulsivo;
trastorno dismórfico
corporal;
estudio transversal

Relaciones funcionales de las intrusiones mentales con contenidos obsesivos, dismórficos, hipocondríacos y alimentarios

Resumen

Antecedentes/Objetivo: Las intrusiones mentales no deseadas (IM) son la variante normativa de obsesiones en el Trastorno Obsesivo-Compulsivo (TOC), preocupaciones por defectos en el Trastorno Dismórfico Corporal (TDC), imágenes sobre enfermedad en Hipocondría (TH) y pensamientos sobre alimentación en los Trastornos Alimentarios (TA). El objetivo fue examinar similitudes y diferencias en las relaciones funcionales de los cuatro contenidos de IM, adoptando una perspectiva intra-sujeto.

Método: 438 estudiantes universitarios y participantes de la comunidad ($M_{edad} = 29,84$; $DT = 11,41$; 70,54% mujeres) completaron el Inventario de Pensamientos Intrusos Desagradables, que evalúa las relaciones funcionales (emociones, valoraciones y estrategias de neutralización/control) de las IM más molestas con contenidos TOC, TDC, TH y TA.

Resultados: Las IM-TH evocaron más emociones negativas, las IM-TOC fueron las que más interfirieron y las IM-TA las que menos. Todas fueron igualmente egodistónicas. Las IM-TOC fueron las más disfuncionalmente valoradas por las mujeres, pero los hombres valoraron los cuatro contenidos de forma similar. Todas las IM promovieron la necesidad de "hacer algo" para controlarla/neutralizarla.

Conclusiones: Las similitudes en las relaciones funcionales de intrusiones relacionadas con contenidos del TOC, el TDC, el TH y los TA apoyan su naturaleza transdiagnóstica, pudiendo contribuir a la comprensión de los factores comunes entre esos trastornos.

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Unwanted mental intrusions (UMIs) are discrete, untimely, and unexpected conscious cognitive products that can be experienced as thoughts, images, sensations, or impulses. Cognitive models consider UMIs to be the normal variants of clinically significant symptoms, such as obsessions in the Obsessive-Compulsive Disorder (OCD; Clark et al., 2014; Rachman & De Silva, 1978; Radomsky et al., 2014), dysmorphic preoccupations about appearance defects in Body Dysmorphic Disorder (BDD; Giraldo-O'Meara & Belloch, 2017a; Giraldo-O'Meara & Belloch, 2017b; Osman, Cooper, Hackmann, & Veale, 2004), images about illnesses and death in Hypochondriasis (HYP; Arnáez, García-Soriano, & Belloch, 2017; Muse, McManus, Hackmann, Williams, & Williams, 2010), and thoughts and impulses about eating and food in Eating Disorders (EDs; Blackburn, Thompson, & May, 2012; Dakanalis et al., 2015; García-Soriano, Roncero, Perpiñá, & Belloch, 2014).

These disorders also share other characteristics such as comorbidity, course, and age of onset, which support the current inclusion of BDD within the obsessive compulsive and related disorders (OCRD) section of the Diagnostic and Statistical Manual of mental disorders 5th Edition (American Psychiatric Association, 2013). The World Health Organization also currently proposing the inclusion of both BDD and HYP within the OCRD in the upcoming 11 edition of the International Classification of Diseases (i.e., Stein et al., 2016). Regarding EDs and OCD, the two disorders co-occur more frequently than what would be expected by chance (Speranza et al., 2001). This disorders also share high levels of personality traits such as rigidity and persistence (Lucena-Santos, Carvalho, da Silva Oliveira, & Pinto-Gouveia, 2017), a

similar prevalence of personality disorders, and among the risk factors for EDs, some studies have identified OCD symptoms during childhood (for a revision, see Belloch, Roncero, & Perpiñá, 2016).

According to the cognitive-behavioral theories about OCD, BDD, HYP, and EDs, the escalation from normal UMIs to clinically significant symptoms lies, first, in the personal meaning that individuals attach to their contents and the emotional distress that the intrusions cause, and second, in the efforts made to neutralize and/or suppress them. Thus, it is assumed that a functional link exists between the experience of an UMI and the dysfunctional appraisals, distress, and behaviors that individuals display to manage the intrusion of an unexpected and/or unwanted thought in the flow of consciousness.

This assumption has been extensively supported by research in the case of OCD (Obsessive Compulsive Cognitions Working Group, OCCWG, 2003, 2005). Regarding BDD, research indicates that intrusive images elicit negative emotions and motivate maladaptive or regulatory behaviors (Giraldo-O'Meara & Belloch, 2017b; Osman et al., 2004). Experts in the area have proposed that dysmorphic "compulsions" (e.g., checking in reflective surfaces, concealing, or making comparisons with others) are triggered by dysmorphic preoccupations (Fang & Wilhelm, 2015; Phillips et al., 2010), and research has shown that dysmorphic concerns are associated with efforts to suppress recurrent intrusive images about appearance defects in non-clinical community individuals (Onden-Lim & Grisham, 2014). As for Hypochondriasis, patients who experience disturbing images about their health increased their

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