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Abnormal and normal obsessions: A reconsideration

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Abstract

Contemporary cognitive approaches to obsession assume that the content of clinical obsessions does not differ from non-clinical obsessive intrusions. This assumption goes back to a classic study by Rachman and De Silva [(1978). Abnormal and normal obsessions. *Behaviour Research and Therapy*, *16*, 233–248]. In the present paper, it is argued that Rachman and De Silva did not postulate a complete indifference between clinical and non-clinical obsessions. Study 1 is a simple statistical analysis of data presented by Rachman and De Silva. This analysis suggested that psychologists are able to discriminate clinical and non-clinical obsessions beyond chance level, merely by looking at the content of obsessions. In study 2, a list of 23 clinical and 47 non-clinical obsessions was presented to 11 psychotherapists and 90 psychology undergraduates. Both therapists and students were able to distinguish clinical and non-clinical obsession beyond chance level. It is concluded that some clinical obsessions can be identified as being evidently abnormal, and that additional theory and research is needed to identify the causes of these recognisable obsessions.

Keywords: Abnormality; Diagnostic sensitivity; Intrusion; Obsession

Introduction

In their groundbreaking study, Rachman and De Silva (1978) delivered results suggesting that the experience of obsessive thoughts (i.e., uncontrollable, unwanted cognitions and impulses) is not an exclusive feature of obsessive–compulsive disorder (OCD; American Psychiatric Association (APA), 2000). The authors asked 124 healthy individuals whether they ever experienced obsessions. No less than 99 respondents (i.e., 79.8%) answered this question affirmatively. Next, they sought to compare 58 of the normal (i.e., non-clinical) obsessions with 23 obsessions experienced by eight OCD patients. More specifically, Rachman and De Silva asked six professionals (i.e., five psychologists and one psychiatric nurse) to differentiate between abnormal and normal obsessions, based on nothing but a brief description of the content of the obsessions. That is, the experts were shown 81 obsessions, all typed on a separate piece of paper. Every obsession was to be classified as either normal or abnormal. Results indicated that the professionals had considerable difficulties in distinguishing the two types of obsessions. Table 1 presents the performance of the experts. Based on these findings, Rachman and De Silva (1978, p. 239) concluded: ''It appears that the judges were not

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Table 1
Sensitivity of the six professionals in Rachman and De Silva (1978) study

	A	B	C	D	E	F
Percentage (and absolute number) of correct identifications of the 23 clinical obsessions	43.5 (10)	56.5 (13)	56.5 (13)	43.5 (10)	56.5 (13)	78.3 (18)
Percentage (and absolute number) of correct identifications of the 58 normal obsessions	77.6 (45)	82.8 (48)	82.8 (48)	77.6 (45)	82.8 (48)	91.4 (53)

able to identify the clinical obsessions too well, but on the other hand there were moderately good at identifying non-clinical obsessions. From this we can conclude that clinical obsessions are not as readily discernible—even to experienced clinicians—as might be expected''.

The finding that obsessions are prevalent in non-clinical samples, while non-clinical and clinical obsessions are difficult to discriminate, is important for several reasons. First, this finding makes it clear that the experience of obsessions per se is not the clinically relevant issue. *How* the individual experiences the obsession seems to be the crucial variable. Second, in addition to its clinical relevance, this finding has research implications, in that non-clinical obsessions can be used as analogues of clinical obsessions. Indeed, the Rachman and De Silva (1978) study has been very influential: It was replicated (Salkovskis & Harrison, 1984), and the search machine ''scopus'' (www.scopus.com) indicates that, over the past decades, no less than 180 publications have included the reference of this classic study. The continuity hypothesis (i.e., the idea that there is a continuum between non-clinical and clinical obsessions) has even been applied to other intrusive cognitions such as hallucinations (e.g., Laroi, DeFruyt, van Os, Aleman, & van der Linden, 2005).

It is important to acknowledge, however, that the findings by Rachman and De Silva (1978) have been slightly overinterpreted by some researchers. Whereas these authors merely concluded that abnormal and normal obsessions are not that easy to distinguish, Belloch, Morillo, Lucero, Cabedo, and Carrió (2004, p. 100) argued for example, more fiercely, that ''obsessive thoughts have their roots in some of the thoughts currently experienced by normal individuals''. Admittedly, the present authors are also guilty of some overstating. For example, Muris, Merckelbach, and Clavan (1997, p. 249) argued that ''abnormal and normal obsessions are similar in content'', while Rassin (2005, p. 85) argued that ''the content of obsessive intrusions experienced by normal participants did not seem to differ from that of obsessions experienced by patients with OCD'' in Rachman and De Silva (1978) study.

In this paper, the claimed similarity in content between abnormal and normal obsessions will be placed in context. In a first study, the performance of the six experts in the original study by Rachman and De Silva (1978) was statistically analysed in order to test whether the experts were truly unable to distinguish abnormal and normal obsessions. Second, a sample of 11 therapists and 90 psychology undergraduates underwent the same discrimination task as the six experts in the original study.

Study 1. Statistical analysis of the Rachman and De Silva (1978) data

Rachman and De Silva (1978) provided the exact number of correct identifications of clinical obsessions, and the number of false positive identifications of non-clinical ones. On the basis of these data, the mean sensitivity of the six judges can be calculated. Table 1 presents the judges' sensitivity for clinical obsessions (i.e., how many of the clinical obsessions were indeed recognised as such), as well as the mean sensitivity for non-clinical ones (i.e., how many of the normal obsessions were indeed recognised as normal). The experts' mean sensitivity for clinical obsessions was 12.8 ($SD = 2.9$) out of 23 (i.e., 55.8%), while the mean sensitivity for non-clinical obsessions was 47.8 ($SD = 2.9$) out of 58 (i.e., 82.5%). One sample t-tests indicated that the sensitivity for clinical obsessions did not statistically deviate from 50% (i.e., chance level): $t(5) = 1.1$, $p = .32$. The mean sensitivity for non-clinical obsessions, on the other hand, did differ significantly: $t(5) = 15.8$,