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Innovation in obsessive compulsive disorder: A commentary

David A. Clark

Department of Psychology, University of New Brunswick, PO Box 4400, Fredericton, New Brunswick E3B 5A3, Canada

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ABSTRACT

As noted in this commentary, the research in this special issue presents several conceptual and methodological innovations that advance out understanding of obsessions and compulsions. The issue spans a broad range of topics from basic psychological processes such as selfhood themes, perceptions of internal states, and preference for visual symmetry to new insights into compulsions and other forms of neutralization to promising treatment approaches for special OCD symptom presentations. The implications of this research for understanding vulnerability to OCD and the role of compulsions are discussed and three methodological challenges are highlighted that require further attention by OCD researchers.

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From the clinician's perspective it may seem like little progress has been made in our understanding and treatment of obsessive compulsive disorders (OCD) since the seminal research that gave us exposure and response prevention (ERP; Foa & Steketee, 1979; Rachman, 1976) in the 1970's or the infusion of cognitive constructs in the mid 1980's (Salkovskis, 1985). However as evident in this special issue, innovation and progress are alive and well in OCD. The studies in this issue are just a sample of the prevailing research that continues to reveal a complex web of psychological processes that characterize one of the most difficult disorders to treat. It could be argued that more advances have been made in the psychopathology of OCD than its treatment. Practically all the studies in this issue focus on the psychopathology of OCD, with a heavy reliance on nonclinical samples. Practitioners might be dismissive of this research but it should not be forgotten that our most effective treatments were derived from basic psychological research. ERP stemmed from early learning theory (i.e., Rachman & Hodgson, 1980) and the cognitive-behavioral treatment of OCD (e.g., Clark, 2004) was enriched by research on the cognitive basis of obsessive or intrusive thoughts and neutralization responses (e.g., Frost & Steketee, 2002). So what might we anticipate for treatment innovation from the research reported in this issue? The articles in this issue offer many rich insights into the problem of OCD. Due to space limitations I will focus on a couple of themes that run through these articles that could ultimately improve treatment of obsessive disorders. I will then highlight some methodological challenges evident in this research that hinder advances in the psychopathology and treatment of OCD.

1. Research innovations and treatment implications

1.1. Redressing rituals

There is little question that the CBT model of obsessions and compulsions has had significant heuristic value by directing the research agenda for OCD. However much of our work has focused on the contribution of faulty appraisals and beliefs in the pathogenesis of obsessions. This bias in cognitive-behavioral research is entirely understandable given the limited effectiveness of standard ERP in the treatment of obsessions and the need to better understand the persistence and salience of obsessional fears. However this has led to a relative neglect on the response side of the model even though compulsive rituals and neutralization were always considered key processes in the escalation of the disorder. Researchers have begun to redress this imbalance, with several papers in the current issue providing new insights into the importance of neutralization and other control responses in the pathogenesis of OCD.

We know that nonclinical individuals rely on neutralization and other control responses to deal with distressing intrusive thoughts but individuals with OCD rely on more pathological responses, like compulsive ritualizing, and they are more effortful when they neutralize. But even people with OCD eventually stop their compulsions, so understanding their stop rules has important conceptual and treatment implications. In their diary study Bucarelli and Purdon (2015) found that a sense of certainty or "right feeling" played a critical role in deciding when to stop a compulsion. As might be expected from behavioral or cognitive theories, reduction in distress was not a significant factor in stopping the

E-mail address: clark@unb.ca.

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compulsion. Based on their security motivation theory of OCD, Hinds, Woody, Schmidt, Van Ameringen and Szechtman (2015) found that for individuals with OCD checking, the checking compulsion was less successful in returning the individual to a state of calm or security than the same degree of checking in nonclinical individuals. Both studies, then, highlight that failure to attain states signaling diminished threat or danger is key to the repetition of compulsive rituals.

The paper by Belloch-Fuster, Carrio, Cabedo and García-Soriano (2015) join past research indicting that we must conceptualize neutralization more broadly when investigating the response side of OCD. In their clinical OCD sample they found that covert strategies were relied on more frequently than the more traditional overt compulsions, and that these covert strategies may have a more profound pathological effect than overt compulsions. Moreover successful treatment was characterized by a reduction in both overt and covert neutralization. Ahern, Kyrios and Meyer (2015) found that neutralization immediately diminished distress and increased self-worth in the short-term but subsequently had deleterious effects on both distress and self-worth. A contrary finding was reported in the "dirty kiss" study on mental contamination by Waller and Boschen (2015). Here the mental contamination felt by imagining one had perpetrated a nonconsensual kiss was not neutralized by a form of covert neutralizing. However it is difficult to interpret this finding because it's based on a student sample that simply imagined committing an act of moral violation. Together, these studies are consistent with the CBT model indicating that neutralization is generally negative in its impact on personal experience, although Waller and Boschen's (2015) findings suggest the functional characteristics of neutralization might be different for purely cognitive states, like mental contamination.

Finally we have two studies on excessive reassurance seeking (ERS), a response strategy that is increasingly recognized as both pervasive and self-defeating in OCD. ERS is a most interesting response because it has strong connections with normal human function. How often have we found ourselves saying to a close friend or family member "what do you think will happen?" when applying for a job or awaiting the results of an important medical test. Of course we know our friend has no idea what will happen because we are asking about future events. And yet we ask anyway. Of course in OCD the reassurance seeking is much more frequent, repetitive and often focused on the most mundane of daily activities. But still there is considerable similarity to normal reassurance seeking, at least enough to remind us of the continuity of normal and abnormal obsessiveness.

Based on retrospective self-report, Salkovskis and Kobori (2015) found that when individuals with OCD or an anxiety disorder used ERS, it was associated with short-term relief but longer term discomfort and urge to check. In a cleanliness priming experiment, Neal and Radomsky (2015) found that undergraduates tended to exhibit more reassurance seeking in the presence of a familiar than unfamiliar individual. These findings are only tentative because the research suffers from methodological weaknesses, but they are consistent with the view that ERS is not an effective strategy for dealing with unwanted and distressing obsessions. Moreover as a transdiagnostic construct ERS should be considered in other anxiety disorders as well as depression (see Timmons & Joiner, 2008).

There are several treatment implications that can be drawn from this research. First, practitioners need to assess a broad range of responses to obsessions and include the modification of neutralization in their treatment protocols. A narrow focus on overt compulsive rituals will not suffice. Second the negative effects of neutralization may extend beyond distress relief to other important processes like self-evaluations. Third, clinicians would be wise to include a focus on "stop rules" when working on compulsive response and other forms of neutralization. Stop rules will be based on what individuals wish to escape (e.g, high levels of distress, a feared outcome) but also on what state they wish to achieve (i.e., a state of calm, certainty or sense of security). In other words there is both a push and a pull to the persistence of compulsions which must be considered more fully in our treatment planning. And finally Bucarelli and Purdon (2015) remind us that individuals with OCD often perceive that their compulsions are effective. This creates a special challenge for therapists utilizing response prevention.

1.2. Vulnerability issues

Our understanding of causal factors in the genesis of obsessions and compulsions lags behind research in other emotional disorders. This is partly due to our inability to identify good candidate constructs because the heterogeneity of OCD has thwarted attempts to find necessary and sufficient pathogenic processes. However several papers in this issue present research on the self and related processes as a potential source of OC vulnerability.

Nikodijevic, Moulding et al. (2015) report a connection between feared self-themes, OC symptoms and a tendency to endorse possibility inferences when imagining scenarios involving dirt or doubt. This study suggests that the selfhood problem related to OCD might focus on elements of our self-definition characterized by a "fear of what we could become". The research also links this selfhood problem with a basic reasoning style, inferential doubt, that may be central in OCD. In an imagery priming study based on a nonclinical sample Doron and Szepsenwol (2015) found that individuals with a tendency to obsess on their partner's flaws experienced lower self-esteem when they imagined unfavorable comparisons for their partner. The authors consider this tendency to obsess on their partner's flaws a selfhood sensitivity which is primed by intrusive thoughts of unfavorable comparisons. It is interesting that this negativity towards one's partner was not reversed by positive partner comparisons.

Other studies identified basic psychological processes that are potential candidates for vulnerability, but they may be applicable to only a subset of OCD cases. Lazarov, Cohen, Liberman and Dar (2015) propose that another basic psychological process, confidence and ability to accurately judge one's internal state, might be a predisposing factor for obsessionality. The authors argue that individuals who have difficulty discerning their internal state would experience more doubt which would cause them to rely on more concrete, external proxies to discern their internal state. However, if true, it is likely this "misperception of internality" would be applicable only to obsessional doubt. Summerfeldt, Gilbert and Reynolds (2015) found that individuals with high trait incompleteness had greater preferences for symmetry and symmetry-related concerns, suggesting that a generalized preference for visual symmetry might be a basic psychological process that predisposes to order and symmetry OCD. Finally, Mancini and Gangemi (2015) investigated the role of guilt in OCD and discovered that individuals with OCD are more likely to choose a passive, inactive option in moral dilemmas. If we extrapolate for a moment, could an aberration in basic moral reasoning play a contributing role in some forms of OCD, such as repugnant obsessions? Could a tendency to choose a more passive, but rigid and absolutistic approach to moral reasoning predispose an individual to feel guilt when experiencing a repugnant intrusive thought? What is interesting is that all of these studies suggest basic psychological processes that could play a causal role in some types of OCD. Of course all of this research is exploratory. Longitudinal research, although exceedingly difficult to do in OCD, is needed to test causal relations.

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