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Discovering what is hidden: The role of non-ritualized covert neutralizing strategies in Obsessive–Compulsive Disorder

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ABSTRACT

Background and objectives: Neutralizing strategies are secondary to obsessions and an additional cause of distress and interference, but they have received little attention in theories and research, especially the non-ritualized covert strategies. This study focuses on the comparative impact of non-ritualized covert and compulsive-overt strategies in the course of OCD.
Methods: Eighty-two OCD adult patients completed measures assessing distress, interference, appraisals and overt and covert neutralizing strategies to control obsessions. Thirty-eight patients who had completed cognitive therapy were assessed again after treatment.
Results: Only overt compulsions are associated with OCD severity. Nonetheless, considering the main symptom dimension, covert strategies are also associated with severity in patients with moral-based obsessions. Patients who used covert strategies more frequently, compared to those who use them less, reported more sadness, guilt, control importance, interference, and dysfunctional appraisals. Regarding the overt strategies, patients who used them more reported more anxiety and ascribed more personal meaning to their obsessions than the patients who used them less. After treatment, recovered patients decreased their use of both covert and overt strategies, while non-recovered patients did not. There was a higher rate of non-recovered patients among those who used more non-ritualized covert strategies before treatment.
Limitations: Emotions and appraisals were assessed with a single item. OCD symptom dimensions were only assessed by the Obsessive–Compulsive Inventory.
Conclusions: In addition to studying overt compulsions, the impact of covert neutralizing strategies on the OCD course and severity warrants more in-depth study.

1. Introduction

Cognitive-behavioral theories of Obsessive–Compulsive Disorder (OCD) are based on the idea that neutralizing is an intentional reaction motivated by the way the person interprets the occurrence and content of unwanted intrusive thoughts or obsessions (Rachman, 1993, 1997, 1998; Salkovskis, 1999). Based on this assumption, neutralizing strategies are conceived of as secondary to obsessions, but also as a form of safety-seeking behavior that can be highly counterproductive (Salkovskis, Thorpe, Wahl, Wroe, & Forrester, 2003).

OCD patients use a wide variety of neutralizing strategies to get rid of their obsessions or keep them under control. This diversity has usually been grouped into two large sets: overt strategies, such as ordering, washing, hoarding, checking, or seeking reassurance, among others; and covert strategies, such as searching for "good" words, images or thoughts, repeating certain words or sentences, counting, praying, trying to imagine figures or pictures, passive or active avoidance, and trying to stop and/or suppress the unwanted thoughts, among others. In many cases, but not always, both overt and covert strategies are compulsively repeated and/or ritualized (Abramowitz & Jacoby, 2014; Freeston & Ladouceur, 1997;

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Ladouceur et al., 2000; Williams et al., 2011). In any case, neutralizing strategies can be highly time-consuming. From this perspective, they are an additional source of distress and interference beyond the obsessions themselves because they are not efficacious in reducing obsessions and, consequently, can be at least as ego-dystonic as the obsessions are. Additionally, they are the main source of differences between normal and abnormal intrusive obsessional thoughts (Amir, Cashman, & Foa, 1997; Belloch, Morillo, & García-Soriano, 2009; Freeston & Ladouceur, 1997; Ladouceur et al., 2000; Salkovskis et al., 2003), and between OCD and non-OCD patients (García-Soriano, Roncero, Perpiñá, & Belloch, 2014; Morillo, Belloch, & García-Soriano, 2007).

The relevance of neutralizing in OCD severity has been investigated in several studies (i.e., Abramowitz, Whiteside, Kalsy, & Tolin, 2003; Amir et al., 1997; García-Soriano & Belloch, 2013; García-Soriano, Belloch, Morillo, & Clark, 2011; Morillo et al., 2007). These studies show that the perceived uncontrollability of unwanted intrusive cognitions and/or the efforts to control them are specific to obsessionality, unlike the experience of the intrusions, which are also common in other disorders, such as depression, post-traumatic stress, sex offenders, insomnia (Clark, 2005) and eating disorders (García-Soriano et al., 2014), and found in non-clinical people across cultures (Clark et al., 2014; Moulding et al., 2014; Radomsky et al., 2014).

Overt neutralizing strategies, such as washing/cleaning, ordering and checking, are included in nearly all the proposed OCD symptom domain classifications, given that they load together on the same symptom-factors as the obsessional contents to which they are functionally linked: i.e., contamination obsessions and washing behaviors, symmetry obsessions and ordering behaviors, among others (Abramowitz et al., 2010; Calamari et al., 2004; Mataix-Cols, Pertusa, & Leckman, 2007; Mataix-Cols, Rosario-Campos, & Leckman, 2005; McKay et al., 2004; Summerfeldt, Richter, Antony, & Swinson, 1999).

Nonetheless, although on many occasions obsessions are followed by specific strategies that are logically related to the obsessional contents, in clinical practice it is not unusual for patients to deploy control strategies that are not "logically" linked to the obsessional content that these strategies try to counteract. For instance, patients with aggressive or sexual obsessions can try to overcome the distress caused by these thoughts by ordering, checking (overt or covert), passive avoidance, or washing/cleaning behaviors. In addition, neutralizing strategies are not always compulsively repeated or performed following strict rules. For example, passive avoidance is a very common neutralizing strategy in OCD, and this behavior is not performed compulsively or rule-bound (Abramowitz & Jacoby, 2014).

Covert and non-compulsive neutralizing strategies have received much less attention than the overt and compulsive strategies in the research on OCD (Cougle & Lee, 2014). The majority of the data come from studies on thought suppression, showing that OCD patients overuse this strategy. These patients also have greater difficulties than those without OCD in suppressing their unwanted thoughts, and these difficulties and failures are mainly attributed to internal factors (e.g., Belloch, Morillo, & Giménez, 2004; Purdon, 1999, 2004; Purdon, Gifford, McCabe, & Antony, 2011; Purdon, Rowa, & Antony, 2005; Tolin, Abramowitz, Hamlin, Foa, & Synodi, 2002; Tolin, Abramowitz, Przeworski, & Foa, 2002) and negatively associated with the perceived ability to control thoughts (Grisham & Williams, 2009).

Regarding the influence of other covert neutralizing strategies, apart from thought suppression, on the development of OCD, published research has focused on general thought control strategies using self-reports such as the Thought Control Questionnaire (TCQ; Wells & Davies, 1994) or the White–Bear Suppression Inventory (WBSI; Wegner & Zanakos, 1994) (Abramowitz et al., 2003; Amir et al., 1997; Belloch et al., 2009; Fehm & Hoyer, 2004; Moore & Abramowitz, 2007). These studies consistently report that OCD patients use three main covert dysfunctional strategies to control their thoughts: punishment, worrying and chronic thought suppression. However, the two self-report measures used in the aforementioned studies, the TCQ and WBSI, ask patients what they do when they have an undesirable thought, but not what they do when they have *their idiosyncratic or specific* obsessions. From this perspective, little is known about the specific control and/or neutralizing strategies patients use to get rid of their most disturbing symptoms, the influence of these strategies on patients' emotional disturbance, their interference in daily activities, their associations with the different OCD symptom dimensions, or their influence on the effects of treatments (Cougle & Lee, 2014). Moreover, the TCQ and WBSI have been criticized for their inability to actually assess neutralizing and/or suppression strategies. Instead, the WBSI rates suppression failures, and the TCQ measures the feeling of failure stemming from the impossibility of controlling bothersome intrusive thoughts (Rassin & Diepstraten, 2003).

To our knowledge, only two studies have examined in OCD clinical samples whether neutralizing strategies differ depending on the obsessional content they aim to control and/or neutralize. Lee, Kwon, Soo, and Telch (2005) reported a greater use of avoidance strategies to control autogenous obsessions, and a greater use of confrontational strategies to control reactive obsessions. In the García-Soriano and Belloch (2013) study, different obsessional contents were related to the frequency of use of different control strategies, and the severity of the compulsions, but not the obsessions, was associated with a greater use of overt compulsions. Regarding treatment, Abramowitz et al. (2003) reported that after successful exposure and response prevention treatment, OCD patients showed an increased use of adaptive thought control strategies (i.e., distraction) and a decreased use of punishment, using the TCQ as the measurement instrument.

In summary, few studies have examined the comparative relevance of covert and overt neutralizing strategies in OCD severity, or the associations of these strategies with other clinically relevant variables of the disorder beyond the overall severity (i.e., emotional impact of symptoms, difficulties in controlling them, interference, dysfunctional appraisals, and symptom dimensions), and with the results of cognitive-behavioral treatment (CBT). In our opinion, covert and non-ritualized neutralizing strategies are at least as important as the overt compulsive strategies in understanding and effectively treating OCD. The two modalities of strategies have an equivalent role in the genesis and maintenance of the disorder, and they are equally important to address in treatments (Abramowitz & Jacoby, 2014). Nonetheless, most contemporary research focuses on overt compulsive rituals, and this tendency is reflected in the DSM-5 (American Psychiatric Association, 2013), which might have a pervasive effect on subsequent research and the development of efficacious treatments for OCD.

This study was designed to clarify the role of covert neutralizing strategies, which are neither compulsively repeated nor rule-bound, in the course of OCD. Keeping this in mind, we sought to examine: (1) the comparative influence of non-compulsive covert vs. compulsive overt control strategies on OCD severity; (2) the associations of covert and overt strategies with the OCD severity, taking into account the most disturbing symptoms reported by patients; (3) whether OCD patients use more covert or overt strategies depending on their most disturbing symptoms and their scores on the distress caused by different symptom domains; (4) the differences among OCD patients depending on their greater or lesser use of covert and overt strategies; and (5) the changes in covert and overt neutralizing strategies following CBT.