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The role of responsibility and threat appraisals in contamination fear and obsessive-compulsive tendencies at the implicit level



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ABSTRACT

Contamination-related obsessive-compulsive disorder (OCD) is one of the most common clinical expressions of the disorder. Irrational beliefs regarding excessive responsibility and the overestimation of threat are common components of OCD; however, there is little research on the relationship between responsibility/threat appraisals and contamination fear. The current study aimed to assess responsibility/threat-type appraisals in relation to contamination and clean stimuli at the implicit level using the Implicit Relational Assessment Procedure (IRAP). A Behavioral Approach Task and a series of self-report measures assessing general OC tendencies, disgust, psychological inflexibility and general psychopathology were implemented to validate the IRAP. The high OC group produced a significantly greater responsibility/threat bias toward the contamination-related trial-types compared to the low OC group. The contamination-related trial-types were predictive of both self-reported OC tendencies and contamination fear along with avoidance behavior, with the latter two effects being independent of anxiety.

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1. Introduction

Unwanted thoughts, images or intrusions are experienced by everyone (Rachman & de Silva, 1978) and are often followed by overt or covert urges or rituals aimed at reducing any distress caused by such thoughts (Abramowitz et al., 2010).

Cognitive approaches to OCD have long emphasized the role of the appraisal of an intrusive thought as being a driving force for compulsive behavior (Salkovskis, 1985). Insofar as appraisals are viewed as “reactions to your reactions”, this view is also prevalent in “third wave” behavioral therapies such as Acceptance and Commitment Therapy (ACT; Hayes, Strosahl & Wilson, 1999) which focuses on responses to intrusive thoughts and emotions rather than the feelings and emotions themselves (Twohig, 2009). Common manifestations of appraisals in OCD are beliefs regarding excessive responsibility about one's ability to prevent and cause harm and overestimating the likelihood of threat (Obsessive Compulsive Cognitions Working Group (OCCWG), 1997; Rachman, 1993; Salkovskis, Shafran, Rachman, & Freeston, 1999). These verbal rules about responsibility and threat provide a context in which the intrusive thoughts and images are more likely to cause distress to the individual. It has been argued that beliefs about excessive responsibility may be specific to OCD (Coughe, Lee, & Salkovskis, 2007) while the overestimation of

threat is characteristic of nearly all anxiety disorders (Teachman, 2006).

From a contextual behavioral science perspective, obsessive beliefs may be conceptualized as a form of verbal regulation or rule-governed behavior. The rules or relational networks function as verbal antecedents (Hayes & Ju, 1997), and as such may render behavior less sensitive to direct environmental contingencies (see Hayes, 1989). Indeed, recently Twohig (2012) discussed the implications of rule-governed behavior in OCD suggesting that it may lead, in some contexts, to maladaptive behaviors due to a lack of correspondence with actual environmental contingencies. Verbal rules around responsibility and threat, for example, may be useful in some contexts but maladaptive in others; for instance, the rule “I must always try to prevent harm to myself and others” may function as a beneficial rule in certain situations. A pre-requisite for this type of behavior is the ability to envisage prospective consequences without direct experience with certain contingencies. As such, it does seem to involve responding to rules, which are conceptualized as derived relational networks¹ (Twohig, 2012).

Contamination-based OCD, characterized by compulsive washing, is one of the most common expressions of the disorder (Coughe, Wolitzky-Taylor, Lee, & Telch, 2007). Both excessive responsibility and the overestimation of threat are applicable to contamination fear based on the idea that excessive responsibility

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¹ Although rules may be seen as involving relatively complex relational networks, relational networks are not always necessarily rules. For example, metaphors, analogies, stories and jokes also appear to involve relational networks, but strictly speaking may not function as rules.

emerges in the context of trying to avoid and prevent harm and evidence from the literature supports this (OCCWG, 2005). For instance, the overestimation of the likelihood that a contaminated object causing harm could produce feelings of responsibility in an OCD sufferer which compels them to clean up to prevent harm to themselves and others. Ecker and Gönner (2008) found that contamination symptoms were predictive of the OC symptom of harm avoidance which they posit constitutes both excessive responsibility and the overestimation of threat. However, this finding only emerged in one of three hierarchical multiple regressions which utilized scores from self-report measures as variables.

Research into the etiology and maintenance of psychopathology has seen a rise in the use of so-called implicit measures to assess the cognitive mechanisms at work in disorders such as OCD (De Houwer, 2002). Automaticity is the trademark of anxiety due the lack of control individuals appear to have over their anxious-related thoughts and feelings (Wiers, Teachman, & De Houwer, 2007). Thus, implicit measures such as the Implicit Relational Assessment Procedure (IRAP; Barnes-Holmes, Barnes-Holmes, Power, Hayden, Milne, & Stewart, 2006) may provide novel perspectives into disorders such as OCD beyond what can be offered by self-report measures.

Implicit measures,² such as the IRAP, may provide a more in-depth perspective into the etiology and preservation of anxiety disorders due to the apparent similarities between the involuntary nature of anxiety and the lack of control participants appear to have over responding on the IRAP (McKenna, Barnes-Holmes, Barnes-Holmes, & Stewart, 2007). Indeed, Leonard and Riemann (2012) have proposed the definition of a compulsion be broadened to incorporate brief and subtle covert behaviors carried out in response to obsessions. This view is reflective of the concept of BIRRs and the influence it can exert on overt behaviors, whether consciously or sub-consciously. Further, recent evidence from IRAP research suggests that implicit measures may provide insights into psychological constructs which have been previously ill-defined in the literature. For instance, a study on disgust using the IRAP demonstrated the utility of the IRAP at providing a greater picture of the nature of an emotion (i.e., disgust propensity and sensitivity), the precise nature of which had been rather unclear (Nicholson & Barnes-Holmes, 2012b).

Within the domain of contamination fear and OC tendencies, disgust appraisals (i.e., disgust sensitivity) can be differentiated from the initial feeling of disgust (i.e., disgust propensity) using the IRAP (Nicholson & Barnes-Holmes, 2012b). Implicit disgust sensitivity was found to be a predictor of avoidance behavior on a series of disgust-inducing behavioral approach tasks while implicit disgust propensity was not. Furthermore, the IRAP has successfully assessed obsessive beliefs such as “My Responsibility” and “I Must Control” in response to disgusting stimuli across a range of disgust domains (Nicholson, McCourt, & Barnes-Holmes, 2013). This research not only supports the use of implicit measures such as the IRAP in the domain of OCD but highlights the relevance of the appraisal in OC tendencies and avoidance behavior.

The current study was conducted as a follow-up to Nicholson et al. (2013) and aimed to assess responsibility and threat appraisals in relation to contamination-related and clean stimuli using the IRAP. Questionnaires such as the Obsessive Belief Questionnaire (OBQ), the Padua Inventory (PI) and the Depression, Anxiety and Stress Scale (DASS) were used to validate the implicit measure. It was hypothesized that those who scored highly on the measures of OC tendencies (i.e., the OBQ and the PI), specifically the responsibility/threat subscale of the OBQ and the

contamination subscale of the PI, would produce a greater responsibility/threat bias toward the contaminated stimuli on the IRAP. The present study differs from that of Nicholson et al. (2013) as the cognitions that the IRAP was trying to target are specifically pertaining to responsibility and threat in relation to contamination rather than general obsessive beliefs in relation to disgust.

2. Method

2.1. Participants

Participants consisted of 38 undergraduate students (21 women and 17 men) from the National University of Ireland Maynooth with a mean age of 27.6 (for reasons explained subsequently, the data from 29 of these participants were used in the final analyses). All participants volunteered to take part in the study and there were no exclusion criteria for taking part. Participants completed the experiment individually in the Department of Psychology at NUI Maynooth.

3. Materials

3.1. Obsessive Beliefs Questionnaire (OBQ-44; OCCWG, 2005)

The Obsessive Belief Questionnaire is a 44 item self-report scale designed to measure individual differences in obsessive beliefs across three cognitive domains of OCD. It consists of three factors including (1) responsibility/threat (e.g. “If I do not take extra precautions, I am more likely than others to have or cause a serious disaster”), (2) perfectionism/uncertainty (e.g. “In order to be a worthwhile person, I must be perfect at everything I do.”), (3) importance/control of thoughts (e.g. “If I have aggressive thoughts or impulses about loved ones, this means I may secretly want to hurt them”). Each item is rated on a 7-point (1–7) Likert scale of agreement with belief statements. Internal consistency for a non-OCD sample for each subscale was high (Cronbach's alpha = .89–.95) as was the internal consistency for the total score (Cronbach's alpha = .94) (OCCWG, 2005).

3.2. Depression, Anxiety and Stress Scale-21 (DASS-21; Lovibond & Lovibond, 1993)

The DASS is a 21 item self-report questionnaire which covers a range of core symptoms of anxiety, depression and stress. For a non-clinical sample, it has demonstrated excellent internal consistencies among its three subscales (Cronbach's alpha's = .82–.90), good convergent and discriminant validity (r 's = .70–.72) and adequate reliability (Cronbach's alpha = .90–.95) (Henry & Crawford, 2005).

3.3. Padua Inventory-Washington State University Revision (PI-WSUR; Burns, Koertge, Formea & Sternberger, 1996)

The Padua Inventory-Washington State University Revision is a 39 item self-report scale designed to measure obsessive and compulsive symptoms. It is also designed to reduce overlap with worry. Each item is rated on a 5-point (0–4) Likert scale assessing the degree of disturbance caused by thought or behavior. It consists of five subscales including (1) contamination obsessions and washing compulsions, (2) dressing/grooming compulsions, (3) checking compulsions, (4) obsessional thoughts of harm to self/others and (5) obsessional impulses of harm to self/others. This scale has adequate test-retest reliability with a test-retest correlation of $r = .76$ for the scale as a whole and ranging from

² When we use the term “implicit” in the current context we are referring to measures which assess attitudes rather than learning.

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