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Short communication

Stigma and disclosure of intrusive thoughts about sexual themes

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ABSTRACT

Obsessive–compulsive disorder (OCD) is often described as one of the most chronic and severe anxiety disorders (American Psychiatric Association, 2000). Those with OCD typically experience both obsessions and compulsions most often revolving around one of the several themes in content. The most commonly reported themes for obsessions include: contamination, symmetry and doubting, and harming, religious, or sexual obsessions. Little is known about perceived stigma associated with various symptom presentations although sexual obsessions have been hypothesized to be less frequently disclosed due to embarrassment (Simonds & Thorpe, 2003), which could lead to delay or avoidance of treatment. Adult participants ($n=157$) rated their perceptions of a hypothetical (1) friend or (2) significant other who had disclosed either (1) a sexually intrusive thought or (2) a contamination related intrusive thought to them. Results indicated that disclosure of an intrusive thought about a sexual theme is associated with more social rejection than disclosure of a contamination related intrusive thought. Additionally, disclosure of an intrusive thought by a friend is likely to meet with more disapproval than disclosure by a significant other.

1. Stigma and disclosure of intrusive thoughts about sexual themes

Obsessive–compulsive disorder (OCD) is often described as one of the most chronic and severe anxiety disorders (American Psychiatric Association, 2000). The lifetime prevalence of OCD is estimated to be 2.5%. Obsessive–compulsive disorder is typically characterized by high levels of distress and low quality-of-life. Despite this, many individuals with OCD do not seek psychological treatment or delay seeking treatment for years after they begin to experience distress (Steketee, 1993). Research has indicated that one important factor in this delay/avoidance of treatment seeking in those with OCD appears to be mental health stigma. In fact, Goodwin, Koenen, Hellman, Guardino and Struening (2002) found that approximately the one-fifth of individuals with OCD delay or avoid seeking treatment due to fears about what others may think of their symptoms. A recent study by Marques et al. (2010) found that stigma, shame and discrimination were significant barriers to treatment seeking.

Obsessions, of any content, are experienced as recurrent and persistent thoughts, impulses, or images that are ego-dystonic to the sufferer or against the individual's will and/or beliefs. Both clinical OCD populations and non-clinical populations endorse the experience of ego-dystonic thoughts, images, and urges (Abramowitz, 2006; Rachman & de Silva, 1978; Salkovskis & Harrison, 1984). The vast majority of clinical and non-clinical populations (> 80%) report having intrusive thoughts at least occasionally (Rachman & de Silva, 1978; Salkovskis & Harrison, 1984).

Despite the normative nature of intrusive thoughts some have hypothesized that those with OCD may be less likely to report certain obsessional themes (Simond, 2001). The most commonly reported themes for obsessions include contamination, symmetry and doubting, and harming, religious, or sexual obsessions (Steketee & Barlow, 2002). Of these, it has been suggested that those obsessions focused on content that is more morally reprehensible or apt to be confused with other significant pathology (i.e., sexual and aggressive obsessions) may be less likely to be reported due to shame and fear of negative social consequences (e.g., arrest, imprisonment; Simonds & Thorpe, 2003). For example, an individual who experiences distress related to thoughts of pedophilic behavior may be less likely to report his or her thoughts due to concerns that others will assume a desire to act on these urges. Sexual obsessions, may then, be more likely to be more underreported, under-recognized, and under treated than other types of obsessions featuring less socially or morally abhorrent content.

Contamination focused obsessions provide a good comparison to sexual obsessions. Though these obsessions are potentially as debilitating to those who suffer from them they involve more

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normative thought content and are more commonly addressed in media presentations of OCD; therefore, they may not be as susceptible to negative social perception. Many television series and motion pictures portraying individuals with obsessive–compulsive disorder, such as *The Odd Couple* (Marshall, 1970), *As Good As It Gets* (Brooks, 1997), and *Monk* (Breckman & Hoberman, 2002), portray individuals with contamination obsessions and cleaning rituals. In these and most other film portrayals of individuals with contamination related concerns, the characters with these concerns are portrayed as protagonists. Their obsessive concerns and behavior are most often portrayed as quirky, annoying, and/or problematic for the protagonist and other characters in the story; however, it is not uncommon for the individual's behavior to also be portrayed as advantageous in some way. Such is the case in the popular series *Monk* (2002) where the protagonist's obsessive mannerisms are presented as an asset to his detective abilities. This lies in stark contrast to the relative dearth of media presentations of individuals with intrusive thoughts about sexual content.

Yet another issue that may be influencing a lack of willingness to disclose intrusive thoughts includes considerations about the appropriateness of disclosure with others in the individual's environment. Despite living in an age with chronic electronic "over sharing" via endless social networking sites, research from several academic fields would suggest that most individuals continue to disclose information differentially based on relationship characteristics. Studies indicate that what we disclose is impacted by relationship to the receiver and message content (Consolvo et al., 2005). Due to this, in the current study we also chose to examine the role of relationship to the discloser on perception of the intrusive thought.

The current study seeks to examine how stigma related to intrusive thoughts about sexual themes might differ from stigma related to other obsessive–compulsive concerns. Sexually related intrusive thoughts carry additional levels of negative connotation with the public that may prompt even those who receive treatment for other intrusive thoughts to fail to disclose these thoughts. Despite this, there have been no other previous studies, to our knowledge, that have examined the issue of stigma related to disclosure of intrusive thoughts about sexual content as opposed to disclosure of contamination focused thoughts.

The current study seeks to examine stigma associated with the disclosure of intrusive thoughts about sexual themes. It is hypothesized that (1) Individuals will assume more negative mental and behavioral characteristics of those reporting sexual intrusive thoughts, as opposed to contamination related intrusive thoughts. (2) The type of relationship (i.e., friend or significant other) had with the discloser may alter perceptions made of the individual reporting intrusive thoughts about sexual themes. That is, it is expected that individuals may find the disclosure of intrusive thoughts about sexual themes by their hypothetical significant other (as opposed to friend) more distressing due to their intimate relationship with that individual.

2. Methods

2.1. Participants

Participants were 157 adults ranging from 18 to 60 years old ($M=29.8$; $SD=9.5$). Participants were 76.4% ($n=120$) female. Racial/ethnic composition of the sample was Caucasian (53.5%; $n=84$), Hispanic (21.7%; $n=34$), African-American (10.8%; $n=17$), Asian (3.8%; $n=6$), Indian (1.3%; $n=2$), Native-American (.6%; $n=1$), Middle Eastern (.6%; $n=1$), and other/Biracial (3.8%; $n=6$). Participants reported their sexual orientation as heterosexual (94.9%; $n=149$), homosexual/gay (1.9%; $n=3$), and bisexual (1.3%; $n=2$).

2.2. Procedures

Participants were recruited from a mid-size university in southeast Texas. Students were enrolled in one or more psychology courses and recruited through a university participant pool. Students completed survey questionnaires anonymously during a university wide data collection day and were awarded extra credit for their participation.

Participants were asked to respond to questions about demographic status, including age, sex, ethnicity, religious affiliation, and history of mental health service use. Participants then read either a vignette depicting an individual that is either a (1) friend or (2) significant other, who has disclosed either having (1) contamination related intrusive thoughts or (2) intrusive thoughts about sexual themes. The two types of vignette content (illustrated in Appendices A and B), included (A) someone disclosing an intrusive thought about contamination and (B) someone disclosing an intrusive thought about sexually deviant behavior. Participants only received one of the four possible vignettes. After reading the vignette, participants answered questions regarding their perceptions of the hypothetical individual who had disclosed an intrusive thought to them.

2.2.1. Standardized measures

The Vignette Questionnaire was adapted for the current study from the Vignette Questionnaire used by Marcks, Berline, Woods, and Davies (2007). The Vignette Questionnaire is a 28-item questionnaire with four scales measuring participant reaction to a hypothetical disclosure of an intrusive thought. Each item is rated on a 5-point Likert scale from 0 (Disagree Strongly) to 4 (Agree Strongly). The four Vignette Questionnaire subscales include (1) Social Rejection, or the desire to socially distance or negatively reevaluate the discloser; (2) Perception of a Psychological Problem, or perception that the discloser is different, ill, dangerous, or in need of treatment; (3) General Concern, distress and discomfort subsequent to hearing such a disclosure; (4) Disclosure, or willingness to self-disclose similar content. To score the Vignette Questionnaire subscale items with a positive connotation are reversed, items are then summed for each scale. Higher scores for social rejection, perception of a psychological problem, and general concern reflect more negative views towards the discloser. Higher scores on the disclosure scale indicate willingness to disclose a similar issue. The internal consistency of the Vignette Questionnaires ranged from excellent to adequate with social rejection, perception of a psychological problem, general concern, and disclosure obtaining Cronbach's alpha of $\alpha=.92$, $\alpha=.89$, $\alpha=.86$, and $\alpha=.74$, respectively (see Appendix C for Vignette Questionnaire).

3. Results

A two-way between-groups multivariate analysis of variance was performed to investigate differences in response to disclosure of an intrusive thought. Level one of the independent variables was the type of intrusive thought disclosed (i.e., contamination related intrusive thought or sexual intrusive thought). Level two of the independent variable was the identity of the person disclosing the intrusive thought (i.e., friend or significant other) (See Table 1). Four dependent variables were examined: Social Rejection, Perception of Psychological Problem, General Concern, and Disclosure. Preliminary assumption testing was conducted to check for normality, linearity, univariate and multivariate outliers, homogeneity of variance–