



# A review of obsessive intrusive thoughts in the general population

Lisa-Marie Berry<sup>a,\*</sup>, Ben Laskey<sup>b,c</sup>

<sup>a</sup> Clinical Psychology Unit, Department of Psychology, University of Sheffield, S10 2TN, UK

<sup>b</sup> Division of Clinical Psychology, University of Manchester, UK

<sup>c</sup> Cornwall CAMHS (CiC Team), Truro, UK

## ARTICLE INFO

### Article history:

Received 19 August 2011

Received in revised form

10 February 2012

Accepted 28 February 2012

Available online 6 March 2012

### Keywords:

Obsessive-compulsive disorder

Intrusive thoughts

Obsessions

Continuum

## ABSTRACT

Intrusive thoughts feature as a key factor in our current understanding of Obsessive-Compulsive Disorder (OCD). Cognitive theories of OCD assume that the interpretation of normal intrusive thoughts leads to the development and maintenance of the disorder. Research that supports the role of beliefs and appraisals in maintaining distress in OCD is based on the supposition that clinical obsessions are comparable to normal intrusive thoughts. This paper reviews research investigating the occurrence of intrusive thoughts in a nonclinical population, in order to assess if these thoughts are comparable to obsessions. The prevalence of intrusive thoughts with obsessive content is assessed, as well as other aspects of these thoughts, such as triggers, appraisals and response strategies. Through critique of literature in this field, this paper goes on to discuss the implications for future research.

© 2012 Elsevier Ltd All rights reserved.

## Contents

1. Introduction	125
2. Intrusive thoughts in nonclinical samples	126
2.1. Prevalence of nonclinical intrusive thoughts	126
2.2. Themes	127
2.3. Triggers	127
2.4. Appraisal	128
2.5. Response strategies	128
3. Conclusions	129
4. Limitations and future directions	130
References	131

## 1. Introduction

Intrusive thoughts are central in the current understanding of Obsessive-Compulsive Disorder (OCD), as outlined in DSM IV criteria (American Psychiatric Association [APA], 1994) and in current cognitive models. Pioneering research by Rachman and de Silva (1978) illustrated that intrusive thoughts, similar in content and form to clinical obsessions, are a common experience for nonclinical individuals (80% of a nonclinical sample). Comparisons with a clinical sample highlighted differences in frequency, duration and intensity of intrusive thoughts; clinical participants also appraised their thoughts as less acceptable, less able to resist

and less dismissible. Correspondingly, Clark and Rhyno (2005) described a severity continuum between obsessions and intrusive thoughts, with frequency, distress and perceived thought control being among the distinguishing factors.

The continuum hypothesis forms the premise for current cognitive models of OCD, which converge on the proposition that an individual's understanding of 'normal' intrusive thoughts is central in the development and maintenance of OCD. Cognitive theories differentially emphasise the role of beliefs that fuse the intrusive thought to the event or action (Rachman, 1997, 1998), that one is responsible for harm coming to oneself or others (Salkovskis, 1985, 1999), and meta-cognitive beliefs about the significance of intrusive thoughts (Wells & Matthews, 1994; Wells, 1997). Such beliefs determine the individual's appraisal of intrusive thoughts, which in turn determines subsequent cognitive and behavioural responses. Previous research consistently

\* Corresponding author. Tel.: +44 1142 226577.

E-mail address: [l.berry@sheffield.ac.uk](mailto:l.berry@sheffield.ac.uk) (L.-M. Berry).

supports the role of interpretations of intrusive thoughts in the maintenance of OCD; this research is built on the supposed accuracy of the continuum hypothesis.

Rassin and Muris (2006) challenged the continuum hypothesis as an overinterpretation of the finding from Rachman and de Silva (1978) that psychology experts were unable to accurately classify 'abnormal' obsessions. In a reanalysis of the data from the original study, Rassin and Muris supported this finding; however, in a subsequent replication of the classification task, the authors reported greater accuracy by experts (psychotherapists) and by psychology undergraduates. The accurate distinction between clinical and nonclinical intrusive thoughts indicates recognisable differences in thought content. However, as Rassin and Muris highlighted, both groups still did not perform at perfect level. Therefore, some obsessions may be similar to intrusive thoughts, whereas others are more 'bizarre'.

In a further challenge to the continuum hypothesis, Julien, O'Connor, and Aardema (2007) critique previous findings on the universality of intrusive thoughts for inconsistencies in definition and methodology, and generalisations from student populations. The authors concluded that there is insufficient support for the appraisal model of OCD. Julien et al. provide a considered critique of the methodology of research on intrusive thoughts; however, the paper lacks a detailed consideration and comparison of the findings. The current paper aims to fill this gap; through an up-to-date narrative review of research investigating obsessive intrusive thoughts in nonclinical populations, the accuracy of the continuum hypothesis is assessed. Additional research since 2007 is considered alongside previous work. The assumption that intrusive thoughts are a common nonclinical experience is first assessed through discussion of research findings on their prevalence in nonclinical samples. The similarity between intrusive thoughts and obsessions is next considered in a discussion of research on the nature of intrusive thoughts in nonclinical samples, including, themes, triggers, appraisals, and responses. The paper concludes with a proposed revision to the continuum hypothesis based on highlighted differences between 'normal' intrusive thoughts and clinical obsessions.

For the purposes of this review 'intrusive thoughts' are defined as cognitions that are spontaneous, disruptive, difficult to control and unwanted (Rachman, 1981) and may include verbal thoughts, images, or impulses. A review of the literature was conducted on 11/01/2012 via web of science and PsycINFO databases; search words such as intrusive thoughts, nonclinical obsessions, and intrusions were used. The search was limited to journal articles written in English, published from 1978 onwards (published after Rachman & de Silva, 1978). A manual search of the references of each paper concluded the literature search. Empirical papers that assessed obsessive intrusive thoughts within a nonclinical sample (community, student, unspecified nonclinical) were included.

## 2. Intrusive thoughts in nonclinical samples

### 2.1. Prevalence of nonclinical intrusive thoughts

Questionnaire studies have asked nonclinical participants to endorse obsessive intrusive thoughts that they have ever experienced from a prescribed list, which has produced prevalence rates of 74% (Langlois, Freeston, & Ladouceur, 2000a), 88% (Salkovskis & Harrison, 1984) and 99% (Belloch, Morillo, Lucero, Cabedo, & Carrió, 2004; Purdon & Clark, 1993). The Obsessive Intrusions Inventory (OII/ROII) produced the highest endorsement figure; however, 16 items were excluded during the development of the OII because less than 25% of a nonclinical sample endorsed these thoughts. Therefore, the 99% prevalence rate reported in the use

of this questionnaire may be an overestimate (Belloch et al., 2004; Purdon & Clark, 1993). In addition, items include intrusive thoughts with a nonclinical origin. Rassin, Cougle, and Muris (2007) demonstrated that intrusive thoughts of clinical origin are less commonly experienced by nonclinical participants (12.2% item endorsement), in comparison to thoughts with a nonclinical origin (29.1% item endorsement). Therefore the reported prevalence rates may not represent thoughts comparable to clinical obsessions. García-Soriano, Belloch, Morillo, and Clark (2011) developed The Obsessional Intrusive Thoughts Inventory to address this shortcoming; the forty-eight items exclude intrusive thoughts of nonclinical origin. The authors reported endorsement of these items by a nonclinical sample, indicating that obsessive intrusive thoughts are experienced by the general population.

The method of endorsement of thoughts from a list of items fails to take account of individual differences in the content of intrusive thoughts. However, the addition of idiosyncratic intrusive thoughts does not alter the prevalence rate (e.g. 99%, Freeston, Ladouceur, Thibodeau, & Gagnon, 1991); comparable rates of 83.5% (England & Dickerson, 1988) and 93% (Wells & Morrison, 1994) are reported in the assessment of self-reported intrusive thoughts over a two-week period. However, when the content of self-reported intrusive thoughts has been screened for obsessive content, the prevalence rate reduces to 41% over two weeks (Clark & Purdon, 2009), and 56% over a month (Trinder and Salkovskis, 1994).

The wide range in possible prevalence rates of intrusive thoughts in nonclinical participants (41–100% in the research discussed) could be a product of differences in the definition of intrusive thoughts and 'obsessive'. Definitions have been broad, such as "unpleasant, unwanted thoughts" (Salkovskis & Harrison, 1984, p. 550) and specific, such as "repetitive, upsetting and unwanted thoughts, images or impulses that suddenly appear in consciousness and are considered irrational, unrealistic, foreign to one's character, and difficult to control" (Purdon & Clark, 1993, p. 715). Similarly, questionnaire measures differ in the content themes covered by the items. The Cognitive Intrusions Questionnaire (CIQ; Freeston et al., 1991; used by Langlois et al., 2000a) assesses cognitions about personal health, an embarrassing or painful experience, personally unacceptable sexual behaviour, verbal aggression, a friend or family member suffering a fatal disease or having an accident. In contrast, the OII (Purdon & Clark, 1993; used by Belloch et al., 2004) assesses thoughts of sex, aggression, dirt and contamination.

Methodological differences between studies, in the use of retrospective and real-time measures, also limit the conclusions that can be drawn on prevalence rates. With the exception of Wells and Morrison (1994), the studies reviewed in this section employed retrospective methods for the assessment of intrusive thoughts, including the use of questionnaire measures (e.g. OII/ROII) and interview methods (e.g. Clark & Purdon, 2009), which rely upon the participant recalling and forming a judgment on past experiences. In contrast, Wells and Morrison's diary method offers a more naturalistic measurement of intrusive thoughts; however, this method is limited by under-reporting due to forgetting. A related limitation is the variation in the timeframe of assessment: participants have reported intrusive thoughts that have ever occurred (e.g. Purdon & Clark, 1993; Rassin et al., 2007; Salkovskis & Harrison, 1984), occurred within the last month (e.g. Freeston et al., 1991) and within a two week period (e.g. England & Dickerson, 1988). Therefore, the research findings represent relative frequency of intrusive thoughts, as well as estimated prevalence. The difference in intrusive thought frequency between nonclinical individuals and OCD patients (e.g. García-Soriano et al., 2011; Morillo, Belloch, & García-Soriano, 2007) highlights the importance of distinguishing between incidence and frequency.

Download English Version:

<https://daneshyari.com/en/article/912377>

Download Persian Version:

<https://daneshyari.com/article/912377>

[Daneshyari.com](https://daneshyari.com)