

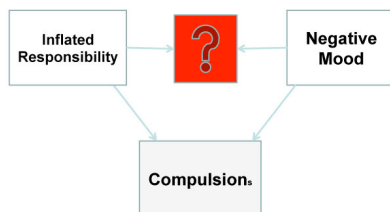
Introduction

A range of constructs have been proposed which attempt to explain the aetiology and maintenance of Obsessive Compulsive Disorder (OCD).

One of the most important of these constructs is inflated responsibility (Salkovskis, 1985) which is defined as, "The belief that one has power which is pivotal to bring about or prevent subjectively crucial negative outcomes. These outcomes are perceived as essential to prevent. They may be actual, that is, having consequences in the real world, and/or at a moral level" (Salkovskis, 1999). Since this theory was originally formulated, considerable evidence has accrued indicating that inflated responsibility is a characteristic that is an important causal feature of OCD generally (e.g. Salkovskis, Wroe, Gledhill, Morrison, Forrester, Richards, Reynolds, & Thorpe, 2000) and compulsive checking specifically (e.g. Bouchard, Rhéaume, & Ladouceur, 1999).

Another construct that has been proposed as being a causal feature in OCD is negative affect. For example, both children and adults with OCD report having experienced more negative life events than control participants prior to symptom onset (Gothelf, Aharanovsky, Horesh, Carty & Apter, 2004; Khana, Rajendra & Cannabavanna, 1988), and reported negative life events include illness (Gothelf et al., 2004), bereavement (Khanna et al., 1988), and family disputes (Reuter, Scaramella, Wallace & Conger, 1999).

An interesting question which has not been addressed in previous research is how are inflated responsibility and negative affect related? Could it be the case that inflated responsibility leads to negative mood which subsequently leads to compulsive behaviour? Or could it be the case that being in a negative mood facilitates feelings of responsibility which in turn leads to an increase in compulsive behaviour?



Reported briefly here are two experiments which looked at the relationship between negative mood and inflated responsibility. In the first mood was manipulated and the resulting affect on responsibility was measured. In the second responsibility was manipulated and the resulting affect on mood was measured.

Mood manipulation experiment

Participants and Design

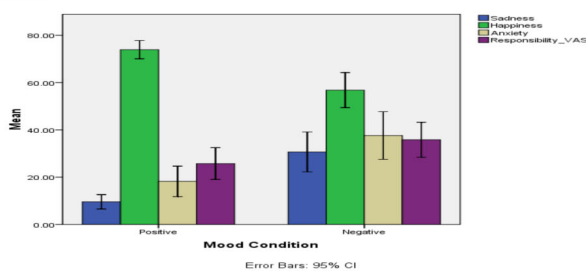
A group of young adults from Sussex University participated and were reward course credits for participation (males: 7, females: 52; age: $M = 21.03$, $SD = 5.61$). These participants were split into two groups, a negative mood group [$n = 29$] and a positive mood group [$n = 30$].

Procedure

Participants were told the study was about music comprehension (to disguise the fact we were trying to manipulate participant's mood through the use of music). Participants were induced into a negative or positive mood state by listening to music which had been shown in previous studies to alter mood in the intended direction.

Participants were then told that there would be a 10 minute break before their music comprehension would be tested. During this 10 minute break participants were asked to fill in a questionnaire for another experiment which contained VAS measures of mood and of inflated responsibility (actually used for this study). After the break participants were then given a fictitious music comprehension questionnaire as well as several full questionnaires including a full measure of inflated responsibility (Responsibility and Attitude Scale, RAS, Salkovskis et al, 2000).

Results



The negative mood group scored significantly higher than the positive mood group in terms of sadness ($p < .001$) and anxiety ($p = .002$) whilst the positive mood group scored significantly higher in terms of happiness ($p < .001$) suggesting the manipulation had worked. The negative mood group scored significantly higher than the positive mood group on both the VAS measure of responsibility ($p = .043$) and the RAS ($m : 3.89$ vs 3.27 , $p = .016$).

Inflated responsibility manipulation

Participants and Design

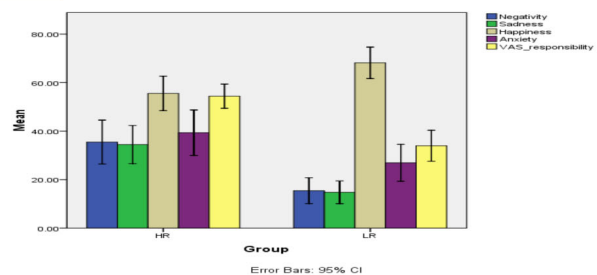
A group of young adults from Sussex University participated and were reward course credits for participation (males: 6, females: 57; age: $M = 22.60$, $SD = 7.45$). These participants were split into two groups, a high responsibility (HR) group [$n = 31$] and a low responsibility (LR) group [$n = 32$].

Procedure

Participants level of responsibility was manipulated using a vignette based procedure. Participants were told they would be asked to read a story about a woman with a problem and then be asked to write down some advice to help this woman with her problem. Participants in the HR group were given a story about a woman who lacks responsibility and were therefore asked to advise the lady to be and feel more responsible. Participants in the LR group were given a story about a woman who has inflated responsibility and were therefore asked to advise the lady to be and feel less responsible. Example advice (tailored around the definition of inflated responsibility) was given to help participants to think of relevant advice. The manipulation is based on Bem's self-perception theory that proposes that an individual will infer his or her attitude based on information derived from his or her behaviour (Bem, 1972). Salancik and Conway (1975) proposed that the individual will infer his or her attitude through a process of generating and assessing relevant information from the past and present, and that the individual will be especially likely to use information made most conspicuous to them at the time. Therefore, when an individual describes an attitude or behaviour positively or negatively he or she will generate cognitions consistent with their endorsement. So it is reasoned participants advising the lady to be more responsible will feel more responsible themselves and those advising the lady to feel less responsible would feel less responsible themselves.

Participants were then told that there would be a 10 minute break. During this 10 minute break participants were asked to fill in a questionnaire for another experiment which contained VAS measures of mood and of inflated responsibility (actually data used for this study). After the break participants were then given a several full questionnaires including a full measure of inflated responsibility (Responsibility and Attitude Scale, RAS, Salkovskis et al, 2000).

Results



The HR group scored significantly higher than the LR on both the VAS measure of responsibility ($p < .001$) and the RAS ($m : 4.33$ vs 3.34 , $p < .001$) suggesting the manipulation had worked. The HR scored significantly higher than the LR group in terms of sadness ($p < .001$), anxiety ($p = .04$) and negativity ($p < .001$) whilst the LR group scored significantly higher in terms of happiness ($p = .01$).

Discussion



Summary of results: The results of these two experiments show that increasing negative mood causes an increase in inflated responsibility whilst increasing inflated responsibility also increases negative mood. The two constructs thus appear to have a bi-directional relationship.

Implications for theory: Theories of OCD based around the inflated responsibility (Salkovskis, 1985) postulate that inflated responsibility effects negative mood but are less clear about whether negative mood also influences levels of inflated responsibility. The present experiments clearly show that these relationships are causally bidirectional, and any models of OCD will need to take these findings into account. More broadly, the bi-directional relationship found here raises the possibility that this relationship (and possibly each constructs relationship to compulsions) are mediated by a third variable (e.g. metacognitive beliefs [Wells, 1997] have been linked to both changes in responsibility beliefs and changes in mood).

References

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