Do obsessive thoughts affect OCD appraisal processes?

The bi-directionality hypothesis

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BACKGROUND

- Examples of clinical constructs include:
  Inflated Responsibility (Salkovskis, 1985)
  Intolerance of Uncertainty (Dugas Gagnon, Ladouceur, & Freeston, 1998)
  Thought-Action Fusion (Shafran & Rachman, 2002)

- Clinical constructs are appraisal processes thought to affect the frequency of obsessive thoughts in OCD.

- Displaying a particular cognitive style (or clinical construct) is often causally associated with subsequent symptoms – and this causality has been demonstrated in experimental studies that have manipulated constructs and looked at this effect on anxiety-based symptoms (e.g. Ladouceur, Gosselin, & Dugas, 2000; Startup & Davey, 2003).

- Although constructs might seem to cause symptoms in experimental studies, it does not necessarily mean that they explain them, especially when studies have only rarely investigated causal relationships in the opposite direction (e.g. checking influencing doubting (Randomsky & Alcolado, 2010; van den Hout & Kint, 2004) and worrying influencing negative affect (Buhr & Dugas, 2009; Johnston & Davey, 1997).

- **The present studies sought to examine the possibility of a bi-directional relationship between symptoms and constructs relating to obsessive compulsive disorder.**

STUDY 1

***Prediction*:** Experiencing high (as opposed to low) frequency obsessive thoughts will increase self-report ratings of inflated responsibility, intolerance of uncertainty, and thought action fusion.

***Method*:** Participants were 60 undergraduates and staff (43 were women) from the University of Sussex. Ages ranged from 18-36 years (M = 21.31, SD = 4.08).

Participants saw either 28 high frequency obsessive statements or 28 low frequency obsessive statements . Participants were asked to imagine that each statement was a thought they are having and to write it down verbatim.

Results

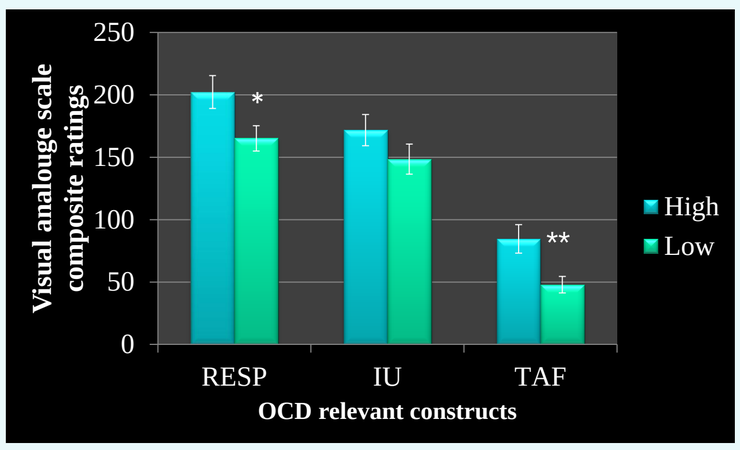
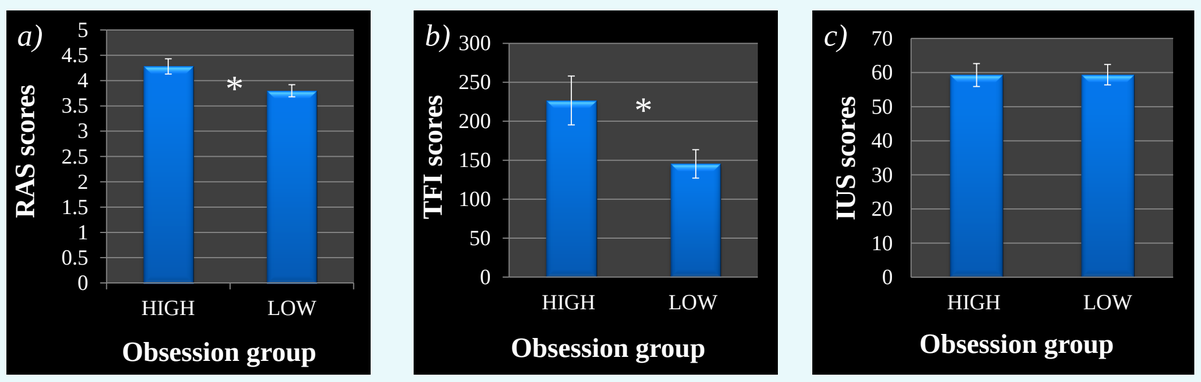


Figure 1. Mean composite ratings of responsibility (RESP), intolerance of uncertainty (IU) and, thought action fusion (TAF) by the high and low obsession groups.

** = p < .05 ** = p < .01 indicating a significant difference between groups*



** = p < .05 indicating significant differences between groups*

Figure 2. Mean questionnaire scores by high and low obsession group on a) Responsibility Attitude Scale (RAS),b) Thought Fusion Instrument (TFI), and c) Intolerance of Uncertainty Scale (IUS)

STUDY 2:

Prediction: Experiencing high (as opposed to low) frequency obsessive thoughts will increase self-report ratings of inflated responsibility, intolerance of uncertainty, and thought action fusion, only when the thoughts are self-referent.

Method: Participants were 60 undergraduates and staff (36 were women) from the University of Sussex. Ages ranged from 18-34 years (M = 21.92, SD = 3.65).

Participants saw the same statements as study 1, they imagined the statements were thoughts they were having (**self-referent)** OR thoughts that someone they didn't know (e.g. David Beckham) was having (**non self-referent**).

Results

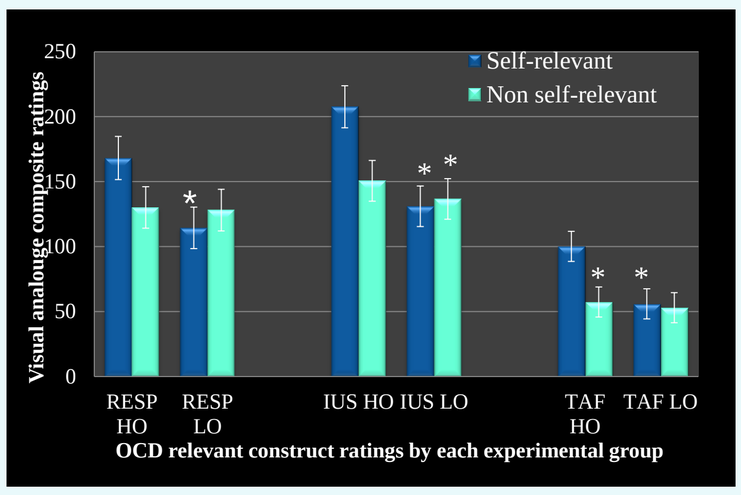
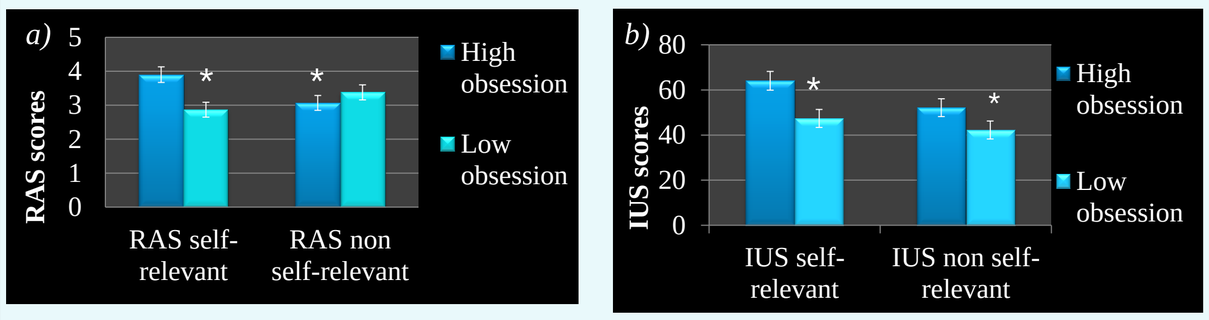


Figure 3. Mean composite ratings of responsibility (RESP), intolerance of uncertainty (IUS) and, thought action fusion (TAF) by the high and low obsession and self-referent and non self-referent groups.

** Denotes significant difference as compared to the high obsession /self-referent group , $p \leq$ 0.02.*



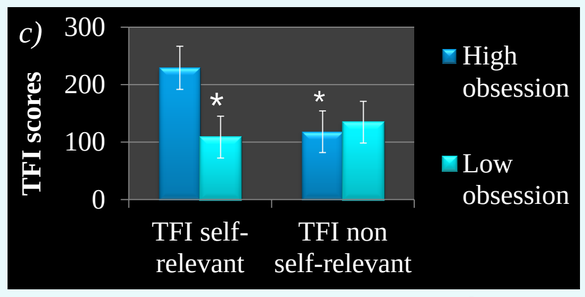


Figure 4. Mean questionnaire scores by experimental groups on a) the RAS, b) the IIUS, and c) the TFI

CONCLUSIONS

- Findings indicate a bi-directional relationship between OCD relevant constructs and OCD symptoms. Clinical constructs may simply be convenient redescriptions of symptoms rather than causal explanations of them.

- This research indicates that the manipulation of clinical constructs will affect psychopathology symptoms. CBT may usefully target construct manipulation to decrease, for example, feelings of responsibility or intolerance of uncertainty, to further target symptom reduction.

Key references

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