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Imagery in mental contamination: A questionnaire study

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ABSTRACT

Objectives: Intrusive imagery is hypothesised to evoke feelings of contamination and urges to wash. This study aimed to (1) develop a questionnaire to assess imagery associated with contamination fears; and (2) compare contamination imagery in a sample of people with contamination based obsessive-compulsive disorder (C-OCD) with a non-clinical student sample.

Methods: Non-clinical students ($n=45$) and people with C-OCD and contamination fears ($n=45$) completed a self-report questionnaire designed to assess images associated with contamination.

Results: Compared to non-clinical participants, people with C-OCD reported images associated with contamination that were more vivid, harder to dismiss and distressing. Participants with contamination fears reported images that directly evoked feelings of dirtiness and triggered compulsive washing behaviours. A small number of participants reported beneficial images that reduced feelings of contamination.

Conclusions: These preliminary findings indicate that imagery can evoke feelings of contamination. However, future research is needed to establish the nature and causative role of imagery in mental contamination. Questionnaire methods may be useful for clinical assessment of imagery associated with contamination fears.

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1. Introduction

The importance of imagery in obsessive-compulsive disorder (OCD) is acknowledged in the diagnostic criteria that state that obsessions comprise intrusive thoughts, images or urges (American Psychological Association, 1994). Images in OCD are thought to be primarily visual, vivid, unwelcome, uncontrollable and distressing and often lead to feelings of doubt, guilt and shame (Rachman, 1997, 2007). Clinical descriptions indicate that images in OCD have a similar content to intrusive thoughts and impulses with common themes of illness and death, blasphemy, sex, disaster, insanity and violence (de Silva, 1986; Rachman, 1997, 2007). Preliminary research has demonstrated that people with OCD experience unwanted images that are vivid, frequent and distressing (Speckens, Hackmann, Ehlers, & Cuthbert, 2007; Lipton, Brewin, Linke, & Halperin, 2010). People with OCD typically experience images from a field perspective and are more likely to report images associated with harm compared to images experienced by anxious controls (Lipton et al., 2010).

Imagery in OCD may be particularly relevant for people who report contamination fears as a recent cognitive behavioural theory of contamination has suggested that feelings of dirtiness

and urges to wash can be evoked by internal events such as imagery (Rachman, 2006). According to the theory of contamination, in addition to 'contact contamination', it is possible to feel polluted, dirtied, infected or endangered in the absence of actual physical contact with a contaminant, known as 'mental contamination' (Rachman, 2004, 2006). Whereas intrusive images in contact contamination evoke anxiety, it has been suggested that in mental contamination, imagery can directly evoke feelings of dirtiness and compulsive washing. The feelings of internal dirtiness and pollution associated with mental contamination may arise because a person experiences unwanted intrusive images of the human source of contamination (Rachman, 2006). For example, Rachman (2006) described the case of a young actor who had been mistreated by his family and betrayed by his partner. The ex-partner had become a source of contamination and imaging the face of his ex-partner evoked strong feelings of mental contamination: "He was asked to form a vivid image, in turn, of his father, mother and three other relatives. The images provoked strong feelings of contamination... and left him with an urge to wash. Forming an image of his former partner evoked such strong feelings of contamination that he insisted on washing his hands immediately." (Rachman, 2006, p. 153).

One possible mechanism by which intrusive images may evoke feelings of dirtiness and urges to wash in mental contamination is via doubt and thought action fusion (TAF; Shafran, Thordarson,

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& Rachman, 1996). If a person with mental contamination experiences a vivid, intrusive image they may doubt whether they actually engaged in the behaviour in the image and this may lead them to feel dirty and generate an urge to wash. For example, a lady with a longstanding problem with mental contamination explained how when she had an image of an immoral person, she felt that she may become immoral herself unless she washed herself.

However, feelings of mental contamination can also arise as a result of the repugnant, unwanted images themselves (Rachman, 2006). As one of our clients explained: “Awful, horrid pictures come into my mind, that’s when it’s the worse, I feel just filthy, disgusting.” It is hypothesised that images can become a source of mental contamination because (a) the content of images experienced in OCD is believed to be similar to that of intrusive thoughts, which are hypothesised to evoke feelings of mental contamination (Rachman, 2006) and (b) images are thought to be more powerful than verbal thoughts in evoking emotion (Holmes & Mathews, 2005; Holmes, Lang, & Shah, 2009).

According to the cognitive behavioural theory of mental contamination, unwanted intrusive images evoke feelings of contamination and maintain compulsive washing behaviour (Rachman, 2006). Such images may be appraised as indicating that the person is contaminated, is likely to become contaminated or may potentially cause contamination to others. Such appraisals have important implications for assessment, formulation and treatment but there is currently little known about the nature of such images and their associations with mental contamination.

Research has begun to demonstrate the links between mental contamination fears and imagery. Experiments designed to induce feelings of mental contamination in non-clinical populations have demonstrated that imagining physical and moral violations can lead to feelings of dirtiness and washing behaviour (Coughtrey, Shafran, & Rachman, under review-b; Fairbrother, Newth, & Rachman, 2005; Herba & Rachman, 2007; Rachman, Radomsky, Elliot, & Zysk, 2012; Radomsky & Elliot, 2009). Furthermore, clinical examples have shown that people with contamination fears experience vivid, intrusive imagery that evokes feelings of dirtiness and urges to wash (Rachman, 2006), for example, “I feel extremely dirty if I imagine cheating on my partner. I have to shower immediately.” A qualitative interview study of imagery in mental contamination has shown that images can lead to feelings of pollution and compulsive washing and a small number of people utilise imagery to protect themselves from contamination (Coughtrey, Shafran, Phillips, & Rachman, under review-a). These findings suggest that further examination of the presence and nature of imagery associated with contamination fears is warranted. Previous research into imagery in psychopathology has typically used interviews. However, this study aimed to explore imagery using a self-report questionnaire that would enable clinicians to quickly establish the presence of any images that may be relevant to treatment.

1.1. Aims

This study aimed to (1) develop a questionnaire to assess imagery associated with contamination fears; and (2) compare contamination imagery in a sample of people with contamination OCD (C-OCD) with a non-clinical student sample.

It was hypothesised that

(1) compared to the student sample, people in the C-OCD group would experience images related to contamination that were more vivid, more distressing, harder to dismiss and more likely to generate urges to engage in washing and cleaning behaviours; and

(2) scores on the mental contamination imagery questionnaire would be positively correlated with measures of mental contamination, OCD symptoms, and TAF.

2. Method

2.1. Participants

2.1.1. C-OCD sample

Participants with contamination fears were recruited via poster advertisements in local OCD support-groups. Forty five people with a diagnosis of OCD completed the Mental Contamination Imagery Questionnaire (MCIQ; see below for details). The 45 participants comprised 12 males and 33 females, aged between 19 and 61 years ($M=34.29$, $SD=10.85$). Formal diagnosis of OCD was obtained using the Anxiety Disorders Interview Schedule (ADIS-IV; Brown, DiNardo, & Barlow, 1994) administered by the first author for 21 participants; the remaining 24 participants were diagnosed with OCD using a structured interview by a mental health professional. There were no differences between participants who were diagnosed with the ADIS-IV and those diagnosed using a structured interview. The majority of the sample (84%) were currently receiving treatment, of which 70% were receiving CBT and/or medication. All participants reported experiencing fears of contamination and symptoms of OCD for a minimum of one year. Participants in the C-OCD sample did not receive any compensation for taking part in the study.

2.1.2. Student sample

Non-clinical participants enrolled on an undergraduate or postgraduate programme of study at a local university were recruited via poster advertisements and by accessing the psychology student research panel. The 45 participants comprised 13 males and 32 females, aged between 18 and 44 years ($M=22.31$, $SD=5.08$). Student participants mean score on the obsessional compulsive inventory short version (Foa et al., 2002 see Section 2.2 for details) was 13.31 ($SD=8.86$), which is within the normal range (Foa et al., 2002). No participant scored above the clinical cut-off on this measure, indicating that these participants were not experiencing symptoms of OCD. Participants in the student sample received a course credit for taking part in the study.

2.2. Materials

2.2.1. Mental contamination imagery questionnaire (MCIQ)

This is a 20 item scale designed to assess aspects of imagery related to mental contamination. Participants rate each item on a five-point scale from 0 = not at all to 4 = very much. No items are reverse scored.

The content and wording of the questionnaire was based on previous studies which have assessed imagery in clinical populations (e.g. Phillips, 2011; Lee, Roberts-Collins, Coughtrey, Phillips, & Shafran, 2011; Holmes, Crane, Fennell, & Williams, 2007). The terminology “pictures in your mind” rather than “imagery” was used following the recommendations of Phillips (2011). The questionnaire was designed to capture a wide range of dimensions of imagery and included items to assess image vividness (‘I have very vivid, clear, images of being dirty or contaminated’), ease of dismissal (‘I find it very hard to get rid of pictures of dirt and contamination’), urge to wash (‘Some pictures in my mind make me want to wash’), imagery perspective (‘I picture dirt and contamination through my own eyes, as if I’m actually there’ and ‘I picture dirt and contamination as if I’m watching a film of myself’) and associated distress (‘I find having pictures of dirt and contamination in my mind extremely distressing’).

Based on qualitative data regarding images in mental contamination (Coughtrey et al., under review-a), the questionnaire aimed to assess images with contamination as the content (e.g. ‘I can picture dirt right under my skin’), washing and cleaning themes (e.g. ‘I often picture what it would like to be completely clean’) and images that may be beneficial in reducing anxiety and feelings of contamination (e.g. ‘picturing washing or cleaning makes me feel clean inside’). The questionnaire also included five items to assess general negative imagery hypothesised by Rachman (2006) to contribute to feelings of mental contamination (e.g. ‘I picture times which I have felt ashamed, guilty or angry’).

The MCIQ is a newly developed measure and its psychometric properties have not yet been fully established. Based on the current samples, inter-item reliability was high, with Cronbach’s $\alpha=.90$ for the C-OCD sample and $.92$ for the student sample.

A number of additional measures were included in order to explore the relationship between contamination imagery and contamination fears, OCD symptom severity, TAF and negative mood.

2.2.2. Vancouver obsessional compulsive inventory-mental contamination scale (VOCI-MC, Rachman, 2006)

This 27 item scale assesses aspects of mental contamination. Participants rate each item e.g. ‘I often feel dirty under my skin’ on a five-point scale from 0 = not at all to 4 = very much. The VOCI-MC has high internal consistency ($\alpha=.96$, Coughtrey, Shafran, Knibbs, & Rachman, 2012; Rachman, 2006).

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