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The contribution of thought–action fusion and thought suppression in the development of obsession-like intrusions in normal participants

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Abstract

Both thought–action fusion (TAF: i.e., a cognitive bias implying an inflated sense of responsibility for one's own thoughts) and thought suppression have been claimed to contribute to the development of obsession-like intrusions. Therefore, it seems plausible that conjunction of these phenomena results in highly intense intrusions. However, possible interactions between TAF and thought suppression have not yet been investigated experimentally. In the current study, healthy volunteers were exposed to a TAF-like intrusion. They were, then, randomly assigned to a suppression ($n=21$) or non-suppression condition ($n=19$). Next, visual analogue scales (VASs) were completed measuring anxiety, feelings of responsibility and guilt, urge to neutralise and so on. Contrary to expectation, several VAS scores were lower for participants in the suppression group than for those in the non-suppression group. Hence, it is concluded that thought suppression may, at least in the short term, alleviate discomfort caused by TAF-like intrusions. © 2001 Elsevier Science Ltd. All rights reserved.

Keywords: Intrusions; Thought–action fusion; Thought suppression

1. Introduction

In their study on intrusive thoughts, Rachman and De Silva (1978) (see also Salkovskis & Harrison, 1984) noted that clinical obsessions as seen in obsessive–compulsive disorder (OCD; American Psychiatric Association, 1994) do not differ in content from everyday intrusions experienced by the majority of the non-clinical population. However, clinical obsessions are experienced as more intense, frequent, discomfoting, and resistance eliciting than “normal” intrusions. Two

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psychological theories have tried to explain the occurrence of these variations in the absence of a difference in content. First, the cognitive theory of obsession implies that the interpretation of intrusive thoughts determines the distressing effects of these intrusions (Rachman 1993, 1997; Salkovskis, 1985). Furthermore, the interpretation of intrusions is, in turn, affected by cognitive biases. For example, the impulse of wanting to harm someone (i.e., an intrusive thought) will be perceived by most people as normal or somewhat strange, but not very alarming. Imagine, however, a person who believes that wishing to do something is the moral equivalent of doing that same thing. This bias results in a catastrophic misinterpretation of the intrusion (“I want to harm ..., and that is just as bad as actually harming that person”). The flawed interpretation of the intrusion will then result in a constellation of symptoms that are reminiscent of those seen in OCD, for example, increased anxiety, discomfort, feelings of responsibility and guilt, and the urge to engage in neutralising behaviours (cf. compulsions). The bias discussed in this example is known as the morality bias (i.e., thinking that thoughts and overt actions are morally equivalent). There are several other biases that may result in a misinterpretation of intrusions (see Emmelkamp & Aardema, 1999). Since most of these biases involve an inflated sense of responsibility for one’s own thoughts, they are referred to as responsibility biases. According to Rachman, Thordarson, Shafran, and Woody (1995), two types of responsibility bias are especially relevant to our understanding of obsessional symptoms. The first is the above mentioned morality bias. The second is referred to as the likelihood/probability bias and implies that thinking of a particular event (e.g., a loved one being involved in a car crash) increases the probability that this event will actually happen. Since both biases share the notion that thoughts and actions are spuriously related, the morality and probability biases together are referred to as “thought–action fusion” (TAF; Shafran, Thordarson, & Rachman, 1996).

A second theory addressing the transformation of normal intrusions into clinical obsessions focuses on the coping strategy that people rely on in the case of unwanted intrusions. There is good reason to believe that under some conditions, cognitive avoidance strategies such as thought suppression may be counterproductive. For example, in their often-cited studies, Wegner, Schneider, Carter, and White (1987) showed that suppression attempts result in more rather than less intrusions. Interestingly, the increased frequency of intrusive thoughts due to suppression attempts is often found to occur not only during these attempts, but also later on (i.e., when suppression instructions are no longer applicable). The latter phenomenon is known as the rebound effect of thought suppression. The increased frequency of intrusions both during and after suppression is referred to as the “white bear effect”, because Wegner et al. used thoughts of white bears as targets. While the content of this target is, of course, neutral, its heightened frequency is, at least to some extent, reminiscent of obsessional thinking. Furthermore, such a heightened frequency may elicit discomfort. Accordingly, Wegner (1989) claims that the paradoxical effect of thought suppression may result in full blown obsessions: “An obsession can grow from nothing but the desire to suppress a thought” (p. 167).

There is some evidence to suggest that both TAF (e.g., Rassin, Merckelbach, Muris, & Spaan, 1999) and thought suppression (see Purdon, 1999) are implicated in obsessive–compulsive symptomatology. Some authors have even speculated that TAF and thought suppression may interact in the development of obsessional problems (see Rassin, Muris, Schmidt, & Merckelbach, 2000). In Rachman’s (1998) words: “an inflated increase in the significance attached to an unwanted intrusive thought, such as an obsession, will lead to more vigorous and intense attempts to suppress

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