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Thought suppression and its effects on thought frequency, appraisal and mood state in individuals with obsessive-compulsive disorder

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Abstract

Leading models of obsessive-compulsive disorder (OCD) implicate thought suppression as a key factor in the escalation and persistence of the disorder. This experiment examined the effects of suppression on the frequency of obsessional thoughts in 50 individuals with a primary diagnosis of OCD, and also investigated the effects of participants' appraisals regarding their failures in thought control on distress about intrusive thoughts and on mood. Participants' most upsetting obsessional thought was primed and they then monitored its occurrence over two 4-min intervals. In the first interval, half of the participants were instructed to suppress their obsessional thought and half were instructed not to suppress any thoughts. In the second interval, all participants were given the 'Do Not Suppress' instructions. Participants rated their suppression effort and discomfort over thought occurrences after each interval and recorded their appraisals of thought recurrences during the first interval. Mood state was then reassessed. No ironic effect of suppression on frequency was noted. However, negative appraisals of thought recurrences were associated with more discomfort over thought occurrences and more negative mood at Time 2. These findings suggest that interpretations regarding failures in thought control may be of central importance in understanding obsessional problems.

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1. Introduction

Active resistance is a defining feature of obsessions (American Psychiatric Association, 2000) and is an important criterion for distinguishing obsessions from other kinds of persistent, negative, unwanted thoughts such as worry and depressive rumination (Rachman & Hodgson, 1980; Wells & Morrison, 1994). A frequent complaint of obsessive-compulsive disorder (OCD) sufferers is that their subjective level of control over obsessional thoughts is inadequate. That is, the usual powers of exclusion and removal are weakened (e.g., Calamari & Janeck, 1998). Successful treatment is characterized by restoration of an appropriate degree of self-regulation (e.g., Rachman & Hodgson, 1980: pp. 15, 215, 265). At the same time, individuals with OCD are often motivated not to reveal the content of their obsessions to anyone in order to avoid feeling ashamed, humiliated, rejected or feared (Newth & Rachman, 2001).

Cognitive-behavioral models of OCD propose that negative appraisal of the obsessional thought and subsequent control efforts are key factors in thought escalation and persistence. Salkovskis argues that thoughts give rise to active resistance when they activate overvalued beliefs that (a) thoughts can cause harm; and (b) that the individual is honor-bound to prevent harm, even if his or her responsibility for harm or to the potential victim of harm is remote, minute and uncertain (Salkovskis, 1985, 1989, 1998; Salkovskis, Richards, & Forrester, 1995; Salkovskis et al., 2000). Thus, the individual must control thoughts that signify potential harm in order to avert harm and the aversive sense that one may become responsible for harm otherwise. Rachman proposes that active resistance to thoughts arises from beliefs that having a thought about an action that is immoral is akin, morally, to actually conducting that action ('moral thought-action fusion') and that having thoughts about an event increases the likelihood of that event happening ('likelihood thought-action fusion') (Rachman, 1997, 1998; Rachman & Hodgson, 1980). The individual attempts to control the thought because it offends her or his moral sensibilities both by its occurrence and because it may potentiate the occurrence of morally objectionable events.

Clark and Purdon (Clark, 1989; Clark & Purdon, 1993; Purdon & Clark, 1999) further argue that appraisals about thoughts and thought processes (e.g., that thoughts can and should be controlled) evoke control efforts. Furthermore, individuals prone to developing OCD may have difficulty assimilating obsessional thoughts into their existing self-view and instead worry that their view of themselves is inaccurate. For example, the loving parent who has a thought of harming her child can assimilate the thought (e.g., 'even a good, loving parent like me can have a thought like this'), or begin to accommodate the thought (e.g., 'maybe I am a homicidal maniac'). In the latter case, the occurrence of the thought itself is the only piece of evidence that undesirable personality characteristics are lurking. As such, its absence would signify the absence of these undesirable characteristics so the individual becomes highly invested in not having the thought and is exquisitely sensitive to its recurrence.

According to leading models of OCD, then, thought suppression is problematic because it (a) leads to a paradoxical increase in thought frequency (e.g., Clark & Purdon, 1993; Rachman, 1997; Salkovskis, 1989, 1998); (b) makes the individual hypervigilant to thoughts and thought processes so that thought triggers and thought traces are much more salient (e.g., Rachman, 1997, 1998; Salkovskis, 1998); (c) terminates exposure to the thought, thereby preventing new learning about its importance (e.g., Newth & Rachman, 2001; Rachman, 1997, 1998; Rachman

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