



Managing unwanted intrusive thoughts in obsessive–compulsive disorder: Relative effectiveness of suppression, focused distraction, and acceptance

Sadia Najmi^{a,*}, Bradley C. Riemann^b, Daniel M. Wegner^c

^a San Diego State University/University of California, 6386 Alvarado Ct., Suite 301, San Diego, CA 92120, USA

^b Rogers Memorial Hospital, Oconomowoc, WI, USA

^c Harvard University, Cambridge, MA, USA

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ABSTRACT

Suppression is one of various mental control techniques that people may use to manage unwanted thoughts. Evidence suggests that it is at best unsustainable and at worst counterproductive. This leads to the question: If suppression is a futile way to respond to unwanted, intrusive thoughts, what is a more effective alternative? In the current study, we evaluated the relative effectiveness of suppression and two alternative mental control techniques—focused distraction and acceptance—on the frequency of intrusions and distress associated with them. Results support the claim that suppression is a counterproductive technique for dealing with unwanted, intrusive thoughts in OCD. However, the harmfulness of suppression was reflected primarily in the magnitude of distress and not in intrusion frequency. Focused distraction and acceptance were the more effective techniques for managing clinically significant intrusive thoughts. We discuss implications for the cognitive treatment for OCD.

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Introduction

There exists a large body of evidence to suggest that the management of intrusive thoughts is a tricky enterprise both in normal experience and in disorders of perseverative thinking, such as obsessive–compulsive disorder (OCD). For instance, suppression is a commonly used tactic for responding to unwanted thoughts. However, evidence suggests that it is at best an unsustainable and at worst a counterproductive way to deal with non-clinical and clinical obsessions. A question that remains unanswered is: If suppression is a futile way to respond to unwanted thoughts, what then is a more effective alternative? In this research, we assessed the relative effectiveness of suppression and two alternative mental control techniques—focused distraction, and acceptance—on the frequency of intrusions and distress associated with them.

Defining unwanted intrusive thoughts

Unwanted intrusive thoughts (UITs) surface as symptoms across a surprising range of disorders, from generalized anxiety and OCD to depression and beyond (Clark, 2005). UITs can take many forms. The focus of the present research is on discrete, unwanted thoughts that enter conscious awareness, and that are experienced as non-

volitional, ego-dystonic, distracting, discomforting, and difficult to control.

Suppression of unwanted intrusive thoughts

Thought suppression is one of a range of strategies that people may use to manage or control thoughts when they trigger unpleasant emotions (Wegner, 1989; Wells & Davies, 1994). According to the ironic process theory of mental control (Wegner, 1994), any individual engaging in thought suppression is likely to encounter the frequent intrusive return of that thought. This *rebound effect*—the increased frequency of the thought that was previously the target of suppression—has since been observed with a variety of target thoughts (see review by Wenzlaff & Wegner, 2000). Wegner and Gold's (1995) *defensive suppression hypothesis* states that thought suppression is more likely to occur for emotional thoughts, both spontaneously in daily life and in the confines of an experiment. Moreover, when thoughts are associated with unpleasant emotions, people are likely to engage in chronic thought suppression (Wegner & Zanakos, 1994). The counterproductive effects of thought suppression have been observed in experimental studies of UITs (see review by Rassin, 2005), post-traumatic stress disorder (Shipherd & Beck, 1999), acute stress disorder (Guthrie & Bryant, 2000; Harvey & Bryant, 1998) and depression (Dagleish & Yiend, 2006; Wenzlaff & Bates, 1998; Wenzlaff & Eisenberg, 2001; Wenzlaff, Meir, & Salas, 2002;

* Corresponding author. Tel.: +1 617 833 7257.

E-mail address: najmi.sadia@gmail.com (S. Najmi).

Wenzlaff, Wegner, & Roper, 1988). These studies suggest that although suppression may seem to be an effective solution, it can have profound and unexpected consequences for the psychological influences of the unwanted thoughts.

Suppression of unwanted intrusive thoughts in OCD

A survey conducted by Freeston and Ladoucer (1997) showed that 76% of individuals with OCD reported attempting to suppress their UITs repeatedly. However, to date, there has not been much investigation of the effects of instructed suppression of UITs in OCD. One problem in conducting the thought suppression experiment with OCD patients is the difficulty of finding an appropriate control condition. Tolin, Abramowitz, Przeworski, and Foa (2002) note that instructing individuals with OCD to suppress a UIT is essentially a “non-intervention” since individuals in the non-suppression control group are being asked to act against what they would naturally do. In fact, Purdon, Rowa, and Antony (2005) found that individuals with OCD exerted effort to suppress their UIT despite explicit instructions not to suppress, and that this suppression effort was correlated with their perceived urgency to control the thought. This may explain the absence of suppression rebound or enhancement effects in the studies of instructed suppression of UITs in clinical samples of OCD patients (Janeck & Calamari, 1999; Purdon et al., 2005). Tolin et al. (2002) argue that if individuals with OCD have a general deficit in their ability to control thoughts, it will be manifested in their ability to control neutral thoughts. Moreover, this design circumvents the problem of spontaneous suppression of UITs in the OCD control group. Results from the study by Tolin et al. (2002) were consistent with their hypothesis: Individuals with OCD had higher occurrences of a neutral target thought after suppressing than did anxious and non-anxious controls.

However, Purdon (2001) suggests that in order to study the effects of suppression on UITs it may be best to study *natural* active resistance to the thought (i.e., when participants are instructed to think of anything they like) and then to assess suppression effort afterwards (cf. Wenzlaff & Wegner, 2000). Moreover, Salkovskis (1996) has argued that obsessional problems are not associated with general deficits but rather with difficulties associated with one or two obsessions in particular. Until this debate—general inhibitory deficit rather than a bias in OCD—is resolved, our understanding of thought suppression in OCD is likely best advanced by taking into account the suppression of emotionally relevant UITs as well as the no-instruction spontaneous suppression of UITs. The design of the current research reflects this objective.

The initial observations of thought suppression suggested that it is not very successful (Wegner, Schneider, Carter, & White, 1987). How can we reconcile this with findings that neither a rebound nor an enhancement effect occurred in the two studies of instructed suppression of UITs with OCD patients (Janeck & Calamari, 1999; Purdon et al., 2005)? One possibility is that suppression works temporarily. If so, it serves as a neutralization strategy; that is, it terminates exposure to the obsession thereby curtailing habituation of the anxiety associated with the obsession (Roemer & Borkovec, 1994) and preventing disconfirmation of the perceived negative consequences of the obsession. Another possibility is that suppression fails. Failed suppression can serve to increase the salience of the UIT and the need to control it in order to avoid the perceived negative consequences. Moreover, failure of suppression is associated with worse mood and faulty appraisals of suppression failure, which may in turn lead to greater effort to suppress (Clark, 2004; Purdon et al., 2005). Conceptualized this way, it may be the case that repeated attempts at suppression serve to exacerbate an already existent obsessional state.

Furthermore, in a comprehensive review of studies of thought suppression, Abramowitz, Tolin, and Street (2001) found evidence

for a rebound effect, and concluded that the vast differences in suppression effects found in studies of thought suppression are likely due to methodological differences. Thus, we hypothesize that suppression of UITs in OCD will lead to an increase in the frequency of unwanted thoughts and the distress associated with these thoughts post-suppression (rebound effect).

Alternative mental control techniques

If suppression of UITs has harmful consequences and hence is an inadvisable response to UITs, what then is a more favorable alternative? The following mental control techniques were chosen for investigation on the basis of a theoretical rationale and some prior evidence for their effectiveness in the management of UITs.

Focused distraction

Wegner et al. (1987, Experiment 2) have found that focused distraction can be effective in getting rid of non-clinical UITs. According to the ironic process theory of mental control (Wegner, 1994), successful suppression is achieved by increasing the accessibility of distracter thoughts. Usually when people try to suppress thoughts, they tend to undertake an *unfocused distraction* strategy—the iterative use of many different distracters rather than just one focus—and experience a rebound of the suppressed thought (Wegner, Schneider, Knutson, & McMahon, 1991). However, this rebound effect is attenuated when using one *focused distracter* thought (Wegner et al., 1987). Results of studies of obsessional thoughts have shown that distraction is more effective in reducing distress than is neutralization (Salkovskis, Thorpe, Wahle, Wroe, & Forrester, 2003), and that distraction is more effective in reducing the frequency of the UITs than is suppression (Salkovskis & Campbell, 1994).

Focused distraction away from the UIT is identical to focused attention on something that is other than the UIT. The facilitation of strategic attentional control—in particular, learning to change the focus of attention away from the negative, perseverative thinking that characterizes mood and anxiety disorders—has been examined recently. For instance, Wells' (2000) Attention Training Technique (ATT) has been successful in reducing symptoms in small studies of panic disorder, social phobia, hypochondriasis, and major depression (Papageorgiou & Wells, 1998, 2000; Siegle, Ghinassi, & Thase, 2007; Wells, White, & Carter, 1997), and Bogels, Mulken, and De Jong's (1997) Task Concentration Training has been effective in reducing symptoms in various studies of social phobia (Bogels, 2006; Bogels et al., 1997; Mulken, Bogels, de Jong, & Louwers, 2001). Moreover, in a recent study, Watson and Purdon (2008) showed that focused distraction and ATT were equally effective in reducing the frequency of UITs in non-clinical individuals. Thus, to the extent that an increase in attentional control has been linked with a decrease in perseverative thinking, we would expect focused distraction to lead to a reduction in the frequency of intrusive thoughts and distress associated with the thoughts.

Acceptance

A number of studies have shown the effectiveness of acceptance-based approaches to the treatment of psychopathology (Kabat-Zinn et al., 1992; Ma & Teasdale, 2004; Roemer & Orsillo, 2002; Teasdale et al., 2000). This approach focuses on increasing the individual's willingness to experience distressing thoughts without attempting to alter their content or frequency (e.g., Hayes, Strosahl, & Wilson, 1999). Mindful-acceptance-based techniques have been incorporated into cognitive-behavioral treatments for depression (Segal, Williams, & Teasdale, 2002) and generalized anxiety disorder (Roemer & Orsillo, 2002). These techniques often consist of metaphors that are aimed at maintaining the individual's

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