PERGAMON

Behaviour Research and Therapy 37 (1999) 239–248

BEHAVIOUR RESEARCH AND THERAPY

Responsibility and perfectionism in OCD: an experimental study

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Received 17 July 1998

Abstract

Cognitive models of obsessive–compulsive disorder (OCD) suggest a number of different variables that may play a role in the development and maintenance of obsessive compulsive symptoms [Freeston, M. H., Rhéaume, J., & Ladouceur, R. (1996) Correcting faulty appraisals of obsessional thoughts. *Behaviour Research and Therapy*, 34, 433–446]. This study's aim was to verify the effect of perfectionism and excessive responsibility on checking behaviors and related variables. Twenty-four moderately perfectionistic subjects (MP) and 27 highly perfectionistic subjects (HP) were submitted to a manipulation of responsibility (low and high). After each manipulation, they had to perform a classification task during which checking behaviors were observed. Results indicate that more checking behaviors (hesitations, checking) occurred in the high responsibility condition than in the low responsibility condition for subjects of both groups. After executing the task in the high responsibility condition, HP subjects reported more influence over and responsibility for negative consequences than MP subjects. These results suggest that high perfectionistic tendencies could predispose individuals to overestimate their perceived responsibility for negative events. Furthermore, perfectionism could be conceived as playing a catalytic role in the perception of responsibility. Results are discussed according to cognitive models of OCD.

Keywords: Perfectionism; Responsibility; Obsessive–compulsive disorder; Cognitive models

1. Introduction

Behavior therapy is faced with some limits for the treatment of obsessive–compulsive disorder (OCD). Almost 25% of patients refuse this type of treatment and approximately 25% do not benefit from it (Foa, Steketee, Grayson, & Doppelt, 1983). Cognitive therapy

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0005-7967/99/$ - see front matter
PII: S0005-7967(98)00141-7

is considered as an alternative or as a complement to traditional behavioral treatments (e.g. van Oppen & Arntz, 1994; van Oppen et al., 1995; Freeston et al., 1996). In these circumstances, it is important to know and understand the cognitive variables that are involved in OCD in order to find effective ways of correcting cognitive distortions. Dysfunctional perfectionism and excessive responsibility have been identified as part of the five main cognitive variables associated with OCD (McFall & Wollersheim, 1979; Freeston et al., 1996); the other principal variables being overestimation of the importance of thoughts, overestimation of danger and the belief that anxiety caused by thoughts is unacceptable.

Recent definitions of responsibility and perfectionism contribute to our understanding of the role these variables play in OCD. Excessive or inflated responsibility has been defined as the belief which is pivotal to bring about or prevent subjectively crucial negative outcomes. They may be actual, that is, having consequences in the real world and/or at a moral level (Salkovskis et al., 1996). This definition has been empirically supported using a semi-idiographic questionnaire (e.g. Rhéaume, Ladouceur, Freeston, & Letarte, 1995) as well as with experimental manipulations of responsibility (e.g. Ladouceur et al., 1995; Ladouceur, Rhéaume, & Aublet, 1997).

The unidimensional definition of perfectionism used in this study is: 'the belief that a perfect state exists that one should try to attain' (Pacht, 1984). According to this perspective, which is particularly pertinent in the study of OCD (Rhéaume, Freeston, Dugas, Letarte, & Ladouceur, 1995), perfection does not exist and the attempt to attain this perfect state would be associated with psychopathology. Hamachek (1978) points out that perfectionism can be a positive personality trait and distinguishes between sane and pathological perfectionism. The Perfectionism Questionnaire was devised to measure this construct with respect to the distinction between functional and dysfunctional perfectionism. The criterion and convergent validity of this instrument were established with questionnaire (Rhéaume, Freeston, & Ladouceur, 1995) and behavior manipulation studies (Rhéaume et al., 1995b).

In the past few years, the concept of excessive responsibility has received a lot of attention (Cottraux, 1990; Rachman, 1993; Rhéaume, Ladouceur, Freeston, & Letarte, 1994; Tallis, 1994; van Oppen & Arntz, 1994; Rhéaume et al., 1995c). Salkovskis (1985, 1989) made a great contribution to this theory by proposing a theoretical model whereby an excessive sense of responsibility is at the core of OCD. According to this model, obsessional patients would appraise intrusive thoughts as a function of possible harm to themselves or others. This excessive sense of responsibility would produce automatic negative thoughts, and discomfort would arise. The individual would then attempt to reduce the anxiety through cognitive neutralization or compulsive behavior (e.g. checking repetitively). Many studies support this model. In a number of clinical studies, the presence of an excessive sense of responsibility was observed in OC patients (Salkovskis, 1989; van Oppen et al., 1995; Ladouceur, Léger, Rhéaume, & Dubé, 1996). Furthermore, questionnaire studies comparing OC patients to control subjects support the existence of a link between responsibility and OC-type behaviors (Freeston, Ladouceur, Gagnon, & Thibodeau, 1992, 1993; Rhéaume et al., 1995a). Finally, two recent experimental studies manipulated the level of perceived responsibility. Lopatka and Rachman (1995) succeeded