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Thought control strategies in obsessive-compulsive disorder: a replication and extension

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Abstract

Previous research suggests that individuals with OCD use maladaptive strategies to control their unpleasant thoughts (Behav Res Ther (1977) 35, 775). These include worry and self-punishment strategies. In the present study we replicated and extended the previous findings by comparing thought control strategies used by patients with OCD to strategies used by anxious and non-anxious control participants. We also examined changes in thought control strategies for OCD patients who underwent cognitive-behavioral therapy. Compared to controls, OCD patients reported more frequent use of worry and punishment strategies, and less frequent use of distraction. Following successful treatment, OCD patients evidenced increased use of distraction and decreased use of punishment. Findings are discussed in terms of the cognitive model of OCD.

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1. Introduction

Evidence suggests that the vast majority of the general population experiences intrusive thoughts that are indistinguishable in content from those reported by people with obsessive-compulsive disorder (OCD), but that do not assume obsessional qualities such as high frequency, intensity, or duration (e.g. Rachman & de Silva, 1978; Salkovskis & Harrison, 1984). Cognitive theories of OCD (e.g. Rachman, 1998; Salkovskis, 1999) posit that the ways in which intrusive upsetting thoughts are interpreted differentiates normal intrusions from obsessions. For example,

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the appraisal of an unwanted thought about harming one's child as indicating that one is indeed *responsible* for harm (or for preventing harm) leads to increased distress associated with this thought. What, then, is the mechanism by which dysfunctional interpretations may lead to obsessional problems?

One possibility, as proposed by Rachman (1998), is that the appraisal of intrusive thoughts as highly threatening evokes urges to take action to control such thoughts. Perhaps some methods by which individuals attempt to manage intrusive thoughts are more adaptive than are others. Wells and Davies (1994) found that individuals use five general strategies to control intrusive thoughts: (a) distraction (e.g. I keep myself busy), (b) social control (e.g. I talk to a friend about the thought), (c) worry (e.g. I think about past worries instead), (d) punishment (e.g. I tell myself something bad will happen if I think the thought), and (e) reappraisal (e.g. I challenge the thought's validity). These authors observed that the use of worry and punishment strategies was related to higher scores on measures of trait anxiety, indicating that these particular strategies may be especially maladaptive.

Why might the use of worry and self-punishment to control intrusive thoughts be particularly maladaptive? Borkovec and Inz (1990) hypothesized that worrying impedes the use of more pragmatic behavioral and mental coping styles by diverting the worrier from facing the problem at hand. Another possibility is that both worry and self-punishment preserve levels of anxiety and threat (affective distress) associated with the intrusion, thereby increasing the motivation to dismiss the thought. However, a large body of literature suggests that attempts to suppress intrusive thoughts lead to paradoxical increases in the frequency of such thoughts (for a meta-analytic review see Abramowitz, Tolin, & Street, 2001), and that this is a particular problem for people with OCD (Tolin, Abramowitz, Przeworski, & Foa, in press). Moreover, individuals with OCD tend to attribute their failure to control or suppress thoughts to internal weaknesses (e.g. 'I can't stop this terrible thought, thus there is something wrong with my brain'), which may lead to greater distress and further failed attempts to suppress (Tolin, Abramowitz, Hamlin, & Synodi, in press).

One previous study has examined the use of thought control strategies in OCD. Amir, Cashman and Foa (1997) compared OCD patients with non-anxious controls and reported that OCD patients used distraction less frequently, and the other four strategies more frequently, than non-patients. Punishment and worry most clearly differentiated OCD patients from non-patients, mostly because non-patients used these methods very little. Maladaptive thought control strategies have also been observed in individuals with other anxiety disorders such as acute stress disorder (Warda & Bryant, 1998) and generalized social phobia (Abramowitz, Dorfman, & Tolin, in press). These findings, along with correlations between trait anxiety and the use of punishment and worry strategies (Wells & Davies, 1994), raise questions about the degree to which maladaptive thought control strategies observed in OCD patients are related to this disorder per se, or attributable to higher levels of trait anxiety.

A shortcoming of the study by Amir et al. (1997) is that these authors failed to include an anxious control group, thus leaving the possibility that differences between OCD patients and nonpatients were due to the presence of anxiety in general, rather than specifically to OCD. We addressed this issue in two ways in the present study. First, we included a comparison group of individuals with panic disorder to control for the presence of an anxiety disorder. Second, we administered measures of depression and trait anxiety to all participants, and controlled for the

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