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Is thought–action fusion specific to obsessive–compulsive disorder?: a mediating role of negative affect

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Abstract

Thought–action fusion (TAF) is a cognitive bias presumed to underlie the development of obsessional problems (i.e. obsessive–compulsive disorder; OCD). Previous studies have found that TAF is related to not only OCD, but also to other anxiety disorders. In the present study we compared levels of TAF in OCD patients and in patients with other anxiety disorders, depression, and healthy controls to examine whether TAF is characteristic of individuals with emotional distress in general, as opposed to anxiety disorders per se. We also examined whether negative affect (i.e. anxiety and depression) mediates the relationship between OCD and TAF. Results indicated that OCD patients were characterized by higher scores on likelihood-self and likelihood-other TAF, but that this difference was predominately due to differences in negative affect. These findings support a model in which negative affect mediates the relationship between OCD and TAF.

Keywords: Obsessive-compulsive disorder; Thought-action; Fusion; Anxiety; Cognitive-behavioral theory

1. Introduction

Contemporary cognitive theories posit that anxiety disorders develop from, and are maintained by, overestimates of the dangerousness of situations, sensations, or mental events (e.g. Clark, 1999). Empirical research has largely supported this hypothesis, and moreover has demonstrated that overestimates can be disorder-specific with each anxiety disorder characterized by a particular domain of overestimation. Social phobia, for example, involves overly negative interpretations of

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ambiguous social interactions leading to fear and avoidance of such situations (e.g. Amir et al., 1998). In panic disorder and hypochondriasis (severe health anxiety), patients misinterpret unfamiliar or unexpected bodily symptoms as catastrophic (e.g. "there is something wrong with my heart"; Clark et al., 1997; Warwick and Salkovskis, 1990). Finally, negative interpretations of the significance and meaning of one's own thoughts, which we address in the present study, are considered central to obsessive–compulsive disorder (OCD) (e.g. Rachman, 1998; Salkovskis, 1999).

One cognitive bias believed to underlie misinterpretations of intrusive thoughts is thought–action fusion (TAF; Shafran et al., 1996). This concept refers to the idea that (a) unwanted thoughts about disturbing actions are equivalent to the actions themselves (*moral* TAF), and (b) thinking about a disturbing event makes the event more probable (*likelihood* TAF[1]). Cognitive hypotheses of OCD (e.g. Rachman, 1998; Salkovskis, 1999) have implicated TAF as relevant to the development and maintenance of obsessional problems for two reasons. First, if people with OCD believe that their 'unacceptable' (e.g. blasphemous, violent) thoughts are the moral equivalent of actions, they will feel extremely distressed over having such thoughts. Second, if they believe that thinking such thoughts increases the likelihood of an unwanted event, they may engage in behaviors to neutralize the thought or prevent the occurrence of disastrous consequences (i.e. via avoidance or compulsive rituals). Consistent with this theoretical account, studies have repeatedly found a relationship between TAF and OCD symptoms, with stronger correlations for *likelihood* TAF than for *moral* TAF (Amir et al., 2001; Coles et al., 2001; Rassin et al., 2001a; Rassin et al., 2001b; Shafran et al., 1996).

An important reason for investigating the role of TAF in OCD is that this cognitive bias has implications for treatment using cognitive-behavioral methods. A primary aim of cognitive-behavioral therapy (CBT) is to help patients understand that it is not their unwanted thoughts, per se, that are the problem. Instead, it is their catastrophic *beliefs* about the meaning and consequences of such thoughts that lead to anxiety and compulsive behaviors to neutralize this anxoety. Contemporary CBT manuals for OCD explicitly address TAF via educational modules (e.g. Steketee, 1999). Recently Zucker et al. (2002) presented preliminary evidence that education about TAF-related cognitions could thwart the development of obsessional symptoms, and thus may be a fruitful direction to consider in developing empirically supported OCD prevention programs. Thus the construct of TAF provides a useful means of articulating one of the key problems to be addressed in understanding and reducing OCD symptoms.

With an association between TAF and OCD symptoms established, some researchers have sought to examine the presence of TAF in other anxiety disorders. Rassin et al. (2001a, 2001b) compared OCD patients' scores on the TAF scale (TAFS; Shafran et al., 1996) with scores from heterogeneous groups of patients with various other anxiety disorders, finding no differences. These results raise questions as to whether TAF bias is specific to OCD or characteristic of anxiety disorders in general. However, the extent to which TAF is present among particular disorders (e.g. panic disorder) was not examined and remains largely unknown.

How might TAF play a role in anxiety disorders besides OCD? One possibility is that TAF is

[1] *Likelihood* TAF has been further divided into *likelihood-self TAF*, in which one believes their thoughts will increase the probability of negative events occurring to oneself; and *likelihood-other TAF*, in which one believes that their thoughts will increase the probability of negative outcomes for other people.