

OBSESSIVE-COMPULSIVE DISORDER:
THE STRENGTH OF PSYCHOLOGICAL MODELS OF MENTAL ILLNESS

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Abstract

From the first compelling psychoanalytic formulation at the beginning of last century by Sigmund Freud, to the latest cognitive-behavioural models, psychology has been at the forefront of the understanding of Obsessive-Compulsive Disorder (OCD). Psychological accounts of the disorder have been proven to be sound and accurate, explaining many facets of OCD, and having important implications for treatment. Psychology has a lot to offer to the understanding and treatment of this disabling mental illness. This is not only visible in the various contributions to this special issue, and in the many other studies on the psychological features of OCD, but also in the numerous meta-analyses evidencing how cognitive-behavioural therapy (CBT) is the first-line treatment both for adults and children/adolescents. The European Association of Behavioural and Cognitive Therapy's (EABCT) Special Interest Group (SIG) on OCD fosters research on the psychological mechanisms implied in obsessive-compulsive disorder, on new effective psychological treatments, and it is committed to the dissemination of this knowledge among the professionals of mental health and the public at large. This collection of papers provides an overview of some of the hot topics that are advancing our knowledge of obsessive-compulsive disorder, thus highlighting the pivotal role of psychology.

Key words: obsessive-compulsive disorder, psychological models, cognitive-behavioural therapy, EABCT

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Ninety years ago Sigmund Freud wrote that *Obsessional neurosis is unquestionably the most interesting and repaying subject of analytic research* (Freud 1926, XX 113). To all the researchers and the psychotherapists who work with obsessive-compulsive disorder, the challenge that OCD represents is still as engaging as it appeared to the father of Psychoanalysis in 1926. In the same essay, *Inhibitions, symptoms and anxiety* (Freud 1926), he went on admitting that its secrets had not yet been uncovered: *It must be confessed that, if we endeavour to penetrate more deeply into its nature, we still have to rely upon doubtful assumptions and unconfirmed suppositions* (Freud 1926, XX 113).

How far have we gone from there, and how far have we to go?

Much has been done, but more is yet to do.

Although psychological explanations of the disorder existed even before Freud's work, it was he who used for the first time the term "obsessional neurosis", in order to distinguish the particular feature of obsession as a distinct entity from other disorders (Cassin and Rector 2011). A few psychological models of OCD have been designed over the past century, from the first Freudian formulation to behavioural accounts, to cognitive ones. The most recent cognitive-behavioural models of the disorder have consigned the early psychoanalytic formulation to the realm of history, albeit the detailed descriptions of patients provided by Freud have contributed to the understanding of OCD and are still very compelling (Cassin and Rector 2011). It is also

noteworthy that important Freudian intuitions have been reconsidered in recent cognitive explanations, such as the importance of magical thinking (Esman 2001), or of guilt, in both the symptomatology's genesis and its maintenance (Mancini and Gangemi 2004, Shafran et al. 1996).

Psychological accounts of the disorder (see for ex. Abramowitz et al. 2006, Barcaccia et al. 2015, Mancini and Gangemi 2004, Myers and Wells 2004, Rachman 2002, Salkovskis et al. 1999, van den Hout and Kindt 2004, Wilson and Chambless 1999) have been proven to be sound and accurate, explaining many facets of OCD, and having important implications for treatment (see for ex. Abramowitz 2006, Mancini 2016, Fineberg et al. 2005, Van Oppen et al. 1995).

Psychology has a lot to offer to the understanding and treatment of this incredibly disabling mental disorder. This is not only visible in the various contributions to this special issue, and in the many other studies on the psychological features of OCD, but also in the numerous meta-analyses evidencing how cognitive-behavioural therapy (CBT) is the first-line treatment both for adults and children/adolescents (Jónsson and Hougaard 2009, Jónsson et al. 2015, Olatunji et al. 2013, Öst et al. 2015, Sánchez-Meca et al. 2014, Simpson et al. 2013).

In the last two decades a large amount of research has been conducted on the neurobiological features of OCD, enhancing our knowledge: advances in the field of brain imaging may be certainly helpful in showing the neurochemical and the neuroanatomical *underpinnings*

(Stein 1996), i.e. the biological substratum of OCD. Although brain imaging studies have not led to the identification of biological markers of the disorder, it is certainly true that research has highlighted potential aspects of the OCD neurocircuitry, and that the main brain structures showing differences in patients with obsessive-compulsive disorder have been identified, such as the anterior cingulate cortex (ACC), lateral orbitofrontal cortex (OFC), striatum, thalamus and amygdala (Ducharme et al. 2016). Nevertheless, research in psychological models of the disorder remains essential, and the knowledge stemming from it, so far, prevents us from considering obsessive symptoms as stereotypies, i.e. repetitive non-functional motor behaviour: data on psychological mechanisms of functioning of OCD has shown that, far from being involuntary tics, compulsions are, in fact, *intentional* goal-directed behaviours, and cannot be viewed as animal-like stereotypies. Therefore, even though research into the biological aspects of mental disorders is both welcome and fruitful, it is fundamental that it is properly integrated with psychological explanations of the investigated phenomena (Kinderman 2005).

The European Association of Behavioural and Cognitive Therapy's (EABCT) Special Interest Group (SIG) on OCD fosters research on the psychological mechanisms implied in obsessive-compulsive disorder, on new effective psychological treatments, and it is committed to the dissemination of this knowledge among the professionals of mental health and the public at large (Barcaccia and Mancini, 2014). This group, chaired by Barbara Barcaccia, created on Antonio Pinto's initiative within the EABCT, and supported by Francesco Mancini, has been working for six years now.

In the course of the Fifth EABCT Meeting on OCD, held in Assisi in June 2016, organised by Scuola di Psicoterapia Cognitiva srl (SPC) under the aegis of the EABCT and sponsored by the Italian Association for Cognitive and Behavioural Therapy (SITCC), participants coming from Austria, Belgium, Germany, Israel, Italy, Norway, Sweden, Switzerland, The Netherlands, United Kingdom and US gathered to discuss about the present and the future of research and therapy on Obsessive-Compulsive Disorder. In the course of the Meeting, several excellent papers were presented, and some of them are collected in this special issue of Clinical Neuropsychiatry.

The first article *How important is the therapeutic alliance in treating obsessive-compulsive disorder with exposure and response prevention? An empirical report*, by Michael G. Wheaton, Jonathan D. Huppert, Edna B. Foa, and H. Blair Simpson explored which aspects of the therapeutic alliance matter most to treatment outcome in Exposure/Response Prevention (E/RP). The therapeutic alliance is considered a fundamental element in psychotherapy, but which particular facets are relevant to the outcome when using E/RP? Results in this study showed that overall ratings of the quality of the therapeutic alliance as measured by the Working Alliance Inventory-Short form (WAI-SF) were not related to EX/RP outcomes, although higher score on the "Task" subscale were correlated with lower post-treatment scores, indicating that this is the aspect that matter most to EX/RP outcomes. Besides, better agreement on the tasks of therapy also related to better EX/RP adherence, which mediated treatment outcome.

Along these lines, Kristen Hagen, Stian Solem, Håvard Berg Opstad, Patrick A. Vogel, Leif Edward Ottesen Kennair, Gerd Kvale and Bjarne Hansen, with their manuscript *Therapist variability in the task/goal dimension of the early working alliance predicts*

outcome in exposure and response prevention treatment for obsessive-compulsive disorder, investigated the predictive role of therapist and patient variability in the early working alliance, when using E/RP. The therapeutic alliance was measured by the Working Alliance Inventory-Short Form (WAI-SF), using two subscales: agreement on tasks/goals and therapeutic bond. Results showed that the therapeutic bond was not related to outcome, and that the therapists' ability to establish agreement on tasks and goals of treatment in the first two sessions was fundamental in treating effectively OCD with E/RP.

In the paper *Not Just Right Experiences as ironic result of perseverative checking* Objective Evi-Anne van Dis and Marcel A. van den Hout used an induced checking paradigm to experimentally study whether perseverative checking elicits *Not Just Right Experiences* (NJREs). In two experiments participants had to perform a virtual checking task, in which they either checked gas stoves (relevant check), or light bulbs (irrelevant check). In line with previous research, results showed that relevant checking (as opposed to irrelevant checking) resulted in reduced memory confidence and less vivid and detailed recollections of the last checking trial. Most importantly, it was found a medium effect for increased NJREs after relevant checking compared to irrelevant checking, strongly suggesting that repeated checking results in NJRE.

Andrea Pozza, Sabrina Torniai and Davide Dèttore with their work *Inferential Confusion moderates the effects of dissociative experiences on OCD symptoms severity in a clinical sample with Obsessive-Compulsive Disorder* studied Inferential Confusion (IC) and its potential role in moderating the relation between dissociation and OCD severity. The authors explored in a clinical sample whether the relation between more severe dissociation and OCD severity might be moderated by IC, finding that the relation between depersonalization/derealisation and OCD severity might be moderated by IC.

Development and validation of the Self-Directed Moral Disgust Scale in a large Italian non-clinical sample by Andrea Poli, Gabriele Melli, Francesco Bulli, Claudia Carraresi and Simona Gelli addresses the development and validation of a new measure, the Self-Directed Moral Disgust Scale (SD-MDS). The authors tested its factorial structure, reliability and construct validity in a large Italian non-clinical sample. Scale refinement through exploratory factor analysis and item analysis led to the final 20-item version of the scale. It showed a unidimensional structure all of the items loaded on the first factor, excellent internal consistency and construct validity, providing preliminary evidence that the SD-MDS is a unidimensional reliable scale assessing the self-directed form of moral disgust.

Francesca D'Olimpio and Francesco Mancini present two studies on moral dilemmas in their paper *"Don't Play God!": Is Inaction Preference Linked To Obsessive Compulsive Characteristics?* Deontological guilt, as opposed to altruistic guilt, seems to play a role in the genesis and maintenance of OCD and to be linked to inaction choice in moral dilemmas. The two studies investigated whether inaction choices in moral dilemmas are specifically linked to OC characteristics and to feeling of deontological guilt. Results showed that people who prefer inaction in moral dilemmas report higher scores only in OC characteristics, but not in depression or anxiety symptoms. At the same time, after induction of deontological guilt but not of altruistic guilt or shame, participants showed an increase of inaction choices. These findings support the

existence of a specific link between OC characteristics and deontological guilt.

Prevalence of Personality Disorders in Patients with OCD and relationship to Treatment Outcome is the study by Espen Handeland Øvrehus, Anneli Sund Martinsen, Kristen Hagen, Bjarne Hansen and Gerd Kvale, investigating whether comorbid personality disorders (PDs) might be a factor negatively influencing treatment outcome in OC patients undergoing the treatment of Exposure/Response Prevention. The authors aimed at evaluating if PDs and magnitude of Axis-I diagnoses were related to poorer treatment outcome. Results show that post-treatment 79% of the patients were classified as recovered, and there were no differences between patients with or without PD, showing that the intensive 4-day treatment format is feasible also for patients with PDs.

This collection of papers provides an overview of some of the hot topics that are advancing our knowledge of obsessive-compulsive disorder, and they highlight the pivotal role of psychology. We do hope you will find them interesting and engaging.

Finally, we wish to thank all the authors, and Antonio Pinto, a major advocate of the Special Interest Groups (SIGs) within the EABCT. We also wish to express our deep gratitude to the Scientific Committee of the EABCT meetings, composed by Reuven Dar and Marcel van den Hout, for their inestimable work. All the readers are invited to attend the Sixth EABCT Meeting on Obsessive-Compulsive Disorder, which will be held in Assisi in 2018. Further information will be provided in due course on the APC website www.apc.it.

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