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Short Communication

Proposal of a New Concept to Explain the 'Exaggerated Responsibility' in Obsessive-Compulsive Disorder: The 'Retrospective Identification of Motivations and Inclinations'

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Abstract

The topic of "exaggerated responsibility" plays a pivotal role in the genesis and maintenance of Obsessive Compulsive Disorder (OCD). In order to further clarify this phenomenon, a particular psychological process termed "Retrospective Identification of Motivations and Inclinations" (RIMI) will be outlined here. When a subject with OCD evaluates his/her own behavior or inner experience (thought, emotion, imagery, etc.) as unacceptable, he/she will identify in a retrospective way the presumed negative motivations/inclinations which would be the source of that behavior or experience. RIMI, not only helps to better understand "exaggerated responsibility", but sheds also new light on other cognitive domains considered as central in OCD such as "over-importance of thought", "control of thought", "overestimation of threat" and "intolerance for uncertainty".

ABBREVIATIONS

OCD: Obsessive-Compulsive Disorder; RIMI: Retrospective Identification of Motivations and Inclinations; TAF: Thought-Action Fusion

INTRODUCTION

The topic of responsibility - as emphasized by several authors [1,2] - plays a pivotal role in the genesis and maintenance of Obsessive Compulsive Disorder (OCD). In particular, Rachman [3] has shown how the checkers can feel responsible only for the actions causing guilt or self-criticism, which are also those that can give rise to control rituals.

It can be assumed therefore that the fear of feeling responsible for certain events concerns these subjects more than the fear of the events themselves, as already argued by Rachman [3] and recently reaffirmed by Mancini & Gangemi [4].

Moreover, subjects with OCD often feel responsible for (internal or external) events for which people without OCD will not feel a similar sense of responsibility. For example, OCD subjects tend to feel guilty about intrusive mental phenomena (as thoughts, images, etc.) for which subjects without OCD have little or no concern [1,5].

In order to clarify the origin of OCD subjects' concern for personal responsibility, a particular psychological process termed "Retrospective Identification of Motivations and Inclinations" (RIMI), already described in Mannino [6], will be outlined here.

Note that an exaggerated sense of personal responsibility ("exaggerated responsibility") is only one of the cognitive domains that are considered as characteristic of OCD [7,8]. For this research group highlighted also the over-importance attributed to thought and thought control, the over-estimation of threat, the intolerance of uncertainty and the perfectionism (although the latter is not an exclusive characteristic of OCD). In this regard, it is to be noticed that RIMI seems to be involved in all these dimensions of OCD, thus suggesting that it really is a central aspect of the disorder.

THE "RETROSPECTIVE IDENTIFICATION OF MOTIVATIONS AND INCLINATIONS" IN THE CASE OF BEHAVIORS

In order to introduce RIMI it is better to begin first with observable phenomena (such as behaviors and their physical consequences). The next section will examine inner phenomena (such as thoughts, emotions or imagery).

RIMI is concerned about the particular way through which OCD subjects come to feel a sense of personal responsibility in a variety of situations. Here we intend by "motivation", in agreement with the literature, the urge to perform an activity or to implement a behavior for some purpose [9] and by "inclination", the natural tendency or urge to act or feel in a particular way.

In fact, the psychopathological analysis of OCD subjects' experience enable us to conclude that they are characterized by the tendency to retrospectively identify the motivations of those personal behaviors whose consequences, in various ways, they evaluate as unacceptable, where the unacceptability refers to objective negativity of events, even if not desired and pursued (e.g. to harm someone) or to a supposed violation of the moral principles endorsed by the patient. It is clear that the motivations identified in this way are necessarily alleged motivations and not the real ones, namely, those which actually gave rise to that behavior.

A clinical example will be useful to illustrate the concept.

Clinical Case 1

For several months a 13-year-old boy has manifested a constant fear of inadvertently harming other people. To cope with such a fear he developed various control rituals. The imbalance dates back to a specific episode: playing with friends he had accidentally hit one of them hurting his face. After that he began to think that he wanted to hurt him on purpose, and soon his worry of having to rein in negative intentions ended up spread like wildfire to all areas of his life.

In this case a sequence can be easily outlined as represented in Figure (1).

Although it is difficult to exactly determine the moment of the imbalance in OCD, in some cases it can be assumed that the imbalance is triggered by episodes like that reported above (e.g., simple accidents), as suggested by some studies [10] and confirmed by recent research work [11]. In these cases, therefore, the accident would function as a disturbance trigger precisely because the patient ends up retrospectively self-attributing the intentionality of the event even when it is not so.

At any rate, RIMI well explains the increased sense of responsibility in obsessive patients. If the patient becomes convinced of harbouring negative intentions (even though as dormant intentions), he/she will become aware of the risk of not being able to keep them at bay, ending up with the alarming thought of the dangers that could originate from a lack of control over them.

Of course, this retrospective mechanism is not, at least in most cases, the result of an explicit reasoning, viz. of a genuine

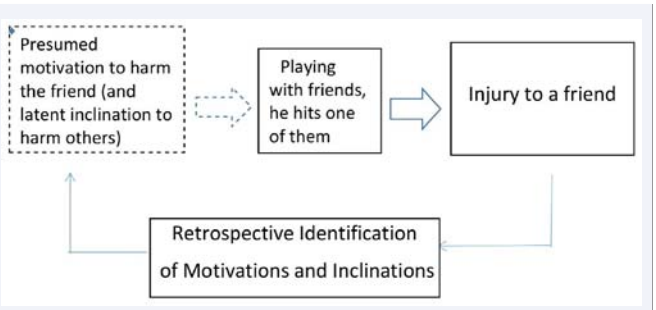

Figure 1 The diagram shows the mode of operation of 'RIMI' in the case of vignette n. 1. Starting from the unacceptable consequences of his behavior, the boy identifies in a retrospective way the presumed motivation for it. The left box is dashed because it does not indicate a real motivation, but only a presumed one in a retrospective way. For the same reason, the left arrow is also dashed, because it does not indicate a real causal connection but only a presumed one.

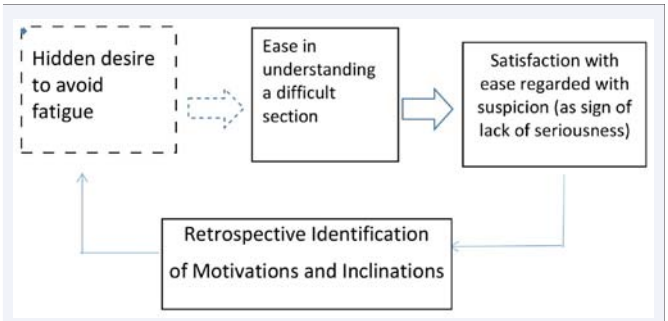

Figure 2 This diagram shows the mode of operation of 'RIMI' in the case of vignette n. 2. As in figure 1, left box and left arrow are dashed because they do not indicate real motivation and real causal connection respectively.

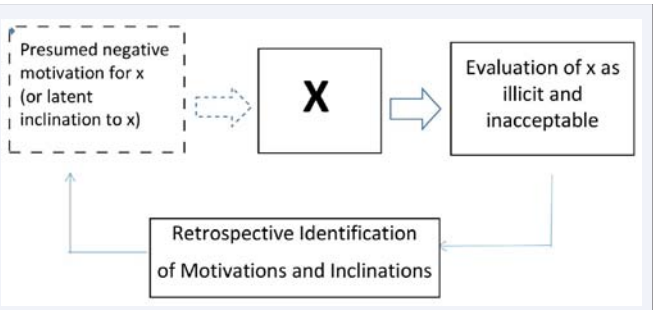

Figure 3 The diagram shows, in broad terms, how 'RIMI' works. When a subject evaluates as illicit and inacceptable any x (behavior, normal or intrusive thought, mental image, etc), he/she identifies in a retrospective way the presumed motivation for or inclination to x.

"a posteriori" deduction. Rather, it is the result of a process that occurs at a largely unconscious level. In other terms, it is a particular mode of processing one's own experience: the patient tends to retrospectively infer emotional and motivational states rather than directly recognizing them [6].

At this point, the question arises as to the etiology of this retrospective form of self-attributing responsibility for an event in OCD patients. To this aim, it can be useful to mention two characteristics of the caregiving style in at least one of the parents of the future OCD patient, as they are reported

in the literature. First, a pedagogical attitude (with a clear predominance of explaining over emotional immediacy [12]; second, a very demanding attitude about behaviors – with the expectation that the child will exhibit a sense of responsibility that is disproportionate to his age [13]. Although these features are well known to clinicians [10,14], there are still few empirical studies on them [15,16].

Guidano [17] very well illustrates this parent's attitude with the following example. A preschooler was running in the house and broke the jar. Typically parents restrict themselves to scold the child; by contrast, the caregiver of a future OCD patient will insist in asking the child to explain why he broke the jar. Guidano emphasizes the fact that asking children questions that are too demanding for their logical skills is a kind of torture. Here we can make another point: this kind of insistence is likely to end up encouraging children to develop an attitude aimed to absolutely identify in an event that involves them and provokes their disapproval, some hidden motivation even when the event is entirely fortuitous.

THE 'RETROSPECTIVE IDENTIFICATION OF MOTIVATIONS AND INCLINATIONS' IN THE CASE OF MENTAL EVENTS

The RIMI can be brought to light not only in the case of behaviors but also in the case of mental events (thoughts, emotions, imagery, etc.), regardless of their being normal mental events or genuinely intrusive phenomena. A case concerning a rather recurring situation in clinical practice will help to illustrate the concept.

Clinical Case 2

A 25-year-old female student exhibited a pattern of doubts, ruminations and controls which, inter alia, had led to a significant decrease in academic performance. Once, while reading a text, she was upset because she felt a sense of satisfaction for the ease with which she had understood a long and difficult proof. Since her conception of the study was inspired by principles of constant commitment and sacrifice, the ease and satisfaction she had felt looked incongruous, and hence should be regarded with suspicion and considered as unmistakable signs of her hidden desire to avoid fatigue.

In this case a sequence can be easily outlined as represented in Figure (2).

Thus, the patient begins with interpreting her feeling of satisfaction as "illegitimate", being incompatible with her conceiving academic study in terms of commitment and effort, criteria that, as it is well-known, can be often found in OCD subjects [18]. On the base of this evaluation, the patient retrospectively identifies as alleged motivation of her "ease in reading" the existence of a hidden will to avoid fatigue – at this point considered as the "true" cause of the "misleading" effortlessness.

It is important to notice that we can see the RIMI at work not only in the case of ordinary mental phenomena, but also in that of genuinely intrusive phenomena. Indeed, in the latter case the RIMI can play even a more important role. For research shows that even in the general population intrusive phenomena can be found with characteristics that are (apparently at least) qualitatively similar to those of OCD -- although of course in the latter case with an intensity and a much higher frequency than in the former case [19]. Now, the question arises why OCD subjects are disturbed by these phenomena much more than normal subjects with occasional intrusive thoughts. A convincing answer lies in the particular interpretation that OCD subjects provide for their intrusive thoughts, namely, that they reveal aspects of negative and significant characteristics of their personality [1].

Now, we make the hypothesis that this particular interpretation of intrusive phenomena could originate precisely from the RIMI. In other words, the subject retrospectively draws the alleged motivations of an intrusive phenomenon from its perceived unacceptability (even though this is an emotional arousal or a thought which are harmless in themselves) (see Figure 3). An example from the literature can make the concept clearer.

Clinical Case 3

A 31-year-old woman, with an insidious onset of OCD in childhood, had manifested an increase of symptoms in early adolescence. At that time, in fact, when a thought occurred to her which was harmless in itself (e.g., "I could fail the exam"), she had to retrace her steps up to the point in which the "bad thought" formed in her mind, and then replace it with a "good" one (Tallis, 1995).

If we want to put a largely implicit and procedural sequence into words, it is as if the patient said to herself: "If a thought or an image X which I consider as unacceptable occur to me now, this means that a latent tendency toward X was inside me even in the past" (6) (see Figure 3).

It also means that the so-called "fear of self", that is the fear of harbouring unacceptable aspects in our inner self [5,21], originates in many cases not from the perception of genuinely negative motivations, but rather from the retrospective identification of just alleged motivations and inclinations.

Furthermore, the RIMI seems to throw light at least on some forms of that extreme type of exaggerated responsibility which is the so-called "thought-action fusion" (TAF). Actually the TAF comprises two different components: "moral" and "likehood" TAF [22]. "Moral TAF" refers to the belief that thinking about something is the moral equivalent of the corresponding action (e.g., thinking of swearing is tantamount to really swearing); instead "likehood TAF" refers to the belief that thinking about a particular event increases the probability that this event will occur (e.g. my thinking that something bad may happen to a friend increases the probability that something bad will happen in reality). At least "moral TAF" becomes less incomprehensible in light of the concept of RIMI. As seen, what seems to have relevance for the OCD subjects is not the event itself but their being or not responsible for it [3]. Thus, if the patient identifies an alleged negative intention through a RIMI, he will immediately feel guilty. At this point, it does not matter whether in actual fact he is not still guilty since, from his point of view, the negative intentions that he harbours sooner or later will lead him to become guilty.

Finally, the RIMI can be associated not only to the exaggerated responsibility, but also to the other cognitive domains characteristic of OCD [7,8]. For if OCD patients infer their alleged negative motivations from thoughts that they feel unacceptable, it is clear that the thought itself is felt to be very dangerous and in need of control. Moreover, the "overestimation of threat", too, becomes more comprehensible: for the patient especially fears some events, unintended consequences of his own behaviors (or subjective experiences), precisely because he feels that they would confirm a personal negativity. And also perfectionism and the intolerance for uncertainty become more comprehensible. Since the patient retrospectively infers alleged malevolent personal intentions from the negative consequences of his behavior (even if unwanted and completely unpredictable), it is clear that he will feel any behavior as potentially risky, thus becoming extremely cautious and in need of certainties before acting.

Furthermore, RIMI appears susceptible of empirical verification. For example, one could compare patients with OCD with another clinical population in tasks that have to do with autobiographical memories and the reconstruction of the underlying motivations: if RIMI is a mechanism that is not present only in OCD, we will find the same mechanism in the clinical sample considered in comparison to OCD; otherwise, it will be confirmed that this reconstruction mechanism of the motivations is operative exclusively in OCD.

Finally, RIMI has important implications also for therapy. For if the exaggerated responsibility in OCD is rooted into the patients' tendency to retrospectively identify their own motivations, the psychotherapist will make an effort to reconstruct motivations as the patient really experienced them. In the clinical case 2, for example, after the psychotherapist and the patient have patiently reconstructed the attitude and affective state that had occurred before the experience that so deeply upset her, it clearly turned out that diligence and seriousness in her studies had been stable characteristics also in those circumstances, and that instead the satisfaction for the ease with which she had understood a long and difficult proof originated from realizing that, thanks to her diligence and probably to her natural predisposition, she was achieving a mastery over a subject for which she felt an increasing passion. In this case, the patient was relieved to find out her true feelings and motivations, with which now she easily identified without getting upset.

This operation should be repeated also with other episodes in which 'exaggerated responsibility' is involved. At first, an 'exaggerated responsibility' reduction will be observed only in the reconstructed episodes but, proceeding with therapy, the capability of the patient to focus on real motivations will gradually develop until to become a more consistent approach. Also the effectiveness of this type of therapeutic intervention is susceptible of empirical confirmation

CONCLUSIONS

The psychological process outlined in this article looks promising for a better understanding of the psychopathology of OCD as well as for the purpose of a more effective therapeutic intervention on the manifestations of the disorder involving an 'exaggerated responsibility'.

In the first place, it helps us to better understand the so-called "exaggerated responsibility" in OCD. For the RIMI is the process through which OCD patients, on the base of own behaviors or subjective experiences considered as unacceptable, retrospectively identify the existence of alleged negative personal motivations/inclinations that would cause them. Moreover, the RIMI sheds new light on that extreme form of exaggerated responsibility which is the "thought-action fusion".

Furthermore, the RIMI enables us to shed light on other cognitive domains considered as central in OCD such as "thought control", "overestimation of threat" and "intolerance for uncertainty".

Finally, RIMI has also some interesting psychotherapeutic implications: in fact, to bring about the reduction of the exaggerated sense of responsibility of the patients, the psychotherapy will be aimed to reconstruct the motivations as they were really experienced by the patient, rather than as they were inferred.

Although the present article is the result of the psychopathological analysis of clinical cases, it is essentially a theoretical paper. Therefore, additional research is much needed to support this hypothesis also from an experimental point of view.

REFERENCES

1. Salkovskis PM. Obsessional-compulsive problems: a cognitive-behavioural analysis. Behav Res Ther. 1985; 23: 571-583.
2. Rachman S. Obsessions, responsibility and guilt. Behav Res Ther. 1993; 31: 149-154.
3. Rachman S. Obsessional-compulsive checking. Behav Res Ther. 1976; 14: 269-277.
4. Mancini F Gangemi A. Fear of guilt from behaving irresponsibly in obsessive-compulsive disorder. J Behav Ther Exp Psychiatry. 2004; 35: 109-120.
5. Ferrier S Brewin CR. Feared identity and obsessive-compulsive disorder. Behav Res Ther. 2005; 43: 1363-1374.
6. Mannino G. Vecchi problemi, nuove soluzioni. Proposta di un nuovo meccanismo patogenetico per il Disturbo Ossessivo-Compulsivo. In: Puzella A., Serino M., Ranfone S (a cura di) La psicopatologia nel mondo che cambia. 2016, Associazione Crossing Dialogues, Roma.
7. [No authors listed]. Cognitive assessment of obsessive-compulsive disorder. Obsessive Compulsive Cognitions Working Group. Behav Res Ther. 1997; 35: 667-681.
8. Obsessive Compulsive Cognitions Working Group. Psychometric validation of the obsessive belief questionnaire and interpretation of intrusions inventory--Part 2: Factor analyses and testing of a ... Behav Res Ther. 2005; 43: 1527-1542.
9. Gerrig RJ, Zimbardo PG. Psychology and Life. 2010 (19th Edition). Pearson Edition.
10. Salkovskis P Shafran R, Rachman S, Freeston MH. Multiple pathways to inflated responsibility beliefs in obsessional problems: possible origins and implications for therapy and research. Behav Res Ther. 1999; 37: 1055-1072.

11. Lawrence PJ, Williams TI. Pathways to inflated responsibility beliefs in adolescent obsessive-compulsive disorder: a preliminary investigation. Behav Cogn Psychother. 2011; 39: 229-223.

12. Adams PL. Obsessive Children. Brunner/Mazel, New York. 1973.

13. Salzman L. The Obsessive Personality, 1973, New York: Aronson. 1973.

14. Guidano VF, Liotti G. Cognitive Processes and Emotional Disorders, 1983, Guilford, New York.

15. Clark DA, Bolton D. Obsessive-compulsive adolescents and their parents: a psychometric study. J Child Psychol Psychiatry. 1985; 26: 267-276.

16. Halvaiepour Z Nosratabadi M. External Criticism by Parents and Obsessive Beliefs in Adolescents: Mediating Role of Beliefs associated with Inflated Responsibility. Glob J Health Sci. 2015; 8: 125-133.

17. Guidano VF. Elmodelo cognitivo postracionalista. Hacia unareconceptualizaciónteóricay crítica. EditorialDesclée de Brouwe, Bilbao. 2001.

18. Guidano VF. The Self in Process. Toward a post-rationalist cognitive therapy. 199 Guilford, New York.

19. Rachman S, de Silva P. Abnormal and normal obsessions. Behav Res Ther. 1978; 16: 233-248.

20. Tallis F. Obsessive Compulsive Disorder. A Cognitive and Neuropsychological Perspective. Chichester, UK: Wiley. 1995.

21. Rachman S. A cognitive theory of obsessions. Behav Res Ther. 1997; 35: 793-802.

22. Shafran R, Thordarson DS, Rachman S. Thought action fusion in obsessive compulsive disorder. J AnxDisord. 1996; 10: 379-391.

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