

Reflections on Repetitive Intrusive Thoughts: Diagnostic Dilemmas and Beyond

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Repetitive thoughts (RTs) are normal phenomena; however, these also form essential features of various psychiatric syndromes. This paper describes two unusual adult cases of repetitive thoughts. Both the cases were characterized by emergence of repetitive images and thoughts that were intrinsically pleasurable and were in consonance with developmental concerns in early adulthood. The RTs were not considered irrational by the individuals. The immediate consequences described were that of pleasure and relief. The RTs acquired an intrusive quality over time. The increasing frequency of intrusions was accompanied by decreasing sense of control, heightened impairment in overall functioning and distress although the RTs continued to be described as giving pleasure during their occurrence. Despite warranting clinical attention, the presentation of the cases was atypical in various ways and did not adequately match the criteria for any diagnosis. The phenomenological description highlights the evolution of repetitive thoughts in terms of qualities such as intrusiveness, ego-syntonicity as well as co-occurrence of positive & negative affective tones. Using existing theoretical frameworks, the possible psychological mechanisms underlying these presentations are discussed. The paper raises several questions on repetitive, intrusive thoughts that need to be addressed through further research.

Keywords: ego-dystonicity; ego-syntonicity; intrusive thoughts; mind wandering, Repetitive thoughts;

Repetitive, prolonged and recurrent thoughts about one's self, one's concerns and experiences are mental processes commonly engaged in by all people (Harvey, Watkin, Mansell, & Sharfan, 2004). Segerstrom, Stanton, Alden, & Shortridge (2003) defined repetitive thought (RTs) as a "process of thinking attentively, repetitively or frequently about one's self and one's world".

Repetitive thoughts (RTs) may be considered as intrusive when these "intrude into conscious awareness against a person's will and their occurrence interrupts ongoing activity by capturing attentional resources" (Clark, 2004). They are usually defined as unbidden, uncontrollable, and "generally" unwanted thoughts or images of a past event,

an anticipated event, or of some other stimulus or situation (Horowitz, Wilner & Alvarez, 1979). Intrusive thoughts need not be negative/ associated with a stressor; they may be neutral or positive and occur in many benign situations (Berntsen, 1996). However, the uncontrollable or unpredictable nature of repetitive intrusive thoughts may result in distress. Although repetitive thoughts (RTs) can be a part of a normal thinking process, research has shown that they can have both constructive and unconstructive consequence (Watkins, 2008). Several psychiatric syndromes are associated with repetitive thoughts such as depression, generalized anxiety, phobia, post traumatic stress disorder (PTSD) and obsessive compulsive spectrum disorders.

Repetitive, intrusive and distressing thoughts have been empirically investigated most often in the context of obsessive compulsive disorder (OCD) as these constitute the hallmark features of OCD. Obsessional thoughts are ideas, images, or impulses that enter the individual's mind again and again in a stereotyped form. They are almost invariably distressing (because they are violent or obscene, or simply because they are perceived as senseless) and the sufferer often tries, unsuccessfully, to resist them. They are however, recognized as the individual's own thoughts, even though they are involuntary and often repugnant (ICD-10, WHO, 1992). The research diagnostic criteria of ICD -10 (WHO, 1993) specify that experiencing the obsessive thought or carrying out the compulsive act should "not in itself be pleasurable", though there may be temporary relief from tension/anxiety. Contemporary definitions of obsessions emphasize to varying degrees, the five core features of obsessional phenomena namely, intrusive quality, unacceptability, subjective resistance, uncontrollability and ego dystonicity (Clark, 2004). These five core features are the dimensions on which specific obsessional content may vary in degree or intensity. Ego-dystonicity, as a dimension of OCD refers to the degree to which the content of the obsession is contrary to or inconsistent with a person's sense of self as reflected in his or her core values, ideals and moral attributes. Ego-dystonic intrusive thoughts are not the type of thought, image, or impulse that a person would expect of himself or herself and so the obsession represents a threat to the person's self view (Purdon, 2001; Purdon & Clark, 2000).

In 1978, Rachman and De Silva (1978) published a controversial study that challenged the conceptualization of obsessions and compulsions as categorically distinct phenomena with no connection to the non-clinical population. In two studies they compared non clinical subjects and those with

OCD with regard to their experience of unwanted, obsessive-like intrusive thoughts, images and impulses. They found that 84 percent of their non-clinical participants reported unwanted cognitive intrusions that were qualitatively similar in form and content to the clinical obsessions of patient with OCD (Clark, 2004). These findings were replicated in several studies (Calamari & Janeck, 1983; Freeston, Ladouceur, Thibodeau, & Gagnon, 1991; Salkovskis & Harrison, 1984).

A scan at the available published literature suggests that a bulk of the research concerns itself with repetitive thoughts (RTs) that are perceived as intrusive, ego-dystonic and distressing in nature. Although as indicated earlier, by definition, intrusive quality of thoughts refers to merely their coming "unbidden" into the ongoing stream of consciousness rather than to their inherently pleasant/unpleasant content; repetitive thoughts (RTs) that are intrusive in nature are generally described as distressing. The literature is relatively sparse on description of intrusive thoughts that may have both pleasurable as well as distressing components and may not be clearly ego-dystonic in nature. The clinical presentation and nosological status of such experiences as well as the psychological mechanisms/factors involved therein are issues that have been insufficiently explored in the empirical literature. This paper examines these issues in the context of two cases that illustrate repetitive thoughts accompanied by atypical features in their presentation. Both these cases were seen in the Psychiatry outpatient department of a tertiary care setting in a metropolitan city in South India.

Case-1

Mr. A, a 24-year-old undergraduate unmarried male, presented with a six month history of repeated sexual images and thoughts, high frequency of engagement in masturbation, and significant disturbances in personal, social and occupational functioning.

The history revealed the presence of two depressive episodes and one hypomanic episode in the past and a life time diagnosis of Bipolar Affective Disorder (BPAD) was entertained. However at the time of presentation, BPAD was in remission and the client had no symptoms of depression or hypomania. There was no family history of psychiatric illness. premorbidly, he was shy, introvert and reported low self-confidence. A detailed clinical evaluation revealed that Mr. A. started occasionally watching pornographic movies with friends when he was in 11th standard. During his last year of graduation, this pattern generalized to watching such material at home too when he would be alone. This exposure to erotic stimuli would be accompanied by heightened experience of arousal followed by masturbation and relief. For the initial two to three months, this pattern of behaviors continued without any significant interference in his functioning. Gradually, he started watching pornography most of the time when he was at home and would masturbate four to five times in a day, resulting in interruptions in his studies. He started getting repeated sexual images of the movies watched earlier. These images would be often triggered by seeing erotic stimuli (females or pictures of females perceived as attractive) but would also occur when he would be relatively unoccupied (in the absence of obvious external triggers/ cues). At the time of presentation, he reported that these intrusive images were experienced 12-16 times in a day and would be followed by thoughts about the images. He would typically spend 6-8 hours in a day, in such episodes consisting of sexual images and thoughts. The enquiry suggests that although the images were perceived as intrusive/ coming unbidden, the subsequent engagement in thoughts related to the images had some voluntary component. In some of these episodes, Mr A. reported experience of sexual urges leading to masturbation. He reported that these episodes generally had a pleasurable quality.

Towards the later phase, the high frequency of the episodes and resulting interference in daily life became a source of distress though the episodes continued to be experienced as pleasurable to some extent. In addition, he reported getting these intrusive images in social situations or when engaged in some task. This happened less frequently but would be characterized by higher levels of distress. He started becoming anxious and tense about approaching exams and his inability to control the episodes of repetitive images and thoughts. He reported these as his own thoughts which he was unable to resist. His interactions with family members and friends declined significantly. He did not appear for the exam saying that he was inadequately prepared but experienced guilt regarding the same. He also reported worrying about his masturbatory practice. Initially he used to masturbate everyday before going to sleep but he observed that he now had difficulty in ejaculation at night. He started worrying about being impotent and not "manly enough" as he believed that ejaculation was expected to occur in each instance of sexual arousal and masturbation.

Case-2

Mr. C. a 22-year-old undergraduate unmarried male presented with a four year history of repetitive thoughts and images about future, procrastination and decreased academic performance. There was no family history of psychiatric illness. His personal history revealed that he was quiet and shy in nature, had difficulty communicating with unfamiliar people, and making new friends. He also reported himself to be a person who was inclined to engage in fantasies. Mr. C started getting repetitive thoughts and image about future when he shifted from a rural to urban setting during his PUC and had difficulty in adjustment. The thoughts were repetitive (RTs) and yet pleasant in nature and involved images and ideas about future, about becoming a professional and doing well in

society. To begin with, these were not perceived as intrusive. However, engagement in these thoughts severely impaired his academic performance and he failed his 2nd PUC exam. This failure was followed by a moderate depressive episode characterized by pervasive feelings of sadness, decreased interest, decreased appetite and sleep, ideas of helplessness, hopelessness and worthlessness. The episode remitted within two months without any treatment. During this episode the client did not recollect having repetitive thoughts (RTs) with positive content as described above. There was a re-emergence of repetitive thoughts (RTs), soon after remission of the depressive episode. These repetitive thought (RTs) would occur in episodes, the duration of which was variable ranging between 4 and 14 hours. He noticed that he had difficulty in paying attention in the class, and engaging in conversation due to the constant absorption in these thoughts about future. He was not able to read at home due to the repetitive thoughts (RTs) and started procrastinating academics related work. By this time, the thoughts had acquired an intrusive quality. However there were also times when the client would actively, effort fully engage in the RTs by not attending classes regularly, sitting alone in an isolated place and dwelling on the thoughts. On a few occasions, such deliberate engagement occurred when the client would be feeling bored, anxious or sad. Although Mr. C reported feeling 'good' when absorbed in these thoughts, he was distressed about the impairment in his functioning due to the RTs and sought professional help.

Discussion

Phenomenology and its evolution:

The two cases reported above share some common features. Both the cases were characterized by emergence of repetitive images and thoughts (RTs) that were intrinsically pleasurable in nature and were in consonance with developmental concerns in

early adulthood. These RTs were triggered mainly by external stimuli especially in the beginning phase, though in the second case, RTs were also triggered by negative mood states such as dysphoria, anxiety, and boredom. The RTs were recognized as one's own thoughts and engagement in these thoughts gave rise to pleasure in both the cases. In addition, the RTs were negatively reinforced in the 2nd case as these sometimes resulted in termination of aversive mood states (relief).

Over time, the RTs increased in frequency and acquired an intrusive quality probably as a result of heightened salience. It is interesting to note that in this phase, there were times when the clients would intentionally direct their attention to these thoughts (deliberate engagement in fantasy activity) as well as other times when these thoughts would spontaneously intrude into the ongoing stream of consciousness. This phase was marked by experience of interference in regular activities and distress. A careful line of inquiry reveals that the distress originated from the perceived consequences and implications of repetitive thoughts (RTs) (interference in daily life and interruptions in important ongoing goal pursuits) rather than from the content of thoughts per se. These RTs were not considered by the clients as inconsistent with or threatening to the core values of the self. This suggests that the RTs in these cases tended to be more ego-syntonic rather than ego-dystonic. With heightened frequency of intrusions there was a decreasing sense of control over the RTs in both the cases. In the 2nd case, the time periods spent in RTs were rather prolonged (several hours in a day) and the client also reported drifting of attention to the content of the RTs even when being engaged in social conversations. This description seems similar to mind wandering. Mind wandering, a form of repetitive thoughts has been defined as "a shift of attention from a primary task toward internal information, such as memory" (Smallwood & Schooler,

2006). It is possible that mind-wandering may/ may not be perceived as intrusive depending on the nature of the ongoing stream of thoughts, its importance and the situational demands. Mind wandering may be perceived as an intrusive activity when the ongoing tasks are structured, goal driven and demand high attentional resources. In a recent review, Smallwood et al (2006) have argued that mind wandering is a common phenomenon that has been ignored by the mainstream cognitive psychology. They partly attributed it to multiplicity of operational definitions of this phenomenon as revealed by the diverse labels used to denote it (e.g. "task-unrelated images and thoughts," "stimulus-independent thought," "mind pops" and "zone outs"). Smallwood et al, (2003) used the term day-dreaming as a special case of mind wandering. In fact the nature of RTs in the second case was similar to what has been described as "excessive day-dreaming". Schupak and Rosenthal (2009) reported a case with excessive and highly structured daydreaming that contributed to significant distress although the content of the daydreaming was described as non-dysphoric and non-intrusive in nature. The authors speculated that daydreaming may be treated as a special case of mind wandering, in as much as it involves more structured content rather than an experience of transient general inattentiveness. The authors argued for the possibility that their case might represent an unrecognized population of individuals whose mind wandering/daydreaming is experienced as a factor producing psychological distress or functional impairment without meeting criteria for a psychiatric disorder.

Context and diagnostic dilemmas:

RTs can contribute to depression and anxiety (Borkovec et al, 1983) or form part of these syndromes. They have been documented as processes underlying the onset and maintenance of depression and have been labeled as dysphoric /depressive

ruminations (Nolen-Hoeksema, 2000). The typical nature of ruminations in depression involve distressing thoughts that often pertain to past events and their implications and are perceived as ego-syntonic and not irrational. RTs are a key element of a number of anxiety disorders too, namely; generalized anxiety disorder, social anxiety and posttraumatic stress disorder (PTSD) (Watkin, 2008) and obsessive compulsive spectrum disorders. Worry as a type of repetitive thoughts (RTs), has been implicated in anxiety (Calmes & Roberts, 2007). According to Berkovec et al (1983) worry is "a chain of thoughts and images, negatively affect-lead and relatively uncontrollable" and is "an attempt to engage in mental problem solving on an issue whose outcome is uncertain but contains the possibility of one or more negative outcomes" The RTs described in the two cases, lacked the essential features of either depressive or worrisome ruminations. The RTs in question were similar to those described in OCD, in terms of their repetitiveness, intrusive quality, and uncontrollability. However, these cases differed from patients with OCD in important ways. In OCD, obsessions and compulsions are generally ego-dystonic and the content of obsessions typically (though not invariably) tends to be unacceptable and is accompanied by negative affect states. In the cases reported here, the RTs per se lacked the ego-dystonic quality and were accompanied by positive affect states, though disturbance/distress was reported as a consequence.

The content of RTs in the first case was sexual in nature. There is considerable debate about terminology in existing literature as to how to categorize and define repetitive sexual thoughts. In the present case it may be understood as compulsive impulsive sexual behaviors (Coleman, 1991), which involve a broad range of paraphilic or nonparaphilic symptoms. Paraphilic Compulsive-impulsive sexual behaviors (C-ISBs) involve unconventional sexual behaviors in which

there is a disturbance in the object of sexual gratification or in the expression of sexual gratification (e.g., exhibitionism, voyeurism). Non-paraphilic Compulsive-impulsive sexual behaviors (C-ISBs), on the other hand, involve conventional sexual behaviors that have become excessive or uncontrolled. In the first case, repetitive sexual thoughts and masturbation may be considered as non-paraphilic compulsive-impulsive sexual behaviors. However, one should be cautious to use this terminology because there is a dearth of research on what might be considered normal or abnormal sexual thoughts, especially in adolescence and early adulthood. Repetitive sexual thoughts, images and ideation are widely recognized as part of normal fantasy life of the general population and not unique/specific to clinical conditions such as OCD or paraphilias. There is however, a virtual absence of empirical data on the pattern of occurrence of repetitive sexual thoughts in this age group, in the Indian context. The cultural values as well changing societal norms are likely to have an impact on how individuals appraise such thoughts and how they manage the same.

It is worth mentioning here the features that may be used to differentiate between sexual obsession and sexual fantasy. Gordon (2002) described "sexual fantasies as a pleasant, harmless and relatively guilt-free. They may represent unfulfilled wishes or memories of past sexual experiences". Sexual fantasies are considered an indication of sexual desire (Kinsey *et al.*, 1948) and often enhance sexual arousal are often seen as purposefully internally generated. They may include graphic details of a fantasized sexual script. In marked contrast to most sexual fantasies, the sexual ideation in OCD is highly unpleasant and generally experienced as ego dystonic, i.e. not in keeping with the person's values and sense of self, giving rise to a high need to resist. Thus sexual obsessions in OCD rarely produce sexual arousal, not being a

part of one's sexual script. In a substantial minority of individuals, sexual fantasies also induce guilt and distress when such fantasies are negatively appraised. (Ellis and Symons, 1990, Leitenberg & Henning, 1995). However such fantasies are far less frequent, distressing and less difficult to control than sexual obsessions in OCD.

In the second case, although syndromal depression was documented in the past; the RTs were present much before the onset of depressive episode and continued to occur later in the absence of syndromal depression.

Both the cases had a few features that indicated an obsessional quality (intrusiveness, repetitiveness, loss of control) and yet there were also components suggestive of intentional involvement and absorption in the RTs (during their occurrence) which are characteristic of normal fantasies. It is important here to discuss about two long standing approaches to psychiatric classification (Stein, 2007). The classical approach, which has had an important influence on contemporary psychiatric nosology, has emphasized the idea that psychiatric disorders are natural kinds, which can be defined in terms of their necessary and sufficient criteria. Just as a square can be defined as a figure with four equal sides at right angles, so a psychiatric disorder can be defined in terms of particular operational criteria. A critical approach on the other hand, has emphasized the idea that psychiatric disorders are socially constructed categories and what count as a psychiatric disorder may reflect the opinions and views of those who construct the nosologies more than the reality per se. It has been argued that classical concepts of science, language and medicine do not stand up to careful scrutiny, and this thinking has had an important influence on contemporary critique of psychiatric nosology. Stein, (2007) argued in favour of an integrative approach to classification which would be based on cognitive affective science and

would go beyond the classical and critical approaches.

Recent studies using factor analytic methods take into account the broad phenotypic heterogeneity of OCD by using a few consistent and temporally stable symptom dimensions. These can be understood as a spectrum of potentially overlapping syndromes that are likely to be continuous with 'normal worries' and extend beyond the traditional nosological boundaries of OCD (Matix-Col et al, 2005). Whether the phenomena being described in the present paper may be considered as variants of typical obsessions or could be considered in the Obsessive-compulsive spectrums (Phillips, 2002) is an issue that needs further consideration and debate.

Psychological mechanisms:

It is observed that both the clients were rather shy and introvert. The second client in addition, described himself as a person who was inclined to engage in fantasies. A detailed probing suggest that in both the cases, the emergence of RTs occurred in the background of a discrepancy between the current life-situation & experiences on one hand and the desired states on the other hand. In the first case, this discrepancy appeared to be related to the perception of actual self as being less "manly" than desired whereas in the second case, the discrepancy was to do with perceived and ideal achievement and status in society. It is speculated that such discrepancies might have acted as one of the background factors for the emergence of repetitive thoughts (RTs). In the second case, it was observed that engagement in RTs was at times used as a deliberate strategy for negative mood regulation.

The elaborated intrusions theory (EI) of desire, propounded by Kavanagh Andrade & May, 2005 provides a basis for comprehensively understanding the nature of the RT phenomena observed in both the case,

especially with reference to the co-occurrence of distress and pleasure. The theory operationalizes the construct of "desire" as an "affective charged cognitive event in which an object or activity that is associated with pleasure or relief of discomfort" is the focus of attention. The authors further propose that "it can be a conscious wish or urge to gain pleasure, relieve discomfort, satisfy want or to engage in consumatory behavior associated with these outcomes." The psychological experiences in this state can include images or verbal thoughts about the attractive features of appetitive objects or activities.

The EI theory hypothesizes the role of both basic associative processes and higher level elaborative processes in understanding human desires. The associative processes are involved in emergence of apparently spontaneous, intrusive thoughts about a desired target that can arise while attention is primarily directed to another task. These may take the form of verbal or image fragments. The processes underlying intrusive thoughts involve learned associations to internal or external antecedent events. The theory enumerates five types of such events/triggers namely; physiological deficit states, negative affect, external cues, other cognitive activity, and anticipatory responses to the target. One or more of these triggers were found to be applicable in both the cases presented. The associations themselves may be classically conditioned or they can be semantic or episodic in nature (e.g., recall of past experiences). In these processes, the demands for controlled processing or working memory are low, and this gives rise to the sense of spontaneity and intrusions in ongoing mental activity. It is further proposed that such intrusive thoughts will be followed by elaboration when the target elicits powerful affective reactions or a keen sense of deficit. The elaboration component of desire involves effortful cognitive processes (controlled processes) that are triggered by the intrusive

thought and its associated affective response. Relevant information is sought and is then retained and manipulated in working memory. The search is both internal (increasing the salience of physiological states, episodic memories, and target-related cognition such as expectancies) and external (increasing the salience of relevant situational cues). This type of cognition is referred to as elaboration. Both intrusive and elaborated thoughts are often accompanied by strong affective tone and a tendency for the appetitive thoughts to capture and retain attention. The phenomenology observed in both the cases indicated presence of intrusive thoughts accompanied by pleasant affective tone that captured their attention followed by elaborative processes such as thinking about ejaculation, priming of beliefs about masculinity (Case -1) inability to control and its consequences in day-to-day life (Case-1 & 2).

Ironically, the predominant emotional reaction in many episodes of desire is hypothesized to be negative. As a precursor, negative emotion primes awareness of specific deprivation, and once a desire-related thought emerges; awareness of any associated deprivation is further primed. The affect is intensified in the context of expected delay or frustration in target-acquisition. Also, attempts to control the intrusions during elaborative processing can involve a sense of guilt or anxiety about loss of control, as was observed in both the cases. The authors propose that such states of desire can be marked by 'cycles of elaboration, fleeting rewards (e.g. consumatory fantasies) and intensified sense of deficit when thinking about the desired targets'.

Examining these phenomena within the framework of self regulation- failures also highlights potential factors that might have contributed to their maintenance/perpetuation. Baumeister, Heatherton and Tice (1994) reviewed the studies which indicate that under-regulation of thoughts, feelings and behaviors

may be a consequence of factors such as conflicting internal standards/wants, reduced self-monitoring, loss of attentional control and insufficient efforts to regulate. Conflicting internal standards were operative in both the cases being described. The content of intrusions being intrinsically pleasurable, would be likely to result in the desire to savor /maintain the ongoing experience while the anticipated consequence of prolonged / repeated engagement would simultaneously give rise to the need to terminate/reduce the repetitive thoughts and images. Reduced self monitoring and loss of attentional control after the initiation of the chain of repetitive thoughts seem especially applicable in the second case. Mr C. would be absorbed for several hours in pleasant fantasies, losing track of time and the immediate context. The engrossing nature of the mental content is likely to make it more difficult to initiate attempts/efforts to regulate /control the chain of repetitive thoughts (RTs) with desirable content.

On the whole, the two case illustrations raise several questions that need to be addressed through further studies. The prevalence of repetitive thoughts (RTs) that are intrusive in nature and yet are pleasant and ego-syntonic is unknown in community as well as clinic samples and needs documentation. An investigation of such cases would also help in unraveling the conditions under which pleasurable & ego-syntonic repetitive thoughts are likely to acquire intrusive and distressing qualities. Yet another question that requires empirical investigation is, whether in some individual, RTs of these kinds are transient in nature arising in context of certain life phases/ ongoing stress and hence require no intervention. Studies that throw light on the implications for self regulation of these thoughts characterized by 'co-occurrence of positive and negative affective states' as well as the range of strategies used by individuals to manage the same, are likely to result in advancement of

understanding in self regulation of mental phenomena. The within- person variables that may make certain individuals prone to experience prolonged, significant distress and impairment associated with such phenomena and give rise to their perception as problematic experiences form yet another fruitful line of scientific inquiry. Systematic research on the above mentioned lines will help generate data that can be used to clarify the circumstances under which such repetitive thoughts; images or fantasy-activity might be considered abnormal phenomena warranting clinical attention. In addition, the theoretical, diagnostic and intervention implications of considering these phenomena as variants of obsessions await further research and scientific debate.

Conclusion

Repetitive thoughts with pleasurable and ego-syntonic content may, under certain conditions, be perceived as intrusive and distressing and cause impairments in functioning. The prevalence of such phenomena in non-clinic and clinic samples, the psychological processes underlying the same and their implications for clinical diagnosis and management need to be examined in future research.

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