

# [Effect of neutralizing activity on discomfort](https://assignbuster.com/effect-of-neutralizing-activity-on-discomfort/)

NEUTRALIZING INCREASES DISCOMFORT 1

Forrester, E., Salkovskis, P. M., Thorpe, S. J., Wahl, K., & Wroe, A. L (2003). Neutralizing Increases Discomfort Associated with Obsessional Thought. Journal of Abnormal Psychology, 112(4), 709-715.

Theories associated with the present study

Obsession is an invasive thought which has many forms namely; images, doubts, ideas, wishes, and impulses. Repetitiveness of a particular activity can be defined as compulsion. Although it has many forms of action, cleaning compulsion is the most common compulsive activity. People affected by this disorder oblige themselves to execute an activity over and over. The anxiety produced by obsession maybe reduced by the compulsive activity, but a person not necessary must possess both together. A person may have only an obsession in the absence of a compulsion and vice versa (Comer 2010). Neutralizing is greatly comparable to compulsion except for the fact that it takes place in the mind. (Forrester et al., 2003).

The article concur the fact that the neutralizing thought or the activity used as a retort to invasive thinking that gets rid of the anxiety is the foremost aspect of obsessive-compulsive disorder. The authors have elaborated the above fact, saying that people who suffer from OCD give redundant significance to their thoughts, they misconstrue and believe that they are accountable of saving others from a particular menace and proceed according to that thinking. It reveals that the neutralizing behavior or thought appears to lessen the anxiety at that instance while circuitously producing an inconvenience to the person experiencing it. People who are used to neutralizing fail to comprehend that the invasive thought doesn’t have the supremacy to convey the thought in to action and so reside in the thoughts in which they can cease the danger. They are unaware of the fact that neutralizing makes the obsession arise more frequently (Forrester et al., 2003).

An experimental study was conducted on the same topic using 28 non clinical participants as a sample while the present study was an imitation of the first study which produced the same outcome attained in the first. The mere difference was that the present study used clinically diagnosed OCD patients as the sample (Forrester et al., 2003)

Hypotheses

H1 hypotheses was “ Neutralizing activity is associated with short term relief of discomfort but also with a long term enhancement of subsequent discomfort and increase in the urge to engage in further neutralizing” (Forrester et al., 2003).

Sample of the study and selection procedure

Thirty people diagnosed with OCD in accordance with DSM-4 were randomly chosen as the sample for the study. Whilst picking the thirty, it was made certain that all of them could account for some identifiable intrusive thought and were using a neutralizing mental activity or thought to shrink the anxiety. People whose neutralizing activity was counting and those with other psychotic disorders with OCD and those who experienced psychotic disorders at some point in their life were also banned from participating. It was noted that the participants would encounter uneasiness even if the intrusive thought of theirs is heard through the headphones and would implement the neutralizing thought which they eventually used to diminish the uneasiness. (Forrester et al., 2003).

The study guaranteed that the normal anxiety level and age of all the participants were approximately alike. To measure the level of anxiety, State – Trait anxiety inventory, Beck anxiety inventory and Beck depression inventory were used. After choosing thirty participants according to the above requirements, participants were randomly divided into experimental and control groups. The experimental group is the one which used the neutralizing activity as a response for the intrusive thought. The control group was that which went through the distracting activity. (Forrester et al., 2003).

Method used

Visual analogue scale measured the discomfort felt by the participants during the intrusive thought and the relief they experienced after the neutralizing or distracting activity. The scale was calibrated from zero to hundred to determine the level of anxiety that indicated no discomfort and highest level of discomfort correspondingly. Vas scale was specified to participants amid the diverse stages of presentations. Questionnaires on Beck anxiety inventory, State- Trait anxiety inventory, Beck depression inventory and Maudsley Obsessive-compulsive inventory, was given amid two presentations (Forrester et al., 2003).

Procedure

The clinicians spoke to all thirty participants individually and noted the frequently stirring intrusive thought and the frequently used neutralizing behavior in the experiments. In the foremost pace of the experiment, each participant said out loud the intrusive thought which was then recorded. After recording, each participant filled out the Visual analogue scale which measured the anxiety level which was used as the level of base line anxiety. The next step was implementing instructions to both groups. The instructions for the experimental group were somewhat different from that of the control group. The instruction for the experimental group is as follows: “ What I’m going to do is ask you to listen carefully to the tape on the headphones. Each time you hear the thought, I would like you to immediately think the neutralizing thought. I will be asking for ratings of how uncomfortable the thought made you every now and then; when I demonstrate the card please point to the number which best portrays how you felt during the time you perceived the thought. This will take less than 10 minutes”. The difference in instruction specified to the control group was that the participants were instructed to count from twenty to one rather than thinking the neutralizing thought immediately as a response to the intrusive thought listened. (Forrester et al., 2003).

After being certain that the instructions were unmistakably understood by the participants they commenced to listen to the voices through headphones. The first phase of the experiment consisted of 16 presentations. After the 1 st , 4 th , 8 th , 12 th and 16 th presentations, participants filled the Visual analogue scale, concerning the level of uneasiness they felt while listening to the intrusive thought. Nearing the end of the first phase, participants were to fill the post presentation questionnaire, Beck anxiety inventory, Beck depression inventory, Maudsley Obsessive-Compulsive Inventory and State-Trait Anxiety Inventory .(Forrester et al., 2003).

After an interval of 15 minutes the second phase of the experiment was commenced with a minor alteration in instruction. The experimental group and the control group were asked to pursue the same instruction, which was to neither employ in the neutralizing thought nor in the distracting activity after listening to the intrusive thought. Their duty was to only listen to the thought. The similar process used in the first phase was once again done in the second phase, here the base line anxiety level used in the second phase was measured during the 15 minute interval. The experimental process was concluded with debriefing. (Forrester et al., 2003).

Method of data analysis

The response for the intrusive thought listened through the headphones was the independent variable of the experiment. The level of discomfort experienced by the participants was the Dependent variable. Five ratings during the first phase as well as the second phase of the experiment were put through the analysis of variance (ANOVA). The linear model known as Version 10 of ANOVA was used. The pre experimental factors were analyzed by independent tests measured where as planned comparison was done by other appropriate tests. (Forrester et al., 2003).

Throughout the first phase, the experimental group who used the neutralizing thought as the response for the intrusion informed fewer discomfort in contrast to the control group who betrothed the distracting activity as a response for the intrusion, but nearing the first phase there was no major dissimilarity in the discomfort level of both groups. During the second phase, where both groups didn’t slot into any kind of activity as a response for the intrusive thought, the discomfort experienced by the experimental group and the need for the neutralizing activity was elevated than the control group. The hypothesis was attested that “ Neutralizing activity is coupled with short term relief of discomfort but also with a long term enhancement of subsequent discomfort and increase in the urge to engage in further neutralizing” . (Forrester et al., 2003).

Limitation of the research

First, the interlude was too small to measure the level of anxiety and to conclude whether the neutralizing behavior had an extensive outcome. Since participants listened to the recorded version of the intrusive thought, the experiment cannot be considered as a natural process, rather it was artificial. The main reason for engaging in a neutralizing activity was to shield themselves or others from peril. In the study above, the participants engaged in neutralizing activity as they were asked to do so even though they experienced a level of discomfort while listening to the intrusive thought. The experimental group engaged in a neutralizing thought which supposedly distracted the participants from experiencing the discomfort during the first phase in contrast to the second phase where listening to the thought was their chief accountability. The rise in the level of anxiety in the second phase may be a cause of this. Yet another downside was that the study was futile in accounting the disparity in terms of the effort employed towards the neutralizing activity by participants’. Finally, it was evident that participants gained relief not only by the neutralizing activity but also from that of the distracting activity. (Forrester et al., 2003).

Suggestions for future research

In my perspective, according to the results of the above study, the short term relief experienced by the neutralizing activity eventually paved way for further anxiety and an immense urge for wanting more neutralizing in the long run. In order for future studies to progress, the limitation of the relief experienced in the short run should be surmounted. In conclusion, the imperative reason following the neutralizing activity not dealt with in the current study has to be addressed in future experiments which may follow. (Forrester et al., 2003).

## References

Comer, J. R. (2010). Abnormal Psychology(7 th Ed). New York: Worth

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