Memory for Actions and Dissociation in Obsessive-Compulsive Disorder

A number of authors have suggested that memory dysfunctions are implicated in the ritualistic behavior of obsessive-compulsive disorder (ODC) patients. More specifically, it has been argued that OCD patients suffer from a poor memory for actions (for a review see, Tallis, 1997). According to one version of this theory, OCD patients, in particular those who exhibit repetitive checking, have difficulty in differentiating between memories of performed acts and memories of imagined acts. This impairment in reality monitoring would fuel patients' need to engage in compulsive behavior (e.g., checking). In the words of Sheffler Rubinstein et al. (1993; p. 764): "perhaps in everyday life, checkers' repetitive behavior is prompted in part by an inability to accurately remember what action they took in a particular circumstance."

Studies examining reality monitoring skills of OCD patients have come up with mixed results. Thus, whereas Sheffler Rubinstein et al. (1993) and Ecker and Engellkamp (1996) found evidence to suggest that, compared with control individuals, persons with OCD characteristics more often imagined certain actions, McNally and Kohlbeck (1993), Brown et al. (1994), and Constans et al. (1996) reported that OCD patients do not differ from normals in terms of reality monitoring skills.

A more robust finding emerging from this research domain is that OCD patients have less confidence in their own memory performance (e.g., McNally and Kohlbeck, 1993) or desire more detail before they are comfortable with their memory performance (Constans et al., 1995). Similarly, findings reported by MacDonald et al. (1997) support the idea that checking in OCD is a symptom of decreased confidence in memory.

Reality monitoring deficits have also been linked to high levels of dissociation. In fact, Hyman and Pentland (1996; p. 104) interpreted Bernstein and Putnam's (1986) widely used Dissociative Experiences Scale (DES) to be "a measure of individual differences in difficulties in reality monitoring." In line with this, there are some preliminary findings suggesting that people who score high on the DES are prone to memory errors that can be framed in terms of a reality monitoring deficit (e.g., Hyman and Pentland, 1996). With this in mind, the present study sought to examine whether reality monitoring deficits in OCD patients critically depend on levels of dissociation.

Methods

Participants. Nineteen individuals (12 women) with DSM-IV (American Psychiatric Association, 1994) diagnosis OCD and 16 nonpatient controls (5 women) matched on education and age participated in the study. Patients were re-
Table 1 Mean Proportion of Correct Reality Monitoring Identifications, Confidence Ratings, and DES Scores of OCD Patients (N = 19) and Nonpatient Controls (N = 16); Standard Deviations Are Given between Parentheses

<table>
<thead>
<tr>
<th>Group</th>
<th>Proportion Correct</th>
<th>Confidence</th>
<th>DES</th>
</tr>
</thead>
<tbody>
<tr>
<td>OCD patients</td>
<td>.97 (.034)</td>
<td>2.88 (.160)</td>
<td>24.5 (16.1)</td>
</tr>
<tr>
<td>Controls</td>
<td>.94 (.059)</td>
<td>2.95 (.087)</td>
<td>12.6 (8.9)</td>
</tr>
</tbody>
</table>

(ANOVA) in which OCD patients with checking symptoms were systematically compared with OCD patients with other symptoms and nonpatient controls by means of post-hoc Tukey tests (p set at < .01) revealed no differences between checkers (N = 7) and other OCD patients (N = 12).

Discussion

The present study found no evidence to suggest that OCD patients in general or checkers in particular suffer from poor reality monitoring of memory for action. Compared with nonpatient controls, OCD patients did not perform worse when they had to remember whether an action was carried out or only imagined. In fact, OCD patients tended to show superior performance on the reality monitoring task. Although OCD patients were found to have higher dissociation levels, there is no reason to believe that dissociation moderates reality monitoring performance. However, OCD patients did differ from nonpatient controls in having less confidence in their correct reality monitoring decisions and this reduced confidence was found to be related to dissociation. The higher patients scored on dissociation, the less confidence they had in their (intact) reality monitoring skills.

The results of our study are in line with those of previous studies. Both McNally and Kohbleck (1983) and Constanzo et al. (1996) found no differences in reality monitoring ability between OCD patients and controls, whereas Brown et al. (1984) reported superior reality monitoring performance of OCD patients compared with normal control individuals. Likewise, both McNally and Kohbleck (1993) and MacDonald et al. (1997) noted that OCD patients have reduced confidence in their memory performance. As to dissociation, there has been a tendency in the literature to treat this variable as a measure of differences in reality monitoring ability (e.g., Hyman and Pentland, 1996). Yet, studies that directly addressed this issue by comparing reality monitoring performance of individuals scoring high or low on the DES found little or no evidence for the assumption that people with high DES scores suffer from reality monitoring deficits (e.g., Koppenhaver et al., 1997; Merckelbach et al., 2006; Van den Hout et al., 1996). Although the DES contains items that allude to reality monitoring difficulties (e.g., not sure if remembered event happened or was a dream; so involved in fantasy that it seems real), respondents' endorsement of these items may reflect memory distrust rather than reality monitoring problems per se. Support for this line of reasoning comes from studies that found a considerable overlap between DES and self-reported cognitive failures (e.g., Merckelbach et al., 1999). What this suggests, then, is that high dissociation is linked to an unfavorable evaluation of one's own cognitive efficiency.
In the older literature, OCD and dissociative disorders have often been treated as two completely different types of neurosis (e.g., Pitman, 1987). On the other hand, more recent work (e.g., Ross and Anderson, 1988) has drawn attention to some interesting parallels between these conditions. The present results suggest that one shared feature may be an overly critical attitude toward one's own memory functioning.

Conclusion

Unlike studies on reality monitoring ability in schizophrenic patients (e.g., Brebion et al., 1997), studies on reality monitoring of OCD patients have generally yielded disappointing results. Thus, the current results in combination with those of previous research indicate that it is time to discard the hypothesis that OCD patients tend to misremember whether they performed or only imagined actions. Instead, it seems more fruitful to concentrate on these patients' underestimation of their own memory functioning and the role that dissociation plays in this regard.

References


Harald Merckelbach, Ph.D.

Ineke Wessel, Ph.D.¹

¹Department of Experimental Psychology, Maastricht University, P.O. Box 616, 6200 MD, Maastricht, The Netherlands. Send reprint requests to Dr. Merckelbach.

Books


Few of the giants of early 20th century psychiatry are still with us. The generation trained during and shortly after World War II has been thinned by time, and its survivors are definitely in the senior category. More than that, the survivors' predominantly longitudinal view of human behavior, persistent interest in patients' life stories, and in the significance of the therapeutic relationship, sets them apart from the cross-sectional view and the pharmacy-driven therapies of the majority of younger colleagues. We welcome any documentation of our fading era.

This volume of 25 chapters by 37 authors is such a welcome document. It is destined to become an important reference about the growth and vicissitudes of a field that can be identified as a liberal profession or as a medical specialty uniquely embedded in the socio-cultural of its time. It contains most of the relevant dates, numbers, and lists that will be used by later students of the subject, especially those interested in the organizational life of the American Psychiatric Association (APA). In places, in their efforts to be complete, the individual chapters resemble outlines, careful to include attention to all aspects of a topic for which future investigators might search. This is not a history in the sense of presenting a guiding theory, framework, or organizational principle that unifies the 25 chapters, which are actually separate, though occasionally overlapping, essays. Nor, although it inevitably touches on the topics, is it an account of the mental health and psychological well-being of postwar Americans. It does, however, embody the perspectives of its authors, all of whom have lived through at least part of the period in question. The editors, themselves part of the senior generation, have lived through