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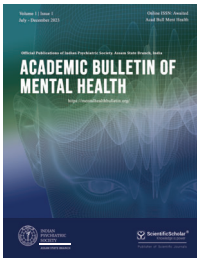

Review Article

Can Obsessive Compulsive Disorder be Considered a Disorder of Imagination? A Psychological Perspective

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ABSTRACT

Obsessive-compulsive disorder (OCD) has long been understood using cognitive-behavioral and neurobiological models, highlighting maladaptive thought processes and the hyperactivation of core brain areas, such as the orbitofrontal cortex, amygdala, and default mode network (DMN). However, the role of imagination, which has not been explored much, may have a crucial role in the development and maintenance of OCD symptoms. This review examines the crossroads between OCD and imagination, determining whether OCD should be considered a disorder of imagination. A systematic review was conducted using academic databases, including Google Scholar, PubMed, Scopus, PsycINFO, Web of Science, MEDLINE, Cochrane Library, Embase, DOAJ, and ScienceDirect, to analyze the cognitive and neurobiological mechanisms underlying the relationship between imagination and OCD. The current review sought to present a comprehensive analysis of how imagination is involved in OCD-related cognitive processes, such as intrusive mental imagery, maladaptive mental stimulation, and cognitive inflexibility. In addition, this review emphasizes how investigating this neglected dimension of OCD may result in better management approaches and new therapeutic approaches aiming at imaginative dysfunctions in OCD.

Keywords: Cognitive perspective, Default mode network, Imagination, Intrusive imagery, Neurobiological perspective, Obsessive-compulsive disorder, Psychological review

INTRODUCTION

Obsessive-Compulsive Disorder (OCD), a prevalent and disabling mental health condition, is characterised by intrusive thoughts (obsessions) and repetitive behaviours (compulsions). According to the ICD-10[1], obsessions are unwanted, distressing thoughts, urges, or images, while compulsions are repetitive acts performed to reduce anxiety or prevent feared outcomes. Common symptoms include contamination fears, symmetry obsessions, and checking behaviours.[2] OCD affects 1-3% of the general population, significantly contributes to global disability, and is often underdiagnosed and undertreated.[3] Various studies thoroughly examined the cognitive and behavioural aspects of OCD, and a new viewpoint indicates that imagination significantly contributes to its development and persistence.[4] Researchers defined imagination as generating mental images of experiences that are not in direct sensory perception. It is related to cognitive functions like memory, problem-solving, creativity, emotional processing, etc. People with OCD frequently experience heightened fears of unlikely events, engage in catastrophic thinking,

and struggle to distinguish between imagined threats and reality, which can lead to significant emotional distress.[5] The link between imagination and OCD is particularly intriguing. While imagination is an essential human ability that fosters creativity and problem-solving, it can become problematic when combined with obsessive behaviours. For example, the heightened mental imagery associated with OCD often amplifies fears, skewing the perception of how likely and severe potential harm is. Investigating the complex relationship between OCD and imaginative processes can offer valuable insights into the disorder's underlying mechanisms and may aid in improving therapeutic strategies.[6] Studies examined OCD through a phenomenological lens, using Karl Jaspers' framework of descriptive, genetic, and hermeneutic understanding. It identified a pervasive sense of incompleteness and depersonalization in patients, highlighting factors like emotional sensitivity, trauma, and affective hyperarousal in symptom development and uncovering an underlying fear of death as central to OCD's existential impact. The study underscored the value of understanding patients' subjective experiences to improve research, therapeutic relationships, and empathetic treatment approaches.[7] This review explores the role of imagination in OCD, providing theoretical advances, diagnostic insights, and therapeutic applications. It aims to reveal how imaginative processes contribute to obsessive and compulsive behaviours, offering a new perspective for diagnosis. The review findings could improve existing therapeutic models, reduce stigma, and open the door for further research on the intersection between cognitive neuroscience and mental health.[6]

Search methodology

This comprehensive review of OCD and the role of imagination was conducted using major databases, including Google Scholar, PubMed, Scopus, PsycINFO, Web of Science, MEDLINE, Cochrane Library, Embase, DOAJ (Directory of Open Access Journals) and Science Direct. The search keywords included terms such as OCD, imagination, cognitive perspective, default mode network (DMN), neurobiological perspective, and treatment.

Role of imagination in symptomatology

Intrusive images and obsessions

Obsessions are recurring, unwanted, unpleasant thoughts, ideas, urges, or images.[1] Research suggests that obsessions involve exaggerated imagery, such as picturing oneself hurting a loved one or catching a disease by touching a doorknob.[8] Also, some people experience intrusive Images as accurate and engage in catastrophic thinking, and they often fail to control these images, which eventually leads to distress and compulsive behaviours.[9] Researchers highlighted that vivid sensory or imaginative experiences, such as tactile sensations or visual imagery associated with obsessions, make these thoughts feel more real and distressing.[10] Intrusive images, ranging from obsessional and compulsive to catastrophic and disruptive, significantly contribute to OCD distress and compulsive behaviours, mainly when influenced by dysfunctional beliefs such as over-responsibility, thought-action fusion, and the need for thought control.[11] Researchers strongly suggested the link between inferential confusion, an overreliance on imagination and distrust of sensory evidence to checking, contamination, and "just right" symptoms, highlighting its contribution to obsessive doubt and compulsions.[12]

Imagination and compulsion

They feel compelled to carry out repetitive behaviours (like washing their hands, placing orders, and checking) or mental acts (like praying, counting, or quietly repeating phrases) in reaction to an obsession or following strict regulations. The actions or thoughts are intended to avoid or lessen discomfort or stop a feared condition or occurrence. However, these actions or thoughts are either excessive or have no practical connection to what they are intended to counteract or prevent.[13] Sensory richness in obsessional thoughts reinforces compulsive behaviours as individuals attempt to neutralise the perceived threat or discomfort.[10]

Mental imagery in OCD

Individuals with OCD often experience intrusive and distressing mental imagery, which can intensify obsessions and compulsions. It also delved into the cognitive and emotional mechanisms underpinning such imagery, emphasising its role in triggering compulsive behaviours as a means of neutralisation or distress reduction.[14]

Role of intrusive thoughts

Obsessions in OCD are intrusive thoughts or mental images that cause significant anxiety and distress. Understanding how these obsessions are rooted in imagined scenarios or fears is crucial for grasping the nature of the disorder.[15] Individuals with OCD frequently experience unwanted thoughts that often involve catastrophic or distressing scenarios, such as fears of harming oneself or others, causing an accident, or contracting a disease. These thoughts are typically exaggerated and stem from a person's fears, creating a cycle of anxiety that compels them to engage in compulsive behaviours to alleviate that anxiety.[16] People with OCD often have a heightened ability to visualise potential threats. This hyperactive imagination leads them to create vivid mental images of worst-case scenarios, which can feel authentic and compelling. The inability to tolerate uncertainty can exacerbate this imaginative process. Individuals may ruminate on possible adverse outcomes, leading to obsessive thoughts about what might happen if they do not perform

specific rituals.[17]

Many individuals with OCD engage in cognitive distortions such as catastrophizing, where they envision the most disastrous outcomes of a situation, which fuels their obsessions. There is often an overestimation of the likelihood or severity of imagined threats, making the obsessions feel more legitimate and pressing. The compulsions that follow obsessions are often attempts to neutralise or prevent the feared scenarios. For instance, someone might wash their hands repeatedly after imagining contamination. Engaging in compulsive behaviours provides short-term relief from the anxiety generated by imagined fears, reinforcing the cycle of obsession and compulsion. The conflict between the individual's values and the content of their obsessions often leads to feelings of guilt and shame. This emotional turmoil can further entrench obsessive thoughts, as individuals may fear being judged for their imagined scenarios.[18]

Association between imagination and intrusive images in OCD

Research demonstrates that both intrusive images and imagination within OCD share equivalent brain and cognitive processes, although they remain distinct concepts in the disorder. Research has revealed that both brain and mental functions exhibit overlap. The DMN, together with visual imagery processing systems, operates during both imagination and intrusive imagery experiences. Results from some research[19] show that OCD patients experiencing intrusive ideas present hyperactivity patterns in the precuneus and posterior cingulate cortex areas, which process imagined scenes. During OCD-related imagery studies, scientists found that the hippocampus, which plays a central role in imagination and memory formation, became active according to functional magnetic resonance imaging (fMRI) results.[20]

Intrusive pictures as dysfunctional imagination

OCD patients report intrusive pictures as an adverse form of dysfunctional imagination, which appears to be both highly distorted and highly distressing according to research. Intrusive pictures in OCD generate rigid and painful mental imagery, which differs from typical imaginative processes because simulation in imagination usually occurs constructively.[21] Patients with OCD often face overwhelming, dangerous pictures that stem from their excessive visual imagery activity.[22]

Emotional valence and control differences

Although mental imagery is vivid in both OCD and imagination, control and emotional valence are the main distinctions. The dorsolateral prefrontal cortex (DLPFC), which plays a role in regulating voluntary thoughts, is activated by imagination in healthy individuals, according to fMRI studies. However, in OCD, inhibited control over intrusive images results from lower DLPFC activity.[23]

Hyperactive mental simulation in OCD

It has been found that in an attempt to decrease uncertainty, OCD patients overuse mental simulation, which ironically makes intrusive imagery worse. Repeated imagined situations become automatic over time, according to studies on obsessive thought patterns, which reinforces symptoms of OCD.[24]

The DMN model and origin of negative imagery:

When a resting state occurs, the DMN is activated, engaging several brain regions that are involved in daydreaming, self-reflection, and imaginative processes. Studies utilising neuroimaging techniques have shown abnormalities within the DMN structures in patients suffering from OCD that might be responsible for the significant symptoms of this disorder. Research has identified that OCD patients reveal elevated DMN network connections through large brain nodes, which indicates that more self-centred mental processing reduces their capacity for typical sensory input.[25] People with hyperactive DMN networks get caught in mental loops that produce obsessive mental activity, leading to recurrent compulsive actions. Research conducted by some researchers[26] confirmed that creative skills lead individuals to display enhanced functional connectivity between the DMN and inferior prefrontal cortex, indicating better control of the area and imagination-area coordination. In one study,[27] discovered that imagination requires executive control networks to work together with the DMN during creative task performance. The research studies[28] demonstrated that imaginative thinking activated the DN throughout its length. The DN is activated uniformly in the absence of external demands on the task, a state that has mainly been explained as being due to mind-wandering or the spontaneous occurrence of thought independent of sensory input[29-31], which further indicates its possible implication in obsessive-compulsive disorder as the mind is always on a lookout for a dangerous outcome in the absence of any apparent trigger stimuli in the environment in OCD. Spreng[32] suggested, based on his research data, that the DN is not only a task-negative network but is instead a reflection of active internal processing involved in goal-directed task performance[33-35]. The DN shows high activity when a person retrieves episodic memories, which consist of reconstructing past experiences rather than simply recalling them as static records.[20] For example, let's say one is asked to remember their last birthday party. The brain of the individual will not just replay an exact video of the event. Still, instead, it will reconstruct details like who was there, the cake's taste, and the music playing by piecing together stored episodic information.[36] The DN

helps in this reconstruction process. Not just this, but the DN is also activated when individuals imagine future scenarios, using past experiences to predict what might happen.[37] For example, if one individual is planning a vacation to the mountains, they might visualise hiking, the cold air, and the beautiful views, even if they have never been there before. The brain in humans relies on past experiences to construct an imagined future. In view of these research findings, it is strongly implied that the same process underpins OCD brain functioning. In OCD, the mind becomes prone to cognitive distortions like catastrophizing, black-and-white thinking, and inferential confusion.[38] Given the activation of these cognitive distortions, the default network gives rise to negative-toned futuristic thinking in combination with constructing and tunnelling episodic memory to the negative spectrum mostly. In combination with cognitive distortions like intolerance of uncertainty,[39] the default network produces a row of intrusive thoughts accompanied by compulsion in many cases, and this phenomena clearly indicate how imagery works inside the brain, along with a few dominant cognitive errors, giving birth to a doubtful orientation of the decision-making process in the form of OCD. Furthermore, studies have shown decreased functional connectivity in some DMN subsystems in patients with OCD, which can act as a possible biomarker of obsession severity.[40] These results suggest the multifaceted function of the DMN in OCD, where increased global connectivity and decreased connectivity in particular subsystems could be involved in the pathology of the disorder. In addition, disruptions in the DMN have been associated with abnormal self-referential processing in OCD patients, indicating that these changes in the brain could be responsible for the intrusive and repetitive thoughts of the disorder.[41] Together, these studies indicate that hyperactivity and connectivity changes in the DMN could be a key factor in the development and maintenance of OCD symptoms, where imagery work is distorted and causes abnormalities in self-referential thoughts.

The role of the amygdala, fear processing, and visual perspective in intrusive imagery of OCD:

Considerably more focus on the function of negative verbal thoughts than on the function of visual intrusions has been given in mental disorders.[42] On the other hand, a growing body of empirical data indicates that intrusive visual memories and visions are a common component of many disorders and are recognised as a trans-diagnostic process.[43,44] Experimental research suggests that imagery may elicit stronger emotional responses than do corresponding verbal cognitions.[45,46] In line with this, the significance of intrusive imagery in understanding emotional distress has been noted many times in literature.[47,48] In contrast to merely linguistic or abstract "contents of consciousness," images are "contents of consciousness that possess sensory qualities".[49] According to some studies, images are perceived "on a continuum from the near accurate reconstruction in the mind of a real event to the construction of an entirely hypothetical situation. Vibrantness is a crucial aspect of imaging from a clinical standpoint.[50] Although it can vary greatly in intensity, reliving is a common characteristic of autobiographical memory and is consistent with Tulving's [51] concept of autonoetic awareness, which is a particularly vivid type of imagery. The higher frequency, more frequent adoption of a field viewpoint, and lower degree of linkage with memories of intrusive pictures in OCD set them apart from those in other anxiety disorders. 'Unacceptable concepts of damage' and a 'hazardous self' were frequently mentioned in their content. These results imply that imagery rescripting might be helpful and have implications for the application of therapeutic therapies in OCD. Patients with OCD have been found to have a hyperactive amygdala, a crucial part of the brain involved in processing fear and identifying threats.[52] According to some studies, this hyperactivity makes intrusive thoughts seem more vivid, genuine, and upsetting by increasing their emotional significance.[53] According to many research studies, this heightened fear response is connected to the cortico-striato-thalamo-cortical circuit's maladaptive activation, which is linked to OCD symptoms.[54] Therefore, intrusive visions cause a strong emotional response, which reinforces how upsetting they are and results in compulsive actions meant to counteract perceived dangers.[2]

This effect is consistent with the evolutionary "fight or flight" reaction, which occurs when the brain increases visual and sensory awareness in response to possible danger.[55] This increased threat awareness in OCD, however, is diverted toward imagined rather than real threats, leading people to believe that their intrusive pictures are real and imminent threats.[56] For example, a person suffering from contamination OCD may not only think about germs but also vividly "see" them spreading across their hands. This overwhelming sensation of impending danger drives them to engage in compulsive washing rituals.[57] In addition to making suffering worse, this merging of mental images and observed reality emphasises how neurobiological dysfunction contributes to the recurrence of OCD symptoms.

The study by some researchers[58] aimed to investigate the behavioural and subjective effects of altering visual perspective, either for the field or the observer, on intrusive pictures associated with worries about contamination and doubt. One hundred and twelve undergraduates with severe OCD symptoms were instructed to visualise and identify an intrusive image associated with contamination or questioning worries. They were then given the task of re-visualising their image from either a field (first-person) or observer (third-

person) perspective at random. In contrast to those who adopted a "field perspective," those who adopted an "observer perspective" felt that the image was "less likely to happen," had "fewer urges to suppress it," and experienced "a greater reduction" in distress from the image. Intrusive images are experienced by OCD sufferers from a "first-person (field) perspective" because they give the thoughts a "more vivid, real, and emotionally intense" dimension. By elevating "self-relevance", this viewpoint exacerbates anxiety and distress. Fear is processed by the "amygdala", which is "hyperactive in OCD" and intensifies the emotional reaction.[51] OCD sufferers struggle to leave intrusive thoughts because they lack the skill of "cognitive distancing".[58] The sensation of being directly involved in the threatening experience depends on first-person imagery to make obsessions feel urgent, leading people to engage in compulsive behaviours. The Revised Dual Representation Theory helps understand intrusive imagery in OCD According to some studies, the theory distinguishes between the abstract temporal Contextual Representations (C-Reps), which carry meaning, and the Sensation-Based Representations (S-Reps) that maintain specific sensory and emotional quality. The reason OCD-related intrusive thoughts remain both emotionally powerful and unfading is that "weak C-Reps" cause the mind to lose its ability to dismiss them rationally. OCD patients experience difficulties due to their unreasonable fears, as indicated by this explanation.[59]

CONCLUSION

The exploration of OCD as a potential disorder of imagination, as delineated in this study, underscores the significant role that imaginative processes may play in the etiology, maintenance, and experience of OCD symptoms. Drawing from psychological perspectives, the findings suggest that the intrusive thoughts characteristic of OCD may arise from an overactive or dysregulated imaginative faculty, wherein individuals generate vivid, unwanted mental images that fuel anxiety and compulsive behaviours. The integration of clinical observations and theoretical frameworks highlights the necessity of considering imagination as a cognitive mechanism that interacts with emotional regulation and behavioural responses, thereby expanding traditional models of OCD that emphasize cognitive distortions alone.

Furthermore, the study posits that therapeutic interventions, such as cognitive-behavioural therapy (CBT) with an emphasis on imagery rescripting or exposure and response prevention (ERP) tailored to address imaginative content, may offer promising avenues for enhancing treatment efficacy. However, the conceptualization of OCD as a disorder of imagination requires further empirical validation through longitudinal studies and neuroimaging research to elucidate the neural correlates of imaginative processes in affected individuals. Future investigations should also explore cross-cultural variations in the manifestation of imaginative symptoms to ensure the generalizability of these findings. In conclusion, recognizing OCD as a disorder potentially rooted in imagination not only enriches the theoretical understanding of the condition but also advocates for innovative, imagination-focused therapeutic strategies to improve clinical outcomes.

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