

Mental-Contamination in Obsessive-Compulsive Disorder

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ABSTRACT

By evaluating this research on the cognitive, emotional, and behavioral effects of mental contamination, this secondary study seeks to investigate the phenomena in people with obsessive compulsive disorder (OCD). A major factor in the onset and maintenance of OCD symptoms is mental contamination, which is defined as sensations of internal impurity or discomfort that frequently occur without physical contamination. With an emphasis on cognitive processes like guilt, shame, and disgust sensitivity, the study analyzes empirical data and theoretical models to investigate the connection between mental contamination and the intensity of OCD symptoms. It also investigates how certain obsessive habits, like washing and checking, are influenced by mental contamination. The study also investigates how disgust sensitivity may moderate the association between OCD symptoms and mental contamination. The results emphasize how crucial it is to incorporate mental contamination into OCD treatment frameworks and offer possible avenues for further study and clinical approaches targeted at enhancing treatment results.

Keywords: *Mental-Contamination, Obsessive-Compulsive Disorder*

People who suffer from obsessive-compulsive disorder (OCD) feel driven to carry out particular rituals or activities on a regular basis. Persistent thoughts and emotions of fear, disgust, and anxiety can result from this illness. Some people may see their obsessions as unreasonable, while others may think they are realistic. In any case, OCD sufferers find it difficult to manage these compulsions and carry on with their everyday activities. Although OCD can appear at any age, it typically first manifests about 19.5 years of age. Males and females are equally affected, and only 1% to 2% of youngsters receive a diagnosis; symptoms usually peak between the ages of 10 and 14.

OBSESSIONS

Anxiety or stress can cause intrusive, unwelcome thoughts, feelings, or images, which are known as obsessions. These compulsive ideas could consist of:

- Uncontrollable or frequent blinking
- Fear of losing someone you care about
- Overly worried about oneself or other people

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- Concerns about sexually harming oneself or other people

COMPULSIONS

Compulsions are recurring behaviours that people feel driven to carry out as a result of their obsessions. These activities could consist of:

- Checking things like automobiles, doors, or locks repeatedly
- Staying away from certain individuals or circumstances
- Hand washing too much
- Using specific words either loudly or softly

TYPES OF OBSESSIVES COMPULSIVE DISORDER (OCD):

Contamination / Mental Contamination:

People with OCD who have a severe fear of filth or contamination and engage in obsessive cleaning practices are said to have contamination or mental contamination. For example, individuals with this kind of OCD may have the impulse to wash their hands frequently even if they are clean by normal standards. In a similar vein, they might repeatedly wash items, such as shoes, even when they have already been well cleaned.

Checking:

People who suffer from obsessive-compulsive disorder (OCD) who have the checking subtype often check things repeatedly. They constantly check things or actions, even when they are aware that they have previously been checked. For instance, even when they are positive that the door is secured, they might check the locks several times after leaving the house. Rechecking alarm systems or making sure lights are off, even when they know they have previously done so, are other prevalent actions.

Symmetry and ordering:

People who suffer from OCD's symmetry and ordering subtype frequently feel compelled to arrange things in a particular systematic way. When playing with blocks, for instance, they might consistently make the same design without alteration, following a strict framework and refraining from making any new arrangements.

Ruminations / Intrusive Thought:

People who suffer from this kind of disease frequently feel as though they have no control over their thoughts, which results in ongoing fears that something negative will occur if they do nothing to stop it. For example, they might be afraid of something horrible happening to them or a loved one, like a violent or sexual incident.

Since it illustrates how a single disease may have a profound effect on a person's life, studying mental contamination in OCD is essential. Since many individuals are ignorant of how severe OCD is, it is frequently disregarded. Although hand washing and keeping oneself clean are typically regarded as natural practices, excessive actions can be damaging, as demonstrated by OCD. Raising awareness about OCD and its impacts is crucial because many people with the illness may not even be aware that they have it.

Plan for Treating OCD

- Start Cognitive Behavioural Therapy with ERP: The most scientifically supported psychological treatment for OCD is Exposure and Response Prevention (ERP). By methodically facing frightening stimuli without resorting to obsessive behaviours, anxiety can be gradually reduced and the obsession-compulsion cycle broken.

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- If necessary, add SSRI medication: Selective Serotonin Reuptake Inhibitors (SSRIs), such as fluoxetine, should be prescribed when symptoms are moderate to severe or not improving with therapy alone. These drugs can lessen the severity of compulsive cravings and obsessive thinking by regulating serotonin levels, which are frequently linked to OCD.
- For optimal effects, combine both: It has been demonstrated that a combination therapy approach, which includes both CBT with ERP and pharmaceutical assistance, is more effective than either modality alone, particularly in presentations that are more complex or resistant to treatment.
- Monitor progress and make adjustments every few weeks: To track the development of symptoms, assess the efficacy of treatment, and promptly modify therapeutic approaches, routine clinical evaluations utilizing standardized instruments (such as Y-BOCS) should be carried out.
- Make use of regularity, family support, and mindfulness as support tools: To improve emotional control and lessen the external reinforcement of compulsions, include supportive strategies including family participation, organized daily routines, and mindfulness-based stress reduction.
- Refer the patient to higher levels of treatment, such as intensive outpatient programs, residential therapy, or, in extreme situations, neuromodulation procedures, if symptoms do not improve or become incapacitating despite normal outpatient care.

REVIEW OF LITERATURE

Ishikawa R. Kobori O. Shimizu E. (2013) – This study looked at the cognitive evaluation and evocation of Mental Contamination (MC) after unpleasant personal interactions. The American Psychiatric Association (APA) estimates that between 1% and 2.5% of people suffer from obsessive-compulsive disorder (OCD). Finding the kinds of undesired sexual experiences that contribute to mental contamination was one of the main goals of the study. 257 Japanese women in college courses, ages 18 to 28, participated in the study. 157 of them filled out the questionnaire after having unwelcome sexual experiences. Of these, 147 had experienced sexual assaults, which included 86 cases of inappropriate physical contact, 24 verbal assaults, 22 visual assaults, and 16 cases of rape or attempted rape. The study found that events like rape or other infractions are more likely to cause mental contamination.

Coughtrey A. Shafran R. Rachman S. (2013) – A questionnaire that looked at imagery in Mental Contamination (MC) was the main focus of this investigation. Creating a contamination fear questionnaire and comparing the responses of people with contamination-based obsessive-compulsive disorder (C-OCD) to a non-clinical group were the main goals. The 45 participants in the C-OCD group, 12 of whom were male and 33 of whom were female, ranged in age from 19 to 61 years and had all exhibited OCD symptoms associated to contamination for at least a year. None of the 45 participants in the non-clinical group, who ranged in age from 18 to 44 and included 13 men and 32 women, scored higher than the clinical criterion for OCD. According to the study, the imagery in mental contamination questionnaire may be a useful resource for comprehending this facet of OCD.

Rasmussen J. Jedidiah J. Abramovitch A. Wilhelm S. (2016) – In order to investigate how it relates to various aspects of OCD, this study looked at the connection between contamination OCD and scrupulosity, with a particular focus on response inhibition (RI) in a GO/NO-GO (GNG) task. Three groups of 67 people each were formed: 2) Contamination (19 participants), 3) Healthy controls (19 participants), and 1) Scrupulous (29 participants). All subjects went through a systematic interview with highly qualified physicians based on DSM-

IV diagnosis. The results showed that there were 28 men among the participants, with the majority being women (35). According to the findings, reaction inhibition might not be a clinically meaningful factor in OCD. To examine different aspects of OCD, both neuropsychological and cognitive imaging methods are crucial.

Jacoby R. Blakey S. Reuman L. Abramowitz J. (2018) – This study investigated the aspects of obsessive-compulsive symptoms in connection to obsessions with mental contamination, which include sentiments of impurity and dirt. This study included 340 undergraduate psychology students, 211 of them were female and the remaining students were male, despite the fact that there has been little research on perceptions connected to contamination. The results indicate a correlation between mental contamination, biases, and OCD-related characteristics, indicating that variables associated with pain and discomfort may result from mental contamination. Additional research on mental contamination may be possible in the future using a variety of clinical techniques, designs, and psychological assessments.

Khan S. Rathor D. Jain R. (2018) - One study examined the use of Cognitive Drill Therapy (CDT) to cure OCD patients' mental contamination. This approach was created by Dr. Ramesh Kumar Jain and was modified from Cognitive Behavioral Therapy (CBT). Mr. A, an urban man who had OCD for two years, was the subject of the case. He refrained from touching things out of concern that he would infect loved ones. His illness required clinical attention because it significantly interfered with his personal and professional life. The study highlights that objective evaluation and close observation are necessary for CBT and CDT to be successful.

Mathes B. McDermott K. Okay S. Vazquez A. Harvey A. Cogle J. (2019) - Physical contamination (PC), also known as contact contamination (CC), was the subject of a study that looked at OCD patients' contamination symptoms and how they responded to treatment. It emphasized the differences between CC and Mental Contamination (MC). After completing tests for both kinds, participants were split up into three groups for comparison. The findings showed that mental contamination significantly affects how well contact contamination is treated.

Rickelt J. Wit S. Werf Y. Schruers K. Marcelis M. Vries F. Heuvel O. (2019) – A study looked at the relationship between processing sensitivity, disgust sensitivity, and mental contamination in people with OCD and its subtypes. Images that evoked dread, terror, and neutral reactions were shown to forty-three subjects. According to the study, the emotional and cognitive patterns observed in OCD were reflected in the way the brain responded to these stimuli. This implies that the way the brain interprets emotional and attentional reactions to upsetting events is intimately related to mental contamination in OCD.

METHODOLOGY

Aim:

The aim of this research is to examine the function of mental contamination in OCD, with a particular emphasis on the experiences and responses of OCD sufferers to internal pain. This study aims to comprehend the role that these feelings play in the emergence and maintenance of OCD symptoms, namely compulsive behaviours and obsessive thoughts.

Research Design:

This study will follow a secondary research design by systematically reviewing and analysing existing literature and empirical studies on mental contamination in individuals with obsessive compulsive disorder (OCD). To investigate the connection between mental contamination and the intensity of OCD symptoms, the study will integrate data from multiple sources, concentrating on theoretical frameworks, therapeutic results, and patterns found in varied populations.

Research Questions:

- How can be learned from the body of literature regarding the connection between the intensity of OCD symptoms and mental contamination?
- In what ways do different research define and quantify mental contamination in OCD?
- According to earlier studies, what are the main emotional and cognitive elements causing mental contamination in OCD?
- What effect does disgust sensitivity have on OCD sufferers' perceptions of mental contamination?

Ethical Considerations:

- Respect for Sources: In accordance with intellectual property rights, all research and data will be appropriately referenced and credited.
- Data Confidentiality: Since this is secondary research, participant data is not a concern; nonetheless, any sensitive study findings will be kept private.
- Transparency and Integrity: By avoiding cherry-picking or data misrepresentation, the study will provide an objective, unbiased synthesis of current findings.

Ethical Approval: Although direct participant agreement is usually not necessary for secondary research, the study will adhere to the institution's or the IRB's ethical standards for evaluating previously published works.

DISCUSSION AND CONCLUSION

Mental Contamination in Obsessive-Compulsive Disorder (OCD), an undesirable disorder that causes feelings of fear, uneasiness, and disgust, was the subject of my Review of Literature (ROL). Increased sensitivity and a propensity for excessive washing habits are common traits of OCD sufferers. Deontological guilt and a fear of contamination are frequently associated with these people's sense of guilt. Events like violence or violation can increase the likelihood of mental contamination. Events that change a person's life, such as trauma or betrayal, can cause mental health problems. Consequently, therapy is advised for OCD sufferers, and in order to maximize treatment efficacy, an objective approach is essential.

Mental Contamination in Obsessive-Compulsive Disorder (OCD), a severe disorder that evokes feelings of anxiety, uneasiness, and disgust, was the subject of my Review of Literature (ROL). Excessive washing activities and heightened sensitivity are common in OCD sufferers. Their sense of shame is frequently associated with a fear of contamination and deontological guilt. The likelihood of mental contamination might be raised by traumatic experiences like assault or violation. Trauma or betrayal are examples of life-altering events that might lead to the emergence of mental health problems. As a result, therapy is advised for OCD sufferers, and successful treatment requires an impartial, objective approach.

In order to conclude, Obsessive-Compulsive Disorder (OCD) with mental contamination is a common disorder that often affects those who have gone through a lot of trauma. Compared to people with greater mental resilience, those who are psychologically fragile are more likely to be affected by this condition. Therefore, in order to address and control OCD, treatment is necessary. There is no fixed cause or time frame for the emergence of this condition, therefore it can manifest at any time.

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Conflict of Interest

The author(s) declared no conflict of interest.

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