

Introduction

Obsessive-Compulsive Disorder (OCD)

- Obsessions are recurrent and intrusive thoughts or images that are unwanted and distressing, whereas compulsions are mental or physical actions that one feels driven to perform in response (American Psychiatric Association, 2013; Salkovskis, 2003).
- People with OCD report greater impairment and reduced quality of life across several domains (Jacoby et al., 2014; Macy et al., 2013).

Limitations of Cognitive Models of OCD

- Cognitive behavioural therapy is the gold-standard treatment for OCD, but the effectiveness is only about 50% (Fisher & Wells, 2005).
- Purdon (2023) argued that the cognitive model of OCD may be underspecified, meaning that there may be important factors in the persistence of OCD that are not explicitly targeted in the treatment.
- Research suggests that CBT is less effective in treating obsessions that evoke emotions other than anxiety (Visvalingam et al., 2022).
- Although CBT with exposure reduces OCD symptoms, it does not reduce participants' schemas about defectiveness (Haaland et al., 2011).

Shame, Guilt, and OCD

- A medium effect size exists for the relationship between shame proneness and OCD (Weingarden & Renshaw, 2015; Laving et al., 2023).
- Shame and guilt are both self-conscious emotions that share substantial overlap (Cândeia et al., 2018), and both have been identified as predictors of OCD symptom severity (Chiang et al., 2016; Hellberg et al., 2023).
- Hellberg and colleagues (2023) found that there was not a significant relationship between trait guilt and contamination-related OCD symptoms.
- Little OCD research has examined guilt and shame proneness concurrently, which is crucial for determining whether targeting these emotions directly in the treatment of OCD may be warranted.

Research Questions and Hypotheses

- Does shame proneness predict OCD symptom severity when controlling for depression and guilt proneness?
 - We hypothesize that the relationship between shame proneness and OCD symptom severity will be significant.
- Is the relationship between shame proneness and OCD symptom severity significant for all OCD symptom domains (contamination, fear of harm, unacceptable thoughts, and order and symmetry)?
 - We hypothesize that the relationship between shame proneness and OCD symptom severity will be significant for all symptom domains except for contamination-related concerns.

Methods

- This online study was administered using Qualtrics™ and recruitment occurred through the University of Waterloo undergraduate pool.
- There were no eligibility restrictions.
- Participants completed all listed questionnaires in a randomized order.
- Performed hierarchical regression to examine whether the relationship between shame proneness and OCD symptom severity remains significant when controlling for depression and guilt proneness.
- $N = 340$ (76.8% women, $M_{age} = 20.41$, $SD_{age} = 4.37$)

Results

Descriptive Statistics and Reliability Values

Questionnaire	Subscale	<i>M</i>	<i>SD</i>	α
Dimensional Obsessive-Compulsive Scale (DOCS; Abramowitz et al., 2010)	Total	15.66	10.80	.91
	Fear of Harm	4.08	3.64	.89
	Unacceptable Thoughts	4.68	4.13	.92
	Contamination	3.89	3.24	.86
Personal Feelings Questionnaire (PFQ; Rice et al., 2018)	Order and Symmetry	2.96	3.74	.93
	Shame	6.76	3.54	.81
	Guilt	5.56	2.58	.78
Depression, Anxiety, and Stress Scale (DASS; Lovibond & Lovibond, 1996)	Depression	12.32	10.53	.95

Partial Correlations Between OCD Symptom Severity and Shame Proneness, Controlling for Trait Guilt and Depression

	1	2	3	4
1. Shame				
2. Fear of Harm	.167**			
3. Unacceptable Thoughts	.108*	.259***		
4. Contamination	.101	.341***	.231***	
5. Order and Symmetry	.132*	.343***	.227***	.343***

*** $p < .001$ ** $p < .01$ * $p < .05$

Shame Proneness Predicting OCD Symptom Severity Controlling for Guilt Proneness and Depression

Predictor	<i>B</i>	<i>SE</i>	β	<i>t</i>	<i>p</i>	<i>R</i> ²	<i>R</i> ² change
Step 1							
Depression	.278	.057	.273	4.87	<.001	.254	.254
Guilt	1.26	.233	.302	5.40	<.001		
Step 2							
Depression	.166	.064	.163	2.60	.010		
Guilt	.833	.256	.200	3.25	.001	.283	.029
Shame	.766	.209	.252	3.66	<.001		

B = raw regression coefficient; β = Standardized coefficient

The addition of shame in step two of the analysis explained an additional 2.9% of the variance in OCD symptom severity. The final model was statistically significant, $F(3, 333) = 43.85$, $p < .001$ and explained 28.3% of the variance in OCD symptom severity.

Shame Proneness significantly predicted OCD symptom severity ($B = 0.77$, $SE = .21$, $\beta = .25$, $t(333) = 3.66$, $p < .001$), when controlling for guilt proneness and depression.

Discussion

Shame and OCD Symptom Severity

- Past research suggests that shame proneness is associated with anxiety symptoms, and that the relationship between guilt and anxiety is no longer significant when controlling for shame (Cândeia et al., 2018).
- This study sought to understand the relationship between shame and OCD symptom severity, after controlling for guilt and depression.
- Consistent with our hypothesis, shame proneness was a significant predictor of overall OCD symptom severity.
- Shame proneness was associated with OCD symptom severity for the domains related to order and symmetry, fear of harm, and unacceptable thoughts, but not for contamination.

Therapeutic Implications

- Gilbert (2009) explains that people high in shame proneness and self-criticism are particularly vulnerable to poor therapeutic outcomes.
- Shame is also a stronger predictor of quality of life than OCD symptom severity among people with OCD (Szentágotai-Tátar et al., 2020).
- It is possible that certain types of obsessions are less responsive to traditional exposure with response prevention, and this could be related to underlying shame-based perceptions about defectiveness (Szentágotai-Tátar et al., 2020).
- The emotion of shame appears to be less relevant for contamination-related concerns, compared to other domains of OCD symptoms.
- In cases where OCD symptoms are closely related to feelings of shame, therapists may find it beneficial to integrate content from therapeutic approaches that target shame directly.

Limitations and Future Directions

- This study was completed with a non-clinical sample of students.
- Although we controlled for depression, it is possible that shame and guilt proneness are transdiagnostic risk factors across anxiety disorders.
- Future research should compare shame proneness for people with OCD to anxious and non-clinical controls.
- Given that shame is a broad construct that is often measured through self-report questionnaires, future research should examine the qualitative experience of shame among people with OCD, and explore in-vivo experiences of shame before, during, and after compulsions.

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