

Unveiling Guilt: A Comparative Analysis of its Role in Obsessive-Compulsive Disorder and Depression

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ABSTRACT

Guilt is a cardinal feature in the psychopathology of Obsessive Compulsive Disorder (OCD) and Depression that plays a role in the occurrence and maintenance of these disorders. Although guilt is a familiar emotion that individuals face at certain junctures, it takes on a different complexity when entwined with mental health issues. Limited research exists on the distinct dynamics of guilt that have been studied in the context of both OCD and Depression together. This study aims to comparatively analyze guilt among persons with OCD and Depression. It is a cross-sectional, correlational study comprising three groups: Individuals with a diagnosis of OCD (n=50), persons diagnosed with Depression (n=50) and healthy controls from the community (n=50). Purposive sampling was adopted and all three groups were matched based on age, sex and education. Yale-Brown Obsessive Compulsive Scale, Beck Depression Inventory, General Health Questionnaire-28, Revised Mosher Guilt Inventory were administered to participants. Comparatively significant differences emerged between the groups on sexual guilt and guilty conscience. We identified unique correlates of guilt in OCD and depression – with OCD severity positively associated with sexual guilt and guilty conscience, while depressive symptom severity was directly related to sexual guilt and hostility guilt. Understanding the divergent genesis of guilt in OCD & Depression will help in conceiving unique treatment plans for the patient groups.

Keywords: OCD, Depression, Guilt, Revised Mosher Guilt Inventory, sexual guilt, hostility guilt

Introduction

Winnicott opines that the human capacity for guilt is indicative of the level of an individual's emotional growth. A defective sense of guilt is not seen as a lack of intellectual capacity but rather the capacity for guilt is indicative of the level of tolerance of ambivalence within the self. From a native culture in the early middle ages to the twenty-first century, guilt has played a distinctive role in the evolution of the moral structure of human society. Guilt is a cardinal feature in the psychopathology of Obsessive Compulsive Disorder (OCD) and Depression that plays a role in the occurrence and maintenance of

these disorders. Guilt is a self-conscious emotion that arises from the perception of having violated personal or societal moral standards, values, or obligations (Tangney et al., 2007). It is a painful emotional state characterized by a profound sense of remorse or regret stemming from the perception of having committed a wrongdoing or failing to meet one's self-expectations or those of others (Tilghman-Osborne et al., 2010). Guilt involves an intense negative evaluation of a specific behavior or action, accompanied by a desire to confess, make amends, or engage in reparative actions (Tangney & Dearing, 2002).

People with OCD experience an overwhelming sense of guilt over actions they fear causing harm or not adhering to strict moral or religious standards, even if these actions or transgressions are imagined or overestimated in their severity. On the other hand, guilt can exacerbate depressive symptoms by causing rumination, feelings of failure and low self-esteem, making it difficult for them to see situations realistically or forgive themselves for trivial matters. While a range of cognitive, emotional, and behavioral factors can contribute to the experience and maintenance of OCD and Depression, the nature and role of guilt specific to these two disorders can be complex and may vary in nature. Donald L. Mosher identified three categories of guilt namely- sexual guilt, hostility guilt, and a guilty conscience. Sexual guilt is the negativity associated with violating or failing to conform to societal or personal standards related to sexual behavior. Hostility guilt, on the other hand, involves feelings of guilt arising from the experience or expression of hostile, angry, or aggressive thoughts, feelings, or behaviors towards others. Guilty conscience refers to a general feeling of guilt or regret that is not tied to a specific event but is a consistent tendency to experience guilt in different situations. It includes experiencing guilt and self-critical thoughts, even in the absence of a clear violation of moral standards (Mosher D.L, 1966, 1968). The preponderance of guilt experienced by patients of OCD and Depression is extensively different compared to other people in the community. The current study is an attempt to analyse sexual guilt, hostility guilt and guilty conscience among three groups: persons with OCD, persons with Depression and healthy people living in the Community.

Methods

Study Design, Setting and Participants:

This cross-sectional study was conducted on three groups: 50 individuals diagnosed with OCD and 50 individuals diagnosed with Depressive Disorder according to the ICD-10 Diagnostic Criteria for Research (WHO, 1993) recruited from hospitals and private clinics in Kolkata, West Bengal, India. 50 people were recruited from the community as healthy controls. Purposive sampling was employed, and the three groups were matched based on age (between 18-50 years), sex (male and female), and education level (minimum tenth standard).

Inclusion and Exclusion Criteria:

Participants in the OCD group were included if they had comorbid minimal or mild depressive episodes as high co-morbidity of OCD with depressive disorder is expected, while only moderate or severe Depressive episodes in the Depression group were considered. The healthy control group was required to have no history or diagnosis of any mental illness. Individuals with a history of serious medical,

neurological, or developmental disorders, as well as childhood-onset OCD or Depression, were excluded from all groups. Additionally, individuals with comorbid moderate or severe depressive episodes or other psychiatric disorders were excluded from the OCD group, while those with comorbid OCD, mild depressive episodes, or other psychiatric disorders were excluded from the Depression group to avoid data contamination.

Measurement:

The Yale-Brown Obsessive Compulsive Scale (Goodman et al., 1989) was used to assess OCD symptom severity, Beck Depression Inventory (Beck et al., 1961) for subjective experience of Depression and Hamilton Depression Rating Scale (Hamilton, 1960) for clinician rating of depressive symptoms were used for two clinical groups. The General Health Questionnaire-28 (Goldberg et al., 1979) was administered to the healthy control group to assess psychiatric morbidity. Guilt was examined in all three groups using the Revised Mosher Guilt Inventory (Mosher, 1966, 1968).

Result

Statistical analysis was done by using Statistical Package for the Social Sciences (SPSS) 26.0 Version, to compare guilt levels between the groups and explore correlations between guilt and symptom severity within the OCD and Depression groups.

Table 1: Socio-demographic Profile of Sample

Variable	Category	Frequency (%) / Range (Mean ± SD)		
		OCD Group (n=50)	Depression Group (n=50)	Community Control Group (n=50)
Age (in years)		22 years -38 years (29.7±7.9)	22 years -38 years (30.1±7.7)	22 years -38 years (30.0±7.7)
Sex	Male	25 (50%)	25 (50%)	25 (50%)
	Female	25 (50%)	25 (50%)	25 (50%)
Education	Upto Class X	14 (28%)	18 (36%)	4 (8%)
	Upto Class XII	12 (24%)	11 (22%)	13 (26%)
	Upto Graduation	19 (38%)	17 (34%)	15 (30%)
	Upto Post-Graduation	5 (10%)	3 (6%)	18 (36%)
	PhD	0 (0%)	1 (2%)	0 (0%)
Marital Status	Married	24(48%)	34 (68%)	21 (42%)
	Single	24(48%)	15 (30%)	28 (56%)
	Widow/Widower	2 (4%)	0 (0%)	1(2%)
	Divorcee	0 (0%)	1 (2%)	0 (0%)

The socio-demographic profile in Table 1 demonstrates that all three groups consisted of participants aged between 22 and 38, representing the adult population. The male and female ratio was equally distributed across all three groups. All participants were literate, with the minimum educational attainment being a tenth-grade pass and the highest qualification being a Ph.D. In terms of marital status, the majority of individuals in all three groups were either married or single, although there were also instances of widows, widowers, and divorcees.

Table 2.1: Comparative Profile- Score Range (Mean/SD) between the Groups

	Sexual Guilt	Hostility Guilt	Guilty Conscience
OCD Group	147-199	112-158	66-92
Depression Group	110-174	99-159	52-86
Community Control Group	111-157	102-143	55-70

Table 2.2: Comparative Profile- Group Difference on Guilt between the Groups

	KRUSKALWALLISTEST	POST-HOC	
	Sig.		Sig.
Sexual Guilt	.001**	CC-G & Dep-G	.188
		CCG & OC-G	.001**
		Dep-G & OC-G	.001**
Hostility Guilt	.122		
Guilty Conscience	.001**	CC-G & Dep-G	.004*
		CCG & OC-G	.001**
		Dep-G & OC-G	.002*

CC-G = Community Control Group,

Dep-G = Depression Group

OC-G= OCD Group

* $p < 0.5$

** $p < 0.01$

Table 2 depicts the comparative profile between the three groups. Table 2.1 represents the comparative profile of all three groups in the context of scores obtained in sexual guilt, hostility guilt and guilty conscience in the Revised Mosher Guilt Inventory using descriptive statistics. Table 2.2 indicates the group difference between the three groups using the Kruskal-Wallis test. The statistical analysis provided a very strong significant difference ($p < 0.001$) between the mean ranks of sexual guilt and guilty conscience of at least one pair of 3 groups. To further analyze the differences between the groups, post-hoc pairwise comparisons were conducted using Dunn's tests for the three pairs of groups. A very strong difference ($p < 0.001$, adjusted using the Bonferroni correction) between Community Control Group & OCD Group and Depression Group & OCD Group was revealed for sexual guilt. Whereas in respect to guilty conscience strong significant difference ($p < 0.01$, adjusted using the Bonferroni correction) between Community Control Group and Depression Group & Depression Group and OCD Group was revealed. Concerning hostility guilt, no statistically significant differences between the three groups were found.

Table 3: Correlation between Severity of OCD and Guilt & Depression & Guilt

	Sexual Guilt	Hostilty Guilt	Guilty Conscience
OBSESSION	.360*	.198	.467**
COMPULSION	.293*	.072	.380**

	Sexual Guilt	Hostility Guilt	Guilty Conscience
OBSSESSION & COMPULSION	363**	.146	.471**
DEPRESSION (BDI)	.491**	.372**	.268
DEPRESSION (HDRS)	.451**	.395**	.267

** = Correlation is significant at the 0.01 level (2-tailed)

* = Correlation is significant at the 0.05 level (2-tailed)

In the OCD Group, the value of severity of obsession has significant positive correlation ($r = .360$) with sexual guilt at 0.05 level and significant positive correlation ($r = .467^{**}$) with guilty conscience at 0.01 level; The value of severity of compulsion has significant positive correlation ($r = .293^{*}$) with sexual guilt at 0.05 level and significant positive correlation ($r = .380^{**}$) with guilty conscience at 0.01 level; The value of Severity of Obsession and Compulsion has significant positive correlation ($r = .363^{**}$) with Sexual Guilt at 0.01 level and significant positive correlation ($r = .471^{**}$) with Guilty Conscience at 0.01 level.

In the Depression Group, the value of severity of Depression measured with the Beck Depression Inventory has significant positive correlation ($r = .491^{**}$) with sexual guilt at 0.01 level and significant positive correlation ($r = .372^{**}$) with hostility guilt at 0.01 level; The value of severity of Depression measured with the Hamilton Depression Rating Scale has significant positive correlation ($r = .451^{**}$) with sexual guilt at 0.01 level and significant positive correlation ($r = .395^{**}$) with hostility guilt at 0.01 level.

Discussion

Comparative Analysis of Guilt between the Groups:

Mosher and Cross (1971) defined sexual guilt as “a generalized expectancy for self-mediated punishment for violating or anticipating violating standards of proper sexual conduct”. In India, a vast section of people consider sex as a private and largely tabooed topic. These ingrained feelings associated with sex guilt are initially learned through the early punitive reactions of parents to their children’s expressions of sexuality. Though parents intend to introduce a moral training about appropriate sexual behaviors, their punitive reactions often lead children to experience intense guilt which may later get generalized to other sex-related situations throughout their lives. This cognitive predisposition is highly manifested in OCD where they suffer intense levels of guilt and regrets following violations of internalized sexual standards. It makes them resist sexual temptation, feel intense tension, remorse, preoccupation with the wrongdoing and a strong wish to undo the wrong deed. Sexual guilt in OCD is more of a known phenomenon than it is for Depression, where past researchers have studied masturbatory guilt in depression (Chakrabarti et.al., 2011; Aneja et. al.,2011 & Albobali and Madi; 2021). There can be various factors like hormonal change, body image, negative past sexual experience or trauma which can be linked with sexual guilt in people with Depression. The resistance in sexual temptations caused by sexual guilt can possibly discourage depressed individuals from engaging in sexual activity, often manifested as lack of sexual interest and lack of libido.

A common observation in OCD is their overactive conscience, which is consistent with psychoanalytic assumptions of the presence of an overly strict superego. With a higher guilty conscience, one tends to psychologically magnify scenes involving moral temptations and may feel guilty about themselves. While people brought up in India (who do not have OCD) may experience moral dilemmas and associated emotional distress, the affliction experienced in OCD is way more damaging and serious. Along with hypersensitivity towards transgression of rules and principles, people with OCD also tend to have an overvalued sense of responsibility (Cogle, Lee & Salkovskis, 2007) especially for harm. It is to an extent that any responsibility for a negative outcome is equated to taking full responsibility for the outcome and failing to prevent harm is akin to actually causing harm. Coupled with that, Moral-Thought Action Fusion (TAF) which prompts people with OCD to assume that thinking about an action is equivalent to actually carrying out that action.

Correlation between Severity of OCD and Guilt & Depression & Guilt:

It was found from this study that the more severe the OCD, the more guilt one experiences. Certain specific symptoms may trigger the feeling of sexual guilt like, having sexual thoughts that transgresses their own moral standard, immoral or sacrilegious thoughts and images about God and blasphemy that make oneself feel guilty to the core. Being extremely particular or having excessively strict moral rules of right and wrong can lead the sufferer to become so self-critical that they may even punish themselves as they feel the act is 'unacceptable'. People with OCD may feel that the "guilt feeling" is so unbearable that they try to do everything in their capacity to prevent committing the slightest actions that might lead them to feel guilty. Similar to our finding, Audhya et al. (2022) in a recent study utilized the Revised Mosher Guilt Inventory and found that individuals with OCD reported significantly higher guilty conscience than the group in conflict with the law and they did not differ in terms of hostility guilt. However, unlike our study, no evident differences were observed in terms of sexual guilt between the two groups.

Feelings, thoughts or utterances conveying experiences of self-blame, remorse and guilt are common in Depression. A clear correlation was found between guilt and BDI scores in a study by Berrios et. al. (1992) on persons with Depressive Disorder. Sexual guilt brings a sense of judgement of being morally wrong and the urge to fight or suppress any form of temptation related to sex and failing to do so gives rise to various negative emotions and punitive reactions. As the Depression increases, the sense of failure magnifies and sexual guilt acts as one of the possible catalysts. Hostility-guilt is conceived of as an affective-cognitive structure that regulates aggressive behavior. It consists of beliefs that aggressive behaviors are immoral and one should expect to be punished for the same. The psychoanalytic conception was that Oedipal guilt was transformed into a need for punishment. A prominent feature of Depression is directing aggression toward themselves, possibly because of their guilt-proneness. When hostility-guilt arises, they tend to psychologically magnify not just anger and rage but also the cognition about the immorality of their aggressive thought or behavior. Hence, it tends to make them more irritable and intolerant towards themselves. During depressive episodes, individuals with depression tend to engage in self-blaming, where they excessively criticize themselves for minor faults or shortcomings. This self-criticism often leads to heightened feelings of guilt, which can exacerbate the symptoms of Depression.

Corroborating this observation, a study by Li et al. (2018) revealed a strong association between guilt and Depression. Using the same tool Mukherjee & Ganguly (2020) examined different types of guilt, and obtained contrasting results compared to our study, i.e., those with severe Depression exhibited elevated levels of guilty conscience in comparison to those with mild or moderate levels of Depression.

Conclusion

The finding brings a fresh perspective on the diverse nature of guilt in OCD and Depression. Significant positive correlation between severity of OCD, sexual guilt and guilty conscience in the OCD Group and a direct relationship between symptom severity of Depression, sexual guilt and hostility guilt in the Depression Group elucidates the divergent origins of guilt in OCD and Depression, highlighting the potential for developing tailored treatment approaches targeting guilt-related cognitions and behaviors specific to each disorder.

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