

**A PHENOMENOLOGICAL INVESTIGATION  
OF THE ROLE OF GUILT IN OBSESSIVE-COMPULSIVE DISORDER**

A Thesis

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## ABSTRACT

The current study takes a phenomenological approach to investigating the role of guilt in a sample of persons diagnosed with Obsessive-Compulsive Disorder (OCD). The role of guilt in OCD has been frequently noted in the literature, although infrequently studied as a significant factor in its own right. Typically, those studying OCD have found positive correlations between questionnaire measures of guilt and self-reported symptoms of the disorder. Those working with sufferers have also found that OC clients in therapy report feelings of guilt with respect to their symptoms, although the particular phenomenology of the relationship between guilt and symptoms is not especially clear in the clinical literature. The present work investigates in a qualitative way, the meaning of guilt for those with OCD. The presumed role of guilt in OCD is examined in a descriptive fashion, with an eye to developing a fuller, more complete understanding of the relationship between feelings of guilt and OC symptoms in a sample of sufferers. Nine participants (N=9) were recruited, and were interviewed using an unstructured approach. In terms of analysis, emphasis was placed on understanding the experience of guilt and OC symptoms as both were lived by sufferers, with a focus on the personal significance of guilt for study participants. Fifteen descriptive guilt/OCD themes were derived from interviews across the nine participants. Themes revealed the variety of connections that subjects made between feelings of guilt and symptoms of OCD. As well, the specific patterns of themes within the context of individual participants' lives were also described. The results suggest that the role of guilt in OCD is highly interpersonal in nature, and that feelings of guilt may precede and motivate, as well as follow and be a consequence of, the expression of OC symptoms. The particular role of guilt for any given sufferer may also be highly idiosyncratic. Research and clinical contributions, as well as limitations of the research, are discussed.

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This work is dedicated with my deepest love to Brian,  
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## Introduction: Obsessive-Compulsive Disorder & Guilt

"Yet here's a spot. Out damned spot! out, I say!  
-one; two; why, then 'tis time to do't.... -What  
need we fear who knows it, when none can call our  
power to accompt? -Yet who would have thought the  
old man to have had so much blood in him?...What,  
will these hands ne'er be clean?...Here's the  
smell of the blood still: all the perfumes of  
Arabia will not sweeten this little hand. Oh! oh!  
oh!"

- Lady Macbeth (in Shakespeare's  
Macbeth; Act V, Scene I; the  
"Handwashing Scene")

The term "guilt" is used frequently in day to day discourse. Generally, most of us can agree on what it means to "feel guilty"; we usually assume the violation of some personal or moral standard for which we are at least partially responsible, and for which we feel some degree of remorse. Guilt is a distressing, painful emotion, but one which most of us have experienced in our lives to varying degrees.

Guilt has also been implicated in psychiatric problems ranging from depression (Beck, 1972), to post-traumatic stress disorder (Klass, 1990). Its role in obsessive-compulsive disorder (OCD) has been frequently noted (e.g. Rachman & Hodgson, 1980), although infrequently studied as a significant factor in its own right. Typically, those studying OCD have found positive correlations between questionnaire measures of guilt and self-reported symptoms of the disorder (Cameron, 1947; Manchanda, Sethi, & Gupta,

1979; Steketee, Grayson, & Foa, 1987; Steketee, Quay & White, 1991)<sup>1</sup>. Those working with sufferers have also found that obsessive-compulsive (OC) clients in therapy report feelings of guilt with respect to their symptoms (e.g., Rapoport, 1989), although the particular phenomenology of the relationship between guilt and symptoms is not especially clear in the clinical literature. As a result of these somewhat incidental mentions of guilt in OCD, students of the disorder are left wondering about the nature and meaning of the assumed connection between guilt and symptoms in sufferers.

The purpose of the present work, then, is to investigate in a qualitative way the meaning of guilt for those with obsessive-compulsive disorder. The presumed role of guilt in OCD is examined in a descriptive fashion, with an eye to developing a fuller, more complete understanding of the relationship between feelings of guilt and OC symptoms in a sample of sufferers. Emphasis is placed on understanding the experiences of guilt and OC symptoms as both are experienced and lived by sufferers, with focus on the personal significance of guilt for study participants, and its connection to their own human experience and obsessive-compulsive condition.

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<sup>1</sup> Note that I will be using the terms "symptom" and "disorder" throughout this work. While some may object to the use of "medicalized" language, these terms will be retained for convenience.

As OCD receives increasing attention for its high prevalence, assumed biological bases, and receptivity to behavioral and pharmacologic treatments, research into the psychological experience of sufferers has been relatively neglected. Study of the experiences of sufferers seems necessary, however, both in terms of understanding the disorder itself, and possibly modifying theories to accommodate new factors, as well as in understanding and treating those who struggle with it.

#### The Significance of Guilt

Most of us have some idea of what it feels like to be guilty. When we transgress a personal or moral standard and experience remorse, we often describe the subsequent feeling state as "guilty". We can agree that guilt is a painful emotion, one that we would avoid if we could. We can agree that guilt often compels us to wish for a reversal of time, to undo the transgression that caused our pain. Guilt may motivate us to repair the damage caused by our transgression, to somehow "make up for" our misdeed. Conversely, we might also agree that guilt can paralyze us, rendering us unable, at least for the time being, to effect reparation of any kind.

Yet, despite some general agreement on what guilt "feels like", common conceptions of guilt may portray only part of the story; guilt may not be experienced by all

persons in the same way. In particular, it has been suggested that those with psychiatric problems may experience more severe feelings of guilt (Beck, 1967; Cameron, 1963; Jenkins, 1950; Shapiro, 1965; Tallis, 1994), as well as perhaps a qualitatively different kind of guilt than those without such problems (Buber, 1971; Fingarette, 1971).

Freud (1930) asserted his position on the role and function of guilt in Civilization and its Discontents. In this work he stated that "...it corresponds faithfully to my intention to represent the sense of guilt as the most important problem in the development of civilization" (p. 81). He went on to describe how excessive and unresolved guilt formed the basis of many neurotic disorders. Lewis (1971), Klein (1975), Stein (1968), Mowrer (1960) and others concurred that severe feelings of guilt were at the root of most neurotic conflicts. Erikson (1959) stated that children's ability to master feelings of guilt concerning their new-found initiative was essential for healthy developmental movement. Existential writers also believed that while humans were fundamentally guilty, it was just this unconflicted guilt that may contribute to symptom formation (Buber, 1971; Gelvin, 1973; May, 1967).

Guilt has also been implicated in particular disorders. Its connection to obsessive-compulsive disorder has been noted since the disorder was initially

conceptualized. Freud's (1909) case of the Rat Man, for example, was cited as an instance of a patient suffering from chronic, unconscious guilt over anal-sadistic impulses. The patient's overwhelming sense of guilt was accorded an important, if not causal, role in the genesis of the disorder. Other psychoanalytic writers tend to agree with Freud's original conceptualization of the role of guilt in OCD (e.g., Lewis, 1979; Stein, 1968).

Yet others have assigned guilt a less central, although still significant role, in OCD. Rachman and Hodgson (1980) for example, suggest that the doubts characterizing the OC sufferer may be attempts to ward off feelings of guilt over making incorrect decisions. Salkovskis (1985, 1989) posits that irrational fears of responsibility and guilt play a substantial role in motivating sufferers to ritualize. Similarly, Rosen (1975) contends that, for at least some sufferers, fear of guilt serves as a motivation for compulsive behaviour, in much the same way as anxiety reduction motivates phobic avoidance. Conversely, some have suggested that guilt is most prominent in the disorder with respect to the content of obsessions themselves, which tend to include sexual and aggressive content (Steketee, Quay & White, 1991; Thyer, 1989).

It appears that guilt has been implicated as playing a role in OCD. Just what this role is has not been made

especially clear in the literature, and students of OCD do not have a working understanding of the experience of guilt for OC sufferers. This lack of understanding might be the result of a premature excision of guilt from the context of the meaning that sufferers assign it. It seems to me, then, that guilt feelings in OC sufferers may need to be considered in a more holistic way, before one can begin to delineate the specific role of guilt in the genesis or maintenance of the disorder.

#### Personal Thoughts on Guilt and Obsessive-Compulsive Disorder

I have been interested in obsessive-compulsive disorder for a rather long time. During my reading about OCD several trends in the literature have influenced me.

First, I have been aware that there is some confusion about whether sufferers actually experience their symptoms as senseless. That is, while a diagnosis of OCD requires that clients experience symptoms as ego-dystonic, it is noted in the literature that sufferers may occasionally believe, even adamantly, in the validity of their obsessions and compulsions. These findings inspired some to suggest that symptoms may be connected with the feelings or beliefs of the sufferer, and as such, are not as "senseless" as initially thought (Fitz, 1990; Hoover, & Insel, 1984; Kozak & Foa, 1994; Lelliot, Noshirvani,

Basoglu, Marks, & Monteiro, 1988; Salkovskis, 1985). It was this possibility that sparked my interest about what feelings of guilt meant to sufferers in relation to their symptoms.

Second, the OC literature has left me without a full sense of the experience of sufferers, or of the phenomenon of the disorder. While there are works containing the word "phenomenological" in their title, they typically focus on what I would deem the classification of the disorder (e.g., Akhtar, Wig, Varma, Pershad, Verma, 1975; Dowson, 1977; Reed, 1977). They neatly organize the symptoms of the disorder and group them into typologies; hence, we have "checkers," "cleaners," "doubters," "arrangers," "pure obsessionals," etc. Clearly, this kind of work is necessary; yet it is not what I desire in terms of understanding the phenomenological experience of OCD.

I have encountered some work with more emphasis on the experience of the disorder and the meaning of symptoms to clients (e.g., Beech, 1974; Reed, 1985). I believe they are problematic, however, because they are written from a predetermined theoretical perspective. The authors have already reached conclusions about the essential quality of the disorder, attributing symptoms and associated difficulties to the factors they assume relevant. Any provided case material is, naturally, that which will support their established position. The words of sufferers

themselves are normally absent, and there is a decided lack of richness in the authors' interpretations of clients' difficulties.

A third trend that I have noted is a generalized shift in the kind of OCD research being done and in the way that OCD is being viewed. Since the discovery in the 1980's that the drug Clomipramine (brand name Anafranil) has antiobsessive properties, there has been an increasing "medicalization" of the disorder. The majority of research now seems directed at examining OCD as an "illness" and thus, involves controlled studies comparing Clomipramine with other drugs, investigating the outcome of pharmacotherapy, examining side effects of these drugs, and trying to determine the neurobiological correlates of OCD. While obviously this is important work, I lament the increasing absence of studies that examine other aspects of the disorder, particularly cognitive and affective correlates. At a time when I believe more qualitative descriptions should be pursued, research attention has turned abruptly towards various pharmaceutical agents. It does not seem that this trend is reversing itself.

#### Why a Phenomenological Approach?

In brief, a phenomenological approach consists of a systematic description of a subject, that preserves and respects its holistic meaning and contextual embeddedness



(Giorgi, 1970; Ihde, 1977; Kruger, 1981; Moustakas, 1988).

It appears that for my purposes, the phenomenological approach is the one most likely to yield the kind of information that I, and perhaps interested others, desire about guilt and OCD. It seems important at this point, however, to distinguish phenomenology as an example of a human science, from those approaches embedded within the traditional quantitative or positivistic approaches.

The phenomenological method differs from the positivistic methods in a number of fundamental ways. Perhaps the most basic difference lies in the view of the contribution of the final product or analyzed data. Within the methods of the positivist tradition, data is viewed as either supporting or refuting a priori hypotheses (as reflections of an apprehendable "reality"), which are often expressed in quantified or mathematical ways. Phenomenology, however, construes analyzed data as one "plausible construction" of an interpretable reality, but likely not the only plausible interpretation of that reality that may exist. As Rennie (1994) states:

The constructionism of qualitative research means that the product of its activity is not truth in the foundationalist sense, but instead is understanding. Furthermore, it is not the understanding, but rather an understanding -- one that is contextualized in the interaction between the thing investigated and the frame of mind of the researcher. It is recognized in qualitative research that the understanding may change the researcher's perspective changes, indeed, that the present understanding serves as a "platform"

upon which further understandings can be based  
(p.6-7)

Secondly, the objective of quantitative approaches is often to develop causal formulations through careful analysis and delineation of a series of falsifiable propositions and facts. The goal of the phenomenological method is to construct an experiential understanding of a phenomenon without attempting to establish falsifiable facts or causal laws. Thirdly, as the methods of the positivist tradition are often developed with an eye to the prediction and control of some phenomenon; whether or not this end is accomplished is dependent upon the extent to which the data derived are reliable and valid representations of the "truth." Within the phenomenological method, with its goal of plausible understanding, there is an intrinsic realization that the data are never free from bias, and hence, that they are not relevant to some universal "truth," but rather are relevant to a plausible interpretation.

Ultimately, these fundamental differences result in radically distinct views of how research may bear upon a "truth." Further, they each support distinct ways of selecting and studying the phenomenon of interest. It thus seems important to appreciate these differences in order that the proposed human scientific method not be judged against the criteria typical of the positivist paradigm.

Of course, the selection of this phenomenological method needs to be suitable for the particular content area and for the questions being posed. I believe that the phenomenological approach is quite compatible with the kinds of questions I am interested in.

I am interested in the qualitative experience of guilt in a sample of those suffering from OCD. I am concerned with how these sufferers construe their guilt in relation to their symptoms, how they live and perceive this feeling. I am interested in obtaining first-hand accounts of these feelings and perceptions in order that I can develop a fuller understanding of the lived sense of guilt in OCD.

To elaborate, I am interested in asking people what it is like to experience their guilt feelings in connection with their disorder. I am interested in finding out how they construe and make sense of that guilt: where does guilt "fit" for them in their experience of OCD? Where and how do they believe these feelings of guilt originated; where did they come from? Do they believe that these feelings were present before they began experiencing symptoms of OCD? How do these feelings fit with their life story? Do they believe that their guilt is functionally connected with their symptoms - do they think their guilt causes" them to ritualize or obsess. Do they feel guilt about having the disorder; about their excessive obsessing and ritualizing? Do they have periods when they are free

of guilt? Do feelings of guilt alter their perception of the disorder? How do they cope with OCD in light of these feelings? Does guilt alter their perceptions of themselves as sufferers of OCD?

Such questions are not readily answered by a traditional quantitative method; the voluminous literature in OCD has yet to yield a satisfactory answer to questions about guilt in OCD. The phenomenological approach then, seems most appropriate for eliciting the qualitative kinds of descriptions that I seek.

I am not sure of the kinds of experiences and meanings of guilt my sample of sufferers would share with me. I have some preconceptions about the experience of guilt, and its connection to OCD, but I am not necessarily convinced that all would report such notions. What I wish to elicit then, is the fullest possible range of experiences of guilt and personal understandings about where it fits for sufferers in the disorder. A review of the literature on guilt and OCD, however, will aid in determining if sufferers' experiences "fit with" existing conceptions of both of these phenomena. Before I begin these reviews, however, some definitions of the phenomena under investigation are in order.

Some Definitions: Guilt & Obsessive-Compulsive Disorder

I provide here rather simple working definitions that are not intended to capture the full essence of the phenomena with which I am dealing. These definitions should help, however, to clarify the questions that I am pursuing in this thesis.

Guilt

Tangney (1990) has defined guilt in an especially eloquent way. She states that:

in guilt, the object of concern is some specific action (or failure to act) which violates internal standards. So guilt involves the perception (emphasis added) that one has done something 'bad'. There is a sense of tension and remorse or regret over the 'bad thing' that was done. But although the person experiencing guilt may feel for the moment as if she or he is a 'bad person', her or his self-concept and core identity remain essentially intact...(p. 83-84)

This definition of guilt is useful as it takes into account the fact that persons may perceive themselves as having committed a transgression when, objectively, they have not. That is, some may assume responsibility and guilt for an act when they actually are not responsible; some may assume an important standard has been violated when it has not been; or some may experience guilt over transgressing a standard that most others would not consider a particularly important issue. It has been suggested that these distinctions between actual and perceived guilt may be especially relevant for those

suffering psychiatric difficulties (Baumeister, Stillwell & Heatherton, 1994; Buber, 1971; Fingarette, 1962; Friedman, 1985; McKenzie, 1962).

Tangney's definition is largely in agreement with those of other investigators. Aronfreed (1968), Friedman (1985), Izard (1977), Klass, (1978, 1981), Lewis (1979), Lindsay-Hartz (1984), McKenzie (1962), Wicker, Payne and Morgan (1983), and Wright (1971) have all defined guilt similarly. There is relatively little disagreement among researchers about the central features of guilt. There are, however, differences, often large, between conceptualizations of guilt. In the review section, some of these distinctions between theories are discussed.

While discussing what guilt is, it is also relevant to discuss what guilt is not. Traditionally, there appears to have been some confusion in the literature about the exclusionary characteristics of guilt. As a result, guilt has occasionally been mistaken for other feeling states. Several investigators have since described the features that differentiate guilt from other phenomena with some success (Hoblitzelle, 1987; Klass, 1990; Lewis, 1971, 1979; Lindsay-Hartz, 1984; Tangney, 1990; Wicker et al, 1983). These studies will be described in the literature review section.

For the present, I essentially adhere to the definition provided by Tangney (1990). Her definition is

precise and complete, and includes the conception that guilt feelings may be inspired by perceptions that one has committed a wrong, a factor that may be relevant for those with psychological difficulties. As this is a working definition, I expect that I may later include variations or elaborations on Tangney's definition.

### Obsessive-Compulsive Disorder

There is substantial agreement among investigators about the description of obsessive-compulsive disorder, and about what constitutes a diagnosis of OCD. Likely, this agreement is due in part to the description included in the present and previous versions of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R American Psychiatric Association, 1987). The DSM-III-R diagnostic criteria for OCD are as follows:

Obsessions: Recurrent and persistent ideas, thought, impulses, or images that are experienced, at least initially, as intrusive and senseless...

the person attempts to ignore or suppress such thoughts or impulses or to neutralize them with some other thought or action...

the person recognizes that the obsessions are the product of his or her own mind, not imposed from without...

Compulsions: repetitive, purposeful, and intentional behaviours that are performed in response to an obsession, or according to certain rules or in a stereotyped fashion...

the behaviour is designed to neutralize or to prevent discomfort or some dreaded event or situation; however, either the activity is not connected in a realistic way with what it is

designed to neutralize or prevent, or it is clearly excessive...  
the person recognizes that his or her behaviour is excessive or unreasonable (...this may no longer be true for people whose obsessions have evolved into overvalued ideas)...  
the obsessions or compulsions cause marked distress, are time-consuming (take more than an hour a day), or significantly interfere with the person's normal routine, occupational functioning, or usual social activities or relationships with others (p.247).

The manual's definition of OCD closely reflects the OC literature regarding symptom description and classification (Baer & Minichiello, 1990; Rachman & Hodgson, 1980; Rapoport, 1989; Rasmussen & Eisen, 1990; Reed, 1985). This description has remained remarkably consistent over the past 100 years; case studies by Freud and Janet are quite congruent with the clinical picture of the disorder today. At times, there has been some confusion about the description and diagnosis of OCD. Heterogeneity within the disorder and comorbidity with other disorders such as schizophrenia and depression likely created some diagnostic uncertainty (Rasmussen & Eisen, 1990). Currently however, diagnostic difficulties are much less frequent or problematic.



## Review of Literature on Guilt

The rather simple definition of guilt given above may belie the fact that guilt is a complex phenomenon. Theorists differ in their views of the sources of guilt and its effect on human existence. They vary in terms of whether guilt arises from awareness of unacceptable impulses, via the observation of harm befalling others due to one's actions, or through the violation of one's own personal standards. They also differ in their opinions on whether guilt is an inherent part of human nature to be accepted and even valued, or whether guilt is essentially a neurotic phenomenon to be opposed and eliminated.

In this section I discuss various conceptualizations of guilt and some of the differences between theorists. I attempt to extract the major themes that I see emerging in these conceptualizations and pay special attention to those that appear most relevant for my own investigation. I begin with the Freudian perspective, followed by the Neo-Freudian view. Existential perspectives are also reviewed. A more lengthy examination of qualitative studies of guilt is also undertaken. I then briefly discuss quantitative investigations of guilt in order to give the reader a sample of the findings in this literature.

### The Freudian Perspective

Freud devoted considerable time to the development of his theory on guilt. He evidenced something of a dualism in his view of guilt; while suggesting that people could do well to have much less guilt in their lives, at the same time he held that without guilt we would quickly be reduced to the status of our animal ancestors, feeling neither care nor concern for our fellow beings (Freud, 1930).

In his discussion of guilt, Freud focused on the conflict between unconscious drives typical of the id, and the principled, often moralistic constraints, imposed by the superego. He believed that guilt originated in the struggle between children's selfish desires for gratification, versus their fear of loss of parental love. Freud recognized that children were helpless and dependent, yet at the same time, strongly wilful, with instinctive drives to meet their own selfish needs. Having their own needs met, however, often clashed with the desires of the parents. These clashes created internal conflicts for children as they became aware that, in fulfilling their needs, the more powerful parents could easily retaliate against them, or conversely, could abandon them. The ultimate consequence for selfishness were loss of parental love and security, both of which left helpless children vulnerable and unprotected. Children, then, attempted to resolve this conflict by assimilating the standards of the

parents into their superegos, and denying themselves those gratifications that the parents condemned, in the hopes of securing parental love. Transgressing parental standards, in turn, led to fear of loss of love, and feelings of guilt were born out of this fear. In this way, the pain of guilt also functioned as protection against future transgression and loss of love.

In adulthood, Freud believed guilty feelings continued to embody the conflict between selfishness versus a need to secure parental love, although by this time the superego functioned independently of the immediate reprimands of parents. He stated:

Thus we know of two origins of the sense of guilt: one arising from fear of an authority, and the other, later on arising from fear of the super-ego...First comes renunciation of instinct owing to fear of aggression by the external authority (that is, of course, what fear of the loss of love amounts to, for love is a protection against this punitive aggression.) After that comes the erection of an internal authority, and renunciation of instinct owing to fear of it - owing to fear of conscience (SE XXI, pp.127-128; in Friedman, 1985)

It can be seen that Freud conceived of guilt as always, at least unconsciously, representing fear of loss of love and security; in cases where parental standards were transgressed, there would emerge a latent fear of loss of parental love. He believed, then, that guilt would be most clearly evidenced whenever parental standards were violated, or when instinctual urges were openly satisfied. At this point, the superego, or conscience, would harshly

punish the offender with feelings of guilt and anxiety, which would then act as motivations to not repeat the violation.

For those raised in moralistic environments, feelings of guilt were yet more likely. In such situations, hosts of wishes and needs were deemed "bad" by parents. The struggle between fulfilling one's needs and attaining parental approval, then, was intensified. Urges that might be considered normal by ordinary standards, were censured by the superego and tainted with feelings of guilt. These children were compelled to deny or condemn much gratification in order to avoid abandonment or aggression. In their adulthood, Freud saw these people as suffering excessive guilt, often over anything the least bit pleasurable or instinctually satisfying.

As may be seen, the Freudian perspective focuses on the unconscious nature of guilt as evidenced in the struggles between individual wishes, fear of loss of love, and assimilation of parental standards. These struggles are intensified and often problematic for those raised in moralistic environments. For the present thesis, however, it does not seem that the psychoanalytic theory of guilt offers extensive direction; the unconscious nature of guilt necessarily excludes it from subjects' awareness and thus from their verbal reports. It seems unlikely that subjects would relay Freudian understandings of their guilt in a

fashion that would be compatible with the method used here. Nonetheless, it is useful to remain aware of Freud's depiction of the nature of guilt as mentioned above, in the event that such themes emerge in the current study.

### The Neo-Freudian Perspective

Within this perspective, I focus on the work of Klein (1975) and Friedman (1985). Like Freud, these theorists suggested that an internalized authority, in the form of a superego, was responsible for the development of guilt. Unlike Freud, however, they tended to see the individual as less egoistic, and more capable of love. They focused on several themes which were thought to characterize the nature and meaning of guilt: the fear of loss of parental love, the individual's (especially the young child's) concern over hurting others (the parent in particular), the role of reparation in assuaging feelings of guilt, and the effects of harsh parenting on guilt and reparation.

Both Klein (1975) and Friedman (1985) spoke of the child internalizing parental standards, which over time developed into the superego. Like Freud, they believed that the child assimilated the morality of the parent in order to avoid loss of love. These theorists added an additional component, however, that of the child's fear of harming the parent.

Both believed that children harboured fears of harming the parent through acting on urges and ignoring the standards of the parent. They felt, however, that fears of harming the parent were not solely egoistic, based only in the child's own fears of retaliation, rather, they were actual empathic fears of being responsible for damage to the parent. That is, it was loss of parental love and relatedness for its own sake that was distressing to the child, rather than simply the loss of protection that abandonment could mean.

Klein (1975), in particular, proposed that following the child's fear of having harmed the parent, there came a strong urge to "make up for" real or imagined damage. She spoke of the child's compulsion to make amends for "acts" against the parent, and to seek reassurance that the parent was not harmed. Klein believed that the act of making reparation was central to guilt in adults as well as in children; it helped them resolve their guilt in appropriate ways.

Friedman argued that guilt and reparation, while developmentally "normal," could become pathological as a result of dysfunctional parenting. He suggested that inappropriately assigning blame or punishment, and encouraging excessive feelings of responsibility and omnipotence in the child, could lead to severe guilt. Indeed, in any arena where the child feared fulfilling

his/her desires would threaten the parent, excessive guilt would be experienced. Friedman suggested that the internalized image of a harmed parent and the potency of these fears could last well into adulthood, seriously affecting developmental progress.

Klein suggested that adults who could not seem to leave the parent at an age-appropriate time were likely suffering from just such severe unconscious guilt based in their fear of having harmed the parent. Remaining with the parent into adulthood, was tantamount to making reparation for the damage caused. Friedman agreed that pathological guilt may result in the renunciation of normal developmental goals, often via identifying with the pathology of the parent. The growing child may tend to invest him/herself in the symptoms of the parent, internalizing dysfunctional parental values, and thus placating a vulnerable parent.

Thus, Klein (1975) and Friedman (1985) envisioned guilt to be focused around the struggle between fulfilling individual needs and harming the parent, and in making reparation for damage done to the parent. Guilt was most clearly evidenced in three situations: first, those where parents encouraged excessive feelings of responsibility and omnipotence in children, especially with respect to parental well-being; secondly, where adults were then painfully pursuing lives counter to the wishes of the

parent, and thus were risking "harming" the parent; thirdly, where individuals were remaining with the parent in attempts to repair "damage"; and fourth, where individuals were identifying with the pathologies of a parent as a means of staying with the parent and foregoing normal development.

Again, it seems unlikely that subjects in the present study would openly report Neo-Freudian understandings of their own guilt. Nevertheless, it is possible that some of these themes may be revealed in subject reports and it would thus seem wise to be aware of them.

### The Existential Perspective

Most existential writers hold that guilt is a fundamental part of human existence that can be neither avoided nor eliminated. At the same time, however, most allow that "neurotic guilt" does exist where individuals suffer unnecessary guilt for "transgressions" that are merely part of the human condition; or they experience their guilt as a sign of weakness without recognizing its role in their humanity. I will briefly discuss the existential perspective with an eye to highlighting themes that might arise.

The existential viewpoint conceptualizes the origins and nature of guilt in several ways. First, guilt may arise in acknowledging when we have clearly harmed another,



or we have transgressed our own personal standards. This may be seen as "conscious" guilt; it is accompanied by an awareness of harmful actions and by a subjective sense of distress, and is often followed by a desire to make reparation. May (1967) suggests that when we openly acknowledge that our actions resulted in harm to others, then guilt is an appropriate response to the situation.

Second, guilt may arise from our having damaged our relatedness with other people. While the existentialists believe that it is impossible for humans to fully relate with each other, guilt will be experienced when we have harmed a relationship that already exists.

Buber (1971) argued that much of our experience of guilt is the result of our inability to truly relate with others. He also suggested, however, that we can suffer guilt from damaging existing relatedness with others. He proposed that the abuse of any relationship through any means would result in a loss of authenticity in the relationship and a feeling of having failed our self and our connection with the other.

Similarly, guilt may be experienced when we harbour fantasies that could injure our relatedness with another. This concept is exemplified in the work of Fingarette (1962, 1971). He posited a sense of guilt arising from unacknowledged desires and wishes that, while only in fantasy, would damage valued relationships if expressed.

He suggested a composite of "subselves" which may harbour "bad" intentions and desires, and urge actions which could betray our conscious values and injure our relatedness with others. While unconscious, the subselves continue to engender guilt in the self when they assert their wishes in fantasy.

Third, there is the case of unconscious "existential" or "ontic" guilt. In this case guilt arises from realizing our human limitations. Specifically, we recognize that we cannot fulfil all of our potentials and be the "true self" that we wish to be. We feel, then, in realizing our limitations, that we are betraying our ideal self and we experience guilt (May, 1967).

Morano (1973) investigated existential guilt through unique means, examining themes of guilt in various fictional and historical characters<sup>2</sup>. For each of his subjects Morano discusses how the individual came to crisis after realizing he had denied the potentialities of his self. He asserted that failing one's potentialities was an unavoidable condition of existence, and we were incapable of fulfilling all that we wish we could. Our failure, however, created our guilt.

Existential guilt also includes an unconscious awareness that one is responsible for the self. In

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<sup>2</sup> See qualitative review section for a fuller discussion of Morano's work.

realizing our responsibility, we recognize that we can fail ourselves by not fulfilling our potentialities, and by being less than what we could be. This responsibility, then, entails the possibility of betraying the self and suffering guilt over our betrayal.

McKenzie (1962) discussed this component of existential guilt. He suggested that the "mature conscience" experienced feelings of guilt when there was a perceived betrayal of the self. The conscience carries with it a sense of authoritarian responsibility to the whole self and an obligation to fulfil individual life. A feeling of having done wrong will result when parts of the self are ignored or neglected; when one has not acted as one could have, in a way that was true to the totality of the self. McKenzie illustrates this sense of "oughtness":

I [have] a good illustration from a doctor who had...occasion to visit a distant friend by car. On the way there he went into a hotel for lunch. He had just an ordinary lunch with no frills or extras, and the bill was quite reasonable. But for the rest of his journey, and indeed when I saw him a day or two after he was still feeling guilt because he ought to have thought of the Mission field or of people who could not afford a lunch (1962; p.56).

Fourth, guilt may arise from the act of self-deception. That is, when we have not admitted our limitations, failures or transgressions, there may again be a sense that we have been ingenuine to ourselves. This

lack of authenticity will create guilt and a sense that we have let our true self down.

Gelven (1973), in his review of the work on Heidegger, proposed that much of human experience could be construed as lying along a dimension of "self-revealing" versus "self-deceiving." Heidegger claimed that guilt arose out of the experience of "existing negatively," or out of self-deceiving; by acting in ways that were not genuine to the self. In particular, if we behave as though we have never failed the self, then we are engaging in self-deception and are betraying the self. We will then experience the censure of guilt for acting in this inauthentic way.

Last, the existentialists see guilt arising when we fail to meet the standards of the culture and the society we are members of. Carroll (1985) expounded on guilt as due to "failure and inferiority." He suggested that guilt could arise from seeing oneself as inferior to the social or cultural ideal. All members of a culture are aware that there are certain standards by which the value of individuals are determined. If one can approach the exemplary standards one is evaluated favourably and one feels fulfilled; if one cannot achieve these standards there is a sense of failure. One then feels a betrayal of

the self in relation to the culture and experiences guilt over falling short of what is expected by the society.<sup>3</sup>

The existentialists conceive of guilt in a number of ways. However, much of their discussion posits guilt as a phenomenon whose meaning is not readily accessible to awareness. As such, it would not seem likely that subjects in the present study would report or understand their experience of guilt in these ways. It is possible, however, that certain existential themes could emerge in subjects' accounts of their experience, and it is important to be aware of these.

#### The Differential Emotions Perspective

Izard (1977), in his differential emotions theory, suggested that guilt is a fundamental human emotion - it is pancultural and universal, and deserves the title of a "discrete" emotion. That is, guilt is an emotion unto itself and is not merely one aspect of a larger composite emotion. In this view, the capacity for guilt is innate and arises out of biological-evolutionary processes. The theory allows, however, that there are environmental activators within each culture that facilitate the experience of guilt when one engages in certain proscribed behaviours.

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<sup>3</sup> See also Jenkins (1950) and Mead (1950) for similar views on the role of culture in the experience of guilt.

Guilt, Izard stated, has played an important role in human evolution. It is through the experience of guilt that we have come to realize some control over our aggressive and sexual impulses. The development of standards of ethical and moral behaviour for example, are said to have originated in anticipation of the pain of guilt. Guilt appears to encourage compliance with respectable modes of behaviour. It is also involved in the development of a sense of responsibility to others, signalling to us that we have hurt others and that we need to repair these injuries. It decreases the likelihood that harmful acts will occur again.

Izard suggested that without the experience of guilt, there would be little appreciation of behaviour that is injurious to others. All would strive to gratify individual needs without regard for fellow beings. Indeed, the exploitation of fellow beings might be necessary and even desired were it to one's own end. There would be no disadvantage to behaving in harmful and exploitive ways in the future. In Izard's view, then, guilt is of the utmost evolutionary significance for human development and he thus defends guilt's innate role in the human constitution.

Evolution notwithstanding, Izard proposed that the specific determinants of guilt vary across cultures. Guilt feelings will occur when one disregards a given society's mores and taboos. Similarly, the authorities of a society

will impose particular punishments for violations. Of course, the exact codes of each culture are immensely varied and often distinct. Izards points out, however, that the general determinants of guilt, regardless of the certain violation, is constant across cultures.

In brief, guilt normally occurs when one has committed a wrongdoing. The behaviours that evoke guilt are usually those that violate some kind of moral, ethical, or religious standard. These standards need not be explicit or written; many are intuitively accepted and this is sufficient for the occurrence of guilt. For example, one may feel guilt when a personal standard is violated, one that others may not even be aware of. However, there are standards that a culture as a whole aspires to and failing to meet these standards may also evoke guilt. Thus, feelings of guilt do not necessarily arise out of an act of misconduct.

Izard cites evidence from a number of sources with the aim of establishing guilt as a discrete emotion. A sample of the kinds of investigations used to justify guilt as a discriminable emotion is provided in the section on quantitative studies of guilt.

For the present purposes, Izard's theory of guilt is relevant to the degree that it supports guilt as a discrete emotion. That is, guilt is assumed to be a distinct emotion that arises when we believe we have violated a

standard. Thus, guilt is not presumed to be part of another larger emotion, but a genuine experience unto itself. His theory does not provide much by way of experiential themes that I may want to be aware of in my own subjects' reports. I will remain alert, however, to his suggestion that violating certain cultural standards will normally be a major source of guilt for most people.

#### Summary of Themes from Theoretical Perspectives on Guilt

This review of theoretical perspectives on guilt has alerted me to a number of themes that could possibly emerge in subjects' reports. While several of the perspectives focus on guilt as an unconscious phenomenon, they also suggest some potential themes that may be part of subjects' experiences.

The Freudian perspective offers two main "themes of guilt" which could emerge in subjects' reports. One apparent theme is guilt as a conflict between individual desires versus the standards of the parent/superego. A second theme focuses on guilt as borne out of fear of loss of love, and desiring to secure love by assimilating parental standards. When one obeys the standards of the parent, there is no guilt; when the standards of the parent are transgressed there is a fear of loss of love and guilt arises. It is possible this theme could arise in OC subjects' reports about their own guilt.



From the Neo-Freudians there is also a theme of fear of loss of love. Another theme, however, involves fear of harming the parent. Guilt may be experienced in situations where the individual is acting contrary to the wishes of the parent, and the parent is threatened. Making reparation as a way of resolving guilt is a third focus in this perspective. Pathological guilt and reparation is another: developmental goals may be relinquished in order not to harm the parent, or to "make up for" damage, and resolve severe guilt. Growing children may assimilate the pathology of a vulnerable parent to avoid abandoning them.

The existential perspective includes themes of guilt over harming others, or harming our relatedness with them. A second theme focuses on guilt as a failure to the self; there is a discrepancy between our actual and ideal selves and we are responsible for it. Conversely, when we deny our failures we are acting in an ingenuine way and may also feel guilt. Lastly, we may experience guilt when we fail to live up to the ideals of the culture we are members of.

The differential emotions perspective offers little by way of experiential themes. It focuses on guilt as arising from "wrongdoing", or as the violation of a standard. This standard may be private or it may be public. Guilt is most often manifested, however, when we have transgressed a standard that our culture deems important.

Thus, themes of loss of love, harming the parent, or betraying their standards, harming others and our relationships, and failing to achieve our full potential according to personal and public standards, are themes that could emerge in my own subjects' reports. While I am not certain these themes would present themselves, it would seem helpful to be able to recognize them if they did emerge.

#### Qualitative Investigations of Guilt

In this section I include overviews of several qualitative investigations of guilt that utilize a phenomenological approach. I believe they are excellent examples of the approach and portray a rich, detailed understanding of the experience of guilt.

Morano (1973) investigated existential guilt from a phenomenological perspective.<sup>4</sup> Using this approach, he explored themes of guilt as they emerged in the lives of characters from classic literature (including the characters of Oedipus, Macbeth, Joseph K. and Raskolnikov), as well as in the lives of the historical figures Martin Luther and Adolph Eichmann.

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<sup>4</sup> While the theoretical perspective of Morano was outlined in the section on existential writers, this review will deal more specifically with his findings.

Through examining his "subjects", Morano derived an existential understanding of guilt reflected in their lives. He viewed guilt as a manifestation of the discrepancy between what one is and what one wishes to be. The guilty person recognizes the discrepancy and struggles with realizing that one may never even approximate all that is possible. This struggle is embedded in the awareness that while the state of one's existence cannot be entirely under one's control one is nonetheless utterly accountable for it.

Morano used several metaphors to illuminate the meaning of guilt in his subjects, and as a universal human experience. The first metaphor is physical, and depicts guilt as a stain, or as a dirtying of the self. Within this is the implicit acceptance of a moral world whose order we have violated, and a sense that our moral aspirations have been tainted.

Guilt also includes a deviation from our path, or our moral ambitions. Hence, the words "transgression" and "deviation" are often used to depict a movement away from our chosen course. Morano notes that the sense of having "moved away from" may be realized as a temporary anomaly or as a more permanent redirection.

Morano's third metaphor for guilt includes a sense of being lost, of not knowing where we belong or where we are going. The sense of being lost is accompanied by a feeling

of irrevocability, that we have lost our way and will not be able to find the way back.

Guilt is also seen as sin, but here sin as a "falling." Morano represented falling as a plunge into something below or beneath ourselves. We are not at our highest point when we are guilty; we have descended to a lower order through slipping and falling.

Guilt may also be seen as rebellion. This revolt may be against the self or others, but arises from unwillingness to experience guilt and acknowledge it openly. We need to deny the guilt and the deficiency that created it, yet the denial is incomplete and the discrepancy is felt and reacted against.

Guilt is also an "enslavement". Experiencing guilt means that we are not free to fully appreciate other states. In Morano's words, "Ours is not a thoroughgoing freedom. We are hemmed in on all sides. We are captives of our passions and mutable feelings and weak resolves, of our conflicts within and our confusion concerning the best course of action to pursue" (1973, p. 60).

Guilt is depicted as darkness, or blackness. This perception symbolizes all those environments that we ought to fear: dungeons, empty nights, Hell. The image of darkness contrasts with that of brightness and light: in guilt we have no daylight or lustre.

Morano's final metaphor is that of guilt as a pursuer. Guilt evokes a feeling that one is being stalked. It is a subtle pursuit because one cannot see the stalker and simply confront it. The knowledge of being hunted is certain however, and one has the sense that attack may be imminent.

The metaphorical themes are, as can be seen, rich and detailed. They provide a perspective of guilt that is resonant of human experience on a number of levels, including the physical, perceptual, and spatial. They evoke powerful images of guilt as a commanding and controlling emotion. In his descriptions there are few redeeming qualities of guilt: it is clearly an adversary of the self.

Brooke (1985) also offered a phenomenological perspective on guilt. He derived his viewpoint primarily from the work of Jung, explaining that the goal of his study is to, "...understand and explicate the meaning and structure of guilt as it is lived and experienced pre-reflectively" (1985; p.174).

Brooke centred his review around aspects of Jung's perspective on guilt. Like the existentialists, Jung similarly suggested that guilt was the consequence of not fulfilling all of one's "archetypal potentialities." Conversely, he also posited that guilt was experienced as one strove for individuation. Individuation unconsciously

implied a primal abandonment of the "mother" and of the group, or herd. Abandonment evokes a tension between being one's self and betraying one's group, and feelings of guilt result.

With this theoretical background established, the guilt themes derived from Brooke's subjects are more readily understood. Brooke derived eight themes from his subjects' descriptions. Following is a listing of these themes:

1. One experiences guilt as s/he accepts responsibility for damaging a valued world relationship. This damage may involve the self and another person, the self and the natural world, or the self and the spiritual world.
2. Guilt occurs within an interpersonal context of shared values. The damaged relationship is only recognized through this context.
3. Guilt is experienced within an environment of actual or imagined, accusatory others. While the self is judging the self, it is felt as coming through the accusations of these others.
4. Pre-reflectively, guilt tends not to be appreciated as a feeling of responsibility or blame. Prior to reflection, guilt is often experienced as a vague dissonance with no clear meaning. It is only after reflection that one can fully realize and experience guilt.

5. Guilt is lived as a discrepancy between public and private modes of existence. It is realized as a tenuous balance between a peaceful outer presentation and a conflicted inner state. The balance is maintained only insofar as one can hide the conflict from others. Guilt compels a "hide and seek" interpersonal stance with the genuine, but guilty, self remaining hidden.

6. Guilt is lived as a lack of self-acceptance. Feelings of anxiety, worthlessness, and disappointment are evident and may even be realized in a depression.

7. Guilt is resolved when the discrepancy between the outer and inner modes of existence are unified. One may then be open and genuine with others.

8. There are both authentic and ingenuine means of resolving guilt. Ingenuine means involve a denial of responsibility. Through this denial the discrepancy between the outer and inner self is widened. Authentic resolutions occur when one disavows responsibility and guilt that should not have been appropriated, when one confesses genuine guilt and makes reparation, and when one forgives the self.

Brooke concludes that guilt must be studied experientially and from within its existential context. I recognize the theoretical foundations which focused Brooke's thinking about guilt, but I find myself questioning whether he remains true to the phenomenological

tradition when he searches for certain existential themes. I am uncertain if the lived experience of subjects is appreciated when one approaches their descriptions with an explicit agenda. However, these themes do appear resonant of the experience of guilt.

Yoder (1989), in her doctoral dissertation, explored guilt from a phenomenological perspective. She asked a small group of subjects to describe an experience in which they had felt guilt, and extracted eleven general guilt themes:

1. Guilt is experienced as a feeling of alienation. One feels cut off from others, from oneself, from the world as it "normally" is, and even from the regular experience of time. Alienation is intensified as one expects judgments from others and believes that others are more worthy.
2. Guilt creates isolation. One avoids being with others due to feelings of disappointment with the self, fear of criticism, and a belief that no one could understand.
3. Guilt creates self-blame. Guilty persons are angry with themselves and feel that only they are responsible for the "guilty act." They often feel a need to atone and may achieve this through self-criticism and avoidance of anything pleasurable. At times, self-blame evolves into a structural change in self-view and one blames the self for many things.



4. Guilt evokes a conflicted view of the self. Dislike of the self is contrasted with the sense that one is still "good." A tension is created that is difficult to reconcile, between believing that as a "good person" one "should have known better," and the reality of the guilty act. Often exaggerated standards of "goodness" are developed in attempts to compensate for the act.

5. Attempts are made to escape guilt. One may avoid acts associated with the guilty one, or may avoid the area where it occurred. One may escape it by attempting to deny the guilt, or by fantasizing about a happier time or place.

6. Guilt has an obsessive quality. Attempts to escape guilt are met with limited success. It permeates all domains of life as a persistent force and is difficult to dismiss for even a short time.

7. Guilt is related to feelings of responsibility and control. Guilty persons believe that the guilty act was their fault and that they were responsible for it. There is an implicit assumption of control. They believe that they had a choice in the act but made the wrong decision.

8. Other painful emotional states are associated with guilt. Guilt fosters feelings of anger, fear, disgust, unworthiness, disappointment.

9. Physical states also accompany guilt. These physical sensations may be described as tension and pain in the body, often as headaches and stomachaches. At other times,

they may be felt as a sense of disconnection from the environment or as feelings of unreality.

10. Guilt feelings are often prolonged and repetitive. They cycle through the sufferer and play themselves out, only to begin again. One's sense of time may be slowed down and any resolution of the guilt seems in the distant future.

11. Guilt is experienced as heavy and restrictive. It creates a feeling of being closed in and restrained. It is draining, a consumer of emotional energy. Means to empower oneself are cut off and unavailable.

Yoder's categories provide a unique description of guilt. Locating guilt experiences in the physical and temporal realms, and noting subjects' frustration with the irreversibility of their behaviours, provide added dimensions. Her consideration of the element of control in guilt is also intriguing, given that her subjects often assumed responsibility and guilt for events clearly beyond their control. This aspect of control may be especially relevant for my own investigation: it has been suggested that OC sufferers often feel obligated to foresee and control circumstances that most others would deny responsibility for.

Lindsay-Hartz (1984) used the contrast between guilt and shame as the basis for her phenomenological

investigation. The author extracted themes characterizing shame and guilt from subjects' reports, and then examined differences between the two experiences. For my purposes, I primarily review the themes of guilt:

1. While experiences of guilt are difficult to talk about, one is nevertheless compelled to do so. Guilt is accompanied by an urge to confess and in so doing perhaps "make up for." There may be an inclination to hide the act from others although this desire conflicts with the need to atone.

2. Guilt involves a sense of transformation wherein one does not feel quite the same person as before. The sense of self is not completely altered however; one can retain the idea that s/he is a "good person" yet wonders why s/he behaved as a "bad person." The self-image is transformed to the degree that it is under question and scrutiny.

3. Guilt creates a sense of isolation and displacement. There is a loss of harmony between oneself and the outer world. Relatedness with others is impaired and the feeling of belonging in the world is insecure; we are not sure where we are.

4. Guilt arises out of the belief that one could have, and should have, acted otherwise. This belief implies a sense of responsibility for the act and its consequence, as well as control over the decision to act.

5. One is compelled to confess and make reparation for damages. Reparation helps maintain the view of the self as basically "good": one is then able to both maintain a moral standard while at the same time recognizing one has violated it.

6. There are both positive and negative functions in the experience of guilt. Guilt enables one to highlight moral standards and values and to clarify them. Via the belief in control that is central to guilt, one is also able to support the assumption of order in the world, a belief that may not be realistic. Guilt supports connection with others through the acts of confession, atonement, and forgiveness. However, feeling guilt and confessing to retain connection with others may be to the detriment of one's own value assertion and individuation.

The Lindsay-Hartz study is an excellent description of the experiences of guilt. It provides a detailed look at the qualitative experience of the phenomena in a way that I feel quantitative studies have neglected.

I see two shortcomings in this study however. The given descriptions for guilt unfortunately are not as complete as those for shame. Considerably more time is dedicated to a discussion of shame over guilt. This bias may stem from her stated belief that shame is a "more negative" and overpowering emotion than guilt. Surely this is debatable, given other guilt themes reviewed in this

paper. Secondly, the author may have been limited to some extent in extracting her themes as she used a fairly structured system to abstract them.

### Quantitative Investigations of Guilt

This section will review a sample of the quantitative literature on guilt. While I am pursuing a qualitative examination, I believe it is significant to assess to what extent this literature illuminates our understanding of the phenomenon. I focus my review primarily around the theme of guilt as an emotion distinct from others. I also include a discussion of guilt as a disposition, and a discussion of sub-varieties of dispositional guilt.

#### Guilt as a Discrete Emotion

Much of the impetus for investigating guilt as a distinct emotion arose out of the work of Ekman (1972) and Izard (1977), both of whom argue there are a finite number of basic human emotions<sup>5</sup>. Following this work, other researchers began to investigate the differences between guilt and other emotions, and in so doing, build a case for guilt as a discrete emotion. I believe that in reviewing studies of guilt as a discrete emotion I will be more aware

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<sup>5</sup> See theoretical section (p. 27) for a fuller discussion of Izard's differential emotions theory.

of the true guilt experiences of my own subjects. That is, I will be more certain when my subjects are relaying their experience of guilt, rather than another related emotion.

Most writers argue that guilt is a distinct emotion with discriminable determinants and antecedents.

Hoblitzelle (1987) investigated how differences between guilt and shame could be measured quantitatively. She examined the internal reliability and validity of two guilt/shame measures in order to determine if these constructs discriminated themselves.

Subjects were administered two guilt/shame scales along with several others assessing personality variables related to shame and guilt. Hoblitzelle found that the guilt/shame scales revealed independent factors labelled "guilt" and "shame." Thus, these measures appeared internally valid and provided indirect evidence for the differentiation of the two constructs. Relationships between the two scales and related personality variables, however, were not as clear. The scales did not correlate with personality variables in any systematic way, shedding some doubt on the construct validity of the scales.

In her second study, Hoblitzelle wanted to assess construct validation for a measure of guilt alone, and to replicate the results of the above study. She found limited support for the construct validation of her measure of guilt. Additionally, patterns of correlations between

the guilt component of the guilt/shame scales and the variables thought to be related to guilt were varied and not systematic.

Hoblitzelle concluded that there is some evidence for the quantitative differentiation of shame and guilt. She suggested that item overlap in measures of guilt and shame made it difficult to obtain clear construct validity; thus, existing measures are inadequate to assess differences between the two constructs. It is, however, possible that the constructs are not essentially different and that arguments for their discreteness are problematic. In response, Hoblitzelle argued that there are probably similarities and differences between the two emotions. She cited evidence that shame and guilt are phenomenologically different, that they are evoked by different situations, and lead to distinct behavioral responses.

Wicker, Payne and Morgan (1983) also investigated if subjects could distinguish between guilt and shame in a manner consistent with theoretical accounts of the two emotions. Subjects described personal events representative of guilt, shame, fear, anxiety, hope, and serenity, and then rated these experiences on dimensions derived from theoretical accounts of guilt and shame. The authors found differences between shame and guilt (although similarities were also noted). It was found that guilt did not persist as long as shame, that feelings of self-

confidence were not as impaired in guilt as in shame, and guilt evoked less of a desire to punish others.

In a second study subjects were given an exercise identical to that above, but with only guilt and shame being assessed. Results generally supported the notion that guilt and shame are separate emotions that are experienced as distinct, and that can be discriminated along a number of dimensions. For example, most subjects described guilt as centred around feelings that the self had committed a wrong, whereas shame focused on others and their evaluations of the self. Both emotions however, were described as painful, as causing a feeling of inner tension, and resulting in physiological arousal. Overall, the authors concluded that their results offer a strong case for the distinct nature of guilt.

Tangney (1990) also examined differences between guilt and shame. In her work she considered proneness to guilt and shame, arguing that people are likely to experience more guilt or more shame in given situations. From this position, she developed a guilt/shame inventory to determine whether guilt- and shame-proneness were differentially related to measures of hostility, anger, and aggression. Results showed that guilt- and shame-proneness were differentially related to these variables. For example, guilt-proneness was negatively correlated with indices of anger, hostility, and aggression, while shame



was positively correlated with measures of hostility and anger. Tangney concludes that her results offer support for the discrete natures of guilt and shame, and emphasized that each has particular interpersonal sequelae evidenced in angry or hostile reactions.

Weiner, Graham, and Chandler (1982) examined differences between pity, anger and guilt through an attributional analysis. They argued that antecedent conditions elicit, and, in part, give meaning to the emotions that follow them. They hypothesized that pity occurs when one observes others in a negative state as the result of uncontrollable conditions; anger is experienced when one is in a negative state as the result of factors controlled by others; and guilt is felt when one has caused a negative state in another as the result of personally controllable factors.

Subjects recorded situations in which they experienced guilt, anger, or pity. Results showed that feelings of guilt arose only in those situations where subjects believed they caused another's negative state, and felt they had control over those causes. Neither pity nor anger were evoked by these attributions. The authors concluded that pity, anger, and guilt are distinct emotions experienced in response to particular behavioral antecedents.

Klass (1990) has also differentiated the emotions of guilt, shame, and embarrassment. Through an extensive review of empirical investigations, she found that these emotions may be differentiated along two dimensions: moral emphasis, and concern with others' evaluations. She suggested that guilt involves the greatest concern with moral wrongdoing, whereas shame may or may not have morality as a feature. Moral evaluation is usually absent in embarrassment.

In terms of concern with others' opinions, Klass suggests that embarrassment arises when one believes that others are evaluating one's external image. Shame is similarly derived from the sense that others are harshly judging the individual, whereas guilt involves little regard for others' opinions - here the focus is predominantly on the self. Both embarrassment and shame, then, involve a sense of being at the mercy of others, while guilt is distinct in this respect.

Klass (1978, 1981, 1987) also investigated the construct of guilt by developing a guilt measure and administering it to subjects along with additional measures of guilt, depression, and social desirability. Scores on this scale converged with those of the external measures in theoretically consistent ways. For example, those reporting higher guilt on Klass' scale also reported higher guilt on the external guilt measure. Klass' scale appears

to offer some validity as a measure of the feeling of guilt and provides indirect support for guilt as a construct unto itself.

### Guilt as Disposition & Sub-Varieties of Dispositional Guilt

Much of the impetus for quantitative investigations of guilt began with Mosher (1966, 1979), who developed several inventories to assess the disposition of guilt. Mosher considers the disposition of guilt to be more encompassing than the affective state of guilt. He assumes it to be part of one's personality and thus to be more stable than the state of guilt<sup>6</sup>. Mosher operationalizes guilt as "...a generalized expectancy for self-mediated punishment for violating or anticipating violating internalized standards of moral behaviour" (1979; p.106). In my investigation I am primarily focusing on guilt as an emotional state. However, it is possible that some subjects experience guilt as a more enduring part of "who they are". Thus, it seems helpful to be aware of work conceptualizing guilt in this way.

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<sup>6</sup> Mosher does not wish to substitute "trait" for "disposition". He claims that "trait" often is regarded as pansituational, whereas "disposition" is transituational. One who is high in dispositional guilt will not necessarily view all situations as guilt-evoking (pansituational). Rather, one may over-appraise situational cues as relevant to the potential violation of a standard (dispositional).

Mosher constructed three inventories to assess dispositional guilt and determined that the tendency to experience guilt in situations could be broken down into the following domains: sexuality (guilt associated with sexual thoughts or acts), hostility (guilt evoked by hostile feelings or behaviours), and morality-conscience (guilt produced by thoughts or acts which violate a moral, religious, or ethical code). Mosher has accumulated evidence to support these distinctions, although the data mainly supports sexual guilt as a discriminable form of dispositional guilt.

Mosher (1966) administered three measures of the three aspects of guilt to subjects. Subjects' responses provided some support for discriminant validity, and generally supported the distinction between the three concepts of guilt. However, the category of sexual guilt received the greatest support. Mosher concluded that assessing sexual guilt has predictive utility in those situations involving sexual behaviour. The measure of sexual guilt has since predicted a host of sexual behaviours, including the occurrence of premarital sex, use of pornography, and attainment of birth control information. The subcategories of hostility guilt and morality-conscience guilt have not enjoyed as much success as the sexual subcategory. There is, however, some reasonable support for the continued

distinction between all three subcategory measures (Mosher, 1979).

Abramson, Mosher, Abramson & Woychowski (1977) investigated whether theoretically consistent relationships existed between Mosher's measures of dispositional guilt and a measure of manifest needs. These authors found that guilt shared variance with some of the manifest needs, suggesting decreased construct validity for guilt. Yet there were also theoretically congruent relationships between the measures; for example, subjects high in sex guilt had less desire for sexual contact with others. The authors concluded that there was support for the continued use of the three guilt measures and that dispositional guilt appeared to be a variable unto itself, rather than one aspect of a larger personality construct.

Fehr and Stamps (1979) also assessed the relationships between Mosher's guilt scales and measures of anxiety, hostility, values, self-esteem and religious orthodoxy. Consistent relationships between the measures supported the construct validity of the three categories of guilt. For example, there was a negative relationship between sex guilt and religious orthodoxy, and a negative relationship between manifest hostility and hostility guilt. Overall, the subcategory of sexual guilt received the most support.

In summary, there appears to be some support for Mosher's conceptualization of guilt as a disposition which

is manifested in subcategories of sexual, hostility, and morality-conscience, guilt. In particular, the measure of sexual guilt has received the greatest support. This measure has predicted sexual behaviour in a reliable and valid manner. Mosher (1979) suggested that using this measure to predict guilt concerning sexual behaviour is more useful than a general measure of guilt.

Klass (1981, 1988) has also investigated women's tendency to feel guilt in a variety of situations. She noted that many women seem to have a generalized tendency to feel guilt about numerous events in their lives, including guilt for sexual behaviour, for conflicts in family, for the occurrence of battering and incest, and for focusing on self and refusing the demands of others.

In a 1981 study, Klass assessed women's guilt over asserting themselves, where assertion was conceptualized as refusal of an unreasonable request. Results showed that women who expressed high guilt over assertion were unlikely to refuse another's request; thus, guilt would presumably influence the overt behaviours of the women in this study. Additionally, subjects showed a distinct cognitive pattern preceding the assertion situations. Those with high guilt believed that their refusals would result in more harm coming to the refused person and that they would be more responsible for this harm than either those with low or

moderate guilt. Additionally, these women tended to emphasize the moral features of harm coming to others.

In summary, this research suggests that guilt over assertion is mediated by the sense that one has committed a wrongdoing. Subjects who experienced high guilt over assertion tended to perceive their refusal as harmful to others. These women then behaved in certain ways in response to this guilt; in this case they tended to accept unreasonable requests from others in the future.

Taken together, these quantitative investigations suggest that guilt is a discrete emotion. The research has demonstrated, with moderate success, guilt's differentiation from shame, pity, anger, and embarrassment by delineating some specific situational precursors and behavioral sequelae. In all cases, there appears to be support for the nature of guilt as following a perception of wrongdoing according to explicit or implicit standards, and a desire for "setting right" through either reparation or acquiescing to a demand. It has also been seen that these differences are open to measurement and detailed analysis.

### Summary

Clearly, the literature on guilt is extensive. In this section I briefly summarize guilt "themes" that I have

derived from the above reviews and that I want to be alert to in the analysis of my own subjects' reports.

First, guilt appears to be a discrete emotion independent of others such as shame and pity. Guilt inevitably involves a perception of wrongdoing, or violation of a standard. We may feel we have harmed others or have damaged a valued relationship.

Second, guilt is experienced as a conflict, or as a discrepancy. This is clearly evident in the Freudian, Neo-Freudian, and existential views, and is a theme throughout the qualitative reviews. There is a sense of conflict between satisfying individual desires and violating a standard of some sort. We find ourselves anticipating committing, or actually committing, acts that may meet our own desires, but that transgress a valued standard. We may have betrayed the values of our parents, the expected standards of our culture, or our own internal standards of what we expect ourselves to be. We take responsibility for this violation; we believe we had the control over our choice, but made the wrong decision. Our view of self is conflicted; we see ourselves as basically "good", and have trouble understanding why we have done "bad". Thus, we feel a discrepancy between what we are anticipating doing, or what we have done, and what we ought to have done instead.



Third, to the degree that our standards are inordinately high, we see ourselves as potentially committing many transgressions. The Freudian and Neo-Freudian perspectives, in particular, emphasize the effects of harsh or moralistic parenting on the development of guilt. If we have learned that many things in the world are "bad," or that one must always be "good," our conflict is amplified. Fulfilling our wishes could easily transgress one of our many standards. Similarly, if we have learned we are omnipotent, acting in our own interests may have harmful consequences for others; we risk hurting others when we do so.

Fourth, guilt, especially if inordinate, may invoke fear of loss of love, or relatedness. Guilt creates an isolation and alienation from others. We often wish to make reparation, to decrease the pain of our guilt and our fear. We attempt to resolve our guilt through confession and expiation. If our guilt is severe, we may make excessive sacrifices to help attain forgiveness from others. If we are guilty only to ourselves, we may punish the self. We often make resolutions not to transgress the standard again. The phenomenological experiences of fear of loss of relatedness, and desire for reparation are especially evident in the Neo-Freudian perspective, and is noted in the existential view. Qualitative reviewers also emphasize the seeming compulsion to atone.

These are the major conceptual themes that I have abstracted from my review of the guilt literature. I am unsure whether or not any of these themes will emerge in my participants' reports, especially as they are primarily derived from conceptualizations of guilt as unconscious. Therefore, I propose them as tentative guidelines for my own analysis. However, they do appear to be coherent and reasonable understandings and thus, it would seem important to be able to recognize them if reported by subjects.

#### Review of the Role of Guilt in the OCD Literature

In this section I consider literature which focuses on the role of guilt in OCD. I review primarily psychoanalytic and behavioral/cognitive-behavioral perspectives.

#### Psychoanalytic Conceptions

Freud was among the first to discuss the role of guilt in "obsessional neurosis." As he conceptualized obsessional neurosis, repressed sexual and aggressive impulses, typical of the anal stage, intrude into consciousness in symbolic form. Generally, these are the thoughts, images or impulses that today would be identified as the obsessions of OCD. The superego, however, reacts

against these impulses, creating guilt, and defense mechanisms are employed to guard against full ego awareness of the impulses. Defense mechanisms are ultimately manifested as the symptoms of compulsions, which are attempts at avoidance and/or reparation in response to this guilt. Undoing, intellectualization, reaction formation, and isolation were thought to be the primary mechanisms by which the troublesome affect was defended against, and their excessive expression essentially defined obsessional neurosis.

Other psychoanalytic writers have also considered the role of guilt in OCD. In Lewis' (1971, 1979) discussion of guilt in OCD, she largely agreed with Freud. She added, however, that patients often developed obsessive tendencies about guilt. She stated that obsessive patients enter into vacillating internal dialogues with themselves, and with the analyst, concerning whether or not a given course of action was "right". Block felt that this vacillation evidenced the rage that accompanies a defended-against guilt about one's behaviours.

Stein (1968) also agreed that OC symptoms were expressions of forbidden impulses (obsessions), and reparations for these wishes (compulsions). He spoke of the guilt from hostile impulses as a "retroflexed rage" turned back against the ego in a self-punitive manner. He added: "It is important to see that this retroflexed rage

is the guilt feeling, the self-punishment, which occurs in response to the conscious or unconscious impulses, which, when conscious, are spoken of as obsessions if repetitive" (p. 125).

Again, the psychoanalytic conception of guilt in OCD suggests that the guilt plays an unconscious role in the disorder. Therefore, it would not seem likely that my subjects would verbally report psychoanalytic understandings of their experience of guilt and OCD. The Freudian perspective does, however, suggest some general themes that I may wish to be alert for. Again, the idea of conflict between individual impulses and some higher standard, and the notion that one is thinking or acting in ways that are "bad" or forbidden, is evident. The idea of reparation or atonement is also apparent here. It is quite plausible that these general themes may be present in my subjects' own experiences.

#### Behavioral/Cognitive-Behavioral Conceptions

In this section I combine the behavioral and cognitive-behavioral (B/CB) discussions of the role of guilt in OCD. Their similarities should be quite apparent. I focus on several themes that arise in the B/CB literature with respect to guilt and OCD, and which I anticipate could be part of my subjects' experiences.

1. First, there is the notion that obsessions are noxious stimuli to which sufferers have failed to habituate. Compulsions, in turn, are activities that are initiated and maintained due to their anxiety-reducing properties. Rituals are thus rewarding, and are directly faulted for not permitting habituation to obsessions. This position is exemplified in the work of Rachman (1971, 1976), and Rachman & Hodgson (1980).

2. Secondly, sufferers react negatively to certain thoughts, impulses, and actions that many others find "normal." For example, there are many "bad" thoughts that create guilt and should be avoided. Contaminants, such as dirt or bodily secretions, may be reacted to with guilt or disgust.

Rachman and Hodgson (1980) were the first to question why sufferers reacted negatively to obsessions, especially given the frequency of "normal obsessions" in normal populations. Rachman and de Silva (1978) had found in a sample of college students that most experienced intrusive thoughts and the content of these was essentially identical to that of the obsessions typically characterizing OCD (i.e. thoughts of death or violence, sexual impulses, fears of harm befalling others, etc.). Normal subjects, however, found these thoughts less disturbing and easier to

dismiss<sup>7</sup>. Rachman and Hodgson (1980) concluded that obsessions are distressing because of the experience of feelings of guilt and anxiety, or anticipation of it, in the thinker.

Rachman (1976), Rachman and Hodgson (1980), and Steketee, Grayson and Foa (1985) have since suggested that sufferers make effortful attempts to avoid guilt; this is most obvious in the case of checkers. Rachman (1976) stated that:

The underlying motive in all of these examples (checking rituals) is the attempt to avoid punishment in the form of criticism either from others, or self-directed criticism, i.e., guilt. Where the cleaners are mainly trying to avoid coming into contact with danger, discomfort, or fear, the checkers are mainly taking steps to avoid criticism or guilt (p. 270).

Other authors have suggested that avoidance of guilt may also be evident in those for whom contact with "contaminants" (i.e., dirt, urine, semen) evoke feelings of guilt and disgust. Similarly, in those with obsessions only, the experience of thoughts viewed as "unacceptable" (i.e., sexual or violent thoughts), may create feelings of guilt (Insel, 1982; Minichiello, 1990).

Turner, Steketee, and Foa (1979) explored a fear of guilt and criticism in checkers, washers, and phobic outpatients. OC subjects differed from phobic subjects in

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<sup>7</sup> These results were subsequently replicated by Salkovskis and Harrison (1984).

terms of feeling more afraid of receiving criticism from others; checkers and washers did not differ between themselves, however. The authors concluded that a fear of criticism and anticipation of guilt may be prominent in both checkers and washers and that this factor should be given equal consideration when treating washers and checkers.

Thyer, Curtis, and Fechner (1984) unsuccessfully attempted to replicate the Turner et al (1979) findings. These authors found that OC subjects reported stronger fears of criticism than simple phobics, but could not be distinguished from social phobic and agoraphobic subjects. They concluded that the hypothesis of a selective association between fear of criticism, guilt, and OCD was not tenable.

3. Thirdly, sufferers overestimate the degree of risk in situations. They over-assume responsibility and guilt for potential harm, and fear they have not acted sufficiently to prevent it. Rituals help ensure the aversion of disaster and, therefore, responsibility and guilt.

Cognitive-behavioral (CB) theorists, in particular, have developed these ideas which I briefly present. McFall and Wollersheim (1979) and Salkovskis (1985) proposed similar CB formulations of OCD. These authors suggest that appraisals of threat are normally mediated by cognitive processes. OC sufferers, however, overestimate the degree

of threat inherent in certain thoughts, impulses, or actions. This overestimation stems from a series of highly unreasonable, but valued, standards held by most sufferers. For example, the beliefs "one should not think certain thoughts;" "one should be perfect in order to avoid criticism;" "making mistakes should result in condemnation and guilt;" "one should try to always prevent harm - failure to do so is akin to causing it," engender exaggerated feelings of threat as sufferers must try to meet the unrealistic standards or violate them.

Particular consequences follow from these appraisals. Emotionally, the individual may feel utterly responsible for potential harm and anticipate tremendous guilt if disaster occurred. Behaviorally, the sufferer may attempt to ensure s/he is not held responsible, blamed, or left to feel guilt for negative consequences. OC sufferers also tend to underestimate their ability to cope with threat (i.e., thinking "bad" thoughts, anticipating making mistakes) and the guilt and fear that they engender. Thus, feeling responsible for harm, yet lacking confidence in their ability to cope effectively, sufferers may respond in ineffective or maladaptive ways (i.e., "I must repeatedly check the stove so that I am not responsible for a fire;" "I must vigorously clean so that I am not responsible for spreading disease;" "I need constant reassurance that I will not act on this aggressive/sexual thought").



Salkovskis held that believing one must prevent harm or be held accountable for consequences, is key in compulsive behaviour. He cited the clinical observation that checkers, in particular, often experience decreases in the urge to ritualize when others assume responsibility for locking doors, checking stoves, etc. Similarly, checkers often do not feel the need to check things outside of their homes as they know they will not be held responsible for negative consequences. Thus, fears of negative outcomes per se are not problematic for sufferers. Rather, it is the appraisal that one will be held responsible, blamed, and left guilty that is prominent (McFall & Wollersheim, 1979; Minichiello, 1990; Rachman & Hodgson, 1980; Turner, Steketee & Foa, 1979).

Steketee, Grayson and Foa (1987) supported Salkovskis' position. Contrasting OCD with other anxiety-disordered outpatients, they also found that OC patients reported significantly more feelings of guilt, inadequacy and blameworthiness, than the comparison groups. The authors concluded: "The greater guilt and tendency to blame themselves reported by obsessive-compulsives is congruent with clinical impression. Obsessions are often accompanied by an overriding sense of responsibility and guilt that efforts to prevent danger or harm were not adequately carried out" (p. 334).

4. Fourth, the learning histories of sufferers reflect emphases on cleanliness and perfectionism, along with exaggerated standards of what is "bad" and "good".

Rachman and Hodgson (1980) proposed that strict, moralistic parenting in sufferers' histories may induce them to label many thoughts, impulses, and actions, as unacceptable. Effortful attempts are then made to avoid or rid themselves of these, as they often invoke feelings of guilt and anxiety. Furthermore, intense parental criticism, coupled with severe guilt for failing to meet inordinately high standards, may exaggerate fear of mistakes and create doubt about whether mistakes have been committed. Ritualizing is one way to manage strong feelings of guilt and doubt: for example, if one is inordinately afraid of mistakenly leaving a stove turned on, resulting in fire, and is experiencing or anticipating intense guilt, one may alleviate these feelings by repeatedly checking stove dials. Similarly, strong guilt over thoughts of killing one's child may be countered by reassurance-seeking, repeating "good" thoughts, and avoiding sharp objects.

Several decades earlier, Cameron (1947) forecasted the sentiments of Rachman and Hodgson (1980), suggesting that family environments stressing guilt played a major role in OCD:

The old-fashioned practice of constantly impressing upon little children the gravity,

prevalence and terrifying fruits of worldly wickedness, long before they are capable of understanding adult problems, is still a common source of compulsive behaviour. Children who believe that they are perpetually in danger of plunging into mortal sin can hardly avoid being dominated by attitudes of guilty anxiety...to gain control over things and protect themselves from the dangers of unwitting sin, children are likely to employ the naive techniques of compulsive ritual...(p. 313-314).

Other authors agree that guilt and parental training play a role in sufferers' problems. Hoover and Insel (1984) found that families of OC patients were typically isolated and maintained standards emphasizing cleanliness, meticulousness, and perfection. Parental attitudes towards bodily processes related to toileting and sex often reflected disgust. The children from families where these attitudes were extreme tended to have obsessions about contamination and had bathing rituals following toileting or sexual activity.

The authors suggested that parental attitudes about cleanliness and contamination may engender similar feelings in OC patients. Patients, in turn, react to contact with "contaminants" with severe feelings of guilt, shame, and disgust, compelling them to ritualize to alleviate their feelings and restore a state of purity. They add that a constitutional vulnerability towards psychiatric illness likely exists in OC patients, but family environment facilitates the expression of OC symptoms in particular.

Fitz (1990) examined the role of familial and religious factors in OCD, and found that compared with other patient groups, OC patients more often had parents with moralistic, perfectionistic, and demanding attitudes: those most likely to engender feelings of guilt over "bad" thoughts and behaviour. The author suggests:

...that a family environment can contribute to the onset of OCD when it is stressful enough to cause unwanted thoughts in individuals, and/or when it is characterized by the use of strong, negative emotions to warn that certain thoughts are wrong and dangerous and must be avoided at all costs. This mode, however, does not make clear whether any form of stressful home environment will contribute to the onset of OCD or whether the stress must consist of specific elements, such as perfectionism and parental rejection (p. 145)

Fitz also suggested that the authoritarian components of religion might contribute to the development of OC symptomatology in much the same way as authoritarian families do. In his review he found a disproportionate number of OC sufferers who were raised in extremely religious environments. He stated, "While this...does not indicate the causal factors involved in OCD, it is consistent with the view that religious factors and rigid, perfectionistic home environments can combine to produce excessive guilt and fear in children that may lead to obsessive behaviours" (p. 144).

Steketee, Quay, and White (1991) also considered the roles of guilt, and religion in OCD. In their study they

found that severity of OC symptoms was positively correlated with both guilt and religiosity, on one of the measures used. The authors questioned if all the guilt measures used were relevant for OC patients whose guilt "...involve[s] concern about causing physical harm to family members and loved ones if rituals are not perfectly performed" (p. 365). They conclude that the role of guilt in OCD appears to be a meaningful one and that further research clarifying this role is needed.

#### Rapoport's Conception

Another perspective on guilt in OCD is proposed by Rapoport (1989). While she agrees that guilt is a factor in OCD, she posits that it is likely a consequence of the disorder itself. Excessive obsessing and ritualizing often consume hours of each day and severely disrupt normal life. Sufferers may experience loss of job, self-esteem, and relationships. Families may become discouraged and resentful as they watch the sufferer devote increasingly more energy to the disorder. The appearance of intentionality in the sufferer's rituals may create confusion and lead family members to accuse him/her of not wanting to stop. It is these factors, Rapoport suggests, that engender guilt in OC patients. Family and patient education about the disorder, as well as treatment, can substantially lessen the sufferer's burden of guilt.

### Other "Common" Conceptions

In this section I include research that cites guilt as a factor in OCD, but does not place it within a particular theoretical context. Thematically, these studies suggest only that those with OCD experience more feelings of guilt than "normal" persons, or other psychiatric groups.

Thyer (1989), mainly from a treatment perspective, suggested that feelings of guilt, derived from whatever sources, are significant in OCD. He stated that feelings of guilt are extremely common in those with OCD and comprise a major component of the clinical presentation.

Thyer agreed that guilt, or anticipation of it, may arise from beliefs that certain thoughts are unacceptable (i.e., obsessive thoughts), and/or that one must be completely certain that one will not be responsible for the occurrence of a feared disaster (i.e., compulsions). These connections between guilt and symptoms are the clearest examples, but Thyer suggested that more ambiguous relationships likely exist and that these also demand examination. He states: "Clearly feelings of remorse and guilt are an important component to obsessive-compulsive phenomena, and...may be treated with a reasonable degree of effectiveness. What is not yet clear is the extent to which these processes represent a central etiological mechanism for patients with OCD..." (p. 100). Thyer

concluded that research into the somewhat uncertain connection between guilt and OC symptoms is necessary.

Guilt has also been implicated in studies of "normal" obsessions, or intrusive thoughts, using college populations. These investigations are relevant here to the extent that most normal "obsessions" have the same content as clinical obsessions (Rachman & de Silva, 1978). If guilt can predict frequency of "obsessions" in normal populations, then this finding might speak to the possible relationship between guilt and clinical obsessions.

Niler and Beck (1989) investigated the relationship between guilt, dysphoria and obsessions in a college population. The major finding of the study was that guilt was the best predictor of the frequency of intrusive thoughts, difficulty of dismissal, and the distress generated by them. The authors emphasized that the role of guilt in both normal and clinical obsessions needs to be explored further.

Unfortunately, this finding was not replicated by Reynolds and Salkovskis (1991). In their study, guilt was not found to be related to frequency, dismissability, or level of distress of intrusive thoughts. These divergent findings may have been due to the use of different measures to assess guilt, as well as to cultural differences between the samples in the two studies. Hesitant to dismiss the role of guilt in normal and clinical obsessions, the

authors concluded that further investigation focusing on guilt and obsessions was required.

Similarly, Manchanda, Sethi, and Gupta (1979) investigated the relationship between guilt, hostility, and OCD. The authors administered a questionnaire and a projective test to OC, and depressed, subjects. It was found that OC subjects revealed more hostility relative to depressed subjects, but were not significantly different with respect to guilt. These results suggest that the role of guilt may not be specific to OCD.

### Summary

Taken together, these results suggest that guilt does figure in the experience and symptomatology of OCD. The literature suggests that guilt may be connected with OC symptoms in several ways. In this section I summarize the themes and presumed connections that emerged in the above review. I present these tentatively especially as they are based in quantitative, correlational studies. I expect, however, that they may help guide me in considering my subjects' reports.

First, those with OCD appear to suffer more guilt than "normals" or other psychiatric groups. Sufferers report more guilt in general and often report guilt feelings with



respect to things that others find trivial. This has been noted in the psychoanalytic and the B/CB discussions.

Secondly, it appears that sufferers' guilt also focuses on violating a standard. Certain classes of thoughts are considered "good" and certain "bad." Forbidden thoughts, such as those of sex or violence, may engender feelings of guilt; one should not think "bad" thoughts. Similarly, there may be many forbidden objects and behaviours. Coming into contact with dirt, bodily secretions, or bodily processes may evoke feelings of guilt and disgust.

Thirdly, there is a theme of ensuring the safety of oneself or others. There may be a sense of ultimate responsibility, along with a fear of being held responsible, and of feeling guilty. Thus, one must do all one can to prevent disaster. There may be feelings of guilt that one is not doing enough. Cognitive-behavioral theorists have emphasized this theme in particular.

Fourth, rituals may serve to reduce guilt feelings over forbidden thoughts, objects and behaviours. They may be seen to help ensure the prevention of disaster, or to restore a state of purity and safety.

It may be seen that guilt in sufferers also appears to be lived as a discrepancy or conflict. There are many "bad" thoughts, objects, and behaviours that must be avoided or not engaged in. Yet sufferers find themselves

thinking "bad" thoughts or contacting "bad" objects. There is thus a violation of those standards governing thoughts and behaviours, and excessive guilt may be experienced. One may also feel the conflict between being a "good" person and doing these "bad" things. Strong desires to "correct for," perhaps make reparation, are experienced and help unify the discrepancies in the self. These themes are apparent in the psychoanalytic conception, but more clearly in the B/CB perspectives.

There may also be conflict between the view of the self as competent and in control, versus the reality of the disorder. The extreme nature of the disorder may create discrepancy in the self as one realizes the command it has. Guilt may be experienced in sufferers as they helplessly struggle with symptoms. This theme is emphasized by Rapoport.

A final theme focuses around the histories of sufferers. Both the Freudian and the B/CB perspectives posit that harsh environments emphasizing cleanliness and perfectionism may play a role in the etiology of OCD. As they grew, guilt may have been engendered in sufferers for the slightest violation of exceptionally high parental standards, often concerning ordinary things such as dirt, or sexual thoughts. There may have been an emphasis on restoring cleanliness. Similarly, there may have been a focus on hyper-responsibility or on averting disasters.

Making mistakes may have been seen as potentially dangerous; thus being certain about not making mistakes was very important.

These are the themes that I might wish to be alert for in my subjects' reports. I am not sure if they will necessarily be reported, or if they will be communicated in these ways. Nonetheless, I wish to be aware of these themes if they become apparent.

#### Summary of Themes from Guilt & OCD-Guilt Reviews

I personally do not at this point have particular preconceived notions concerning my results. From the above reviewed research, however, I have extracted a large number of potential themes that I would like to be aware of in my subjects' experiences and reports, and which may be reasonable to expect from subjects. I present these themes below in several conceptual "groupings."

Table 1 Summary of Themes

"General" Features of Guilt	<ul style="list-style-type: none"> <li>-discrete emotion, separate from others.</li> <li>- innate</li> <li>- of biological/evolutionary significance</li> <li>- pancultural, universal</li> <li>- environmentally activated according to given culture or subgroup</li> </ul>
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## Table I Continued

## Functions of Guilt

- helps prevent future transgressions
- controls impulses, especially sexual, aggressive
- contributes to development of standards of moral/ethical behaviour
- encourages compliance with respectful behaviour
- encourages development of empathy
- encourages sense of responsibility to others
- decreases likelihood of acts harmful to others
- facilitates reparation to others
- highlights personal standards
- promotes view of "just world"
- supports connections with others
- may impair individuation & personal value assertion
- may create inordinate fear of mistakes or future violations\*

Table 1 - Continued

Common Sources of Guilt	<ul style="list-style-type: none"> <li>- violating moral standard</li> <li>- violating religious standard</li> <li>- violating personal standard</li> <li>- violating parental standard</li> <li>- violating social mores/taboo</li> <li>- damaging valued relationship between self &amp; others or world</li> <li>- harming others, especially parents</li> <li>- being unable to relate with others</li> <li>- harbouring malicious fantasies, primitive impulses</li> <li>- being unable to fulfil self-potentialities</li> <li>- denying aspects of self</li> <li>- acting ingenuine or deceptive with self or others</li> <li>- failing to meet standards of culture or society; "falling short"; inc. becoming mentally ill</li> <li>- receiving criticism from others*</li> <li>- making mistakes*</li> <li>- expressing sexuality</li> <li>- expressing hostility</li> </ul>
Personal Standards of Relevance to OC Sufferers	<ul style="list-style-type: none"> <li>- many "trivial" thoughts, impulses, objects, actions, are "bad"/taboo, evoke guilt &amp; anxiety</li> <li>- effortful attempts must be made to avoid taboo thoughts, objects, behaviours, etc.</li> <li>- failing to avoid, or engaging in "taboos", deserves guilt</li> <li>- one must foresee harm</li> <li>- one must prevent harm</li> <li>- failing to foresee or prevent harm should result in criticism &amp; guilt</li> <li>- improperly performed rituals should create responsibility &amp; guilt</li> </ul>

Table 1 - Continued

## Guilt as Conflict or Discrepancy

- struggle between asserting individual wishes & respecting others', especially parents'
- discrepancy between perceived & ideal selves
- conflict between one as "good person" & doing something "bad"
- deviation from conscious, acknowledged values
- discrepancy between public & private realities
- conflict between pursuing individuation & abandoning parent, or group

## Psychological &amp; Emotional Features Accompanying Guilt

- distress, pain, dissonance
- self feels dirtied
- self feels lost
- sense of being enslaved
- time feels slowed down
- feeling of being pursued
- anger
- helplessness
- fear, also fear of guilt\*
- disgust
- humility
- sense of rebellion against self
- disappointment with self
- self under scrutiny
- self feels transformed
- tension in body, manifested as headache, stomachache
- drained emotional energy
- disconnection from environment, sense of unreality
- feeling of displacement
- feeling of being burdened, "weighted down"
- self-criticism
- decreased self-acceptance, but one still basically "good"
- sense of inadequacy, inadequate to cope with guilt\*
- obsessed, unable to dismiss
- avoidance of pleasure

Table 1 - Continued

Interpersonal Features  
of Guilt

- loss of relatedness,  
connection with others
- shared value system in doubt
- isolation from others
- interpersonal ingenueness when  
with others
- feeling of belonging is  
insecure
- fear of loss of love,  
especially from parents
- hide 'n seek interpersonal  
stance
- urge to confess guilty act
- self may feel rebellious  
towards others
- others are real or imagined  
accusers
- alienation from others
- expectation of judgement from  
others
- fear criticism from others\*
- others seen as more worthy
- others seen as unable to  
understand

## Responsibility &amp; Guilt

- one is responsible for actions  
of self, inc. failures &  
mistakes
- one "should have" acted  
otherwise, but did not
- one should have "known better"
- one accepts full  
responsibility for guilty act;  
one "caused" it
- implicit assumption of control  
over guilty act
- one made wrong decision or  
choice
- feelings of self-blame emerge
- self blame may generalize to  
unrelated actions

Table 1 - Continued

Reparation & Guilt	<ul style="list-style-type: none"> <li>- guilty one feels compulsion to atone, expiate, seek forgiveness</li> <li>- creates genuine resolution of guilt</li> <li>- decreases perceived discrepancies in self</li> <li>- denying responsibility paralyzes reparation</li> <li>- assimilating others' standards, esp. parents', part of reparation</li> <li>- encourages exaggerated standards of "goodness"</li> <li>- pleasure, satisfaction may be denied</li> <li>- "remaining with" parent may act as reparation</li> <li>- assimilating parental pathology may act as reparation</li> <li>- can become compulsive, ritualistic*</li> <li>- may be manifested in defense mechanisms; undoing, isolation, reaction formation, etc.*</li> <li>- "inadequate" reparation may create guilt*</li> </ul>
Family Environments & Severe Guilt	<ul style="list-style-type: none"> <li>- moralistic parenting; many thoughts/objects/behaviours deemed "bad"</li> <li>- evoking guilt when failing to meet parental standards*</li> <li>- intense parental criticism*</li> <li>- demanding parental attitudes*</li> <li>- authoritarian parenting</li> <li>- strict religiosity*</li> <li>- emphasis on cleanliness*</li> <li>- emphasis on perfectionism, meticulousness</li> <li>- emphasis on avoiding mistakes*</li> <li>- sense of personal omnipotence among family members</li> </ul>

\* denotes themes with particular relevance to OC sufferers.



## Rationale

In this section I provide a rationale for using a phenomenological approach to the study of guilt and OCD. I follow this discussion with a description of the selection of subjects, and the methods for obtaining and handling data within this approach.

Qualitative, human science approaches are absent in OC investigations; yet there are a number of shortcomings in the examination of guilt and OCD that I believe could begin to be addressed with such an approach.

First, despite some agreement in the literature about the role of guilt in OCD, I am not convinced that guilt necessarily functions in OCD in the ways suggested. The above discussions suggest that guilt plays a causal role in the disorder, in a linear model such as the following:

high parental standards -> excessive guilt -> symptoms

Clearly, there is more to the disorder than is depicted by this model; guilt appears to play some role but it cannot explain the entirety of the disorder. While I am not suggesting that theorists actually subscribe to this model, their treatment of guilt implies such a simplistic model of guilt in OCD. Conversely, most investigators continue to call for more research into guilt and OCD in hopes of obtaining a fuller understanding of the connection.

Second, from the research presented, any kind of causal role for guilt can only be supposed as the majority of the research is correlational in nature. Correlational research cannot, of course, reveal causal relationships between variables. Speculating about guilt's causal nature in OCD is premature.

Third, while guilt is mentioned frequently, it has not been elaborated much by OC theorists. There is an absence of rich, detailed discussion of the role of guilt in the OCD literature. As a result, there is little understanding of the experience of guilt and its lived connection to sufferer's symptoms.

Taken together, these shortcomings point to the need for a more in-depth understanding of the connection between OC symptoms and the experience of guilt. It is my belief that in beginning to search for such an understanding one needs to turn to the experiences of the sufferers themselves.

My particular question or interest, which focuses on understanding the experience of guilt for sufferers, cannot, however, be appropriately answered with traditional quantitative approaches. Methods typical of the positivist tradition have as their objectives the accumulation of falsifiable facts in order to help refute a priori hypotheses. This process leads to the formulation of quantifiable, and often causal, laws, which in turn are

used to predict and control given phenomena. Clearly, such approaches do not permit me to examine the experienced meanings or intentions of my subjects. Additionally, it does not seem likely that other qualitative approaches, such as grounded theory or content analysis, will address my particular questions. I am interested primarily in describing the experience of sufferers and am not concerned with the ultimate construction of an abstract conceptual theory about guilt-OC categories, as may be the goal in a grounded theory (Osborne, 1994). As well, I am more interested in understanding sufferers' own individual guilt-OC patterns, than in recording the occurrence of themes a priori and attempting to establish antecedent-consequent patterns, as may be the aim in a content analysis (Osborne, 1994). A phenomenological approach, with its goal of a plausible construction, can begin to address the experiences of a sample of sufferers and perhaps lead to some reasonable understanding of the possible connections between guilt and OCD. This realization in itself seems rationale enough for pursuing my interest phenomenologically.

Phenomenological theorists and researchers have long espoused the value of beginning investigations of objects, events, behaviours, or emotions, with a truly "phenomenological" commitment (Giorgi, 1970; Ihde, 1977; Kruger, 1981; Moustakas, 1988). The essence of the

approach is to consider the phenomenon of interest in a wholly descriptive way, without theorizing, analysing, or explaining. In this way, the phenomenon in itself is appreciated, and its full extent is realized. All possible expressions of the phenomenon are considered without prejudice, and are only delimited, or reduced, to their essential meanings after extensive deliberation on the part of the researcher. Ihde (1977) states:

...phenomenology is an examination of experience that deals with and is limited by whatever falls within the correlation of experienced-experiencing. It proceeds in a prescribed order, starting from what appears as it appears, and questions retrogressively from the what of appearance to the how of experience and ultimately back to the who of experience. The hermeneutic rules establish a strictly descriptive interpretation of experience which eschews explanation and all hypothetical constructions relying upon, presupposing or seeking to establish accounts of experience that go behind or above experience. (p. 53-54).

A phenomenological approach thus seems ideal for the kind of learning I am interested in, as well as for an appreciation of the experiences of guilt and OCD for their own sakes.

It seems important to note, however, that phenomenology, as an example of a human scientific approach, is not without its difficulties. One of the major difficulties centres around the possibility of a self-confirming bias. The traditional stance of researcher neutrality or objectivity is not encouraged in the phenomenological method. Indeed, absolute objectivity is

assumed to be an impossible aspiration. In contrast, the researcher is required to be thoroughly immersed in the data and experiences of subjects. As a result, there arises the danger of the researcher simply confirming previously-held beliefs about the phenomenon. In response to this danger, the method proposes several safeguards to help protect against mere confirmation of the researcher's own beliefs. These safeguards will be discussed in greater detail in the following sections.

## Methods and Procedures

### Selection of Participants

Within a phenomenological approach, the criteria for selecting subjects are not particularly restrictive. Several theorists have outlined criteria for choosing subjects (Colaizzi, 1978; Ihde, 1977; Kruger, 1981; Moustakas, 1988), and I briefly outline these here:

1. Subjects should have some experience with the phenomenon;
2. Subjects should be willing to discuss material with the researcher openly and honestly;
3. Subjects would preferably be naive with respect to psychological theory of the phenomenon;
4. Heterogeneity among subjects (i.e., age, occupation, gender) is preferred. Heterogeneity is thought to allow

the fundamental meanings of the phenomenon to emerge (i.e., those essential to most persons experiencing it), not solely those meanings which may be a function of one's age or economic status, for example.

5. There should be some rapport between researcher and subject in order to facilitate free discussion and disclosure;

6. The researcher is responsible for facilitating an atmosphere of relaxation and trust so that interviews may proceed until their natural closure.

The numbers of subjects used in phenomenological studies varies. Many researchers suggest that the number of subjects is irrelevant so long as there is some heterogeneity among them and they are able to respond to the researcher openly and honestly. Most suggest fifteen subjects and fewer, is sufficient.

I am confident that the nine subjects whom I selected met the above criteria. I included subjects who were experiencing cleaning as well as checking compulsions, as these are the most common "types" of the disorder, although I also interviewed those with other compulsive behaviours, such as ordering and counting. In this way I feel I have maximized the heterogeneity of the sample with respect to symptoms. In selecting subjects, I focused on those persons who identified guilt as a part of their disorder

and who were willing to discuss this with me. However, I also included subjects who did not report much guilt in connection with their symptoms. These subjects were included in the hopes that they would help highlight themes that may have been missed in "guilty" subjects because they were present in all, or most of those participants. I made efforts to include males and females, and I strove for differences in age and occupational/educational status.

All of my subjects had received some sort of therapy, usually pharmacotherapy. The majority had also received some explanation of the disorder either through their physicians or through their own education. I directly asked subjects about theories of OCD they had been exposed to and attempted to adjust interview questions accordingly. No subject had a sophisticated understanding of psychological theories connecting guilt and OCD.

Subjects were obtained primarily through contacting an Obsessive-Compulsive Disorder group organized at the Royal University Hospital in Saskatoon. I contacted the director who offered to help me by giving written descriptions of my study to clients that she met in her ongoing groups. As well, the description was mailed out at the same time that the organizer was mailing out other group-related material to former clients (see Appendix I for study description). I subsequently received a number of calls from persons interested in participating. I also contacted a

psychiatrist and a clinical psychologist in the city who saw OC clients and received another two calls from interested participants. Through soliciting subjects in this way, I was reasonably confident that all those who contacted me had received a formal diagnosis of OCD. Nonetheless, I did ask them explicitly on the telephone if they had received the diagnosis and all stated that they had.

While on the telephone I again explained the purpose of my study to subjects. I asked them if they would be willing to sign consent forms allowing me to audio record the interviews and use the reproduced material in my written work. All agreed to these conditions.

In total I interviewed nine subjects. Two additional subjects were interested in participating, but were not interviewed. Both of these subjects were self-referred to an informal group for OC sufferers which I attended as an invited speaker. A lengthy discussion in that group suggested that in one case, the subject appeared to be quite impaired and there was a question of a dual diagnosis of schizophrenia that made communication with him difficult. In the second case, it appeared that there may have been a misdiagnosis of OCD.



### Introduction to Participants

Background information on each of the nine participants is presented below. Some information related to occupation may be deleted or changed to protect identity. These changes, however, are minor, and do not compromise the actual demographic characteristics of the participants. All names, of course, have been changed.

Some subjects related their symptoms as more problematic in the past and since receiving treatment they felt that their symptoms were under control; changes in tense will reflect this. However, all stated that they were still bothered to some degree by their symptoms, and they viewed the disorder as a life-long struggle. Several subjects still suffered to a severe degree at the time of the interview. For the sake of easier reference, a table listing the demographic characteristics of participants is presented below, with written descriptions following.

Table 2 - Summary of Demographic Characteristics of Participants

#### Sandy

Sex -	Female
Age -	25
Marital Status -	Divorced
Children -	2 sons, ages 5 & 6
Occupation -	Secretary
Religious Affiliation -	Catholic
Time since Diagnosis -	2 years, but suffered most of life
Medications Receiving -	Luvox
Other Rx Received -	Behavioural Therapy

Primary Symptoms - Horrific & blasphemous thoughts,  
corrective rituals of genuflecting

### Shelly

Sex - Female  
Age - 28  
Marital Status - Married  
Children - 2 sons, ages 6 & 9  
Occupation - Author of short stories  
Religious Affiliation - None  
Time since Diagnosis - 3 years, but suffered most of life  
Medications Receiving - Anafranil  
Other Rx Received - Behavioural Therapy  
Primary Symptoms - Contamination obsessions, washing  
compulsions

### Dana

Sex - Female  
Age - 33  
Marital Status - Married  
Children - 2 sons, ages 4 & 6  
Occupation - Practical nurse  
Religious Affiliation - Catholic  
Time since Diagnosis - 3 years, but suffered most of life  
Medications Receiving - Anafranil  
Other Rx Received - Behavioural Therapy  
Primary Symptoms - Obsessive fears of occult & things  
considered "evil", corrective  
rituals of touching cross,  
repeating religious phrases

### Arthur

Sex - Male  
Age - 59  
Marital Status - Married  
Children - 2 daughters, 1 son, adult, ages  
unknown  
Occupation - Retired teacher  
Religious Affiliation - None  
Time since Diagnosis - 20 years, approximately  
Medications Receiving - Luvox  
Other Rx Received - Behavioural Therapy, insight-  
oriented therapy  
Primary Symptoms - Obsessions of harm befalling  
family, checking compulsions

Stephanie

Sex - Female  
 Age - 58  
 Marital Status - Married  
 Children - 1 son, 1 daughter, adult, ages  
 unknown  
 Occupation - Retired stenographer  
 Religious Affiliation - None  
 Time since Diagnosis - 15 years  
 Medications Receiving - Prozac  
 Other Rx Received - Behavioural Therapy  
 Primary Symptoms - Obsessive fears of grease,  
 cleaning compulsions

Kate

Sex - Female  
 Age - 42  
 Marital Status - Divorced  
 Children - 1 daughter, aged 22 years  
 Occupation - Unemployed, receiving Compensation  
 Religious Affiliation - None  
 Time since Diagnosis - 8 years  
 Medications Receiving - Luvox  
 Other Rx Received - Behavioural Therapy  
 Primary Symptoms - Obsessive fear of germs, lack of  
 symmetry, washing rituals, rituals  
 of repetition

Mark

Sex - Male  
 Age - 39  
 Marital Status - Separated  
 Children - None  
 Occupation - Office supervisor  
 Religious Affiliation - Catholic  
 Time since Diagnosis - 23 years  
 Medications Receiving - Tofranil  
 Other Rx Received - Insight-oriented therapy  
 Primary Symptoms - Obsessive fear of harming others  
 or being harmed, checking  
 compulsions, rituals of repetition

Victor

Sex - Male  
 Age - 42

Marital Status - Divorced  
 Children - 1 son, 1 daughter, adolescent,  
 ages unknown  
 Occupation - Unemployed, receiving Social  
 Assistance  
 Religious Affiliation - None  
 Time since Diagnosis - 11 years, but suffered since  
 adolescence  
 Medications Receiving - Antidepressant (type unknown),  
 Lithium  
 Other Rx Received - None  
 Primary Symptoms - Obsessive need to "get things  
 right", rituals of repetition &  
 movement

### Jack

Sex - Male  
 Age - 23  
 Marital Status - Single, engaged to be married  
 Children - None  
 Occupation - Student  
 Religious Affiliation - United  
 Time since Diagnosis - 6 years, but suffered most of life  
 Medications Receiving - Prozac, Buspirone  
 Other Rx Received - Insight-oriented therapy  
 Primary Symptoms - Obsessive fears of contamination  
 following sexual activity,  
 cleaning compulsions, hoarding

Sandy is a 25 year old, single mother of two young  
 children and is employed as a secretary. She was diagnosed  
 with OCD two years ago, but recalls symptoms as young as  
 age three. She has received treatment in the form of  
 pharmacotherapy (currently receiving Luvox) as well as some  
 behavioral therapy. At this point, she feels that her OCD  
 is under control but like most participants, feels  
 vulnerable to relapse, and continues to engage in rituals,  
 albeit less extensively than before. Sandy describes

herself as a devout Catholic. Her OC symptoms centre around rituals of genuflecting, praying, and touching the cross, following horrific images and impulses, usually, although not exclusively, of a religious nature. Other complaints include rituals around putting children to bed, some ordering of kitchen items, and obsessive fears of the colour red and human waste. She engages in some ritualistic washing following contact with human waste.

Shelly is a married, 28 year old mother of two young children. She works in the home and is a casual writer of short stories. Shelly received a diagnosis of OCD three years ago, but like Sandy, states that she suffered from symptoms since childhood. Currently she is receiving Anafranil and is doing well on it. She has also received behavioral therapy and has found it to be helpful, especially in terms of coping with a disorder that she views to be life-long. Shelly's primary complaints centred around obsessive fear of germs and possible contamination of her family, and extensive washing rituals which consumed most of her day. As well, she was extremely avoidant of any areas believed to be contaminated, and at times was housebound. She also engages in checking rituals, especially around driving and possibly hitting someone, and has thus given up driving. Much of her washing rituals and avoidance are under control but at the time of the interview she was still unable to drive.

Dana is a 33 year old, married mother of two young children, who works part-time as a nurse. She was diagnosed with OCD five years ago but also described symptoms throughout much of her life. She is currently on Anafranil which is helping to control her symptoms. She has received some behavioral and insight-oriented therapy which has been helpful, but she continues to struggle with her symptoms. Dana also describes herself as a religious person. Her OC problems centre around obsessive fears of anything related to the occult, particularly words such as "Satan", "hell" and "devil," or evil pictures and images. She fears that coming into contact with anything evil may result in herself and family becoming possessed. These obsessions are neutralized with corrective rituals including touching the Bible, repeating religious phrases and words, or looking at something holy such as a cross. She also experiences some obsessive fears of germ contamination and engages in some washing and disposal rituals.

Arthur is a 59 year old, married father of three grown children. He retired recently from his job as a teacher in a rural town. Arthur was diagnosed with OCD many years ago, and was also given a diagnosis of major depression in 1976. Since this time he has been receiving antidepressant medication, and is currently on Luvox, which is helping to moderate his chronic feelings of depression and his OC

symptoms. He has also received some behavioral therapy as well as insight-oriented therapy which he feels has been moderately helpful to him, although he describes himself as still having many problems. Arthur's OC problems focus around obsessive fears of catastrophe befalling his family. He engages in checking of doors, stoves, pipes, and electrical outlets in his home in order to prevent fire, flood or intrusion. He feels a compulsive need to warn his family of possible danger, repeatedly reminding them to be careful and asking for reassurance that they will heed his warnings. He also experiences some obsessive images centred around the deaths of himself and his family members, and has mild handwashing rituals.

Stephanie is a 58 year old, married mother of two grown children. She works in the home currently, but in the past was employed part-time as a stenographer; her husband is retired. Stephanie was diagnosed in her early forties with OCD and struggled with it for 14 years before receiving Prozac which she is currently taking. She was psychiatrically hospitalized on several occasions, and received some behavioral and insight-oriented therapy which she describes as largely unhelpful. She credits Prozac with her enormous improvement, and feels that she is almost completely free of the disorder presently. Stephanie's OC symptoms centred around obsessive fears of dirt and oil which she viewed as contaminating to her family. She

engaged in extensive cleaning rituals of herself, her family, and her home, and had a severe avoidance of anything viewed as greasy or dirty. These rituals consumed all of her day and she was unable to leave the home or have anyone in.

Kate is a 42 year old, divorced, single mother of one grown child. She is currently receiving compensation due to the severity of her psychiatric problems, and was previously on Social Assistance. She has several years of university education. Kate has been suffering from OCD for approximately eight years, but prior to this time suffered agoraphobia and depression, which also continue to be problematic now. She is receiving Luvox and has undergone some behavioral therapy. She describes both treatments as only mildly helpful. Kate's OC problems are extensive. She suffers obsessions related to being contaminated by foods and thus engages in many rituals to avoid contact with such foods. She fears germs and contamination and uses washing rituals to help counter these fears. As well, she has a host of internal compulsions around repeating things a particular number of times or in a particular sequence. These rituals are in response to a generalized sense that things must be done in the "right way." As well, she engages in numerous checking, touching, and counting compulsions.



Mark is a 39 year old man, who is currently separated from his wife and awaiting a divorce. He has no children. He works as an office supervisor and has one fully and one partially completed university degree. Mark has suffered OCD for 23 years and has had simultaneous problems with substance abuse and panic attacks without agoraphobia. Recently he was diagnosed and hospitalized with a major depressive episode. He is currently receiving Tofranil for his depression and is involved in insight-oriented psychotherapy. Mark's OC problems are rather extensive, and include obsessions of blasphemous images (he is a religious person), and obsessions that others may violently harm him or that he may violently harm others. Rituals include making lists of people's reactions to him, internal protective sayings, checking of lights, taps, and doors, and rituals to help ward off possible contamination from sources of illness. He engages in some washing rituals and some checking to ensure dangerous objects (e.g. knives) are put away and out of sight. Mark describes his OC problems as fluctuating; they are always present but their degree of severity varies.

Victor is a 42 year old, divorced father of two adolescent children. He is currently unemployed and is receiving Social Assistance. Victor has suffered OCD for 25 years but only received the diagnosis in 1983. Prior to this time he received a diagnosis of schizophrenia,

although his present psychiatrist believes that concurrent diagnoses of OCD and bipolar disorder are probably more accurate. He is currently receiving Lithium and antidepressant medications. He states that Lithium is helpful for modulating his mood, but antidepressants are not useful in controlling his OC symptoms which he describes as his biggest struggle. He has been psychiatrically hospitalized numerous times and is unable to hold employment. Victor's OC symptoms centre around compulsions to memorize things, such as making lists of things he has seen, and remembering conversations verbatim, all in response to a need to "get things right." He often needs to stop in the middle of conversations to try and recall what was just said. He engages in rituals of movement and symmetry before being able to leave the house, such as exiting in a certain way. In the past he engaged in extensive cleaning rituals and compulsively counted money.

Jack is a 23 year old, engaged man, who is attending university. He was diagnosed with OCD six years ago but recalls symptoms throughout most of his life. He is receiving Prozac and Buspirone which are helpful, especially with his feelings of depression. He is presently engaged in insight-oriented therapy some of which is aimed at his OCD, but is not willing to attempt behavioral treatments for the same. Jack's OC problems

centred around severe decontamination and hoarding rituals following a sexual relationship in adolescence. He developed obsessive feelings of dirtiness following sexual activity and compulsively washed himself and any objects touched following sexual behaviours. Objects that could not be washed were stored in rooms in the family home and severe hoarding resulted. Currently he reports some washing and checking rituals which he feels are quite tolerable, and he is attempting over time to remove hoarded objects from the family home. He also engaged in other washing rituals, and symmetry and counting compulsions. He believes that much of his OC problems are in the past, but considers it a life-long disorder that he needs to continue coping with.

### The Interviews

Interviews with subjects were conducted mainly in their homes, with the exception of two subjects whom I met in a private room in the Psychology Department. Most subjects felt that they would be more relaxed and open to discussion within the privacy of their homes.

At the beginning of each interview, I reminded subjects of the purpose of my study and answered any questions they had about it. I then obtained written consent to audio tape the interviews. The first few

minutes of the interviews were not taped and were spent primarily on demographics and background information.

From a phenomenological perspective, open-ended, informal, and non-directive discussions are preferred in order that subjects' own experiences may come to the fore. The researcher should in no way lead subjects towards particular responses. Kruger summarizes this position:

The open-ended interview should be conducted in an informal, non-directive manner, the interviewer attempting to influence the subject as little as possible...the great advantage of a...non-directive interview is its flexibility, allowing the investigator to grasp more fully the subject's experience than would be possible in a more rigid methodological technique....The duration of each interview should be self-determining; once the subject has pre-scientifically explicated all that he feels is related to his personal experience of the situation being researched, the interview ends (1981; p. 126).

With this perspective in mind, I began the taped portion of the interviews with a general question about how subjects felt guilt was a part of the disorder for them. From this point, the interview was self-generated until subjects had told me all that they felt able to. While I had a list of questions to help guide me (see Appendix A), in most cases it was not necessary to refer to them. Instead, I attempted to empathically "follow" participants lines of discussion and thus avoided unnecessary structure. At times however, I periodically checked my list of questions to ensure that I had addressed the areas that I

wished to. In no case was it necessary for me to use the questions in a structured way.

Most interviews were approximately two hours long. At the conclusion of each interview, I asked subjects about their experience of the interview and invited them to comment on anything that I may have overlooked or that they wanted to add. All participants stated that speaking openly about guilt and OCD had been a positive experience, that they had felt some relief in talking about it, and that they had learned something about themselves. I invited subjects to telephone me if they later thought of something they wanted to add. All subjects were informed that they would be mailed a written summary of the themes derived from the interviews and that they would be welcome to comment upon those verbally or in writing.

### Managing the Data

Data was managed using phenomenological procedures. They may be divided into four stages: epoche, phenomenological reduction, eidetic variation, and synthesis.

The first of these, epoche, requires that the researcher set aside preconceived notions about the phenomenon and remain open to anything which may emerge in the data. Moustakas (1988) explains:

The epoche is a way of looking and being, an unfettered stance, so that whatever or whoever appears in our consciousness is approached with an openness, a seeing of just what's there and an allowing of what's there to linger. This is a difficult task, to keep away from restraints, denials, and prejudices and to just let be what is, to come to know what is just as it presents itself...In the epoche, no position whatsoever is taken; every quality has equal value. Only what enters freshly into my consciousness, only what appears as appearance has any validity at all in contacting truth and reality (pp. 75-76).

Thus, the epoche, as a process, prepares the researcher to be open to all that the data offers without the constraints of bias and preconception.

In beginning the process of the epoche, I transcribed all data from audio tape (and then printed it into a hard format), before beginning analysis. I then began by reading over all interviews in attempts to refamiliarize myself with each participant. During this stage I attempted to set aside preconceived notions about the phenomena and remain open to anything which emerged in the data. I made a list of possible biases that I might have had about any participant specifically, and about the phenomena generally. Two major biases that I held were, first, that most participants would connect much guilt and distress with obsessions alone, namely, with forbidden (perhaps horrific) thoughts and feelings; and secondly, that participants would use compulsions to help alleviate their feelings of guilt, thereby using rituals as coping mechanisms or atonements. I attempted to set these biases

aside and approach the transcripts with a fresh perspective. I tried to remain aware of times when I began to foreclose on the data by seeking out connections that I may have been biased towards. When I found myself beginning to foreclose, I stopped reading and disengaged from the process for a time, which aided in breaking this pattern. This phase was a lengthy one; transcripts were read repeatedly in order to help me grasp the essence of each participant and their communications (see Appendix B for a sample portion of a transcript).

Next, was the process of phenomenological reduction. It involved a gradual shift away from the conditioned way of viewing the world, through awareness of presuppositions about a phenomenon, to a more sensitive understanding of a phenomenon as it is (Osborne, 1994). Moustakas (1988) states that the task of this phase is in "...describing in textural (i.e., life-like and experiential) language just what one sees, not only in terms of the external objective but also the internal act of consciousness, the experience as such, and the rhythm and relationship between phenomenon and self" (p. 81). This process consisted in itself of several approaches including bracketing, horizontalization, delimiting, identifying and clustering invariant themes, and creating fundamental textural descriptions.

To elaborate, from the epoche, I arrived at a fuller understanding of the experiences of the phenomenon; these

understandings were made central, or bracketed (placed within the brackets), and other information not relevant, including my own preconceptions, were suspended from consideration (or placed outside of the brackets). Horizontalization involved reflecting on the breadth, or "horizons" of the data and involved considering the numerous perspectives that were bracketed.

More specifically, I systematically went through each transcript searching for information relevant to the question at hand. I noted on each transcript those sections of it where subjects spoke specifically about guilt and symptoms. I noted how they construed the connection between guilt and their symptoms, and I recorded the understandings attached to this connection. I specifically highlighted the phrases that I believed communicated these meanings to me (see Appendix C for a sample of horizontalization).

Next, transcripts were delimited. Delimiting involved identifying themes that seemed to characterize the experiences of subjects and eliminating repetitive or irrelevant material. To aid in this process, I edited copies of the transcripts by deleting sections of the transcripts that were redundant or extraneous (see Appendix D for a sample delimited transcript). I then printed these transcripts separately into hard format. I also re-read several times these shortened transcripts and recorded the



meanings and understanding of subjects that emerged. I reviewed these transcripts against the originals in attempts to help me focus on the essential meanings that participants communicated. There were virtually no differences in the meanings that emerged between the originals and the delimited transcripts, although meanings were immediately clearer in the case of the delimited.

Next, I began the process of clustering. Clustering involved the bringing together of themes, whereby similar representations were abstracted into larger "core themes". This process involved removing the meaning statements I derived from individual participants' words and placing them into one large grouping, resulting in a list of several hundred statements which were then grouped into thematically similar clusters (see Appendix E for a sample of clusterings). Again, this was a lengthy process that developed and evolved over time. For example, initially there were several obvious groupings that emerged as core clusters containing many meaning statements within them. There were also however, numerous "secondary" groupings, each one made up of a relatively small number of meaning statements within it. It became clear over time that these smaller groupings could be subsumed one within the other, without any loss of meaning, until there emerged several larger core groupings. At this stage, I applied labels to

the groupings, and from that point on began describing them as themes.

The next stage involved developing comprehensive textural descriptions of the themes. Textural descriptions bring together the core themes into a unified whole, and the language of the subjects is used as much as possible to describe the lived experience of the phenomenon. Comprehensive descriptions are provided in the Results section.

Eidetic variation, the third stage of the process, involved looking at the range of possibilities and perspectives on the data, in searching for new frames of reference to consider it. Some theorists recommend searching for universal referents in the meaning of subjects' experiences, such as the relationship between the phenomenon and space, time, body, relatedness to self and to others (Colaizzi, 1978). Others, however (e.g., Klein & Westcott, 1994; Osborne, 1994), have suggested that the stability of universal referents may vary as a function of cultural and social differences, and that claims of "universality" must be carefully supported, or deliberately avoided. In my case, while I did engage in the eidetic process, this phase did not yield any new understandings beyond those already captured in the core themes. Additionally, I did not wish to assert the "universality"

of the results. As a result, there is no information from this phase included in the results.

The final phase was that of describing patterns of themes of individual subjects. In phenomenological research, a "synthesis" is often the final phase, and normally involves integrating core themes with those derived from the eidetic variation phase. The resulting meanings and essences of the phenomenon are explicated, usually in narrative format. I did not explicitly follow this format. Rather, I opted for an analysis in which patterns of themes within and across subjects were compared and contrasted. My reasons for not following the traditional model of synthesis were twofold. First, the eidetic variation phase did not yield any new understandings beyond those revealed in the core themes. Consequently, there was no new information to incorporate or expand upon in the synthesis phase. Secondly, I felt that a comprehensive depiction of the patterns of themes would add to the description of basic themes, and impart a fuller picture of subjects' experiences. To use a simple example, some subjects communicated more guilt arising as a consequence of their disorder and communicated themes relevant to this experience, while others stated that guilt often preceded their ritualizing and thus revealed themes more relevant to that particular experience. I wanted to be aware of these various patterns of guilt and symptoms

that subjects revealed and to describe them as subjects had communicated them to me.

With that in mind, I recorded on a case by case basis, the patterns of themes or connections between guilt and OCD that each subject communicated. I then compared subjects with each other and determined that, contrary to my expectations, all subjects communicated slightly different patterns of themes. Therefore, to avoid any loss of meaning about subjects' experiences, I described each of these individual patterns across all nine subjects. These descriptions were embedded in each subject's own life context and aided in providing a more detailed understanding of the experience of guilt for these sufferers of OCD. This synthesis is provided in the Results section.

#### The Trustworthiness of the Data: Credibility & Confirmability

The issues of reliability and validity are, of course, highly pertinent within quantitative traditions. Within a qualitative, and particularly a phenomenological approach, these issues are not central; indeed the criteria of "reliable and valid data" as the hallmarks of "serious" research, are not applicable. This is not to say that phenomenological research is careless or imprecise.

Rather, the phenomenological approach follows different criteria for assuring "valid" research.

In this approach it is preferred to speak of the "trustworthiness" of the analyzed data, as opposed to the reliability and validity of the data. To elaborate on the role of trustworthiness, phenomenological researchers ask the following questions: are the data relatively credible (do they parallel the actual experiences of subjects, are they accurate?); and are they relatively confirmable (would others viewing the data be in general consensus with the researcher?). If the data can achieve credibility, and confirmability, they are then assumed to be trustworthy. The achievement of trustworthiness, in turn, supports the notion that the researcher's conclusions constitute a plausible construction of the experiences of the study participants. From the phenomenological perspective, then, trustworthy data are rigorous data (Guba & Lincoln, 1994; Rennie, 1994).

Several theorists have commented that credibility in the phenomenological approach is achieved through the use of the method itself (Colaizzi, 1978; Ihde, 1981; Kruger, 1981, Moustakas, 1988). The method requires a continual viewing and re-viewing of the data always with the subjects' own meanings in mind. The descriptions that emerge from handling the data with phenomenological methods ought to reflect the experiences of subjects themselves and

not the biases of the researcher. It is incumbent upon the researcher to explicitly outline and be constantly aware of personal biases so as not to influence the data. The descriptions then, are credible to the extent that the researcher has repeatedly considered them in light of the original data, namely, the words of the subjects. Through this method of constant deliberation and repeated returning to the data, the descriptions that emerge ought to be the most primary ones. Thus, simply "doing" phenomenological research supports its own credibility.

During my own analyses, I attempted to set aside, or at least remain aware of, my personal biases in order to minimize their influence on my analysis. I also repeatedly returned to subjects' words in order that I might understand as fully as possible the meanings that they were communicating to me. While clearly, I cannot be certain that all biases were eliminated or neutralized, I am relatively confident that through my review of subjects' words I arrived at credible assessments of their experiences.

Some theorists have also suggested that the credibility and confirmability of phenomenological research can be supported through discussion with others versed in the method. This is not to say that the judgments of the individual researcher are always suspect. Rather, phenomenology assumes that the experience of the researcher

in reaction to the data is highly relevant and valid; it is through one's own open and direct encounter with the phenomenon that knowledge may be gained. Achieving confirmability, however, may help to establish whether the descriptions and meanings derived are the central ones.

Giorgi (1970) summarizes this position:

To be scientific, according to criteria that emerge from the way science is practised, psychology must deal with the experiential-behavioral relationships of man in a detailed way, and it must arrive at intersubjectively valid truth among a group who are qualified to judge the data and facts arrived at. To be objective, or accurate in our terminology, the psychologist must be able to arrive at intersubjectively valid knowledge; he must be able to assume a specifiable attitude towards his phenomena; and he must be open to himself, others and the world in such a way that he allows what is present to him to be the way it presents itself. To be empirical, psychology must be based upon phenomena that are given in experience. To be human, it must have as its subject matter the human person and he must be approached within a frame of reference that is also human... (pp.224-225).

With these criteria for credibility and confirmability in mind, I gave two different transcripts to two colleagues, doctoral students in clinical psychology who are versed in qualitative methodology and are currently pursuing similar investigations. I gave each of them a description of the study and asked them only to approach the data from the stance of epoche, and to record in writing the various meanings that they found in the words of the subjects concerning guilt-OC connections. I also

requested that they highlight those phrases of subjects that led them to become aware of a particular meaning in order that we might compare how we each arrived at a particular meaning. In this way they were left "blind" as to my own findings, which were already recorded, and were providing a more rigorous test of the confirmability of my results. After reviewing their recorded meanings, I found no major differences between their perspectives and my own. Often, the same sections of transcripts were highlighted which led them, as well as myself, towards a given subject's meaning of guilt and symptoms. Despite the high similarities in our findings, we nonetheless discussed how they arrived at their meanings and went through the transcripts to ensure we had mutual understandings. There were essentially no disagreements between us. At times, however, the raters tended to speculate about the meanings or intentions of subjects beyond what they described in their words. That is, they occasionally recorded possible "unspoken" or "unconscious" motivations and emotions of participants. Questioning revealed that these speculations were extraneous to the meanings that they extracted, and were merely products of reading highly descriptive and personal material. In Appendices F and G, I have included random samples of the raters' codings as well as my own coding for the same section of transcript for comparison purposes.



As an additional check on the confirmability of my data, I also gave a sample of a third transcript to another colleague well-versed in phenomenological methodology and asked her to record the themes that she was aware of in the transcript. This rating was done slightly differently in that the rater was given only a sample of transcript as opposed to an entire one, as was the case with the first two raters. As well, the sample of transcript selected was not random. Rather, it was chosen specifically because it contained several themes that I had already recorded during my own analysis. In this way I was again able to check instances of where my own themes were either confirmed or disconfirmed (by either their absence or by a different interpretation). As with the first two raters, the coding was discussed between us to ensure that our interpretations were congruent.

Again, I have included the rater's coding, as well as my own coding for the same section of transcript, for comparison purposes (see Appendices C & H). It can be seen that the rater's coding was highly similar to my own. The differences between her extraction of themes and my own appear to be quite minor: the rater was generally more descriptive than was I, and she at times questioned whether she was imposing interpretations that were too speculative and not based wholly in subject's words. For example, she suggests a meaning of "spoiling grandmother's goodbye," but

wondered if she was assuming this since the subject did not explicitly state it.

Overall, the interrater confirmability of the data seemed to be high. Perhaps this was not unexpected given that the level of interpretation and abstraction of the data was low. That is, interpretation was grounded as fully as possible in subject's words and experiences; thus, at times, the extracted themes were simple paraphrases of what subjects had already explicitly communicated.

Another method to help assure the credibility of the descriptions is to return them to the subjects themselves; this may be thought of as a variation on interrater confirmability. Some theorists suggest that in permitting subjects to review the data they can speak to how full or complete the descriptions are. Their feedback can point out where descriptions are incomplete or incongruent with their experience and it may also open up new possibilities for consideration. While strict agreement between subject and researcher is not required, it is important that the data reflect the essential meanings intended by the subject, that the subject is able to resonate to the descriptions, and make reference to feeling seen and understood (Kruger, 1981; Moustakas, 1988; Stiles, 1991).

After the analysis of the data, I mailed a summary of the core themes to participants along with a letter inviting them to comment on the extent to which the themes

captured their experiences. The letter emphasized that if participants were in disagreement with the summary, that such feedback would be especially helpful and welcomed. Subjects were welcome to comment either verbally or in writing. No subjects responded to the initial mailout, and as a result I contacted them individually by telephone. I was able to contact seven of the nine participants; two had their phone lines disconnected and no new numbers were available. While on the phone with participants, I told them that while they were under no obligation to respond to the letter, I was nonetheless interested in whether or not they had any comments about the descriptions mailed to them. As in the letter, it was strongly emphasized that feedback that themes did not fit with their experiences was especially welcome.

All participants indicated that they found the summary of themes interesting, accurate, and well-described. Two subjects stated that they were not able to resonate to all of the themes since not all applied to them, but added that those that did apply were accurate and reflective of their experience. Arthur, for example, mentioned that he was surprised by the number of themes that were described; he personally communicated only two themes. Notably, I did not systematically go through the themes with subjects to determine which specific ones "fit" with them and which did not. However, no one suggested that there were major

omissions or discrepancies in the themes and I concluded that any inconsistencies would have been reported to me. Overall, all participants stated that they appreciated having the write-up as feedback of their participation. Many of the subjects also mentioned feeling a sense of relief upon reading the descriptions; since others experienced similar feelings and difficulties, they realized they were not alone in their suffering.

Clearly, the obtained results are not purely "objective" in the traditional, positivist sense of the word. It seems reasonable that the constructions that I have derived are not the only possible constructions that could have been obtained. In fact, it is quite probable that other researchers would reach different constructions based in their own emphasis or de-emphasis of particular aspects of the data. It also seems reasonable, however, to conclude that the present data are trustworthy; they are relatively confirmable and credible as evidenced by the use of colleagues and participants as checks on the rigor of the data. In conclusion, through adhering to the conditions of confirmability and credibility in handling my own data, I feel relatively confident that I have arrived at a plausible construction that relays the meanings of my subjects and reflect their experiences.

## Results

### A Description of the Experience of Guilt

Before beginning the discussion of the core themes, it seems relevant to include a brief description of the experience of guilt itself and emotions associated with guilt as communicated by participants. This discussion is relevant for two reasons. First, it highlights the fact that the emotion of guilt was experienced as a discrete emotion; it was not part of a larger, encompassing emotion, but was recognized and experienced separately from other emotions and affective states (see the discussion of "Differential Emotions Theory," pp. 27-29). Secondly, this description depicts, in a richer and more detailed way, the experience of guilt and associated emotions as they were communicated by these participants, and as such, adds to an understanding of the lived connections between OC symptoms and guilt.

Guilt was described by participants as an overwhelming and painful emotion, an additional complication accompanying an already distressing disorder. They used a host of adjectives and metaphors to describe the experience of guilt, which I have organized into several clusters below.

A. Guilt as a Weight - Subjects described guilt as heavy and burdensome, something they could not lift off themselves. Their guilt was weighty and overwhelming, both physically and emotionally. All experiences in their lives felt oppressed and dulled, as though the life and energy in them were being suffocated and depleted. Some experienced guilt as growing ever larger as time and their struggle with the disorder went on. One participant, for example, described his guilt as "...Dark. It felt like it was clouding over my brain. I could feel it inside me. Growing..."

B. Guilt as Entrapment - Guilt was experienced as something of a captor, a black force that kept sufferers from living full lives. They felt their existence was shallow and superficial under the burden of guilt. They wished to escape guilt and resume living normal lives. One subject experienced her life, "...as all black and grey, it was so gloomy and depressed."

C. Guilt as Loneliness - Guilt was a fundamentally lonely emotion. As many felt they had to hide their disorder from others, they also found themselves experiencing their guilt alone. At times they craved to be alone; they felt they were causing too much pain to others and thought all would be better off without them. Some believed that their guilt

made them unworthy and that they did not deserve understanding or consolation. One woman found herself feeling "...alone and trapped and you kind of wished you were alone...because when you were alone the only person you were hurting was yourself."

D. Guilt as Eternal - For most, guilt was experienced as continuous and eternal. There was little relief from their pain and it was viewed as a kind of hell, unremitting and unforgiving. Many wondered if they would ever feel good about themselves again, or if they would continue to suffer until they died or went insane. Another participant described himself as "...feel[ing] guilty about everything, just overwhelming guilt, constantly." For some, their guilt continues despite dramatic improvements in the disorder and attempts to make up for harm they believed they inflicted on others.

In describing the experience of guilt, all subjects communicated other feelings and states associated with it. At times, some felt their experience was better described as a combination of guilt and other feelings.

Guilt was connected with a generalized tension, "anxiety," and "worry." Subjects worried about guilt and worried about whether or not they would ever feel free of it. Fear was closely associated with guilt as well; many expressed a fear of guilt that motivated them to ritualize.

Many imagined being judged harshly by others. Some reported internal voices echoing punishing words and some had images of confessing their guilt to horrified and critical others. Many feared being abandoned by loved ones who could no longer tolerate their harmful behaviours. As one woman told me, "I was scared. I thought, well, what if [my husband] thought I'm so crazy he'd leave me?"

Many participants felt depressed. Guilt drained their energy, leaving them sad, regretful, and at times self-piteous. This theme was closely connected with the experience of guilt as heavy and depleting their energy.

Most subjects communicated a feeling of "looking ridiculous," both to themselves and others. They felt embarrassed by the apparent irrationality of their thoughts and behaviours, and felt angry and disgusted that they could not control themselves. Feeling ridiculous was especially pronounced following treatment, when subjects were able to reflect on their past behaviours with a new perspective.

From these descriptions of guilt and associated emotions, I conclude that participants were clear about when they were experiencing guilt and when they were experiencing other emotions; it does not appear that guilt was confused with other emotions or states. I believe that these descriptions will also aid in understanding the



thematic connections that subjects made between symptoms and guilt, to which I now turn.

### Core Themes

Following are descriptions of the final clustered themes derived from subjects' transcripts. More specifically, these are meanings or descriptions of where and how guilt fit with symptoms for these OC subjects. The range of themes is broad. Some subjects explicitly related that guilt was a central and major part of the disorder for them. Others felt that guilt fit for them with their symptoms, but in a less significant way. Yet others related their connections between guilt and symptoms in a more indirect way, speaking of feeling responsible and implicitly guilty if they did not forestall possible catastrophes.

In total fifteen themes were derived. They are presented in a temporal sequence; for example, themes describing feelings of guilt as preceding the development of symptoms are noted before those where guilt was experienced as a consequence of symptoms. For quick reference, the names of participants and the themes that each communicated are listed in a table on the following page.

Table 3 - Summary of Themes Communicated by Individual Participants

	S t e p h a n i e	S h e l l y	A r t h u r	V i c t o r	S a n d y	K a t e	D a n a	M a r k	J a c k
Forbidden Thoughts Feelings & Behaviour					X		X	X	X
Hyperresponsi- bility/ Omnipotence	X		X		X	X	X	X	
Conflict between Int. Stds & Ext. Behaviour						X	X	X	X
Rituals Alleviate Existing Guilt		X						X	X
Fear of Guilt Motivates Rituals	X		X		X		X		
Inadequate Justification	X	X		X		X	X		X
Bad Mother/ Bad Wife	X	X				X	X		
Bad Son/Daughter		X		X		X			
Bad Friend		X		X		X			
Interpersonal Isolation/ Alienation	X			X		X	X		
Failing the Self	X	X		X		X	X	X	X
Waste	X	X				X	X		X
Coping with Guilt		X			X		X		
Guilt re: Improvement & Lost Conscientiousness		X			X		X		
Reparation	X	X				X			

Theme One: Forbidden Thoughts, Feelings & Behaviours

Central to the connection between guilt and symptoms were sufferers' reactions to the content of their symptoms, namely obsessive thoughts and compulsive behaviours. Many thoughts, feelings, and behaviours were considered to be forbidden and prohibited, and finding themselves engaging in them evoked strong feelings of having done something wrong, and consequent feelings of guilt. One participant stated that "...it's like I'm not allowed to think those thoughts."

Most subjects felt that their own internal moral standards and rules were violated when they thought or felt certain thoughts and feelings and often they were unable to forgive themselves such transgressions. Additionally, thoughts were often equated with action, and they feared that thinking horrific things would cause a materialization of the feared thought. Such concerns made these thoughts and feelings seem especially dangerous and threatening, and hence even more forbidden and unable to be forgiven. Dana described her fear of causing something bad to happen to her children by thinking any negative thoughts:

You know, if I'd be watching a story say about some little boy who got kidnapped and I'd think about well, that could happen to my son. And I'd go 'oh no!' I thought about it so maybe it will happen!' So I'd have to go back and in my head...say a kind of ritual: 'nothing bad has ever happened to them, nothing bad will. God will protect them'...You know the guilt would be that if he did get hit by a car or kidnapped, well, it was because I didn't think that positive thought.

In particular, subjects experienced guilt when they imagined themselves committing acts of violence, especially against loved ones, such as husbands or children. Blasphemous thoughts evoked similar feelings of guilt and a sense that one was offending God or Jesus and was then going to be condemned either presently or in an afterlife. Horrific impulses, such as impulses to deface the cross, or to sexually abuse their children, were accompanied by tremendous feelings of guilt and a fear that they were somehow criminal, deviant, or covertly insane. When Sandy revealed her obsessions concerning abusing her children she felt tremendous guilt that she would even entertain such prohibited thoughts:

...[Y]ou're so caught up in your rules, you're made to feel guilty before you've even done anything. It's like, you think of it, you're guilty, you do it, you're guilty....Like, you're damned before you even start, y'know?

#### Theme Two: Hyperresponsibility/Omnipotence

At times, subjects related the connection between guilt and symptoms in a more indirect way. Many spoke of a feeling of responsibility for the welfare of others and implied that guilt would result if they ignored their responsibility. For most, this responsibility extended beyond conventional duties, such as the responsibilities accompanying parenting. Rather, sufferers related a feeling of omnipotence or power over the destinies of

others. Some believed they were responsible for all catastrophes, and that somehow they had the power to cause misfortune, if only by thinking about it. They felt that they were then morally obligated to perform rituals which might have the power to forestall remote catastrophe.

Sandy's sense of responsibility for others extended far beyond those whom she was immediately in contact with. She described how she felt she had caused a friend to lose a sports tournament in another city:

I had a friend who was on one of the teams playing for Saskatchewan, and if I was in the kitchen listening to it, then he was o.k. and they would do good. But if I came in here and I watched, they'd screw up. And I was going [to myself] get a grip, it doesn't matter, you're not even in the same city. So I made myself sit there and they lost. And whoa! I felt guilty. I felt all I had to do was stay in the kitchen and they would have been at the playoffs...I feel that I had a mystical responsibility that I wasn't taking care of.

Yet others felt they were responsible for foreseeing all possible sources of danger, and that not forewarning others of these was tantamount to causing a given disaster. Arthur, for example, felt a need to constantly remind his grown children to be careful when driving or biking. If he failed to warn them, he imagined that he had not done all that he could have to help them and was, in essence, responsible for any negative consequences.

All subjects communicated a feeling of powerfulness that was accompanied by an awesome sense of responsibility; to ignore this responsibility was to create a disaster and

suffer the consequences, among them, guilt and condemnation by others.

Theme Three: Conflict Between Internal Standards & External Behaviours

Central to the connection between guilt and OC symptoms, was a sense that subjects were acting in ways contrary to their moral codes. Most described themselves as having high moral standards and they became confused and guilty when they thought and acted in OC ways that ran counter to these standards.

Some subjects expressed dismay that they were acting out of fear and against their principles, in a sense, letting themselves down. Kate's obsessions with reclaiming personal items led her to act out against her child in a way that she never imagined she could:

I remember once specifically telling my daughter to bring [an item] home from school. And she forgot it there. And I almost killed her. And it was just like, all the time I was doing it, I was thinking this is so horrible, this is so senseless, but I was so afraid, these feelings were so intense from the OCD. And that made me feel really horrible, I was acting totally out of fear and against my principles.

Some felt that their self-condemning reactions concerning, for example, the content of their obsessions, were indoctrinated into them by harsh others, such as parents or church. They wondered why they continued to hold sacred rules and demands that they viewed as

unreasonable. Sandy, for example, felt guilty about her obsessions, while at the same time saw her guilt as irrational and unnecessary: "When I think about it, why should I be bombarded by things that make me feel guilty, that are, let's face it, absolutely stupid!"

#### Theme Four: Rituals Alleviate Existing Guilt

For many subjects the act of ritualizing helped to alleviate existing feelings of guilt. This relief was expressed by subjects in several different ways.

First, for some, compulsions lent a sense of atonement and cleansing for having had forbidden thoughts or engaged in forbidden behaviours. They helped restore a sense of moral purity and conscientiousness. Rituals served as a penance for committed "sins" as well, and functioned to relieve the guilt and tension accompanying these acts. The punishing quality of some rituals also helped sufferers to resolve the conflict between their own internal standards of "goodness," and their "bad" external behaviours. Jack's washing rituals helped to alleviate his feelings of guilt and restore a sense of moral purity after being sexual with his girlfriend:

...[O]ur relationship did increase...and the more that increased, the more I felt that I had to wash...I was still striving for chastity, but doing this on a regular basis. And I was embarrassed...And of course, there's that guilt. And that's where I started really severe washing, Comet and things like that...And I guess when I

did clean it felt like a penance. Like I say, something to negate the guilt.

Secondly, for many participants, re-doing rituals helped alleviate doubt and guilt that rituals may have been done incorrectly the first time. Often, even after extensive ritualizing, sufferers doubted whether the rituals had been completed precisely or thoroughly enough. They began to fear that others would come to harm through their carelessness and they would begin to anticipate feelings of responsibility and guilt. Additional rituals, then, helped restore the sense that others were safe and thus guilt feelings were avoided. Dana's doubt over not completing her rituals "properly," compelled her to continue and prolong them. She questioned, "...[D]id I do the ritual right? And then I'd go back and do it and now I'll have to do it, just to make sure I did it right, I'll do it three times instead of the one time." Stephanie similarly worried that incomplete rituals would bring her family to harm and she also needed to repeat them,

Like...if somebody sat in this chair I'd clean it three times with a clean cloth, not once, not twice, but three times. Oh, so many things like that. And it was a ritual, a real ritual. But it was done to save the kids...Partly that and partly to save the world, save my kids, protect people.

For yet other participants, rituals served as implied "corrections." Some perceived themselves as having previously been negligent or careless, and as a result, harm had come to others. Rituals served to "make things



right," and they were seen to have the power to reverse negative occurrences and prevent future ones from occurring. Mark, for example, saw his rituals as a way to help him cope with his guilt over his wife's suicide attempt and his fear that she would remain ill:

[I was] trying to deal with the guilt and the fear by rituals...the repetitions, the phrases, you know, if I don't say this right she won't get better...But my guilt was that I was somehow responsible for this...and that somehow the ritualizing will prevent her from getting worse, or will help her get better, and if I don't do things right, think things right, say things right, she won't get any better. 'Cause it's my fault she's this way to begin with.

#### Theme Five: Fear of Guilt Motivates Rituals

Some subjects related that a fear of future guilt often motivated them to ritualize. They described a belief that if they did not ritualize harm would come to others, and they would be responsible and subsequently overwhelmed with guilt, and self- and other condemnation. Rituals, however, could possibly prevent harm, and subjects engaged in them to avoid such disastrous consequences. Fear of guilt then, often "drove" participants to start and continue ritualizing because "simple" actions such as washing, or thinking a corrective thought, had the power to prevent terrible catastrophes. Dana described her anticipatory fear and guilt:

...[I]t's all related to guilt. It's feelings of guilt, plus your anxiety, and guilt, that in some way I'm going to be held responsible for hurting

someone. I'm so scared of hurting someone or causing someone harm. I don't want to do that. And maybe by not neutralizing a thought it might cause someone harm, and I'd feel, how could I live with that guilt?...It'd never go away and it'd totally consume me.

There was an accompanying sense that not ritualizing was akin to being negligent and reckless, that they were "buying trouble" if they did not complete rituals properly and precisely. They were possessed of a sense of culpability and blameworthiness if they did not yield to the demands of their compulsions. Sandy explained,

If I break any of those rules then I'll start to feel guilty and then I'll think that this is going to happen and then this and on it goes. So if I don't do it then it's like I'm asking for things to happen. If I don't do my rituals and make sure that I do them the same then I'm asking for something to happen.

#### Theme Six: Inadequate Justification

Most subjects expressed guilt over their inability to explain or justify their behaviours to others. This experience was especially pronounced prior to diagnosis when sufferers were confused and frightened about what was happening to them. They were unable to understand their thoughts and behaviours and were unable to describe or explain them to others. They felt deeply guilty and sorry that others were being affected by their disorder, yet were left unaware about why they were engaging in destructive patterns; they felt that others deserved reasonable explanations.

Participants imagined others looking on helplessly, feeling angry and betrayed that they were acting in unexplainable ways previously foreign to them. Parents imagined their children's confusion and incomprehension regarding what was happening, and they wished that they had spared their children this experience. Stephanie recalled her son's confusion about her disorder:

He said to my husband 'maybe when I leave mom will feel better.' He thought he was the one who was causing all of this, and you see, children do this. And he had said to him 'well, mom won't have so much to worry about and so much to do if I'm gone.' When he went off to college he thought maybe I would get better...[And] when I heard that, it really broke my heart. And that's what the guilt is.

Some subjects experienced guilt over elderly parents dying before they were able to explain that they were suffering from a disorder and were now receiving treatment. These participants were left with a sense that their parents had died without feeling at peace about their children's problems. Again, Stephanie recalled her mother's death and her own guilt:

I still feel guilt towards my mom to the point that she didn't understand...If I'm overtired, I'll feel a lot of guilt, and I'll go back to my mom and feel sad that she's gone and feel sad that maybe I made her last years miserable...And then other days when I think what I was saying to her in the hospital, I think o.k., she understood, I explained it to her...When I'm feeling good, I think, mom knew, she forgave me, you know.

Some expressed guilt in terms of the rupture that it caused in their relationships with others: they were unable

to describe their experience and so were left feeling disconnected from others and somehow responsible for that disconnection. Victor described how his inability to explain his behaviour affected his friendships,

I lost friends. They think I'm nuts. They don't understand. I tell them, but they don't know, they just know I'm exhibiting bizarre behaviour, and maybe I'm violent or something. But I'm not. I'm a very pacifistic kind of person, I wouldn't hurt anybody...I feel terrible, because they don't understand.

#### Theme Seven: Bad Mother/Bad Wife

Central to the connection between guilt and OCD for subjects was the notion of being a bad mother and a bad wife. Notably, this theme was only evident in female subjects, hence the gender-specific label. Throughout their experiences with the disorder, subjects felt guilty about being inadequate mothers as a result of their continuous obsessing and ritualizing. Their time was consumed by the disorder, as was their emotional energy, and they were left with little of either to give to their children, who were seen as coming second to the demands of the disorder. They felt they were negligent and their children deprived because they could not fulfil normal parental responsibilities. Stephanie explains: "The guilt I had...and still have to this day, that I never, that you know I had to buy cookies because I couldn't, my husband

would have to buy the cookies for the kids because I couldn't get in the kitchen and bake them their cookies."

Sufferers believed they were emotionally harmful parents, both through exposing children to their bizarre behaviours, and through restricting children's activities because of their own fears and obsessions. Their children became victims of the disorder, being pushed to participate in rituals that only mother could understand, such as being told to wash excessively, or to not touch certain things, or to not walk in particular places. Shelly felt her children suffered many unnecessary restrictions because of her obsessions and compulsions:

I was stopping the kids as they got older from having a normal life. We couldn't go to the sandbox because who knew what was in it. We couldn't go to the playground. I couldn't go and sit in a movie theatre, or to the fair, or to any of those [places]. So you start feeling guilty because you're preventing your family from having a normal life...And my kids were trained so well that they would know that you don't step on anything outside and you make sure that you walk right in the same path and you don't pick things up and you don't touch this and you don't touch this. And they knew as soon as they got home it was straight to the bathroom and you washed your hands and if you didn't do it with soap you had to do it again. And they just knew all of these things that they had to do to kind of appease mother.

Mothers lamented that they could not permit their children to have friends over, even further restricting normal childhood activities. They imagined their children feeling embarrassed when others did witness mother's behaviour. As Kate told me:

...[M]y daughter was getting so embarrassed because people were commenting on her strange mother...and [she] didn't want people to see her strange mother...She was ashamed of me. And people, the kids would remark about some of the things I was doing.

Subjects also experienced guilt over being bad wives to their husbands. They felt that their obsessive behaviour strained their marital relationships, making them edgy and tense. As one participant claimed, "I put the whole family in turmoil because I was like a ranting lunatic...and you're guilty because you don't want your children exposed to that, you feel guilty because you don't want to put your husband through that."

Again, preoccupation with obsessions and compulsions left them with little energy to devote to their husbands and families. They felt their husbands were forced to unfairly assume responsibilities which they were unable to do, such as driving children to activities or cooking and cleaning. Shelly explained, "I'd feel guilty because my husband had worked all day and then he had to watch the kids because I was spending an hour and a half doing dishes!" They also experienced guilt over absences from their husbands due to lengthy hospitalizations. At times, guilt arose when husbands blamed themselves for their wives' strange behaviours and profound unhappiness.

Theme Eight: Bad Daughter/Son

Similar to the previous theme, guilt was experienced when subjects believed they were bad children to their own parents. Again, they saw themselves as consumed by a disorder that left them with little energy to give to elderly, and often ailing, parents. They felt unable to support parents through difficult illnesses and losses, and they saw their behaviour as confusing and hurtful for their parents. Shelly describes her guilt over not being able to visit her mother in the hospital:

My mom was in the hospital for cancer surgery ...and I thought I was doing pretty good and we came in to see my mom. I had no problem with that. The lady in the next bed beside her was getting a lock put in, for her IV. Well, I almost passed out and I couldn't stay in the room and I couldn't go back up to see her. Well, how much more guilt can you feel then not going up to see a sick mother. And it was cancer, what if she died? And I couldn't go up. And so, the guilt...

Participants saw themselves as harming their parents, vicariously causing them pain via their own suffering. They imagined their parents' distress and turmoil while observing their bizarre behaviour and consequent unhappiness, and they experienced guilt over the irritation that the behaviours evoked in their parents. They also felt guilty that parents blamed themselves for somehow passing the disorder to them, either genetically or through learning. Stephanie felt guilty that her disorder had caused her mother unnecessary pain:

[My mom] would phone me some days and if I answered the phone and she'd say how are you, I'd probably start crying because I was just tense all the time...And when she passed away I thought, now that I have a daughter that's married, I phone her and she's unhappy, I just stew all day...I want her always to be happy...And I think what mom must have went through knowing I was so unhappy...

#### Theme Nine: Bad Friend

Subjects also experienced guilt in connection with the effect their disorder had on persons other than family members. Akin to the two previous themes, subjects felt guilty that their disorder was imposed on friends and others in a way that was ultimately hurtful to them and stressful for the relationships. As a result of their own fears and obsessions, sufferers found themselves questioning others' habits, especially those surrounding cooking and cleaning, and they viewed this questioning as harmful and intrusive. Shelly described her questioning behaviours:

You feel guilty. I know I hurt so many people. Because I'm not saying these people's homes were messy, but you know, they'd see me pick up a glass and check to see if it was clean...And it became where you'd kind of hurt people's feelings...but I couldn't stop. I did it to every person I knew.

Participants also experienced guilt in connection with trying to transfer responsibility and guilt to others, particularly with respect to checking compulsions. That is, they found themselves asking others to participate in



and help them with rituals by checking to see if they had been done correctly; for example, that doors were locked, or that no one had been hit with the car. Most felt this an enormous and unnecessary burden to place on others and they felt guilty after asking for this kind of reassurance. They realized that their reassurance seeking was irritating to others and they experienced guilt over straining relationships in this way. Shelly, for example, felt reassured when people accompanied her in the car. She could then ask them for reassurance that she had not unknowingly hit someone. But as she explained, "That's a guilt in itself, because that's a heavy burden to give somebody else...And I would give that burden to whoever I was with and they would have to check it for me. And we would go back over and over...[Yet] there was nothing [they] could do or say to reassure me enough."

Similarly, some subjects experienced guilt over trying to control others, for example, by dictating where they could shop or where they could eat, or asking others to wash, due to avoidance and contamination fears.

#### Theme Ten: Interpersonal Isolation/Alienation

Central to the experience of guilt in OCD was sufferers' sense that they were isolated from, and alienating, others. This theme seems separate from the previous three with respect to the interpersonal

consequences of obsessing and ritualizing. Rather, this theme focuses on guilt experienced as a result of having the self separated from, and unconnected with, others.

Subjects related that they often did not tell others about their disorder, and were unsure of who they could trust with this information. They were thus left with a sense that they were hiding aspects of the self from others, that they were keeping secrets, things that others somehow "ought" to know. They came to feel ingenuine in their relationships, emotionally distant, and unable to truly share themselves and be fully intimate with another.

Sufferers revealed that they were not often present in their relationships. Usually, they were distracted by obsessive thoughts, by concerns about sources of contamination in the environment, or by covert, internal rituals. They felt unable to concentrate and listen to others and to communicate in an honest way. They thus felt disconnected and distant from others even when apparently engaged with them. Kate summarized this experience for herself:

Sometimes I feel really guilty because when I'm talking to somebody it appears either that I'm really intense, because I'm thinking about an OCD ritual or I'm actually doing it mentally, or doing it without people noticing...Some things people do notice, and it makes me feel embarrassed and I feel guilty because I don't know if I should tell them about my OCD or if I shouldn't. I feel guilty if I tell them then it's a burden for them. Or, I feel selfish sometimes because I think if I tell people then they're

going to go away. And so I don't tell them. And then that causes me to feel guilty.

The experience of interpersonal guilt in the disorder often arose out of a sense that sufferers were creating these problems for themselves and deliberately hurting others. Subjects often rejected the support and presence of friends, relatives, and the larger community. They communicated this as a "shutting out" of others whom they viewed as unable to understand the extent of their difficulties. This pain was especially poignant for Kate:

I feel guilty, sad, humiliated, doing rituals in front of people, then I start shutting people out through a conscious decision and through my behaviour and actions. I feel guilty letting people down by not visiting them and not being able to do the things I used to be able to do with them in relationships. Like send cards, gifts, write letters, and all the simple little things.

Repeated rejection of offers of help also left sufferers feeling as though they were undeserving of future comfort and understanding. Old relationships were left to deteriorate and the development of new ones was impaired. Yet, while their rejection of others created a profound sense of guilt, most sufferers felt unable to reach out to others and allow themselves to be supported; the demands of the disorder on their time and energy seemed too overwhelming. Stephanie recalled her inability to accept help from her mother and her guilt over this rejection:

[My mother] would phone me and say well, can I come over? No, no I don't want you over...I wouldn't let her come and help me because there's

nothing she could do...I didn't want her to come over and do anything because nobody could do [the rituals] like I could...I feel so guilty that she went through this. It must have hurt her to have a daughter that was sick and didn't want her help...That still bothers me alot. Really bothers me alot. It was mom I was rejecting because I didn't want anybody doing my rituals.

### Theme Eleven: Failing the Self

The experience of guilt in this theme was connected with participants feeling that somehow they had failed themselves and let themselves down by becoming "mentally ill." Most saw having OCD as a failing in the self, a weakness that they could have, and should have, controlled. Dana explained, "Now I would say the guilt is on my own part. I just feel guilty in myself...That I should know better, that I should have a better conscience, a better moral backbone. You know, how could I let myself do that, that type of guilt."

They felt flawed, inadequate, and mentally weak, as one participant stated, "with poor willpower and an inability to control [themselves]." They were left with a sense of being alienated from themselves, and of having disappointed themselves and their life aspirations. Kate described her feelings of being alienated from herself:

I don't know who I am anymore. I'm trying to get back to where I was before this disorder started because that's who I know as me, and everything I do now is so different in the way I act, the way I think and the way I have to walk and talk and do every little thing the way that I do. Because it's all connected with the OCD...[S]ometimes I

feel that I'm just an automated something. I see the traffic go by, I see the lights move, I see people moving and I don't recognize it as a reality. I just feel so separate from everybody and everything 'cause I don't know where I fit in anymore and I don't know where I belong.

Many saw themselves as the overseers of their own misery. They questioned why they needed to torture themselves with tormenting images and thoughts, and why they lacked the conscientiousness and control that would keep them from giving in to rituals. Mark especially wondered why he would have obsessive thoughts around his religious faith, something highly valued in his life:

Only a person who is sincere about their religious faith is going to be bothered by anything like that coming into their mind...Why do we do this to ourselves? Why is it these things we pick on?..Why is it that I would pick on the very thing that's most important?...The guilt for me comes in where I know that's the wrong thing to think, why do I do this to myself?...I think that's what drives me the most crazy.

Some considered themselves responsible for the development of the disorder and suffered profound guilt that they had made a decision leading to such dire consequences. Many simply blamed themselves for choosing to act in an obsessive-compulsive way, and they now, as one participant stated, "needed to learn how not to act in the OCD way." Overall, guilt arose from the sense that they had let themselves down by becoming ill, but that they could have chosen not to.

Theme Twelve: Waste

Guilt was experienced in connection with the waste that the disorder created. Sufferers reacted to their having wasted many things due to the demands of the disorder. They felt guilty that time and life had been wasted, in particular, time with their families that could never be regained. Subjects saw their children grow and mature while at the same time being unable to fully participate in their development. They watched as special moments passed by without their acknowledgement or appreciation. They saw changes come to others' lives while theirs seemed to remain stagnant, restricted, and eternally miserable. This waste of time and life was seen as a loss that could not be compensated for. Shelly described her guilt at missing moments in her children's lives:

You're wasting your life. Because, I can't go back and go to my son's preschool graduation. I can't do those things, I missed all those things. Which is another guilt all in itself, what you missed...I still have a lot of guilt now for what I put them through, what I missed, what they missed out on because I couldn't do it...

More practically, sufferers experienced guilt over the waste of food and money. Most disposed of food that was seen to be contaminated, or possibly contaminated. As a result, money was wasted. Some also disposed of money itself in response to feeling it had been contaminated and therefore could not be spent. Yet others discarded useful items, such as clothes, diapers, and household items that

were similarly viewed as dirty and unusable. Again, Shelly recalled her wasting behaviours with guilt and regret:

I felt guilty because I would have to check cans from the grocery store. If the labels weren't on the can right, or if they would have a spot on them or if they were dented, they weren't good enough so I would have to throw them out. Or I would think yes, I checked, it looked o.k., but then I'd think did I look at the bottom? And then I couldn't rationalize that it was fine, so I would be throwing out tons of food. The money that I threw out, literally threw out. And if it sat in the cupboard for more than two weeks, it had to be bad even if it was canned. And I couldn't give it to the food bank because then what if somebody got sick there from food I'd donated. So, it was guilt knowing there's people out there with no food and I'm just throwing it out.

All subjects, regardless of their economic circumstances, felt waste to be unnecessary and shameful, and they went to great lengths to hide their wasting behaviours. They felt especially guilty recognizing that wasted items could be useful to others, if not themselves, yet they felt unable to risk the possibility of spreading contamination to anyone.

### Theme Thirteen: Coping with Guilt

Sufferers struggled with how to cope with the guilt they experienced in connection with the disorder. Many claimed that they did not cope with their guilt at all, and that "coping" was something of a misnomer. They nevertheless communicated several ways of responding to the feeling of guilt when they found it overwhelming for them.

Most subjects coped with guilt via sleeping. Sleep offered a release from the painful sense that they were making themselves and others around them miserable. Sleeping blocked their guilt and they would spend long periods of time away from others, sleeping and seeking some respite. Shelly explained:

I think sleep helped with guilt because I know I slept a lot when I had my worst symptoms and I think it was kind of my way of shutting it off. Because I didn't have it when I slept. I wasn't hurting, or stopping anybody from doing anything. I wasn't causing anybody problems, I wasn't throwing things away. So I would sleep...

Many admitted crying in response to their feelings of guilt. Again, there was some relief, both physical and emotional associated with crying. Some saw it as a way of truly expressing to others how badly they felt for "causing" them misery.

Some subjects stated that they frequently and repeatedly apologized for their behaviour. They wanted others to know that they did not mean to be hurtful or harmful; at the same time they questioned themselves about whether they were being intentional in their OC behaviours. Some subjects began apologizing for things that they ought not to have been sorry for; they became plagued with a sense of responsibility for any and all negative happenings to others. One participant told me,

I had days where I would just stay in my bedroom and I cried and cried and cried and cried. And I guess that was my release...And I would say sorry over and over and over and over again...Apologize



to everybody, all the time. For everything. Even for things I knew were o.k.

Some subjects also admitted trying to rationalize away their guilt. They tried to reason that there was no need to feel guilty since they were being better mothers, or better Christians, by washing more or praying more. They tried to see themselves as more scrupulous, more careful, more cautious, and more concerned with the welfare of others. Sandy, for example, at times told herself that some of the rituals around her religion were desirable:

Like the guilt I feel over my rituals, see there's nothing wrong with my rituals. I should be respectful [to Jesus] as far as I see, that's who I am. The ones with my kids I'm not so sure...But...sometimes you can't tell if this is a ritual or is this something you should be doing?

For most participants, however, such rationalizations were ultimately thin and ineffectual, as Shelly's words illustrate,

I thought I had the best reason in the world [for ritualizing]. I didn't want my kids to get sick...You know, I must be the perfect mother because I've done all this. And then you think, how many mothers don't let their kids go to the sandbox? So then the guilt would come in...You try to tell yourself what you're doing is fine, and then it only takes about half an hour until reality kicks in...

#### Theme Fourteen: Guilt re: Improvement and the Loss of Conscientiousness

Guilt was also experienced by subjects during the period of treatment and healing. While all felt grateful

that some form of treatment helped control their symptoms, some sufferers believed that getting well resulted in an unwelcome loss of conscientiousness.

As subjects witnessed their own improvement, they saw themselves becoming less concerned about cleanliness, the welfare of others, and less cautious about possible sources of danger. They experienced horrific or blasphemous thoughts that no longer highly distressed them. Many saw these changes as evidence that they were becoming selfish, or hateful, or disrespectful to God. They imagined themselves becoming less moral and upright, and questioned whether they cared about anyone besides themselves. Sandy worried about how treatment and not ritualizing could change her moral standards and herself as a person:

I'm going to have to watch all my friends fail, I'm gonna have to watch my house and my children become contaminated, I'm gonna have to do this, I'm gonna have to be, I'm gonna have to be disrespectful [to God]. I have to do all these things to get over this. Is this something worth getting over?

These changes were charged with guilt for most subjects who felt they were becoming people they did not like; some questioned whether they would be "better people" if they remained ill.

#### Theme Fifteen: Reparation

Central to the connection between guilt and symptoms was the need for sufferers to repair harm they felt they

had caused via the disorder. Parents felt the need to "make up for" restrictions placed on children while they were struggling with the disorder. Some became more permissive with children, allowing them freedoms that they may otherwise not have had. Some gave their children gifts or money, in order to help make up for what sufferers perceived as years of neglect. Stephanie described her need for reparation with her grown children:

Now I'll do anything for the kids to the point that um, sacrifice me. And they're both married, but I think it's just the guilt that I feel that I, I'll give them anything...[My husband] accuses me of buying their love and from the guilt I feel that I am. And then in a way I make excuses and say well, I'd rather give it to them before I die..things like that...You see I was very strict on them too when I was like that...[and] the guilt, the guilt, [now] there's nothing they could do that would make me angry.

Most went to lengths to spend more time with their families, to go on outings together and participate in activities as a group. For them, their view of their families had changed: where families had once come second to the demands of the disorder, they now were primary and carefully nurtured.

Coupled with a need for reparation was a need for forgiveness; despite sufferers attempts, trying to "make up for" was ultimately unsuccessful. Shelly, for example, felt her children would, "...probably be scarred for life, and material things can't pay back for hurt feelings." They feared that their children had been emotionally

damaged and they wanted reassurance that this was not the case. They felt the need to talk to their children about whether they felt they had been abandoned to the disorder and some explicitly asked for forgiveness from their children.

#### Patterns of Themes Within Individual Cases

This section describes the various patterns of themes that each subject communicated. Not all subjects revealed every theme; for each individual, some themes were more primary than were others. Each subject, then, communicated a unique pattern of themes of guilt and symptoms depending upon their own life context and circumstances. I have highlighted these patterns as they were described to me, from subjects' individual experiences.

#### Sandy

Sandy described being controlled by a strong sense of hyperresponsibility & omnipotence. She felt and feared that she may have had the ability to control other people's destinies, if only through her thoughts. This belief was not sincerely held at all times, but Sandy did state that if she had the "wrong" thoughts about people, such as thoughts about negative occurrences, or if she deviated from her rituals, that harm might come to others. She

described this as a feeling of power over others that she must be careful not to abuse. She believed then, that she ought to take any negative thoughts about others seriously, and that she ought to follow her corrective and protective rituals to keep others safe. For example, at one point in her life, Sandy had been concerned that if she did not go to visit her elderly relatives, that they would die. When a particular relative did actually die, without Sandy's having gone to visit, she continued to believe that not visiting others in the future might result in another death.

Sandy also described guilt over forbidden thoughts, feelings, and behaviours. As mentioned above, she felt that she ought not to think negative thoughts about others, especially about her children, or about God or Jesus. She feared that thinking negative thoughts about her children may bring the imagined harm to them. For example, she imagined that feeling angry with her children and thinking about hitting them would cause her to become an abusive parent. In the case of God or Jesus, she feared that she would offend God/Jesus if she thought anything that was not completely respectful, and that she would be then be punished after death. Sandy also communicated that in her experience, thought and action were often equated; it was just as "wrong" to think a disrespectful thought as it was to commit a disrespectful act.

She explained then that fear of guilt motivated her rituals. She worried that if she did not genuflect enough times, or perform her rituals surrounding putting her children to bed, or think corrective positive thoughts about her children (in response to negative thoughts), that something terrible would happen. She was not always able to express what this "something terrible" would be; she was only possessed of a vague sense of dis-ease when she thought about not doing her rituals. Sandy thus viewed not performing rituals as akin to being negligent; there was something simple that she could have done to prevent harm but she did not do it. As a result, she then saw herself as being responsible for any ensuing catastrophe and anticipated strong feelings of guilt that could overwhelm her. Fear of guilt also motivated her to continue repeating her rituals in order to ensure they were done properly. Again, this repetition was in response to a fear that if rituals were not done properly she would be held responsible and guilty for any harm, that indeed, she "asked for," or caused this harm of her own volition.

Sandy coped with her feelings of guilt by rationalizing that her rituals made her a better Catholic and a better mother. With respect to her feelings of "power" over others, she experienced this as a more developed concern regarding the welfare of others. Much of her time was spent worrying about harming others,

especially her children, and about offending God. She was careful to "correct for" any negative or disrespectful thoughts that she had about either. In this way, she saw herself as a better, more moral, more concerned, person. Her rationalizations had, at times, been rather effective and she occasionally did not see her symptoms as especially problematic.

Sandy then experienced guilt regarding improvement and the loss of conscientiousness. She feared that she would become a selfish person who was disrespectful to God and blind to the welfare of others. She feared that thinking negative thoughts and not ritualizing in response to them would cause harm, and that she would then be responsible for such harm. She did not want to see herself as a person who would allow harm to come to others when there was something she could have done to prevent it, and she anticipated feeling guilty as she failed to protect the welfare of others. At the same time, she seemed to realize that these feelings were part of her disorder and that she needed to overcome them. She continued to feel guilty, however, as she watched herself improve.

### Shelly

Shelly explained that her rituals alleviated existing guilt. She saw the disorder as becoming uncontrollable after experiencing severe feelings of guilt when her son

was hospitalized. She imagined his bacterial illness was some failing of hers as his mother; for instance, she wondered if perhaps she had not kept the home clean enough. She then began cleaning compulsively and her cleaning rituals helped to alleviate her feelings of guilt that she had caused her son's near-fatal illness. They also helped calm her fears that her family might become ill in the future, due to her negligent housekeeping, and that she would be responsible and guilty for this. Her rituals were both restorative, returning the home to a clean and safe state after contact with possible contaminants, and preventative, ensuring no one in her family became ill again.

Shelly then felt guilty over being a bad mother/bad wife. These feelings existed during her son's illness since she believed she had caused his illness, but became more intense after her ritualizing increased. Most of her time and energy was ultimately consumed with cleaning, checking, and avoiding contaminated areas, and she had little left to give to her husband or children. Shelly spent long hours per day washing dishes and clothing, and cleaning her house. She rarely left the home because she was afraid of coming into contact with things she viewed as contaminated, and she thus felt safer and more in control within the confines of the home. Her rituals then, left her with little time for activities with her children



beyond cleaning them, and the time she did have was spent worrying about sources of dirt. Shelly also involved her husband and children in her rituals by demanding that they wash when they came into the house, and certainly before they touched her. She also instructed her children to avoid areas that she viewed as contaminated and her children were thus not permitted to engage in normal childhood activities.

In terms of her relationship with her husband, as Shelly often refused to go out of the home, it was necessary for her husband to drive children to their activities, and accompany them places they needed to go. She viewed this as a burden on her husband, but at times she felt she could not risk going out. When she did leave the home, she needed to have her husband accompany her, to drive, and to reassure her that doors had been locked and stoves turned off before they left. Often this "help" necessitated her husband taking extra time off work.

Shelly experienced much guilt about restricting her family's activities, and about changing the family environment from a "normal" one, to one fraught with tension and turmoil. Thus, while her rituals initially alleviated her feelings of guilt, they also created and exaggerated them, by making her feel an inadequate mother and partner.

Shelly also saw herself as a bad daughter, and experienced guilt about this. She felt unable to support her mother when she was diagnosed with cancer because of contamination fears and a consequent inability to visit her in hospital. She also frequently questioned her mother's habits of cooking and cleaning and realized this offended and hurt her mother. On one occasion, Shelly asked her parents to leave her home during an overnight visit, after she feared they had brought excessive contamination into the house. This action caused a major conflict between herself and her parents, and while she felt terribly guilty for asking them to leave, she felt she could not run the risk of their contaminating the home. Overall, Shelly communicated strong feelings of guilt that she had hurt her parents through her OC actions.

Shelly also felt guilt over being a bad friend. Again, she questioned friends' cooking and cleaning habits, and saw this as hurting their feelings. She kept people away from her home by not asking them over because she feared they would bring contamination into the home. She also avoided going to others' homes for social visits because she worried about sources of contamination, believing that they could not possibly clean as thoroughly as she. On various occasions, she also tried to control where she and friends shopped or ate when they went out together; she needed to avoid areas that she saw as

"dirty." Shelly thus saw herself as a poor friend who made demands and placed restrictions on those she was with.

Shelly also experienced guilt about the waste that the disorder caused. In particular, she mentioned practical waste, such as the disposing of food and items viewed as contaminated. Often, she would dispose of canned goods, fearing that there was a small dent or hole in the cans that she could not see, but that had caused them to spoil. She would thus throw out food that to others would have seemed fine. At times, groceries just purchased were disposed of because she came into contact with a contaminant between the store and the home. She imagined that the contamination could somehow spread to the food, to possibly poison her family, and needed to throw it out. Similarly, clothing was disposed of because she could not imagine getting it clean enough to be "germ-free."

Shelly felt guilty that she had an inadequate justification for her behaviours. She did not feel that others understood her problems, nor could she explain them to others. She believed, however, that others deserved some kind of reasonable explanation, especially since they were so dramatically affected by her behaviours. She could not give them this explanation, and experienced much guilt about this. Her young children in particular were confused about the restrictions in their lives, not understanding their mother's strange behaviours and demands. Similarly,

her husband, despite attempts to be supportive, could not relate to her need for constant reassurance, and her inability to get things clean enough.

Shelly also felt that she had failed her self. She could not control her symptoms, yet she was aware of the damage the disorder was causing to herself and others. She thus felt weak, "mentally ill," and unable to stop herself from acting in ways that she often saw as ridiculous and senseless. At other times, she wondered if her OC behaviours were based in decisions that she made; that she had decided to ritualize as often as she did. She thought of these as decisions with unfortunate consequences, but choices she had consciously made, nonetheless.

Shelly tried various ways of coping with her guilt. She found herself sleeping long hours, crying excessively, apologizing to others repeatedly, and rationalizing to herself that her behaviour was not actually harmful to others. She experienced some relief through all of these means, although rationalizing that her behaviours were harmless and benign was the least effective.

During the initial phases of her treatment, Shelly began to feel guilt over improvement and the loss of conscientiousness. When her son became ill again and was hospitalized with a dangerous infection, his doctors requested that his room be cleaned and disinfected. Shelly then re-experienced her original guilt that she had not

done enough to prevent his illness, and that indeed she may again have caused it through her negligence. She believed that if she had been "sicker" with OCD, she would certainly have been more scrupulous with her cleaning; she never would have let his room "deteriorate." Perhaps then, her son would not have become ill again.

As Shelly improved with treatment, she tried to resolve some of her feelings of guilt through reparation. With respect to her children, she permitted them to go places and do things that she might not otherwise have allowed, such as to the sandbox and the park. She ignored her contamination fears and allowed her children to play outside and to come into the house with dirt on their hands. She became more involved in their extracurricular activities, and took over from her husband the responsibility of accompanying them on outings. Shelly communicated that she wanted to try to make up for the restrictions and for the emotional stress that she had caused her husband and her sons.

### Dana

Dana experienced forbidden thoughts, usually blasphemous in nature, or centred around the occult. As a religious person, she felt especially guilty about having blasphemous thoughts which she viewed as highly disrespectful to God and Jesus. She felt that she ought

not to hold those kinds of thoughts. Thoughts about the occult, or being exposed to words such as "devil," or "Satan," were seen as dangerous and capable of harming others if they were not corrected for with a ritual involving positive, religious thoughts. She also felt that she ought not to allow herself to think about the occult, as these thoughts were unsafe by their very nature, and she felt frustrated and guilty when she did entertain such thoughts.

Dana experienced much guilt over the conflict between her internal standards and external behaviours. She had a deep love for God and Jesus and considered herself a religious person. She then chastised herself for thinking disrespectful thoughts about God/Jesus, and for having obsessions centred around the occult and other sources of evil. She wondered why she would entertain these thoughts in particular, and worried that she may be punished for them.

Dana felt a strong sense of hyperresponsibility/omnipotence. She worried that occult-related thoughts would harm others, especially her children. She also feared that thinking occult thoughts would bring harm to others outside of her family, such as friends and their children, or children at her sons' school. Like Sandy, Dana also felt that thoughts were equated with action, and that thinking something could

cause it to occur. She felt responsible for preventing any potential harm coming to others because it was she who had held the offending thought in the first place.

Stemming from her feelings of responsibility, for Dana then, her fear of guilt motivated her rituals. She felt that she must perform rituals to help correct for thinking an occult thought or being exposed to it via the radio or television. In particular, she needed to touch her Bible or cross, or repeat religious phrases to herself to counteract evil thoughts. She believed that if she did not do these rituals, that others might become possessed by evil spirits, and then she would be responsible for this harm since there was something that she could have done to prevent it but did not. She then imagined that the ensuing guilt over failing to prevent this harm would overwhelm and consume her until, as she described it, she "went crazy." While Dana consciously stated that she did not believe thoughts could cause actions, she was plagued by a sense of "what if" something catastrophic did happen when she failed to ritualize; she needed to reassure herself that she had done all she could and would not be responsible for negative consequences. Ritualizing then, helped convince her that she had prevented harm and would not be responsible and guilty for it.

As her ritualizing increased, Dana then experienced guilt over being a bad mother/bad wife. In particular, she

felt that she was letting her husband down by developing the disorder. She felt anxious, depressed, and exhausted much of the time, and she felt guilty that these feelings caused stress and tension in their relationship. She worried that he saw her as "crazy." She also felt guilt about beginning to involve her children in her rituals. On one occasion, she attempted to get her toddler son to perform a touching ritual with the Bible after being exposed to a television show on the occult. She felt frightened following this incident, and guilty that she had considered involving her children in her OC behaviours.

Dana also felt that she had inadequate justification for her behaviours. She could not explain to her husband why she was feeling and acting the way she was, and over time he grew frustrated, and less supportive. In turn, she felt guilty that she did not have a reasonable explanation to satisfy him, and to help him make sense of her behaviours and the problems they were causing. She believed that he deserved an explanation of some kind.

Dana then felt guilty that she had failed her self. Most of the time she saw herself as a rational and reasonable person and thus she wondered why she was acting in strange ways, and why she was reacting to thoughts about the occult. She felt weak-willed and unable to control her own thoughts and actions. She also expected that she should be able to "snap out of it," and simply stop acting



in an OC fashion and felt she let herself down when she could not. She compared herself to other people who did not appear to have problems like hers and wondered why she needed to repeat religious phrases or think corrective thoughts. She grew concerned about what was "wrong with her."

Dana also felt a sense of interpersonal isolation/alienation. She felt ashamed of herself as a sufferer, and she could not share her problems openly with others outside the family. She realized this affected her relationships with others but did not feel comfortable telling people about the disorder. She communicated to close friends that she was seeing a psychiatrist, but told them it was because of depression. She thought her OCD too bizarre to explain to friends and she saw her problems as a secret that she had to keep from them. Her husband also discouraged her from disclosing too much information to others whom he thought would not understand.

Dana also experienced guilt over waste. Money, food, and household items were disposed of because of fears that thinking a forbidden thought during food preparation would somehow "contaminate" it with evil. On one occasion when she was asked to bring snacks to her son's preschool, she threw out several batches of cupcakes because she had heard an occult word on the radio; she feared that if the children ate the cupcakes, they would be contaminated with

something evil. Dana felt guilty that she was wasting large amounts of money on food and other groceries, but she felt she could not risk spreading "evil" to others. Additionally, her wasting behaviours were hidden from her husband, and this secrecy added to her sense of being alone and isolated in her problems.

Dana then tried to cope with her guilt by sleeping, and by crying, and by apologizing. She described sitting on her bed and crying for long periods of time, while apologizing to her husband for her OC behaviour; she wanted him to understand that she was not intentionally trying to cause problems. These means were ways of escaping guilt and reducing anxiety, and they helped relieve her, but only temporarily.

As Dana received treatment, she experienced some guilt over improvement and the loss of conscientiousness. She continued to worry about "what if" something did happen when she saw something occult-related, or if she held an occult-related thought, and she did not ritualize in response to it. She still feared that she would be responsible for any harm and felt guilty that she would be negligent by not ritualizing, even as she realized that not ritualizing was part of her treatment. For example, in planning for a trip to Europe to visit relatives, she shopped for small gifts to bring them. During her shopping she was plagued with fears that she would see something

"evil" but would not be able to correct for it because of her treatment. She then anticipated feeling responsible and guilty for harm befalling her relatives if she gave the items to them as she had planned. Thus, throughout her treatment, Dana was filled with concerns that she was becoming less scrupulous and more open to sources of possible harm.

### Arthur

Arthur felt a strong sense of hyperresponsibility/omnipotence. He described feeling a need to be aware of possible sources of danger affecting the people he loves. He felt that he needed to foresee these sources of harm, and he would do this by trying to imagine all of the things that could conceivably cause harm in his life and others, especially in the lives of his children. He thought that he was obligated to search for signs of danger, as a way of being a more responsible person and father. He saw himself in general as being more responsible than others by never leaving anything to chance, and also as more responsible for others.

Arthur then communicated that a fear of guilt motivated his rituals. He needed to check things in his home including doors, windows, pipes and stove, to ensure that they were locked or turned off. He checked repeatedly and compulsively, and was filled with a sense of "what if,"

for example, the door were not locked or the pipes were actually leaking. He also felt the need to repeatedly warn his grown children of possible sources of danger, such as the dangers not paying attention while driving, or not biking with a helmet. If he did not do so, he viewed this as not having done all that he could have to prevent harm. Indeed, he saw this failure as a form of negligence, as though his inaction was an invitation for misfortune. If something harmful then occurred, he imagined that he would be deemed responsible and ultimately guilty. On one occasion while on holiday, the pipes in Arthur's home did burst and his basement was partly flooded. Since that time, he has tended to view his vacations as opportunities for disaster, and he feels that he is responsible for anything negative that occurs while he is away. He stated that these events would not be accidents since had he been responsible enough to stay home, he could prevent them.

Notably, Arthur described himself overall as a highly guilt-prone person apart from his OCD, and he experienced difficulty coping with these feelings in his life. He felt that any further sources of guilt might be too painful for him to bear. As such, his rituals of checking and warning others helped alleviate his fear that he would be responsible for a harmful occurrence and subsequently overwhelmed with guilt.

Stephanie

Stephanie communicated feelings of hyperresponsibility/omnipotence. She explained that her OCD began very suddenly: one day she simply experienced a strong need to be aware of sources of danger in her environment that might affect her family. Contaminants, in particular, grease and dirt, were viewed as especially dangerous, and potentially harmful to her children. She felt a compulsive need to "save" and protect her children from these contaminants by eliminating their exposure to them, and she became hyperalert to all possible sources of dirt and grease.

Stephanie then stated that fear of guilt motivated her rituals. She was plagued by a sense of "what if" something harmful happened to her family via exposure to these contaminants, and she felt that she needed to compulsively clean in order to prevent this. If she envisioned not ritualizing, she anticipated harm, being held responsible for it, and ultimately being guilty. As a result, literally all of Stephanie's day was consumed with cleaning rituals. She washed herself, her home, her children, and clothing, repeatedly. She refused to leave the home for fear of contacting contamination which she would then bring into the home. Similarly, she could not have others in. As well, she gradually stopped cooking for her family or even entering the kitchen, as she could not bear to be near

sources of oil. Despite not making contact with oil and dirt, she continued to clean in order to "make sure" her family was safe from contamination; Stephanie could not imagine living with the guilt of having "allowed" her family to come to harm by not cleaning thoroughly enough. Her rituals thus alleviated her fears that her family would become ill due to her carelessness.

As the time and energy consumed by Stephanie's rituals increased, she began to feel guilty that she was a bad mother/bad wife. She gradually began to involve her children in her rituals. Her children were required to remove their clothing at the back door and to immediately bathe before going to their rooms where clean clothes were laid out for them. Their contaminated clothes were promptly thrown into the laundry to be washed before they could be touched again. These demands continued well into the childrens' adolescence. Stephanie also described herself as being very strict with her children during this time, largely due to her constant anxiety and exhaustion. Stephanie also neglected some of her parental responsibilities by refusing to cook and bake, since she could not enter the kitchen. As well, she no longer accompanied her children to their activities out of the home. Stephanie realized her behaviour was confusing to her children and possibly emotionally damaging to them. While she experienced tremendous guilt about the effects of

her behaviour on her children, she was not able to control her fears and rituals. Stephanie also felt that she had become a burden on her husband by continually relying on him for emotional support and help with parental chores she could no longer perform. She did not communicate as much guilt in her relationship with her husband as she viewed him as largely able to understand and cope with her demands. Thus, it can be seen that even as Stephanie's rituals may have helped her alleviate her fear of responsibility and guilt for harm, they also created guilt for her.

Stephanie also felt guilty that she was a bad daughter. She rejected her mother's offers of emotional and physical help, and also rejected her in general as she feared that she would bring contamination into her home. She often told her mother she did not want her to come over and help, telling her that there was nothing that she could do to help. While she realized that her behaviour was hurtful and confusing to her mother, and while she wanted her mother's support and understanding, she could not overcome her fears of contamination.

Stephanie also expressed guilt that she had inadequate justification for herself and her behaviours. She was aware that others were affected by her behaviours, especially her children and her mother, but she did not have a reasonable explanation for why she acting the way

she was. She felt they deserved an explanation for the turmoil that she believed she was putting them through. She imagined that an explanation might help relieve them, and help them to understand that her behaviours were not being done to intentionally hurt them.

Stephanie then felt guilty that she had failed her self. She saw herself as weak-willed and psychologically deficient. She felt guilty that she was thinking and doing things that were harmful to herself and others, and was not controlling or stopping herself. She wondered what was wrong with her mind, and why she was "allowing herself" to "go crazy." She began to compare herself to others, and wondered why she was "crazy" and others were not.

Stephanie also experienced a simultaneous conflict between internal standards and external behaviours. Much of the time, and certainly previous to the beginning of the disorder, she understood herself to be a relatively "normal" or "sane" person. Yet she very suddenly became plagued by "crazy" thoughts and actions. Often she viewed her thoughts and behaviours as ludicrous, but she continued to engage in her rituals and she found these two perspectives impossible to reconcile. She felt separate from herself and became unsure of who she was.

Stephanie also felt guilty with respect to interpersonal isolation/alienation. She rejected others' offers to help her, partly out of her sense of shame, and



partly because she could not have others bringing contamination to her home. She realized this hurt and alienated them, yet she could not cope with the anxiety of having others contaminate her home. When friends did (rarely) come over, Stephanie was filled with anxiety about the contamination they may have brought with them. She was preoccupied with when they would leave so that she could begin cleaning. She would then stay up the entire night cleaning in order to restore the home to its previsit condition. As a result, her visits with friends were strained and uncomfortable, and Stephanie felt guilty that she was causing this tension. Consequently, she began to isolate herself even further, thus depriving herself, and her husband, of the company and support of friends.

Stephanie, like many other sufferers, experienced guilt over waste. She saw herself as wasting life, time, and energy on rituals that in retrospect seemed meaningless and futile. Many years of her life were spent ritualizing, years that she now sees should have been spent with her children. She also wasted much in terms of food and money. Anything that was possibly contaminated needed to be disposed of regardless of the financial loss. On one occasion she threw away \$40.00 in cash, disposing of it in a neighbour's outside garbage, because she had come into contact with a bottle of greasy lotion. Large amounts of food were thrown out if they became tainted with unseen oil

or dirt. Stephanie saw all of these behaviour as senseless with no valid justification, and she experienced tremendous guilt over the obvious financial cost.

Following her improvement, Stephanie made attempts at reparation in order to help manage her feelings of guilt, and reconcile the conflict she saw in herself. Her guilt compelled her to make up to her now grown children for the turmoil that she believed she put them through. Her attempts were, to outside observers, excessive, as her guilt was excessive. She gave them large amounts of money, and lavishly bought them gifts. She set no limits with them, stating that she would do anything for them even if it meant sacrificing her own needs. She also tried to make up to in-laws for years of apparent rejection and avoidance. Having overcome her contamination fears, she spent much more time with them, and supported them through illnesses and death. Making these reparations helped allay some of Stephanie's feelings of guilt, although she often still felt the pain of them and imagined that she would for the rest of her life.

### Kate

Kate described a strong feeling of hyperresponsibility/omnipotence. She worried that her obsessive thoughts, or her failure to ritualize would have dire consequences for herself or others, usually her

family. She felt that negative thoughts might have the power to cause harm if she did not correct for them via rituals. Most of her compulsions consisted of rituals of repetition, a need to do things a certain number of times in order to "get it right." Not repeating actions the prescribed number of times left Kate with a vague dissonance that she had done something wrong and would somehow be punished. Often, it was not only herself who would be punished, but also someone she cared about, such as her daughter. She imagined harmful consequences if she did not yield to her compulsions and she felt it was her responsibility to do all she could to prevent such harm.

As Kate became more consumed by the disorder she experienced a strong sense of guilt over having failed her self. She felt she was weak, and somehow psychologically deficient since she had developed a "mental illness", and she wondered what was wrong with her that she could not control herself. She believed that she let herself down by becoming consumed by the disorder and thus not fulfilling the potentials that she saw in herself, such as the opportunity for beginning a career, and developing meaningful relationships. Her life was overwhelmed by the disorder, yet she could imagine how it would have been if only she could have gained control over her symptoms. She seemed to expect that she should have controlled herself.

She felt profoundly disconnected from, and disappointed in, herself.

Kate experienced a simultaneous conflict between internal standards and external behaviours. She could remember herself as "sane" and she often saw herself as a basically "normal" person. She saw many of her behaviours as "ridiculous habits" and could appreciate their irrational quality. Thus having this insight into her own behaviour, she could not reconcile why she was acting in seemingly abnormal ways, and she remained highly conflicted about it. Kate also experienced conflict over her mistreatment of her daughter. She loved her and cared for her deeply, yet she physically restricted her life because of her obsessive fears, and was emotionally and physically abusive towards her. Again, Kate realized the absurdity of her restrictions and demands, but could not seem to stop herself from forcing them on her.

Kate also felt guilt that she had inadequate justification for her behaviours. She knew that her daughter and her mother were confused by the symptoms she was showing, and that they were being adversely affected by her behaviour. She believed they deserved some kind of explanation for this turmoil but she did not have one and thus, she felt responsible for their distress. She felt that some sort of explanation would have relieved them by making her behaviours appear less senseless. She also

imagined they might understand that she was not intentionally making their lives miserable.

As Kate's symptoms increased, she felt guilty that she was a bad mother. Again, her daughter was becoming involved in, and affected by, rituals. Her daughter was forced to obey ritualistic rules which included eating only "non-contaminated" foods (at times these foods were nutritionally deficient), not touching her mother, and not disrupting Kate's ordering of items in the home. As well, Kate felt she had little emotional energy to give to her daughter, as her obsessions and compulsions were clearly her priorities, and her daughter was often emotionally left on her own. Additionally, Kate worried that her bizarre behaviours, some of which she engaged in in public, were socially damaging to her daughter. Children in the small community where they lived commented on Kate's behaviour, and her daughter thus felt embarrassed and ashamed of her mother. Overall Kate imagined that she had abandoned her daughter to the disorder and subsequently neglected her needs and her development.

Kate also felt guilt that she was a bad daughter. She could not support her mother during a lengthy illness, and her eventual death, because of contamination fears and avoidance of hospitals and nursing home facilities where her mother lived out her last years. Her relationship with her mother was stressed and over time it deteriorated.

Again, Kate viewed this deterioration as her responsibility and she felt guilty that she could not overcome her problems and be with her mother when support was needed.

Simultaneously, Kate experienced guilt as a bad friend. She could not give or receive emotional support in the way she would have liked since she felt continuously distracted by her OC symptoms. There were numerous restrictions placed on relationships with friends, such as where they would go out, when they could come into her home, and what they could do while in her home. Again, activities in her relationships were governed by the demands of her disorder, which were many and varied. In general, she saw her relationships with others as stressed and tenuous because of her preoccupation with the disorder.

Kate then developed a sense of guilt over her interpersonal isolation/alienation. She often rejected others' offers to understand her and help her out of a sense of shame and inadequacy. She felt she could not be honest with most about her problems and she thus felt ingenuine and dishonest with others. When she was involved in relationships, she felt constantly distracted by her preoccupation with germs and with her covert rituals of repetition. She then saw herself as being only partially present in her relationships and experienced guilt about this, knowing that she was confusing and hurting sincere others. As her feelings of guilt and shame in

relationships grew, she tended to push others away, feeling she did not deserve respect and understanding, thus further fuelling her guilt and creating ever more self-imposed isolation.

Kate also felt a great deal of guilt over waste. She saw the disorder as a waste of life, energy, and potential that she could not regain. As well, she disposed of a great deal of food and money. Anything viewed as contaminated, or as "not right", had to be thrown out despite the financial cost. Quite often, canned foods were wasted because they did not have the "right" code number on the can. At other times, Kate came to believe that certain foods which were previously okay to eat were now contaminated and thus large quantities of foods would be thrown away. As she was receiving Social Assistance and was unable to work, Kate saw this waste as especially unforgivable. She chastised herself for wasting money and resources when she and her daughter often had difficulty making ends meet.

Kate made some attempts at reparation, even as she continued to struggle with the disorder, to help alleviate her guilt and make amends to those she had hurt. During her mother's funeral she made a symbolic gesture as a means of asking for forgiveness from her. She also spent time trying to talk to and explain her OC actions to her now adult daughter. By forming a more intimate and supportive

relationship with her daughter she hopes that she can help "make up for" apparent years of neglect.

### Mark

Mark initially expressed guilt over having failed his self. His disorder began very suddenly, yet he connected its development with his heavy drug involvement as a teenager. Following one drug-filled evening, he began to experience fears that others would harm him, or that he would harm others. From this point on, his symptoms generalized and intensified. Mark wondered if he may have caused his OCD himself by becoming involved in drugs in the first place. He felt he let himself down in this way by not resisting the temptation of drugs, and was thus responsible for his problems. As the disorder progressed, he re-experienced this guilt on a different level; he began chastising himself for not controlling his symptoms and stopping himself from obsessing and ritualizing. Again, he felt that he should not be "causing" these problems for himself, and he felt guilty and disappointed with himself.

Mark also experienced guilt over forbidden thoughts, usually blasphemous in nature, although sometimes violent. He believed that he ought not to think such horrific thoughts, that some thoughts were generally unacceptable, and he experienced guilt when he did so.



At the same time, he felt a conflict between his internal standards and external behaviours. He considered himself a religious man, respectful of God and Jesus, and a fundamentally peaceful person. He thus could not comprehend why he held blasphemous and violent thoughts, which he viewed consciously as unacceptable and senseless. He felt guilty, angry, and disgusted with himself that he would entertain thoughts that offended his most central convictions and values.

During stressful periods in his life, Mark's symptoms increased as he experienced a sense of hyperresponsibility/omnipotence. Especially in the case of his marriage, he felt that he was responsible for his wife's mental illness, as well as for her mental well being. When she then attempted suicide, he felt highly responsible and guilty for her action, believing he could have and should have done something to prevent it.

Mark then explained that his rituals alleviated existing guilt. He ritualized to help "make her better" in the physical aftermath of his wife's suicide attempt. Rituals or repeating phrases and checking were seen to have the power to help her overcome her illness, namely, neurological problems following her attempt. Not ritualizing, alternatively, was thought to cause her to remain ill. In this way, rituals helped to "correct for" the harm of the suicide attempt, and aided in alleviating

Mark's sense of guilt that he was responsible for the attempt in the first place.

As well, Mark stated that the rituals in general helped him cope with his guilt about his wife, perhaps by acting as a distraction, or by decreasing his feelings of helplessness in the period following her attempt. At yet other times, Mark's rituals were seen as helping to prevent any further problems in his life. He viewed much of his life as a failure, and felt tremendous guilt about this. Rituals again helped to relieve some of this guilt as they were seen to help him avoid any additional misfortunes, such as illness from contaminants, or fires from failure to check electrical appliances.

### Victor

After Victor developed OCD, he experienced much guilt over having failed his self. He felt that he was weak and somehow psychologically deficient to have become mentally ill. He expected that he should have been able to control himself and the development of his OC behaviours, yet he could not. As a result, he felt that he let himself down.

As the disorder became more overwhelming, Victor lost jobs and other career opportunities. At this point in his life, he was engaged in long rituals of counting money to "make sure it was all there." He also compulsively recorded conversations verbatim, and ritualistically made

lists of things needed to be done, down to the most trivial activities. When his employers noted his unusual behaviours and a decrease in his performance, he was often accused of taking drugs and was let go. As well, his marriage deteriorated, and his wife filed for divorce and received permanent custody of their two young children. Victor thus felt that his life potentialities were frustrated by his inability to control his rituals, which he viewed as his own responsibility. He also felt the social stigma of having a chronic mental illness, and painfully realized at the same time that he could have had much more in his life.

Victor experienced guilt over being a bad son. His parents stated that they felt guilty that they may have somehow "passed" the disorder to him, and he in turn, felt guilty that they blamed themselves for something he saw as his responsibility. As well, his compulsive behaviours were irritating to his parents and their relationships were stressed and tense. Victor felt guilt about this tension, viewing it as his fault, and feeling that he should not be affecting them with his problems.

Simultaneously, Victor also felt that he had an inadequate justification for his behaviour. Those who were affected by his behaviours, namely friends and family, desired an explanation, but Victor felt he could not explain his problems to them and help them understand why

he was acting compulsively. He then felt guilty because, like most sufferers, he could not give this explanation to them, yet believed they deserved it, and that it would "make them feel better." Receiving the diagnosis of OCD helped Victor's family to understand his behaviour as a type of illness, yet they continued to wonder why he could not just stop his ritualizing.

Victor also experienced guilt over being a bad friend. Again, his behaviour was irritating to his friends, and his relationships were stressed. At times, Victor controlled where and when he and his friends could go out, as his rituals needed to be completed at inopportune times. When he engaged in rituals in public places, such as walking through doorways repeatedly, he wondered if his friends were embarrassed and ashamed to be seen with him. He felt worried and guilty that he was a source of embarrassment for them.

As a result, Victor felt a sense of guilt over interpersonal isolation/alienation. He realized his OC behaviours had driven some people completely out of his life, including his wife and old friends. In one instance, Victor quit frequenting a favourite social club after learning that some of the members admitted they found his behaviours bizarre and frightening. Additionally, tense relationships with Victor's current friends and family created a sense of loneliness in him that he felt utterly

responsible for. He was aware that the bizarre nature of his behaviour alienated others and pushed them away, and he felt guilty and frustrated that he could not control himself.

### Jack

Jack revealed that he experienced guilt over forbidden thoughts/behaviours. In particular, his sexual activity with a girlfriend in adolescence was a tremendous source of guilt for him. Deriving from his own personal and religious standards, he did not feel that it was right to think sexual thoughts or be actively sexual.

Jack thus experienced guilt over this conflict between internal standards and external behaviours. He believed that he should not be sexual with anyone before marriage, indeed he viewed such behaviours as wrong, yet he continued to be sexual with his girlfriend. He thus saw his premarital sexual activity as sinful, while at the same time he highly valued purity and chastity. He felt conflicted and unable to reconcile his personal values and religious convictions with his behaviour.

Jack then explained that his rituals helped alleviate existing guilt. Following sexual activity, he became aware of a sense of being "dirty" or contaminated and of a desire to wash. Extensive rituals of washing and cleaning, often for hours with scouring powders and harsh detergents,

helped Jack restore himself to a sense of moral purity. As well, Jack tried to wash all items that he had touched following sexual activity, and those that he could not, were hoarded until such time that he could decontaminate them. His rituals thus acted as atonements, as penance, and as punishments. He explained that the punishing nature of the rituals helped him feel less guilty about his behaviour and aided in resolving the conflict between his standards and his behaviours.

Jack continued to feel guilt over failing his self. He felt that he should have been stronger mentally, physically and morally, to resist becoming sexual, which he viewed as the ultimate source of his guilt and OCD. As the disorder progressed, he also believed that he should have been stronger to resist his compulsions, and to simply control himself. He thus saw himself as weak, both morally and psychologically. Jack also felt guilty that he let himself down by not fulfilling all of his potential. As the disorder consumed him, he eventually became unable to socialize or go to school, resulting in a delay in his career development. While the rest of his friends were attending university and completing degrees, he was left behind, overwhelmed with his OC symptoms. Again, Jack felt responsible and disappointed in himself for what he perceived as a failure.

Jack continued to feel guilt over the waste associated with the disorder, waste that he was responsible for. He saw his rituals as a senseless waste of life and energy that could have been more profitably spent on school and relationships. He saw that the disorder had claimed time that he could never regain, and he viewed his OC behaviours as meaningless. Most of these feelings developed in retrospect, as he received treatment and began to gain a new perspective on his symptoms.

## Discussion

### Further Interpretations

At this point it seems useful to consider any further possible interpretations or organizations that may be applied to the data, beyond the clustering of themes and presentation of patterns of guilt. In particular, it may be useful to consider what a comparative "between subjects" organization of the data might look like, as opposed to the "within subjects" analysis that has already been presented in the results section. A between-subjects discussion may reveal yet more about subjects' experiences as individual sufferers sharing a common problem. There appears to be two between-subjects directions that might be worthwhile pursuing.

First, it seems that the subjects' descriptions might be organized along the lines of guilt preceding symptoms versus guilt as a consequence of symptoms. That is, some subjects may have described feelings of guilt which were relieved by ritualizing, while others may have explained that the disorder created feelings of guilt. Secondly, the data might also be considered in light of gender differences in the degree of guilt expressed with connection to symptoms. That is, overall, female participants described stronger feelings of guilt, or more guilt themes, in connection with their disorder than did male participants. These additional interpretations will be discussed in turn.

It seems especially worthwhile to consider the differences between subjects with respect to guilt as a precursor versus guilt as a consequence of symptoms. Recall in the earlier literature review of the role of guilt in OCD, that OC theorists posited both of these positions, with guilt as a precursor to, as well as a consequence of, the disorder. The current results then, may be able to speak to some of the theoretical positions, offering support for them, or evidence against them.

A review of the themes communicated by participants, however, showed that their experiences with guilt and symptoms could not be divided into discrete categories reflecting guilt preceding versus guilt as a consequence of



OCD. That is, most subjects' experiences were somewhat cyclical: they often felt guilt, or an anticipation of it, before ritualizing as well as after ritualizing. Only one subject, Victor, suggested that he had no feelings of guilt or responsibility immediately prior to his ritualizing. He explained that the guilt he experienced in connection with his OCD arose solely as a consequence of the effects of the disorder itself, namely in relation to his feelings of failing himself and disappointing significant others.

The majority of participants, then, experienced guilt both as a precursor to, and as a consequence of, their symptoms. To elaborate, most described strong initial feelings of hyperresponsibility for the welfare of others, and a sense that their actions were highly consequential, especially for their loved ones. Many subjects also described an anticipatory fear of guilt that motivated them to start as well as continue their rituals. However, prolonged rituals in and of themselves were sources of guilt, as participants witnessed their loss of control and reflected on the excessive time and energy dedicated to completing a ritual. As the disorder consumed yet more energy, families suffered from mothers' inability to fulfil parenting responsibilities as adequately as before. Extended families and friends were affected either by sufferers' rigidity or their inability to be near them because of contamination fears, creating yet more sources

of guilt for sufferers. Sufferers also felt guilt about having "let themselves down," as well as about the excessive waste that the disorder caused.

Experiencing excessive guilt generally left subjects with lower self-esteem and feelings that they were poor parents, children, friends, and spouses. These feelings at times led them to isolate themselves and reject offers of help from others, feeling they were undeserving of sympathy and support. However, the act of rejecting others in itself often led to feelings of guilt, and in turn, further fuelled their desire to be alone and exclude others from their pain.

In several cases, subjects also admitted feelings of guilt over improving via treatment; they were worried that they were becoming unscrupulous and were possibly endangering the safety of others. In some cases, such feelings led subjects to step up their ritualizing, in attempts to prove to themselves that they were still careful and concerned people. Shelly, in particular, evidenced this cyclical nature of guilt and symptoms.

Initially, Shelly experienced extreme feelings of guilt that she had failed as a mother and had caused her son's near-fatal illness. In response to this guilt, she began cleaning rituals in attempts to ensure the safety of her family and guarantee that she could not again be deemed a "poor mother," responsible for the sickness of her

children. As the disorder continued however, she reflected on the effects her behaviours had for her immediate and extended families and experienced yet further guilt. As well, she felt guilt over her apparent inability to control herself, and also over her wasting behaviours. As Shelly began to improve with treatment, she then experienced feelings of guilt related to a possible lack of conscientiousness. These feelings were heightened when her son again became ill and Shelly was required to disinfect his room. She felt guilty that her treatment may have led her to overlook obvious sources of contamination, and thus, she might once more be perceived as responsible for her son's illness. Once again, in response to her guilt, Shelly increased her cleaning rituals, although this behaviour lasted only for a short time. Two other subjects, Dana and Sandy, also worried, although to a lesser degree, about becoming less scrupulous with treatment. They also found themselves continuing their rituals at times, in attempts to reassure themselves that they were still concerned about the welfare of others.

In summary, most subjects described guilt both prior to, and following symptoms. Subjects often began their ritualizing in response to guilt or a fear of responsibility and guilt. The effects of the disorder for themselves and others then led to yet more feelings of guilt. At the same time, subjects continued to experience

their strong feelings of hyperresponsibility for the safety of others, and thus seemed to remain stuck in a cycle of guilt and responsibility. In some cases, guilt feelings even contaminated the presumed positive effects of treatment and led several subjects to continue or step up their ritualizing in response to this guilt.

The above review of subjects' experiences with regard to a precursor-consequence organization demonstrates that most subjects saw themselves as caught in a continuous cycle of guilt and ever more guilt. They did not experience guilt as merely a "before or after" phenomenon and cannot be divided into discrete groups in such a way. This between-subjects finding, then, also suggests that any simplistic interpretations regarding guilt solely as a precursor versus guilt solely as a consequence would likely be in error. This discussion may have particular relevance when the literature on guilt and OCD is revisited.

Another between-subjects interpretation that may be worthwhile considering is the role of gender with respect to guilt-OCD experiences. Dividing subjects into male and female groups, it can be seen that overall, female subjects revealed more guilt feelings with regard to their disorder than did male subjects. I believe this difference deserves some comment.

First, it is important to point out that while female subjects did reveal more guilt in connection with their

symptoms, it was not necessarily the case that male subjects experienced little guilt in general. Two of the male subjects, Arthur and Mark, both described themselves as being highly guilt-prone people. That is, they experienced many feelings of guilt in their lives overall, and felt themselves to be "guilty people." As such, both suggested that they could not connect more feelings of guilt to any one thing or event over another; most of their life experiences were tainted with guilt. Thus, they did not experience any more feelings of guilt in connection with OC symptoms and consequently communicated less than did females. The other two males in the sample, did not describe themselves as guilt-prone people and generally did experience less guilt than did the females in the sample.

Given this brief examination of the male participants, the question remains, however, why females expressed more guilt than did the males with respect to the disorder. Of special interest is the seventh theme "Bad Mother/Wife," where, notably, no males communicated guilt surrounding their ability to parent or be partners given the demands of OCD. Part of this difference may lie in the particular characteristics of the male sample.

First, both Jack and Mark were not parents, thus, they would not communicate guilt surrounding their ability to parent. In the case of Arthur and Victor, Arthur's children were grown and living away from the home, and

Victor had not had custody of his children for many years. Again, it is less likely that they would communicate guilt over parenting concerns. Secondly, Jack and Victor were not married or involved in committed relationships and so would not communicate concerns over the ability to be good partners. In the case of Mark and Arthur, Mark did express severe feelings of guilt surrounding his relationship with his wife, although not specifically with regard to the effects of the disorder. When asked about this, Mark suggested that he was the more "mentally healthy" of the two of them, and so his ritualizing was less of a concern given his wife's extensive psychiatric problems. Arthur, while admitting that his behaviours were distressing to his wife, did not describe any guilt in connection with this.

It seems that the characteristics of the male sample may help to explain some of the differences in the amount of guilt expressed by males and females, particularly that around parenting and being a partner. They do not seem adequate to explain all of the differences, however, and a look at the female subjects may help make these differences more understandable.

First, all of the female subjects were parents. All but one revealed feelings of guilt concerning parenting and being a partner. These women were able to reflect on how their disorder was impacting on their families, especially their children, and they expressed guilt about the effects

of their obsessing and ritualizing. It seems obvious that since women are the primary caretakers of children in our society (and in this sample the females were clearly the main caregivers), that they would express more guilt than men when they perceived themselves as having failed in the role of parent. As well, women experience strong pressures to be adequate, if not exemplary, parents and experience guilt when they do not live up to this expectation. The words of the women support this position: in describing their failings as partners, several women lamented the increased responsibility for parenting that their husbands needed to assume in light of the time consumed by their rituals.

Parenting concerns aside, however, female subjects still communicated more guilt themes than did male subjects. An explanation for this difference may lie in the fact that many of the themes discussed in the Results section were interpersonal in nature. Themes two, five, six, seven, eight, nine, ten, fourteen and fifteen all have interpersonal components to them. That is, they directly or indirectly refer to either a need to protect others, or to guilt surrounding the impact of sufferers' behaviours on others. It has been well documented that women tend to value their interpersonal connections to a greater degree than men, and that women also experience greater pressure, both internally and externally, to maintain interpersonal

connections (Gilligan, 1982; Miller, 1986; Surrey, 1991). This fact may help explain why women expressed more guilt than men when their relationships with families and others were impacted and even damaged by the effects of their disorder. The women may have experienced guilt both because of failing the expectation that they should preserve connections with others, and because they genuinely mourned the damage they caused to relationships that were highly valuable to them.

Additionally, the expectation that women be caretakers, often of both children and spouses, may help explain the greater tendency of female subjects to express feelings of hyperresponsibility and a need to ensure the safety of others. As was seen in the themes themselves, at times this sense of hyperresponsibility/omnipotence encouraged subjects to make certain others were safe through starting and continuing their rituals.

It also seems probable that the female subjects expressed greater guilt feelings because of a tendency for women to self-disclose more readily than men. It has been well documented in the psychological literature that women reveal more personal and emotional information relative to men, and will do so more easily and frequently (Stiver, 1991; Surrey, 1991). In the present sample, this clearly seemed to be the case. Overall, female subjects communicated more emotional information than did the male



subjects. Furthermore, female subjects expressed more information than did males. That is, they simply talked more and talked more openly. These facts in themselves may help to account for the greater expression of guilt themes among female participants. Notably, this greater self-disclosure among female subjects was likely amplified by the presence of myself, a female interviewer.

In summary, it can be seen that the differences between male and female subjects in the amount of guilt expressed was likely the result of both idiosyncratic characteristics of the sample, and of differential interpersonal experiences relevant to gender. While this is admittedly a small sample, it seems likely that different social factors affecting men and women might influence feelings of responsibility and guilt with respect to OCD. This finding may be especially relevant in terms of directions for future research.

### Revisiting the Literature

Earlier, I reviewed theoretical and research literatures on guilt in general, and also specifically on the role of guilt in the OCD literature. I considered Freudian, Neo-Freudian, existential, behavioural/cognitive-behavioural (B/CB) theories, and Rapoport's conceptions of guilt in OCD. It seems worthwhile to briefly revisit these perspectives, and consider to what extent the present

findings do or do not support, or fit with, these various perspectives.

Overall, it seems that the themes revealed by subjects fit relatively well with much of the behavioural/cognitive behavioural conceptualizations, as well as with Rapoport's suggestions. Recall that the B/CB theorists suggested that sufferers construed particular thoughts, actions, and substances as forbidden, to be avoided at almost any cost. Often, these thoughts, actions, and substances were the same ones that others found "normal" and relatively non-distressing, yet sufferers reacted to them with obsessional fear, disgust, and guilt. Rachman and Hodgson (1980) in particular, suggested that sufferers reacted to these obsessions because of the experience of guilt and anxiety, or the anticipation of either. They then suggested that sufferers made efforts to avoid these feelings via ritualizing. Themes one (Forbidden Thoughts, Feelings, and Behaviours) and four (Fear of Guilt Motivates Rituals), support this facet of the B/CB perspective. Sufferers deemed many thoughts as unacceptable and described rituals as an attempt to deal with feelings of guilt surrounding not adequately protecting others.

Salkovskis (1985) also posited that OC sufferers over-assume responsibility and guilt for potential harm, and fear that they have not done enough to prevent harm. This suggestion was supported in Themes two

(hyperresponsibility/omnipotence), and fourteen. Participants described a feeling of needing to be aware of any potential harm that might befall others, and a concomitant need to prevent it. In Theme two, strong feelings of responsibility were experienced and subjects imagined their own thoughts and actions as having potentially dire consequences for others if they were not especially careful and scrupulous. In Theme fourteen, this experience was repeated; participants wondered if receiving treatment may result in their becoming less careful and concerned people. They then experienced renewed feelings of responsibility and anticipatory guilt if they did not ritualize to ensure others' safety.

Additionally, many sufferers evidenced the "unreasonable beliefs" that Salkovskis considered central to the development of hyperresponsibility. Thoughts such as: "one should not think certain thoughts," and "one should always try to prevent harm - failure to do so is akin to causing it," were quite apparent in the accounts of subjects. Salkovskis also mentioned the tendency of OC sufferers to decrease their ritualizing (checking behaviours in particular), when others assumed responsibility for any negative consequences. This suggestion was supported in the experiences of two subjects, Shelly and Dana. These women admitted that when others were with them to help with rituals of checking or

scrutinizing the environment, that they felt able, at least for a time, to stop their rituals as they imagined that others would not let anything catastrophic occur.

The present research also supports, to a limited extent, Rachman and Hodgson (1980) who suggested that the learning histories of sufferers may have a role to play in terms of evoking guilt and anxiety in response to "normal" thoughts and actions. These authors posited that some strict familial and religious environments may encourage sufferers to label certain ordinary thoughts and actions as "bad" or unacceptable. In turn, sufferers respond with feelings of guilt and anxiety when they find themselves thinking forbidden thoughts or acting in unacceptable ways. The authors then went on to suggest that obsessions and compulsions may evolve from attempts to cope with these intense feelings.

Obviously the current results cannot speak to the causal connection between family, religion, guilt, and the development of symptoms put forward by Rachman and Hodgson. It is significant to note however, that several participants Sandy, Dana, Mark, and Jack described themselves as religious people who valued the place of Christianity and the church in their lives. Three of these participants, however, suffered from blasphemous thoughts which eventually evolved into obsessions and compulsions (communicated in Themes one - Forbidden Thoughts, Feelings

& Behaviours, and eleven - Failing the Self). They described feeling that it was unacceptable, given their love for God and Jesus, to have sacrilegious thoughts. They were clearly tormented by their apparently abhorrent thinking, suffering deep feelings of guilt and shame, and they could not understand why they would hold such forbidden thoughts. As well, all talked about having learned, at earlier times in their lives, that blasphemous thoughts were sinful, and would result in punishment from God if appropriate reparation were not made. In the case of Jack, he experienced a great deal of guilt following his sexual experiences with his girlfriend. He explained that much of this guilt arose from his belief that premarital sexual activity was sinful and immoral, and inconsistent with the values taught within his religious group. He also admitted that he had set high moral standards for himself, some of which were his own independent expectations, but some of which were clearly grounded in his religious faith.

The experiences of these subjects suggest that religious environments which label certain thoughts as inherently "wrong," may lead to strong feelings of distress and guilt for some people. In certain cases, it seems reasonable to posit that these feelings of distress and guilt may develop into obsessional phenomena, and then in turn, to compulsive activity. Again, this sample cannot

speak to the role of religious environment as causal in the development of OCD, although the experiences of the subjects above are consistent with this behavioural perspective.

Some of the experiences of the participants also support Rapoport's (1989) perspective regarding the connection between OC symptoms and feelings of guilt. Recall that Rapoport suggested that guilt arose primarily as a consequence of symptoms. That is, as the disorder became more consuming, significant others in sufferers' lives were negatively affected and guilt arose in response to having harmed these others. She stated that family members in particular may blame the sufferer for disrupting the normalcy of their lives, and they may accuse sufferers of intentionally prolonging the behaviour and of not wanting to end their ritualizing.

Clearly, Rapoport's suggestions were supported by the experiences of many of the subjects. Themes six (Inadequate Justification), seven (Bad Mother/Wife), eight (Bad Son/Daughter), nine (Bad Friend), and twelve (Waste), revealed feelings of guilt in response to the havoc that the disorder had caused in participants' lives. Sufferers felt guilty over being inadequate mothers and wives since the disorder dominated their attention and stole away energy normally dedicated to family. Similarly, in their relationships with parents and friends, participants felt

guilty that they were distracted by their disorder and unable to carry on relationships as they previously had. They often avoided extended family and felt guilty that they had pushed these others out of their lives. Sufferers also experienced guilt over the waste of time, finances, and emotions as a result of the disorder. They believed that they would never have wasted precious dollars and years if they did not have the particular symptoms they did. While this guilt-symptom connection was not explicitly discussed by Rapoport (1989), it nonetheless fits well with her notion that guilt arises via the development, and effects of, the disorder.

It also seems important to note where the present results fit with conceptualizations other than the B/CB and Rapoport's. In terms of the Freudian position on guilt and OCD, recall that Freud suggested that obsessions were the result of disguised sexual or aggressive wishes intruding into consciousness. Often these wishes were deemed as "forbidden" by the standards of the superego, and the individual responded to them with feelings of guilt and general distress. Defense mechanisms, such as undoing, were employed to help ward off the feelings of guilt and anxiety and these ultimately manifested themselves as the compulsions of OCD.

Themes one (Forbidden Thoughts, Feelings, & Behaviours), three (Conflict between Internal Standards &

External Behaviours), and four (Rituals Alleviate Existing Guilt), contain dimensions reminiscent of the Freudian perspective. Namely, several subjects communicated the feeling that they were thinking or acting in ways that were unacceptable to the standards they had set for themselves, or, in Freudian terms, they were acting contrary to the dictates of the superego. They felt guilty about holding so-called forbidden thoughts, or engaging in forbidden acts. They were distressed by the apparent contradiction of their behaviours: while they had their own set of valued standards, they found themselves acting in ways inconsistent with these. The case of Jack again highlights this conflict and illustrates where rituals may serve to alleviate feelings of guilt. Recall that Jack experienced a tremendous amount of guilt regarding sexual activity with his girlfriend. He felt he was acting in an immoral fashion, against his own principles and those of his religious faith, by being sexual outside of marriage. In this way, he was violating the standards of his superego by acting on his sexual impulses, and thus he experienced feelings of guilt. Suffering this severe guilt, Jack attempted to "undo" his wrongful behaviour by ritualizing. This action helped to relieve his feelings of guilt and of "dirtiness" and helped him feel restored to a state of moral purity. Thus, through washing and atoning, Jack



temporarily reconciled the conflict between superego and id.

It seems that Jack's experiences fit relatively well with the suggestions put forth by Freud concerning the connection between guilt and symptoms. Jack was the only subject, however, to reveal a sexual conflict which was temporarily relieved by washing. While Freud suggested that sexual and aggressive impulses were normally what would be deemed "forbidden," other subjects' experiences suggest that blasphemous thoughts are also highly guilt-evoking for some, and may also be relieved via ritualizing. It is interesting to note as well, that this theme of forbidden thoughts, feelings & behaviour is supportive of the Freudian as well as the B/CB perspective; both suggest that thoughts or impulses deemed "forbidden" arise out of the learning histories of the individual. The perspectives differ only in terms of whether the thoughts/impulses arise from unconscious (i.e., biological/evolutionary processes), or conscious (i.e., parental teachings) origins.

The existential perspective was also supported in part by the present results. Reflecting on the earlier review of the existential perspective (see pp. 22-27), I believe that participants revealed meanings compatible with the existential view of guilt. Recall that the existentialists saw guilt as arising from various sources. Buber (1971) suggested that existential guilt often arose from the

inability of people to relate in an honest and genuine way with others, without pretences and facades. He also believed that when people intentionally or otherwise damaged their relatedness with others, they experienced guilt and anxiety. Under either circumstance, Buber proposed ensuing feelings of disconnection and disengagement from others, or a sense of loss and separation. At the same time, he stated that this sense of separation was one that each of us was utterly responsible for, and feelings of guilt would derive from this responsibility.

May (1967) suggested a similar sense of existential guilt. He posited, however, that this guilt arose via the relationship with the self. That is, when people were unable to be genuine to and with themselves, they experienced a feeling of disconnection from their true selves. As well, May believed that facing the reality of personal limitations, admitting where one has not become what one could have, or recognizing where one has failed his/her potentials, created a similar sense of anxiety and guilt. Guilt in particular arose from the feeling that one had let the self down, and that one was responsible for this disappointment.

I see the meanings of both May and Buber reflected most clearly in Themes ten (Interpersonal Isolation/Alienation) and eleven (Failing the Self).

Participants described a feeling of guilt arising from having pushed others out of their lives. Often, they could not connect intimately with others because of their constant preoccupation with their disorder, and relationships fell by the wayside. They rejected offers of help and understanding, and left others confused and hurt by these actions. They often hid their disorder, further fuelling their isolation and creating a sense of ingenuineness in relationships. In terms of their relatedness with themselves, they felt disconnected from their own motives and desires. They were acting in destructive ways, often contrary to their own standards, moral or otherwise. They saw their lives becoming more rigid and constricted over time, and witnessed their own unfulfilled and failed potentials. As well, sufferers felt completely responsible for the difficulties they were having with their relatedness. They were plagued by feelings of guilt, of having disappointed others as well as themselves. These experiences appear to be highly reminiscent of those put forth in the existential perspective.

I would also like to comment briefly on the place of Theme fifteen (Reparation). While the Neo-Freudians held that reparation had a central place in the experience of guilt, they certainly were not the only theorists or researchers who conceived of the importance of reparation.

The notion of reparation was significant in virtually all of the literature on guilt that was previously reviewed. Thus, the meanings in Theme fifteen would reasonably fit with most of the writings on guilt presented earlier.

Perhaps it is significant, then, that only several of the current participants described a need for reparation. The theme of reparation was central for only three subjects who expressed a desire to make amends to others for damage they felt they had caused via their disorder. Attempts at reparation were made in order to help resolve their conflict and feelings of guilt, and to help others understand that they were sorry for their actions.

It is difficult to know why reparation was not more central in subjects' experiences with guilt, given the frequency of its mention in the guilt literature. It may be the case that these three subjects had experienced more profound feelings of guilt than did others, and hence, felt a stronger pressure to alleviate their feelings. Or perhaps, they had more fully come to terms with the impact of their disorder on others and thus, experienced a genuine need to repair any damage done. Whatever may have motivated their need to "make up for," the absence of this need in other subjects' experiences is notable.

In summary, it appears that most of the present findings support the theoretical positions reviewed earlier. The Behavioural/Cognitive-Behavioural,

Rapoport's, the Freudian, and the Existential perspectives are all reflected to some extent in the experiences of subjects. There was no instance of where a given theme did not fit at all with any of the perspectives considered. Notably, the goodness-of-fit between the present findings and the reviewed literature is not perfect. In most cases the results supported some aspects of a given theory but not the theory in its entirety. However, it does not seem reasonable to conclude that because the results are not absolutely supportive of any given position, this means they are incompatible with the same. Rather, the results may be viewed as something of an addition, an enrichment, to those perspectives already put forward. They do not need to be viewed as competitors, nor as proofs, but as parts of an evolving understanding of the place of guilt in OCD. Some more particular contributions of these results will be considered in the following section.

#### Contributions of the Present Results

At this point I would like to comment more explicitly on the value of the present findings to the study and treatment of OCD, with special reference to the role of guilt for those struggling with the disorder. Some questions that arose following the final analysis of the results were: "What did this add to the study of OCD?;" "Of what significance or value are these findings for those

researching or treating those with OCD?" I believe that the current results have made several contributions to the understanding of OCD, both from the research, as well as from the clinical standpoints.

### Research Contributions

First, I believe that the primary goal of the study, to examine descriptively the guilt-symptom connection in a sample of OC sufferers, has been met. In so doing, I believe I have helped address a shortcoming in the theoretical and clinical literatures on OCD, namely, the absence of richer, more detailed understandings of the connection between guilt and OC symptoms derived from the experiences of those with the disorder. I do believe that there is inherent value in learning about the ways sufferers construe the connection between guilt and OC symptoms. This knowledge is of intrinsic value to me because, as a student of the disorder, I am hoping to increase my own understanding of the disorder in every way possible. At the same time, I am relatively confident that this knowledge would be of similar use and value to others with goals comparable to mine.

Secondly, the present results support a more complex role for guilt in OCD than has typically been hypothesized in the OCD literature. Generally, those researching the

role of guilt in OCD have not considered the guilt-symptom connection in a way that respects the variety of meanings real sufferers attribute to it. For example, the Behavioural/Cognitive-Behavioural perspective has typically viewed guilt as a precursor to the disorder which likely arises from strict or moralistic parenting. Guilt arises when one thinks forbidden thoughts, and obsessions then evolve, or guilt is anticipated when one imagines making a feared mistake, and thus rituals are born. Alternatively, Rapoport views OCD as arising out of neurochemical systems gone awry, and guilt is only a consequence of the demands of the disorder. Both of these perspectives suggest a linear relationship between guilt and symptoms; guilt either precedes or follows symptoms. The current results, however, suggest a more complex, cyclical process, whereby guilt is experienced before, during, and after the development of symptoms, often in tandem with feelings of immense responsibility. In order to appreciate the place of guilt in OCD, then, it needs to be considered from within this cyclical framework. Any theory suggesting that guilt has a particular place in OCD needs to incorporate the finding that guilt may have an etiological function, a maintaining function, or it may be merely concomitant with many other aspects of the disorder. All of these perspectives were evident to varying degrees in the words

of subjects. In fact, for some, guilt served all of these functions.

Additionally, the intensity and pervasiveness of subjects' guilt feelings suggests that at least some of these people may be considered "guilt-prone" and that guilt-proneness may also have a role to play in the development and maintenance of OCD. That is, some sufferers, perhaps even a significant subgroup, may have a more stable propensity to experience strong feelings of guilt, which in turn, may contribute to the evolution of the disorder. In the present group, for example, several subjects described themselves as "guilty people" and revealed that they had always been inclined to experience excessive feelings of responsibility and guilt. One of these subjects wondered openly about how this tendency may have led her to develop OCD, and one could similarly speculate about the role of guilt-proneness for others. However, although it has been mentioned in the literature as deriving from strict parental expectations (e.g., Rachman & Hodgson, 1980), the role of guilt-proneness as a more enduring personal characteristic has not been considered in any depth in the literature. The present results suggest that stable characteristics, such as guilt-proneness, may need to be incorporated into models of OCD in order to help capture the experiences of sufferers more fully.



Thirdly, the present results reveal that in sufferers' experiences guilt may often be interpersonal in nature and specifically focused around the issue of responsibility for harm. The current group of subjects revealed many themes which reflected either their fear of possibly harming others or their feelings of guilt from having actually harmed others. There were fewer themes where guilt was connected to a sense of having disappointed the self and the standards of the self, or having violated a social norm. That guilt was experienced more frequently as interpersonal rather than intrapersonal may help explain some of the inconsistent findings in the OCD literature regarding the role of guilt. For example, Steketee, Quay and White (1991) suggested that their own results concerning the role of guilt in OCD may have been unclear because the measures of guilt used in the study were inadequate to tap the kind of guilt typically experienced by OCD sufferers. The authors suggested that measures which could assess for fears of causing harm to others would likely be more fruitful than more traditional measures of guilt focusing on violating self or social norms. This suggestion is in keeping with other contemporary work suggesting that guilt may be better conceptualized as an interpersonal, rather than an intrapersonal, phenomenon (Baumeister, Stillwell & Heatherton, 1994).

The suggestion of Steketee et al (1991), together with the present findings, implies that OC sufferers may possibly experience guilt differently, relative to the experience of guilt for "normal" persons. It may be the case that sufferers experience a specific guilt focused around causing harm to others, and this guilt may be qualitatively different than that focusing on norm violations. Or, alternatively, guilt may be so pervasive in sufferer's lives, that fears of causing harm are simply mentioned more often, along with many other sources of guilt. Within the present sample, both perspectives could be supported; most subjects revealed themes focused around harm, and several subjects revealed especially profound feelings of guilt with harm themes being only a part of their experiences. Certainly these differing possibilities are worth considering, both theoretically and empirically.

Fourth, I believe that the present results may be of value in terms of stimulating directions for future research. While the study of the role of guilt in OCD has already begun, indeed in some theoretical and research circles it has been going on for decades, I feel that our understanding is far from complete. I thus suggest some directions for future research below.

In general terms, the present results suggest that current models depicting the role of guilt in OCD are lacking. The experiences of sufferers imply that a richer,

multi-variable theory of the role of guilt in OCD might be more appropriate than contemporary linear models. For example, a model that incorporated both stable personal characteristics and the cyclical and interpersonal nature of guilt in the disorder would probably capture more of the experiences of sufferers and more fully account for the role of guilt in OCD. It seems important to begin considering a multi-variable model of guilt and symptoms of OCD and to encourage research directions that can inform such a model.

More specifically, one future direction involves looking carefully at those subjects who appeared to experience a stronger, or slightly different kind of guilt. In my sample there were several subjects who described themselves as highly guilt-prone people. These subjects communicated life-long feelings of always feeling "to blame" for events, even those that had little to do with their own actions. While I did not explicitly explore this with them, it might be useful to consider in some detail how, or whether, these feelings of guilt may have led them to develop their symptoms: Did the pain of these feelings compel them to try and prevent any future feelings of blameworthiness? Did childhood rituals arise in response to feelings of having done something wrong? As children, did they gain a sense of mastery when they actively prevented a potential problem? Do "ordinary" feelings of

guilt, those unconnected with OCD, bring feelings of needing to act?

Another possibility for future research involves repeating this study with another sample of subjects in order to see if other guilt themes might emerge with a new group of participants. It seems likely that this would be the case, especially if subjects were varied along the dimensions of culture and having received treatment. It is reasonable to think that cultural factors and correlates of treatment would influence the themes that were obtained; the themes that I have extracted are not universals and are surely not the only ones that could be part of a sufferer's experience. It would be of value to vary the kinds of subjects included and attempt to derive a more exhaustive list of themes. For example, a more careful look at how parenting juxtaposes with guilt and OCD might be worthwhile. In particular, including male parents who are actively involved in child-rearing may help to clarify the role of gender in OCD, and explain the specific Theme 7 (Bad Mother/Bad Wife) found in this investigation.

Additionally, it would be interesting to repeat the study with a sample of both hoarders and those with obsessional slowness. These sub-groups of sufferers do not experience as many feelings of distress as do other OC sufferers. It is likely that they would not produce the same kinds or numbers of guilt themes as did the present

sample. If these subjects do not have the same experiences of guilt as checkers or cleaners this finding may suggest quite different motivations for the development and maintenance of ritualizing.

As well, a quantitative investigation of the experience of guilt, with a much larger sample size, might also be of value. In such a study, OC sufferers could rate the themes that I derived from this study. This kind of work could provide information about the prevalence and frequency of these themes in a sample similar to the one that I have utilized (i.e., Caucasian, North Americans). Frequency data could help suggest how universal or essential these guilt themes are for those with the most common forms of OCD.

I hope that these questions may encourage other researchers to look at the role of guilt, or other affective correlates of OCD, and formulate progressive research ideas. If other students of OCD were inspired by any portion of these results to initiate investigations of the disorder, particularly from a more experiential perspective, the contribution of this work would be apparent.

Lastly, I believe that the present findings contribute to the OCD literature in a way that contemporary studies of the disorder have not been doing. Earlier it was mentioned that much of the current research into OCD has been

directed towards examining it as a medical illness. While work looking at the medical components of OCD is obviously of tremendous value, I do lament the absence of studies considering the affective and cognitive correlates of the disorder. It is my opinion that these correlates are as important to understand as are any other aspects of the disorder. The words and experiences of sufferers bear this point out; they struggle with the disorder in its entirety every day that they suffer with it, and their struggle is not only with the obsessions and compulsions that define the disorder. Sufferers try to make sense of how the disorder has affected their lives and the lives of their loved ones, and they experience a range of reactions and emotions. For them, OCD is very much an experience, with forbidden obsessions, repetitious compulsions, guilt, and anxiety playing major roles. For example, when subjects were asked explicitly about their own theories of the disorder, all mentioned that they thought OCD may be the result of neurochemical dysfunction, and all stated that their doctors had suggested this theory to them. Most subjects admitted, however, to having doubts about this explanation, feeling that somehow it seemed "too simple" or "too neat" to explain all of their experiences of the disorder. They thus continued to wonder and worry about the role of their own individual histories and inclinations in the development and maintenance of the disorder.

It seems to me that the human experience of suffering from OCD needs to be appreciated in the research, yet the trend towards investigating OCD as a disease entity does not support this kind of enterprise. I thus hope that my findings have helped to "humanize" the disorder and encourage a more holistic view of it as being embedded within the life contexts and personal understandings of sufferers. Viewed in this way, it becomes essential to study and appreciate all facets of the disorder, not only the biological ones.

#### Clinical Contributions

Having spent extensive time with the clinical literature, and having spoken to professionals who treat OC patients, I believe that a substantial portion of the value of the present work lies in its clinical usefulness. Clinicians who deal with patients suffering through the effects of this disorder appear to desire any information that may help them better to understand and to deal with the concerns of their patients. I thus believe that these results can contribute to the clinical domain in several ways.

First, these results help highlight the power of guilt and the pain that it causes in the lives of sufferers. It can be clearly seen that sufferers do not struggle solely

with the obsessions and compulsions that define OCD; their pain and problems extend beyond these. Sufferers are plagued by an enormous sense of hyperresponsibility, responsibility that may compel them to begin and continue ritualizing in order to ensure the safety of others. They also need to cope with the responsibility and guilt of having affected the lives of those around them, most often their children and spouses. Further, they need to deal with feelings of having let themselves and others down by developing a problem with far-reaching consequences. These are arduous tasks and sufferers feel burdened with the weight and depth of their guilt. Their obsessive and compulsive symptoms may become intensified under the strain of their feelings and they long for release from these aspects of the disorder, as well as from others.

It seems important to consider the power that feelings of guilt can exert in the lives of sufferers, and to incorporate this into the treatment perspective. This suggestion seems especially important given that all but one of the subjects revealed that they had never discussed their feelings of guilt before the research interviews. All subjects had received some kind of treatment yet they had not had the opportunity to work through these very strong feelings. It may be the case that clinicians are either overlooking or underestimating the role of guilt and its impact on the lives of OC sufferers. Treatment may



thus need to be directed at facilitating expression of these feelings in attempts to decrease their power and gain a sense of mastery over them. Or, alternatively, clinicians may want to consider cognitive interventions that challenge the client's sense of responsibility and omnipotence and help them to confront their anticipatory fears of feeling criticized and guilty.

Secondly, and in keeping with the above, the present results help point out the strong interpersonal effects of the disorder. Those that suffer with OCD do not do so alone. The disorder impacts not only on sufferers, but on everyone with whom sufferers come into contact. In particular, children are affected by their mothers' strange behaviours and inability to be fully present as parents. Extended family, and friends are impacted in similar ways. Sufferers consequently feel tremendous guilt around neglecting their families and witnessing the damage they are inadvertently causing to their most cherished relationships. At times, sufferers respond to this guilt by pushing others away. They may reject offers of help and understanding both because of contamination fears, and because they feel they are not deserving of sympathy and assistance. Through these actions they may alienate others and isolate themselves. These behaviours, however, tend to further fuel their guilt and increase their desire to be alone in their misery.

Notably, through alienating others and assuming they do not warrant help, sufferers deprive themselves of legitimate avenues of support. Most participants reported that spouses, parents, and friends often wanted to understand and help them, but sufferers could not explain their pain to others in a way that seemed satisfactory. Often, in their feelings of guilt and inadequacy, they gave up trying to elicit or accept support, and at times, others stopped offering it. Thus, with avenues of communication blocked, sufferers experienced their pain alone, while at the same time affecting important others who could not appreciate why sufferers were acting as they were.

The clinical implications of this interpersonal pattern seem obvious. As others besides the patient are suffering, they too, may warrant treatment. Children in particular, are strongly affected by their mothers' disorder, and may be adversely affected in a multitude of ways. Similarly, marital relationships may be strained to the breaking point, and spouses may question their role in the sufferer's disorder. It thus seems critical that families be included in formulating a treatment plan for those with OCD, especially for those suffering strong feelings of guilt. If families can understand the struggle of the sufferer, and perhaps even help in his/her treatment, the patient may experience less guilt and less distress. As well, family members may themselves be

relieved of their own feelings of confusion, anger, resentment, or fear. Additionally, if sufferers are isolating themselves and actively rejecting offers of support, treatment may need to focus on urging them to accept help. Encouraging sufferers to share their pain with others and to ask for support when it is needed may go a long way towards decreasing their isolation and easing their burden of guilt. In turn, connecting with others may help all to understand that the sufferer is not acting in a malicious fashion, but is struggling and is in need of understanding. Naturally, a supportive environment in itself is invaluable in facilitating change and helping to consolidate treatment gains.

Lastly, and underscoring the above discussion, the present results emphasize how guilt is often cyclical, and may serve to complicate, and even intensify, sufferers' OC behaviours. Those with OCD do not appear simply to experience guilt before or after they ritualize, rather they experience their guilt and distress quite continuously. They have strong feelings of responsibility, and concomitant fears of guilt that may contribute to their ritualizing. They also experience feelings of guilt as a result of their behaviours and at times they may respond to these feelings in ways that hurt themselves and others. Guilt may then arise out of their self-imposed isolation, and via rejecting offers of help, they may prolong their OC

problems and perpetuate a cycle of ever-increasing guilt and despair. Clearly, any clinical intervention that may serve to break this pattern will be beneficial to both the sufferer and those around them.

The descriptive natures of the present results thus demonstrate that guilt plays a more complex role in the lives of OC sufferers than was previously recognized in the clinical literature. Obsessive-compulsive disorder has definite interpersonal and intrapersonal sequelae that in themselves may prolong the disorder. For at least this group of sufferers, guilt seems to play a major role in determining how painful these consequences are. I thus hope that these understandings could be incorporated, or at least considered, in the treatment of sufferers and those close to them.

#### Limitations of the Present Results

At this point I would like to consider the limitations of the present study and results. I see several drawbacks to the approach I have used. These include the possibility of having a self-confirming bias in terms of analysing and clustering themes, and the limited generalizability of the findings to other sufferers.

Self-Confirming Bias?

The possibility of a self-confirming bias in terms of the final results is important to consider. With respect to a phenomenological approach, with its goal of a plausible construction of subjects' experiences, it ought to be the case that the results obtained were those that accurately reflected the experiences of sufferers, and not simply the biases of the researcher. There is, however, a paradox inherent in the phenomenological approach which suggests the possibility of a self-confirming bias. The paradox is this: while the phenomenological approach espouses a "pure" consideration of a phenomenon, independent of bias and analysis, it is quite impossible to approach any phenomenon from a "pure" and unbiased stance. That is, in order to even have a research question about a phenomenon, and to derive questions to begin to investigate it, one must have already had some exposure to the phenomenon, either through a body of literature or through personal experience. It is quite obvious, then, that the researcher has some set of preconceived notions that, in turn, may influence how s/he sees and interprets the data. Clearly this is a problem in terms of making the case that results truly reflect the experiences of participants. But this can be more or less problematic, depending on whether or not the researcher takes steps to deal with the problem.

With respect to the current results, it could be

argued that I fell prey to a self-confirming bias since much of my results were reminiscent of the literature that I had previously reviewed. That is, much of what was considered in the literature review was found, albeit to a greater or lesser degree, in the experiences of subjects. But perhaps this occurrence is neither surprising nor suspect.

First, the theoretical positions that I reviewed were fairly comprehensive accounts, born out of long traditions of reflection and research. It seems unlikely that any one of them would be completely uninformative with respect to the phenomena discussed; I was confident that each perspective would likely have something to offer in terms of directing my thinking, my interviews, and my analysis. I thus was not surprised that the experiences of sufferers and thus the themes, would be compatible with these perspectives.

Secondly, the goal of the present study was not to seek out utterly novel conceptions of guilt and OCD. Rather, the goal was to use a novel methodology in hopes of revealing richer and more complete understandings of guilt and OCD derived from the actual experiences of sufferers. While I hoped that using the words of subjects would reveal new connections between guilt and OCD, perhaps adding to existing conceptualizations, I did not anticipate radically unique results. Again, I was not especially concerned when

the themes that I found were congruent with those that I had reviewed earlier.

Thirdly, during the analysis, I made deliberate efforts to remain aware of my biases, in order to help increase the credibility of the results. I made an actual list of my biases and attempted to set them aside when I felt they were influencing my view of the data. While of course I cannot be certain that my biases were effectively eliminated through these means, I believe that I was relatively successful. As well, I did not feel I was personally invested in having the data analysis reveal certain themes. I do not subscribe to a particular theory of OCD and as such did not actively seek out support for any one theory or position over another. The biases that I did have, then, were not significant for me in a personal sense.

Fourth, I feel confident that the possibility of a self-confirming bias was lessened by the use of colleagues as checks on the confirmability and the credibility of results (see section on Trustworthiness, pp. 102-109). Three other persons besides myself analyzed both whole and partial transcripts and obtained results highly similar to my own. These were researchers who were not at all familiar with the OCD or the guilt literatures, nor were they familiar with my results or biases prior to analysing the transcripts given to them. Thus, their confirmation of

my own interpretations also speaks against the themes deriving purely from a self-confirming bias.

Fifth, despite my intensive exposure to the literatures I reviewed, there were some surprises for me once analysis began. For instance, I did not anticipate that the guilt subjects experienced would have such a strong interpersonal component, and that they would suffer as they did from having affected the others in their lives. Rather, I anticipated most of their feelings of guilt would arise from forbidden thoughts and impulses and a sense of having violated internal standards, and there was less of this experience that I had expected there would be. I also anticipated that many more subjects would ritualize to alleviate guilt, with rituals then acting as atonements or as coping mechanisms, and I was surprised that only three subjects mentioned this theme. Finally, I did not expect themes of interpersonal isolation and alienation, nor of failing the self. While these are "existential-like" themes that I did review in the section on guilt, it did not occur to me that subjects would experience or mention these; they seemed too far removed from my understanding of OCD.

In summary then, there were surprises for me in the analysis, both in terms of unexpected themes that were present and expected themes that were infrequent. The fact that the analysis did reveal unanticipated findings speaks



against a self-confirming bias that would be responsible for all of the results obtained.

To conclude, I would like to emphasize that the self-confirming bias is a difficulty that I take seriously. It is a difficulty inherent in both quantitative and qualitative methodologies. It is also a problem that I do not think can be completely eliminated; I do not think that one can approach any data in an utterly unbiased or uncontaminated fashion. All researchers bring to their data their own personal histories and experiences, not to mention their academic exposure to a subject; these histories must influence their consideration of their data. Rennie (1994) summarizes this position:

...[B]ecause formulating within the framework of critical realism is neither objective in the foundational sense nor solipsistic in the idealist sense, the rigor of the qualitative researcher bears on both components of critical realism. It bears on what the investigator brings to the phenomenon and on his or her interpretation of it. It also bears on the phenomenon "itself" or, as we might say, on the data representing the phenomenon, with the proviso, of course, that intrinsic to the principles of critical realism is the understanding that the data are never completely free of the influence of the investigator. The net effect of this rigor is that it bears, not on "truth" in the foundational sense, but instead on plausibility. (p.7)

A lack of pure objectivity and neutrality is a problem that every researcher must struggle with, but one that can also be lessened through the use of various procedures such as those I have just discussed. With that in mind, I feel

that I have helped to decrease the influence of this bias and I feel confident that I have been relatively successful.

#### Limits of Generalizability

Clearly, there are limits to the generalizability of the present results. While the purpose of this study was not to make a case for generalizability from this sample to all sufferers with OCD, I believe that this issue deserves comment nonetheless.

The number of subjects used in this study was small. Of course, a sample of nine immediately constrains any statistical generalizability from this sample to the larger population of OC sufferers. This fact is less of a concern since the goal of the study was not necessarily to generalize from this sample to another, but was rather to generate fuller perspectives and understandings. However, what may be more important to consider is whether or not the characteristics of this sample may have systematically influenced the themes that were obtained.

This sample, while heterogeneous in terms of occupation, gender, age, and symptom pattern, was homogeneous in ways that may have affected the final results. All subjects were Caucasian and generally middle-class. They had all been born and raised in Canada, most in Saskatchewan. All had already seen a psychiatrist prior

to interview and had been diagnosed with OCD and given medication for it. Most had been engaged in psychoeducational groups directed at helping them understand OCD more fully and at helping them to treat their disorder through behavioural methods. Several had undergone insight-oriented psychotherapy. All had volunteered for the study with a minimum of solicitation to participate. It is significant to consider how these factors might have influenced the themes obtained, and how the themes might differ if the sample were more heterogeneous with respect to these characteristics.

First, I believe that cultural factors may have influenced the themes. As mentioned, all of these subjects were Caucasian and had been born and raised in Canada. All of those that described themselves as religious persons, were affiliated with either the Catholic or United churches, two churches dominant in Canadian society. It seems likely that these factors could influence subjects to respond in different ways than if they were born in other countries, or if they belonged to "nonWestern" religious groups.

It is difficult to know exactly how the themes may have been different if there were more heterogeneity in terms of culture. However, it seems reasonable that the themes could have varied in terms of how dominant interpersonal versus intrapersonal concerns were. For

example, subjects from cultures where family is of the utmost importance, may have had even more guilt over hurting others, particularly children and elderly parents, and perhaps less concern over damaging relationships with friends, or letting one's self down. As well, in those countries where resources are more scarce than in Canada, guilt over wasting presumably contaminated food, or wasting precious water for washing, may be overwhelming and may figure more prominently among other guilt themes.

There is research to suggest that in cultures where religion is a dominant part of life, there may be greater feelings of guilt regarding blasphemous thinking, or over not living in congruence with the teachings of one's religion. Some authors (Greenberg, 1984; Greenberg, Witztum & Pisante, 1987; Hoffnung, Aizenberg, Hermesh & Munitz, 1989) have suggested that OCD may be more prevalent among cultures where devotion to religious practices and rituals is strongly encouraged, such as in Judaism, or Hinduism. Admittedly, in these cultures it may be difficult to detect the incidence of OCD because at least some ritualizing is socially sanctioned and thus the sufferer's problem may go undetected, or even encouraged, for long periods of time. However, it seems quite possible that in cultures where religious devotion and practice is highly valued, those sufferers experiencing blasphemous thoughts may be even more inclined to experience excessive

feelings of guilt and perhaps to ritualize in response to this guilt. This suggestion also seems borne out by the reports of Catholic subjects in the present study.

Secondly, I believe that factors related to treatment may also have influenced the results. Again, all subjects had already received treatment, with some having received several kinds of therapies. The fact of having received treatment suggests two influences which might not have been present if this sample had included, or been exclusively made up of, untreated subjects.

The first is that these subjects may have been experiencing more feelings of guilt than the "average" sufferer of OCD, and these feelings of guilt may have been part of what motivated them to seek treatment. That is, they may have been experiencing more severe symptoms which caused more difficulties with others as well as with themselves. These symptoms may have resulted in others around them voicing more openly their own concerns or anger, which in turn, fuelled feelings of guilt and led sufferers to get help. It may thus be the case that this group of subjects identified stronger feelings of guilt than might another group of sufferers.

Another influence may be that treatment has highlighted the experience of guilt for this group of subjects relative to a group of untreated subjects. Generally, it would seem reasonable to assume that

treatment could encourage sufferers to focus on emotions associated with their disorder in attempts to process and work through them. Feelings of guilt, then, might be, at least temporarily, more pronounced and hence, more likely to be reported as painful and distressing. Specifically, however, it does not seem to be the case that treatment has highlighted guilt for this group of subjects. All subjects in the present sample had received primarily pharmacotherapy and this contact involved little more than requests for prescription refills. In terms of behavioural group therapy, most of this form of treatment was psychoeducational and did not include affective or process-focused discussion. As well, all subjects (with the exception of Jack) mentioned to me that they had never before had an opportunity to speak about their feelings of guilt in an in-depth way. These factors all suggest to me that treatment did not, in this group of sufferers, emphasize their experiences of guilt or make them more salient.

It seems reasonable that in a group of untreated subjects, however, feelings of guilt may be less pronounced than was the case in this group. It is likely that untreated subjects are generally having less severe symptoms than are those who seek help. If symptoms are less severe, then there are likely fewer sources of guilt in their lives. Children, spouses, family, and friends are

probably not as adversely affected when symptoms are not as consuming. As well, if a sufferer's problems are less overwhelming, s/he is probably able to cope more effectively with the guilt that is experienced in connection with the disorder. A group of untreated subjects, then, might plausibly produce fewer guilt-symptom connections and perhaps describe their feelings of guilt as being less severe and less troubling.

Third, variations in symptom content may also influence themes reported. The case of compulsive hoarders bears this point out: compulsive hoarders, who would appear to most of us to have severe difficulties, generally do not experience tremendous distress over their symptoms. As a result, they often do not seek treatment for their symptoms and do not come to the attention of mental health professionals (Frost & Gross, 1993; Greenberg, Witztum, & Levy, 1990). When they do seek treatment, however, it is usually at the strong urging of loved ones who are frustrated and frightened by the sufferer's behaviour and are often threatening to abandon them. At this point, sufferers may become concerned enough, and feel enough guilt, to get the help they need. It would seem likely that a sample composed of this sub-group of OC sufferers would manifest relatively few guilt-symptom connections in a group of treated subjects, and even fewer if the group were untreated. These results would also likely apply to a

sample of those with obsessional slowness (Rachman & Hodgson, 1980), who similarly experience little distress over symptoms.

Fourth, the fact that there were gender differences in the sample suggests that the results may not generalize equivalently to men and women. In this sample, women communicated stronger feelings of guilt and made more guilt-symptom connections than did men. Naturally, the small sample size cannot support these differences as characterizing the population of sufferers in general. It is important, however, that any future investigations or applications be aware of possible differences in the experiences of male and female sufferers.

In summary, the present results are clearly limited in their generalizability to other cultural groups, to untreated OC subjects, and likely to the case of OC hoarding, and OC slowness. It seems reasonable that both cultural factors and those associated with having received treatment in particular, may have influenced the themes that were derived. Themes may have varied quantitatively in terms of the strength of guilt feelings, or qualitatively, in terms of the kinds of guilt-symptom connections made, if members of other cultural groups or untreated subjects had been included. Of course, in the absence of data supporting these variations, any suggestions are speculative. It seems important, however,



to remain aware of the constraints of the present sample, and to consider these factors when contemplating future investigations.

### The Question of Guilt

The question of the experience of guilt is one further limitation inherent in the present study. It has been documented in the psychological literature that people are not always accurate communicators of their true emotional experience, at times mislabelling emotions and mistaking one emotion for another. Thus, while subjects described their emotional experiences "as if" it were guilt, the criticism may be raised that they were actually experiencing another emotion besides guilt. While this is a real danger in subjective investigations of emotion, it seems unlikely that participants in the current study were mistaking another emotion for that of guilt.

First, I familiarized myself with the literatures on guilt in order that I would be aware of what constitutes the experience of guilt. Additionally, I consulted literatures where guilt was discriminated from other emotions with which it is often confused, such as shame, embarrassment, pity, and anger (see sections on Differential Emotions Perspective, and Qualitative and Quantitative Investigations of Guilt). In this way, I

became aware of both the discriminant and convergent features of the experience of guilt.

Secondly, through immersing myself in subjects' reports I derived a core description of their emotional experience. I then compared this description with the literatures on guilt and other emotions (see beginning of Results section on the Experience of Guilt). It became clear through this comparison that participants appeared to be describing the experience of guilt and not another emotion.

Thirdly, I relied on the communications of participants themselves for verification. Throughout the interviews, subjects described a number of emotions in addition to guilt; emotions such as anger, fear, apprehension, disgust, and disappointment. All subjects seemed quite able to discriminate between these experiences, relating different contexts, antecedents and sequelae to these emotions. Often when I interpreted their experiences during the interviews they would correct me, explaining that they were feeling an emotion other than the one I had related back to them. It seems reasonable that the participants were able to accurately convey their experiences of guilt, and to not confuse them with other emotions.

In summary, it is important to realize that there are few criteria by which to judge the accuracy of a subjective

experience. While I can be relatively assured that participants were feeling and communicating guilt, there is no definite way to "prove" that this in fact is what they were experiencing. Ultimately, one must rely on the subjective reports of the people themselves along with their phenomenal communications. I feel relatively confident that through combining their personal reports with the academic definition of guilt, that the subjects' communications were indeed, a meaningful reflection of their experiences of guilt.

Advantages and Disadvantages of a  
Phenomenological/Qualitative Approach

Clearly, there are both advantages and disadvantages to having used a phenomenological or qualitative method for this investigation. In general, I feel that for the kind of information and understanding that I wanted, the phenomenological method was the most suitable method to use. Obviously, this suitability is inextricably connected with the question that I wanted to investigate: namely, what is the experience of guilt for a sample of sufferers with OCD? I wished for a plausible construction of this experience, along with subjects' understandings of how guilt was connected to their symptomatology. I also wanted to gain an appreciation of how their understandings were embedded within their life contexts. A phenomenological

method allowed me to examine these questions, and to allow the participant's meanings to reveal themselves without excessive constraints or limitations on how they described their experience.

These kinds of questions, namely, questions that look at idiosyncratic intention, meaning and contextual understanding, are best answered by qualitative approaches. These approaches respect the importance of context in shaping human experience, they allow variables that would otherwise be "controlled" to express their influence, and they highlight the uniqueness of those individual cases to whom "generalized" data would likely not apply (Guba et al, 1994). Thus, the qualitative approach in general, and the phenomenological method in particular, are especially fitting for research seeking this kind of information.

It is clear, however, that a quantitative method would have been more suitable had other types of questions been posed. Methods typical of the positivist tradition are most appropriate for answering questions related to causality, prediction, and control, usually across statistically large numbers of subjects. Furthermore, quantification and statistical analysis is useful when one wishes to reach generalized conclusions, and is also helpful to the degree that it promotes the rigorous control of confounding variables. Thus, had I been interested, for example, in determining to what extent feelings of guilt

predicted the severity and duration of OC symptoms (or vice versa), I would have selected a quantitative method. Further, had I desired to know what the frequency of guilt themes were in a randomly selected population of OC sufferers in general, I again would have opted for a quantitative approach.

The disadvantages of each approach are primarily relative disadvantages. Each approach seeks different kinds of information and so is inadequate when it attempts to obtain knowledge beyond its own parameters. In the qualitative case then, it is handicapped to the degree that it cannot speak to generalizability (see section on Limits of Generalizability), and in its inability to speak to larger questions relevant to causality or prediction. Similarly, quantitative methods are unable to reflect the personal intentions of subjects and to respect the role of context in defining these intentions.

In summary, it is important to recognize that qualitative and quantitative methods simply offer different solutions to different questions and problems, and that each support different criteria by which to judge their usefulness. It is thus inappropriate to judge the appropriateness of one approach by the standards of the other.

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Appendix A

Facilitative Questions for Interviews

1. Do you feel that guilt is a part of your OC symptoms?

2. Reflecting on your experience, do you feel that (your) guilt is related to (your) OC symptoms in any way?

How do you feel it is/is not related?

Can you explain/describe this to me; use whatever kinds of words that you feel best describes it (i.e. physical, emotional, etc.)

3. What is the guilt "like" for you?

How does it feel?

4. Do you feel your guilt your guilt causes your OC symptoms, or alternately, do you feel that your OCD causes your guilt; where does it "fit" with your symptoms?

Do you do anything when you start to feel guilty; do you respond to the guilt?

Does it prevent you from ritualizing/obsessing?

Does it "make" you ritualize/obsess?

Do you worry about guilt if you do not ritualize/obsess?

If you do?

Do you feel guilt because of ritualizing/obsessing?

Can you describe this to me, again using whatever words that are easiest for you.

5. Do you ever feel free of guilt; what is that like?

Can you imagine yourself without guilt?

6. Where do you think this guilt "came from"; how did it come about?

Did you feel much guilt before OCD?

Did you mostly begin to feel it after OC symptoms started?

7. Does feeling/not feeling guilt affect how you see yourself as a sufferer of OCD?

Can you describe this to me?

8. Does feeling/not feeling guilt change how you see the disorder itself?

How you cope with it?

9. Does guilt affect how others in your life understand your disorder, and you as a sufferer?

Is this something you talk about with others?

10. Does feeling/not feeling guilt affect your relationships in any ways?

E.g. Some people when they feel guilty, or when they have OC symptoms, in particular, sometimes feel that they are different from others, or their relationships are different; do you see this for yourself?



## Appendix B

## Sample Portion of Verbatim Transcript

Note that this material is extracted from the beginning of a much longer transcript. The subject is denoted by the letter "S", and myself by the letter "D."

D: So, ---, do you feel that guilt is a part of OCD for you?

S: Yes.

D: Can you describe that to me?

S: Um, I think they're kind of, I know I was driven by guilt to start with, that's kind of what started it to begin with. Well, I should say, I always had it to some degree but it really got bad, my youngest son was put in the hospital and he was incubated and they only gave him a 25% chance of survival. And he had got the amophilous (?) bacteria that causes the throat to swell shut. And they weren't sure, if we had been any further away from the hospital they didn't think he would have made it. And uh, as a mother and I guess mother's do it to themselves, I got to thinking it was my fault. If I'd had breast-fed him he would have a better immune system. If I'd not taken him to the mall he wouldn't have been exposed to people. If I had cleaned the house better he wouldn't have gotten sick. So, it started, that's when the episodes really started and really got bad.

D: How long ago was this?

S: He was three, so three years ago. And, um, they told me that his room would have to be cleaned and washed down. So that kind of started my washing rituals. Um, when we brought him home I would wash dishes and they wouldn't be clean enough and then I would have to rewash them and then I'd have to pour boiling water over each piece thinking that would sterilize them somehow. And so it was that guilt that kind of started the rituals to begin with.

D: So, you were sort of imagining that this was some failing of yours and that he got sick because you didn't...

S: Because I wasn't a good mother, yeah.

D: Ummhmm...

S: So, there was that guilt and then once, I don't know anybody with OCD who could say they didn't have guilt, because once you start guilt just pops up in everything you do.

D: How do you mean?

S: Um, well it would take me like an hour and a half to do dishes and then I'd feel guilty because my husband had worked all day and then he had to watch the kids because I was spending an hour and a half doing dishes! Um, y'know if I didn't have to do all these things we could go places. I was stopping the kids as they got older from having a normal life. We couldn't go to the sandbox because who knew what was in it. We couldn't go to the playground, I couldn't go and sit in a movie theatre, or to the fair or to any of those...So you start feeling guilty because you're preventing your family from having a normal life. Um, I felt guilty because I would have to check cans continuously, the cans from the grocery store.

D: How do you mean, what did you do?

S: Um, if the labels weren't on the can right, or if they would have a spot on them or if they were dented, or whatever, they weren't good enough so I would have to throw them out. Or I would start, I would think, yes I checked it looked o.k. I'd open the can and then I'd think, but did I look at the bottom? And then I couldn't rationalize that yes it was fine, so I would be throwing out tons of food. The money that I threw out, literally threw out. And I couldn't even, if it sat in the cupboard for more than two weeks, it had to be bad, even if it was canned. It had to be bad. And I couldn't give it to the food bank because then what if somebody got sick there from food I'd donated. So, it was guilt knowing there's people out there with no food and I'm just throwing it out.

D: Wow, it sounds like the guilt really kept piling back on you.

S: Everywhere I turned there was more guilt. And like I said, I don't see how anyone with OCD can say there wasn't guilt. Not just me but anyone. Because you know, you know what you're doing. Like, in your mind you know what you're doing isn't right, you know something's wrong there. But you can't stop. Which is a guilt in itself because you kind of beat yourself up with it, saying well if you know it, why can't you stop it, kind of thing? And you keep going and going and going, and it keeps getting worse and worse and worse.

Um, I used to drive. I don't, well I just started to drive again, because it would take me so long to get anywhere. Y'know, I'd hear a bump and then it would be did I hit somebody? And I had to drive back over and over.

D: So you were rechecking your routes?

S: Rechecking my routes. I'd have to listen to the radio to see if anybody had been hit. I would put the whole family in turmoil because I was like a ranting lunatic by the time I got home because it was what if, what if, what if. And y'know I'd be shaking and you're guilty because you don't want your kids exposed to that, you feel guilty because you don't want to put your husband through that. Uh, you feel bad because you know there can be something better than what you're going through.

D: You were able to see that there was something on the other side of this?

S: Oh yeah, yeah. Well, at times you'd get yourself down to thinking why can't anybody do anything for me y'know. Why isn't somebody helping me, and you sort of feel helpless for awhile and then you have to give yourself a little kick in the butt and say get on with it.

D: So, you were in the house, basically housebound by this time? You weren't going out and you weren't taking the kids out and you quit driving...

S: Yes, and even there was places the kids had to go, they had to go to playschool and school and they were in skating lessons and things like that. And my husband would take them and I'd say before they'd leave, 'now watch where you're walking.' And my kids were trained so well that they would know that (laughing) you don't step on anything outside and you make sure that you walk right in the same path and you don't pick things up and you don't touch this and you don't touch this. And they knew immediately as soon as they got home it was straight to the bathroom and you washed your hands and if you didn't do it with soap you had to do it again. And um, they just knew all these things that they had to do to kind of (laughing), appease mother.

D: Right.

S: And so that's...

D: So what would happen if they didn't. Let's say they just raced downstairs to watch T.V.?

S: They would get heck. Yes, they'd be told to go back up, and there were times where my husband would say, 'they're two little boys, leave them alone, they're supposed to get dirty,' and I just couldn't handle it. And you know they'd come to give me a hug I'd have to say 'did you wash your hands,' y'know. I couldn't have them touch me.

D: So that's what you're saying is another part of feeling guilty, about putting their lives into turmoil as you called it, was that, well, they had to go upstairs first and they couldn't touch mom...

S: And you feel guilty. I mean, I know I hurt so many people. Because, (laughing), I'm not saying these people's homes were messy, but you know they'd see me pick up a glass and check to see if it was clean. Or, uh, my mom, she'd invite us over for supper and she makes us chicken and I'd say 'are you sure this is cooked? How many days was it out? Did you let it thaw on the counter or in the fridge?' And it became where you'd kind of hurt people's feelings, and my mom would stomp around the house saying 'I raised you three girls and I never poisoned you, you never got food poisoning or anything, so why would I start now.' And she'd be really hurt and then I'd feel guilty all over again but I couldn't stop, and I mean, she's just one of the people I did it too. I did it to every person I knew. Y'know, anywhere I would go I would have to, we'd had to...we stayed, and my mom works in a hospital and of course my mom washes her uniforms. I couldn't have my clothes washed in her washing machine because her uniforms were contaminated, and I didn't want my clothes washed...We couldn't wash my clothes at my sister's because she lived in an apartment complex and who knows who else used the washing machines. We couldn't take them to a laundry mat, same thing. So it was constant, I made everybody feel bad, which made me feel bad. Because how, it's not something easily explained. Uh, my mom, we went, I tried and explained it over and over again it wasn't that I thought she was doing something wrong, it wasn't that I thought her house was dirty, it was just something that I had to do. And she just never understood it until I started seeing Maxine and then Maxine kind of explained it to her better than I could, why I had to do it.

But there are still things that drive my sister, that I still do, and some things I don't think I'll ever be cured, I don't think it's a curable disease, I think it's a controllable disease. And there are still things that I do that I don't even know I've done and it still drives people nuts and I feel guilty because I don't mean to make them feel bad?

D: What's an example, say that drives your sister crazy?

S: Um...I still make her watch where she walks when we go shopping, or I'll say, I'll say, 'are these shoes clean enough?' Little things, just little things like that. Like, we had a dog and the dog stays at mom and dad's now, and it'll be 'you didn't give this dish to the dog did you?' Y'know, little things that still drive her nuts, that I don't even know I do, but that drive her nuts, but it just comes out.

## Appendix C

Horizons of Connections between Guilt and Symptoms  
and Derived Meaning Units from Sample Transcript

Note: Derived meaning units are underlined and verbatim connections are listed underneath

Guilt motivates her to ritualize

I know I was driven by guilt to start with.

Guilt re: her being a "poor mother":

It really got bad, my youngest son was put in the hospital.

And as a mother and I guess mother's do it to themselves, I got to thinking it was my fault. If I'd had breast-fed him he would have a better immune system. If I'd not taken him to the mall he wouldn't have been exposed to people. If I had cleaned the house better he wouldn't have gotten sick.

Guilt motivates her to ritualize:

And so it was that guilt that kind of started the rituals to begin with.

Guilt re: her being a "poor mother":

Because I wasn't a good mother, yeah.

Guilt as central to disorder

There was that guilt and then once, I don't know anybody with OCD who could say they didn't have guilt, because once you start guilt just pops up in everything you do.

Guilt re: being "poor wife"

It would take me like an hour and a half to do dishes and then I'd feel guilty because my husband had worked all day and then he had to watch the kids because I was spending an hour and a half doing dishes! Um, y'know if I didn't have to do all these things we could go places.

Guilt re: being "poor mother"

I was stopping the kids as they got older from having a normal life. We couldn't go to the sandbox because who knew what was in it. We couldn't go to the playground, I couldn't go and sit in a movie theatre, or to the fair or to any of those...So you start feeling guilty because you're preventing your family from having a normal life.

Guilt re: wasting food and money

I felt guilty because I would have to check cans continuously, the cans from the grocery store. If the labels weren't on the can right, or if they would have a spot on them or if they were dented, or whatever, they weren't good enough so I would have to throw them out.

Or I would start, I would think, yes I checked it looked o.k. I'd open the can and then I'd think, but did I look at the bottom? And then I couldn't rationalize that yes it was fine, so I would be throwing out tons of food. The money that I threw out, literally threw out. And I couldn't even, if it sat in the cupboard for more than two weeks, it had to be bad, even if it was canned. It had to be bad. And I couldn't give it to the food bank because then what if somebody got sick there from food I'd donated. So, it was guilt knowing there's people out there with no food and I'm just throwing it out.

Guilt as central to disorder

Everywhere I turned there was more guilt. And like I said, I don't see how anyone with OCD can say there wasn't guilt. Not just me but anyone.

Guilt re: letting herself down, not controlling herself

Because you know, you know what you're doing. Like, in your mind you know what you're doing isn't right, you know something's wrong there. But you can't stop. Which is a guilt in itself because you kind of beat yourself up with it, saying well if you know it, why can't you stop it, kind of thing? And you keep going and going and going, and it keeps getting worse and worse and worse.

Guilt re: being "poor mother" and "poor wife"

I would put the whole family in turmoil because I was like a ranting lunatic by the time I got home because it was what if, what if, what if. And y'know I'd be shaking and you're guilty because you don't want your kids exposed to that, you feel guilty because you don't want to put your husband through that.

Guilt re: being "poor mother"

There was places the kids had to go, they had to go to playschool and school and they were in skating lessons and things like that. And my husband would take them and I'd say before they'd leave, 'now watch where you're walking.' And my kids were trained so well that they would know that (laughing) you don't step on anything outside and you make sure that you walk right in the same path and you don't pick things up and you don't touch this and you don't touch this.

And they knew immediately as soon as they got home it was straight to the bathroom and you washed your hands and if you didn't do it with soap you had to do it again. And um, they just knew all these things that they had to do to kind of (laughing), appease mother.

Guilt re: being "poor mother"

There were times where my husband would say, 'they're two little boys, leave them alone, they're supposed to get dirty,' and I just couldn't handle it. And you know they'd come to give me a hug I'd have to say 'did you wash your hands,' y'know. I couldn't have them touch me.

Guilt re: hurting others' feelings

And you feel guilty. I mean, I know I hurt so many people. Because, (laughing), I'm not saying these people's homes were messy, but you know they'd see me pick up a glass and check to see if it was clean. Or, uh, my mom, she'd invite us over for supper and she makes us chicken and I'd say 'are you sure this is cooked? How many days was it out? Did you let it thaw on the counter or in the fridge?' And it became where you'd kind of hurt people's feelings...



Guilt re: being a "poor daughter"

[A]nd my mom would stomp around the house saying 'I raised you three girls and I never poisoned you, you never got food poisoning or anything, so why would I start now.' And she'd be really hurt and then I'd feel guilty all over again but I couldn't stop, and I mean, she's just one of the people I did it too.

Guilt re: hurting other's feelings

I did it to every person I knew.

Guilt re: being "poor daughter"

[A]nd my mom works in a hospital and of course my mom washes her uniforms. I couldn't have my clothes washed in her washing machine because her uniforms were contaminated, and I didn't want my clothes washed...

Guilt re: hurting others' feelings

We couldn't wash my clothes at my sister's because she lived in an apartment complex and who knows who else used the washing machines. We couldn't take them to a laundry mat, same thing.

Guilt re: hurting others' feelings

I made everybody feel bad, which made me feel bad.

Guilt re: not being able to give adequate justification/explanation

It's not something easily explained. Uh, my mom, we went, I tried and explained it over and over again it wasn't that I thought she was doing something wrong, it wasn't that I thought her house was dirty, it was just something that I had to do.

Guilt re: hurting others' feelings

But there are still things that drive my sister, that I still do, and some things, I don't think I'll ever be cured, I don't think it's a curable disease, I think it's a controllable disease. And there are still things that I do

that I don't even know I've done and it still drives people nuts and I feel guilty because I don't mean to make them feel bad?

I still make her [my sister] watch where she walks when we go shopping, or I'll say, I'll say, 'are these shoes clean enough?' Little things, just little things like that. Like, we had a dog and the dog stays at mom and dad's now, and it'll be 'you didn't give this dish to the dog did you?' Y'know, little things that still drive her nuts, that I don't even know I do, but that drive her nuts, but it just comes out.

## Appendix D

## Sample of Delimited Transcript

S: I was driven by guilt to start with. That's what started it. I always had it to some degree but it really got bad. My youngest son was put in the hospital and they only gave him a 25% chance of survival. I got to thinking it was my fault. If I'd had breast-fed him he would have a better immune system. If I'd not taken him to the mall he wouldn't have been exposed to people. If I had cleaned the house better he wouldn't have gotten sick.

S: They told me that his room would have to be cleaned and washed down. That started my washing rituals. When we brought him home I would wash dishes and they wouldn't be clean enough. I would have to rewash them and then I'd have to pour boiling water over each piece thinking that would sterilize them somehow. It was that guilt that started the rituals to begin with.

S: I wasn't a good mother. I don't know anybody with OCD who could say they didn't have guilt, because once you start guilt pops up in everything.

I'd feel guilty because my husband had worked all day and then he had to watch the kids because I was spending an hour and a half doing dishes! If I didn't have to do these things we could go places. You start feeling guilty because you're preventing your family from having a normal life. I felt guilty because I would have to check cans continuously from the grocery store.

S: If the labels weren't on the can right, or if they would have a spot on them or if they were dented, they weren't good enough. I would have to throw them out. Or I would think it looked o.k. I'd open the can and then think, but did I look at the bottom? Then I couldn't rationalize it was fine, so I would be throwing out tons of food. The money that I literally threw out. If it sat in the cupboard for more than two weeks, it had to be bad. I couldn't give it to the food bank because what if somebody got sick from food I'd donated. It was guilt knowing there's people out there with no food and I'm throwing it out.

S: Everywhere I turned there was more guilt. Because you know what you're doing isn't right, you know something's

wrong. But you can't stop. Which is a guilt in itself because if you know it, why can't you stop it?

I used to drive. I just started to drive again, because it would take me so long to get anywhere. I'd hear a bump and then it would be did I hit somebody? I had to drive back over and over.

S: Rechecking my routes. I'd listen to the radio to see if anybody had been hit. I would put the whole family in turmoil because I was a ranting lunatic by the time I got home. I'd be shaking and you're guilty because you don't want your kids exposed to that, you feel guilty because you don't want to put your husband through that.

S: There was places the kids had to go, and my husband would take them and I'd say 'watch where you're walking.' My kids were trained so that they would know that you don't step on anything outside and you make sure that you walk right in the same path and you don't pick things up and you don't touch this. They knew as soon as they got home it was to the bathroom and you washed and if you didn't do it with soap you had to do it again. They just knew all these things that they had to do to appease mother.

S: My husband would say, 'they're two little boys, leave them alone, they're supposed to get dirty,' and I couldn't handle it. They'd come to give me a hug I'd have to say 'did you wash your hands,'. I couldn't have them touch me.

S: You feel guilty. I know I hurt so many people. It became where you'd kind of hurt people's feelings. I'd feel guilty all over again but I couldn't stop.

I did it to every person I knew. I made everybody feel bad, which made me feel bad. It's not something easily explained. There are still things that I do that I don't even know I've done and it drives people nuts and I feel guilty because I don't mean to make them feel bad?

## Appendix E

## Example of Clustering into Themes

Included here are those themes that were especially prominent in the sample transcript above. However, as these clusterings include meaning statements from all subjects who communicated these themes, there are statements here that are not found in the sample transcript.

RITUALS ALLEVIATE EXISTING GUILT

- rituals relieve guilt that one was careless and caused harm e.g. not cleaning enough caused child's bacterial illness
- re-repeating rituals alleviates guilt that they may have been done improperly
- rituals as penance to relieve sin
- rituals restore sense of moral purity e.g. washing after sexual activity
- rituals alleviate guilt over conflict between standards and behaviour
- rituals are atonements
- rituals increase as guilt increases
- rituals "correct for" imagined guilt e.g. rituals seen to help mentally ill spouse become well again
- rituals make up for perceived negligence

BAD MOTHER/BAD WIFE

- inadequate parenting because of ritualizing
- harming children emotionally
- harming stability of family
- children prevented from having normal life
- negligence in parenting e.g. not cooking or baking
- children forced to "appease" mother
- children "participate" in rituals e.g. avoid "contaminated areas", wash frequently, etc.
- relationships in family edgy and tense because of disorder
- children teased by others because of mother's behaviour
- harming family, causing them stress
- guilt husband may blame himself for her disorder
- marriage deteriorated because of effects of disorder
- exposing children to mother's "craziness"
- children's friends not allowed in the home
- embarrassing children via "bizarre" behaviour

- absent from children due to psychiatric hospitalizations
- impaired relationships with family
- guilt kids may have blamed selves for disorder/mom's behaviours
- neglecting family responsibilities
- physically harming child via rituals e.g. stopping child from eating "contaminated" foods
- children kept in poverty because of mom's disorder and inability to work
- children come second to disorder
- custody of children granted to spouse
- guilt re: possibly teaching OC behaviours to children via example
- guilt re: having children, especially if disorder is genetic

#### BAD SON/DAUGHTER

- unable to support elderly parent during illness e.g. due to contamination fears and avoidance
- hurting parents, causing them pain, often via sufferers' own pain
- parents affected by disorder
- guilt parents blame themselves for disorder
- OC behaviours irritating to parents

#### BAD FRIEND

- hurting friends' feelings e.g. questioning their habits of cooking and cleaning
- guilt re: transferring guilt and responsibility to others e.g. making others complete checking rituals
- involving others in rituals e.g. repeated reassurance-seeking
- guilt may have "jinxed" others
- blaming others for problems related to OCD
- behaviours irritating to friends
- disorder imposed on others/others must accommodate to strangeness of OC behaviours
- guilt re: wanting to control things where others are involved e.g. where to shop, or to eat, or which routes to take
- friendships deteriorated

## Appendix F

Comparison of Interrater and Researcher Coding  
for a Random Sample of Transcript

Included here is a verbatim sample of transcript for Subject 09 (Jack) and the meanings extracted by the FIRST RATER. For comparison purposes, the meanings extracted by the researcher follow.

S=Subject  
D=Researcher

Guilt re: sexual activity with girlfriend

S: So...after I would touch, expose parts of her skin that aren't usually exposed...I would start to feel the need to wash. Afterwards. Or to have a damp cloth near to wipe my hands with. I guess...well, I felt tremendously guilty about what was happening.

D: That you were being sexual with her?

S: Yeah. I felt tremendously guilty about that.

Guilt re: violation of Christian morality

Um, my Christian background is just basic...Protestant, yeah, I started Baptist Alliance. I'm going to United now. I mean, Christianity has been in my life but it hasn't actually been a dominating force. I haven't been brainwashed, I haven't been exposed to it all my life.

Guilt re: violation of personal moral system

And I think actually, Christianity just supplements my own, I have a rather high moral system that I impose on myself. So I can't really say that it, well, I've read about scrupulosity and things like this in the Catholic church. I mean, it's not indoctrinated into me. And I've always had a high view of your wife and purity and all this kind of stuff.

D: So you were feeling it at that time you were being sexual with her, that you should have been being chaste, you should have waited.

S: Yeah, mostly I, mostly on my part too. Because I actually believed that if you want that out of your wife you should try to just...(can't hear)...something not commonly accepted by most high school males. They have that double standard. But, it's, it seemed to me that, on the way to the bathroom I wouldn't want to touch things.

D: After you'd been with her?

Guilt re: contaminating others (?)

S: Yeah, 'cause it seemed that I was, whatever had happened between us was between us, and I didn't want, just as I wouldn't want anybody else touching her, I wouldn't want anybody else to...touch...things that I have touched with my hands, after I had touched her. It gets very complicated.

D: So you were feeling a lot of guilt, and washing, did that help alleviate your feelings?

Guilt about sexual activity reduced by washing

S: Yeah, I would feel better after, I wouldn't feel so bad. And of course, I would also feel less stressed out. Um...

D: So that's where it kind of started fitting together...

Guilt re: sexual activity with girlfriend

S: That's where it started and that's where I can see...at the time I didn't know why I was doing it. I couldn't say why. And, I was just thinking that what we had was special or whatever. And now, see this is why I like talking about it, since I have been talking about it I've been able to figure out that it is, I guess it was, a lot of it, guilt, towards the actions I was doing. When, see, it's hard to understand unless, do you have any experience with OCD at all, other than reading?

D: Well, that and the people I've met...

S: Unless you've been there, you can't understand. You can try, I'm not saying that things like this aren't useful, but no one can really understand.



## Appendix F (cont'd)

Meanings extracted by RESEARCHER for sample of transcript from subject 09 (Jack)

Guilt re: being sexual, not "pure" in relationship

S: So...after I would touch, expose parts of her skin that aren't usually exposed...I would start to feel the need to wash. Afterwards. Or to have a damp cloth near to wipe my hands with. I guess...well, I felt tremendously guilty about what was happening.

D: That you were being sexual with her?

S: Yeah. I felt tremendously guilty about that. Um, my Christian background is just basic...Protestant, yeah, I started Baptist Alliance. I'm going to United now. I mean, Christianity has been in my life but it hasn't actually been a dominating force. I haven't been brainwashed, I haven't been exposed to it all my life.

High moral code violated

And I think actually, Christianity just supplements my own, I have a rather high moral system that I impose on myself. So I can't really say that it, well, I've read about scrupulosity and things like this in the Catholic church. I mean, it's not indoctrinated into me. And I've always had a high view of your wife and purity and all this kind of stuff.

D: So you were feeling it at that time you were being sexual with her, that you should have been being chaste, you should have waited.

Conflict between standards and behaviour

S: Yeah, mostly I, mostly on my part too. Because I actually believed that if you want that out of your wife you should try to just...(can't hear)...something not commonly accepted by most high school males. They have that double standard. But, it's, it seemed to me that, on the way to the bathroom I wouldn't want to touch things.

D: After you'd been with her?

S: Yeah, 'cause it seemed that I was, whatever had happened between us was between us, and I didn't want, just as I wouldn't want anybody else touching her, I wouldn't want anybody else to...touch...things that I have touched with my hands, after I had touched her. It gets very complicated.

D: So you were feeling a lot of guilt, and washing, did that help alleviate your feelings?

Washing alleviates guilt - atonement?

S: Yeah, I would feel better after, I wouldn't feel so bad. And of course, I would also feel less stressed out. Um...

D: So that's where it kind of started fitting together...

Guilt surrounding sexual activity

S: That's where it started and that's where I can see...at the time I didn't know why I was doing it. I couldn't say why. And, I was just thinking that what we had was special or whatever. And now, see this is why I like talking about it, since I have been talking about it I've been able to figure out that it is, I guess it was, a lot if it, guilt, towards the actions I was doing. When, see, it's hard to understand unless, do you have any experience with OCD at all, other than reading?

D: Well, that and the people I've met...

S: Unless you've been there, you can't understand. You can try, I'm not saying that things like this aren't useful, but no one can really understand.

## Appendix G

Comparison of Interrater & Researcher Coding  
for a Random Sample of Transcript

Included here is a verbatim sample of transcript for Subject 05 (Stephanie) and the meanings extracted by the SECOND RATER. For comparison purposes, the meanings extracted by the researcher follow.

S=Subject  
D=Researcher

Waste, wasted years

S: Oh! I had a ritual, every, you could've asked me what were you doing on Wednesday at such and such and I could've told you exactly. I had it down. Bathroom was cleaned on a Thursday, it was cleaned every day, but thorough cleaning on Thursday to the point where I just scrubbed it all down. And it makes me shiver now to think of it, 'cause what a waste. That went on for 14 years. That's when I started getting better and when I think of those wasted 14 years...

Guilt over impact on loved ones, esp. children

And that's where a lot of the guilt is because the kids were just uh, I think grade 7 and 5 or something, and they were just at that age where they're seeing their mother just go a little crazy y'know? And it was hard on them, it was hard on them.

D: And is that, is that mostly what your guilt is about?

S: Oh yeah, the family. That's all it is, the family, I don't feel guilty about anything else. Like I'm mad that my life was wasted because I so thoroughly enjoy it now because I don't care about this house. I do work in it because I can. I mean, but I can do so much I have such a full life now. My daughter just had a baby and I, yesterday I spend the whole day with her, and about 2 or 3 days out of the week 'cause they're on a farm. I drive out there by myself, I help her, I help her with the baby. I could never have done that before. I was at the point where I used to lay awake and think these kids are growing up and if they get married I won't be able to go to their wedding. I mean, I was that bad.

D: What were you thinking of...?

S: Well, I just couldn't get out of this house.

D: Were you stuck, like literally stuck in the house during this time?

S: Oh, yeah, for a long time and I couldn't let anyone in.

D: Oh, because of the...

### Restricting others

S: I would clean and clean and clean and I wouldn't want anybody coming in and dirtying it.

### Guilt over "traumatizing" children (restricting them, etc.), & as well as guilt, fear that she may have influenced them to be like her

You see this was hard on the kids, but they were so good, they were so good, I don't know how I deserved such good kids. Because they survived it, now we can talk about it, they never understood it. But my biggest fear also was that they would end up being like me.

D: Was there guilt there also?

S: Oh yeah, I couldn't take it, I wouldn't want anyone to have a life like this. I wondered, now my daughter sees what I'm doing, this is natural because, I knew in my mind I wasn't in the real world.

### Compares self to others: not growing, living

People just did not do this. And I envied everybody, I'd look out the window and see people walking and I'd wonder where do they get the time to walk down the road? And (can't hear)...my daughter didn't inherit it, at least not yet, and I don't think she will. She's quite...great.

D: So, it sounds to me like what you're saying is that the guilt always sort of followed your ritualizing and obsessing. Um, was there ever a time when you thought you might have started ritualizing out of guilt, I mean you felt guilty and then went ahead?

S: That's a good question and I don't think I ever...no. I was never guilty over anything.

D: I'm asking because some people have told me that they would start to ritualize, they'd do the ritual and then start to worry that maybe they didn't do it good enough. And then started feeling guilty thinking what if the kids got sick or something, and then they would start again...

Restricts others: to protect/save kids

S: Yeah, yeah. Oh, I did that. Like that stuff with the wash and somebody sat in this chair I'd clean it three times with a clean cloth, not once, not twice, but three times. Oh, so many things like that. And it was a ritual, a real ritual. But it was done to save the kids.

D: So, did you worry that maybe you hadn't cleaned things well enough and yo had to go on and keep, you now, going over?

To save/protect, esp. kids

S: Well, your mind is such a muddle. Partly that and partly do it to save the world, save my kids, keep, protect people. And you know, even to this day, which is really hard to say, but our son is in Ottawa, and if they're flying home, that's a very bad day until their plane lands. I find that I'm thinking, I better straighten that, and in the back of my mind is always that they are on this plane. Unless they get home, but normally, in circumstances where they're travelling and my husband will say you know, you can't protect them no matter what. So I'll still have bad days, but if I'm gonna, if they're travelling...

## Appendix G (cont'd)

Meanings extracted by RESEARCHER for sample of transcript from Subject 05 (Stephanie)

S=Subject  
D=Researcher

S: Oh! I had a ritual, every, you could've asked me what were you doing on Wednesday at such and such and I could've told you exactly. I had it down. Bathroom was cleaned on a Thursday, it was cleaned every day, but thorough cleaning on Thursday to the point where I just scrubbed it all down.

Guilt re: wasting years of time

And it makes me shiver now to think of it, 'cause what a waste. That went on for 14 years. That's when I started getting better and when I think of those wasted 14 years...

Guilt re: kids seeing "crazy" mother

And that's where a lot of the guilt is because the kids were just uh, I think grade 7 and 5 or something, and they were just at that age where they're seeing their mother just go a little crazy y'know? And it was hard on them, it was hard on them.

D: And is that, is that mostly what your guilt is about?

Guilt re: hurting family, causing them stress

S: Oh yeah, the family. That's all it is, the family, I don't feel guilty about anything else. Like I'm mad that my life was wasted because I so thoroughly enjoy it now because I don't care about this house. I do work in it because I can. I mean, but I can do so much I have such a full life now. My daughter just had a baby and I, yesterday I spend the whole day with her, and about 2 or 3 days out of the week 'cause they're on a farm. I drive out there by myself, I help her, I help her with the baby. I could never have done that before. I was at the point where I used to lay awake and think these kids are growing up and if they get married I won't be able to go to their wedding. I mean, I was that bad.

D: What were you thinking of...?

S: Well, I just couldn't get out of this house.

D: Were you stuck, like literally stuck in the house during this time?

S: Oh, yeah, for a long time and I couldn't let anyone in.

D: Oh, because of the...

Guilt re: putting kids through hell, esp. since they accepted it readily

S: I would clean and clean and clean and I wouldn't want anybody coming in and dirtying it. You see this was hard on the kids, but they were so good, they were so good, I don't know how I deserved such good kids. Because they survived it, now we can talk about it, they never understood it.

Guilt re: passing it to kids

But my biggest fear also was that they would end up being like me.

D: Was there guilt there also?

S: Oh yeah, I couldn't take it, I wouldn't want anyone to have a life like this. I wondered, now my daughter sees what I'm doing, this is natural because, I knew in my mind I wasn't in the real world. People just did not do this. And I envied everybody, I'd look out the window and see people walking and I'd wonder where do they get the time to walk down the road? And (can't hear)...my daughter didn't inherit it, at least not yet, and I don't think she will. She's quite...great.

D: So, it sounds to me like what you're saying is that the guilt always sort of followed your ritualizing and obsessing. Um, was there ever a time when you thought you might have started ritualizing out of guilt, I mean you felt guilty and then went ahead?

S: That's a good question and I don't think I ever...no. I was never guilty over anything.

D: I'm asking because some people have told me that they would start to ritualize, they'd do the ritual and then start to worry that maybe they didn't do it good enough.

And then started feeling guilty thinking what if the kids got sick or something, and then they would start again...

Fear/guilt if rituals aren't done properly and someone hurt

S: Yeah, yeah. Oh, I did that. Like that stuff with the wash and somebody sat in this chair I'd clean it three times with a clean cloth, not once, not twice, but three times. Oh, so many things like that. And it was a ritual, a real ritual. But it was done to save the kids.

Rituals from need to save people, kids

D: So, did you worry that maybe you hadn't cleaned things well enough and you had to go on and keep, you now, going over?

S: Well, your mind is such a muddle. Partly that and partly do it to save the world, save my kids, keep, protect people. And you know, even to this day, which is really hard to say, but our son is in Ottawa, and if they're flying home, that's a very bad day until their plane lands. I find that I'm thinking, I better straighten that, and in the back of my mind is always that they are on this plane. Unless they get home, but normally, in circumstances where they're travelling and my husband will say you know, you can't protect them no matter what. So I'll still have bad days, but if I'm gonna, if they're travelling...



## Appendix H

Comparison of Interrater and Researcher Coding  
for a Non-random Sample of Transcript

Included here is a sample of transcript for Subject 02 (Shelly), and the themes extracted by the THIRD RATER. As this rating was completed with Shelly as the subject, for comparison purposes, see Appendix C for the researcher's rating of the same section of transcript.

Also note that this transcript is not presented in verbatim format as the verbatim transcript is presented in Appendix B. Rather, only those words of the subject that lead the rater to a particular connection or theme are noted.

S=Subject  
D=Researcher

Guilt exacerbated/started her OCD symptoms

S: I know I was driven by guilt to start with, that's kind of what started it to begin with.

Guilt content: "I should have been a better mother", "It's my fault my son got sick," blames herself for an external even over which she has little control.

Guilt basis: "If I had done X, this wouldn't have happened." (believes if she had fulfilled certain conditions, an event wouldn't have occurred).

S: I guess mother's do it to themselves, I got to thinking it was my fault. If I'd had breast-fed him he would have a better immune system. If I'd not taken him to the mall he wouldn't have been exposed to people. If I had cleaned the house better he wouldn't have gotten sick.

Felt compelled by "authority" to keep his environment clean and therefore safe - Guilt over not having done this "well enough" earlier, prompts her to initiate rituals (too much my interpretation?)

S: ...They told me that his room would have to be cleaned and washed down. So that kind of started my washing

rituals...I would wash dishes and then wouldn't be clean enough and then I would have to rewash them and then I'd have to pour boiling water over each piece thinking that would sterilize them somehow. And so it was that guilt that kind of started the rituals to begin with.

### Guilt content

S: Because I wasn't a good mother, yeah.

### Guilt becomes pervasive

S: ...Once you start, guilt just pops up in everything you do.

### Guilt is a product of the symptoms: the guilt centres around how her actions are harming her family, prevents a normal life

S: Well, it would take me like an hour and a half to do dishes and then I'd feel guilty because my husband had worked all day and then he had to watch the kids because I was spending an hour and a half doing dishes! Um, y'know, if I didn't have to do all these things we could go places. I was stopping the kids from having a normal life. We couldn't go to the sandbox because who knew what was in it. We couldn't go to the playground, I couldn't go and sit in a movie theatre, or to the fair or to any of those...So you start feeling guilty because you're preventing your family from having a normal life.

### Guilt a product: wasting money

S: I would be throwing out tons of food. The money that I threw out, literally threw out.

### Guilt a motivator: don't give away food to prevent possible guilt

S: And I couldn't give it to the food bank because then what if somebody got sick there from food I'd donated.

### Guilt a product: wasting food when people are in need

S: So, it was guilt knowing there's people out there with no food and I'm just throwing it out.

Guilt pervasive in OCD

S: Everywhere I turned there was more guilt.

Guilt a product: of self-awareness or self-knowledge; she knew it "wasn't right" but couldn't stop.

Guilt increases because she blames herself for not stopping

S: And like I said, I don't see how anyone with OCD can say there wasn't guilt. Not just me, but anyone. Because you know what you're doing isn't right, you know something's wrong there. But you can't stop which is a guilt in itself because you kind of beat yourself up with it, saying well if you know it, why can't you stop it, kind of thing? And you keep going and going and going, and it keeps getting worse and worse and worse.

She catastrophizes over simple events. This leads to worry and guilt: "did I hit somebody?"

S: I'd hear a bump and then it would be did I hit somebody?...I'd have to listen to the radio to see if anybody had been hit.

Feels guilty for the harm her symptoms do to her husband and kids

S: I would put the whole family in turmoil because I was like a ranting lunatic by the time I got home because it was what if, what if, what if....You're guilty because you don't want your kids exposed to that, you feel guilty because you don't want to put your husband through that.

Guilt: hurting so many people: her sons, her mom, her sister, "every person I knew"

S: And you know they'd come to give me a hug I'd have to say 'did you wash your hands,' y'know. I couldn't have them touch me.

S: And you feel guilty. I mean, I know I hurt so many people.

S: You'd kind of hurt people's feelings.

S: And she'd be really hurt and then I'd feel guilty all over again, but I couldn't stop...I did it to every person I knew.

S: I made everybody feel bad.

Feels guilty for hurting others with her symptoms; doesn't mean to do it

S: And there are still things I do that I don't even know I've done and it still drives people nuts and I feel guilty because I don't mean to make them feel bad?

## Appendix I

Description of a Study of Guilt &  
Obsessive-Compulsive Disorder

conducted by Dallas Savoie  
under the supervision of Dr. John Conway

Thank you for your interest in my dissertation research on the experience of guilt in Obsessive-Compulsive Disorder. I value the contribution that you can make to my study and am excited about the possibility of your participation in it. The purpose of this letter is to briefly explain some of the details of my study and to hopefully answer any questions you may have.

The research model that I am using is a qualitative one through which I am seeking comprehensive depictions or descriptions of your experience. In this way I hope to illuminate the question of how guilt is experienced and/or connected for some people with the symptoms of OCD. I am interested in your own experience in your own words, not what you think just "someone's" experience or words are.

Through your participation, I hope to understand the these phenomena as they communicate themselves in your experience. You will be asked to talk about how you experience your OCD symptoms, and whether or not you believe feelings of guilt are related to them. I am seeking vivid, accurate, and comprehensive portrayals of what the disorder and feelings of guilt are like for you; you may want to relay specific thoughts, other feelings, situations, events, places, or people that will help me understand your experience of guilt and OCD. There are no questionnaires, etc. to fill out, and all responses are kept completely CONFIDENTIAL.

I value your interest in this study and would be pleased to have you participate. If you would like to participate or if you have other questions that you would like me to answer, I can be reached at 955-XXXX.

Thank you,

Dallas Savoie M.A.