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Print ISSN: [3006-2497](#) Online ISSN: [3006-2500](#)Platform & Workflow by: [Open Journal Systems](#)**Relationship between Social Anxiety, Shaming Guilt and Psychological Distress in OCD****Maham Kanwal**

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[kzaffar023@gmail.com](mailto:kzaffar023@gmail.com)**Abstract**

To find the association of social anxiety, psychological distress, and shaming guilt in obsessive compulsive disorder patients. A cross sectional study was conducted at Mental Health Institutes, General and Sir Ganga Ram Hospital, Lahore from April 2023 to June 2023. Data collected of 100 patients that were diagnosed at least three-month, 19 years above age. Closed ended questioners' tool was used for data collection. Data was analyzed by using SPSS version 26 and the result was obtained. Findings suggest a significant positive relationship between Social Anxiety, Psychological Distress, and Shaming Guilt in OCD patients. Psychological Distress mediated the Relationship between Social Anxiety and Shaming Guilt. Various patterns of correlations that surfaced throughout this investigation are thought to have significant practical relevance. It was concluded that the moderating role of psychological distress between social anxiety and shaming guilt led to obsessive compulsive disorder. Psychological distress, social anxiety and shaming guilt showed positively significant association among OCD patients.

**Keywords:** Social Anxiety, Shaming Guilt and Psychological Distress in OCD.

**Introduction**

Obsessive-Compulsive Disorder (OCD) is a neuropsychiatric condition marked by compulsive behaviors and intrusive, recurrent, and unwelcome thoughts (obsessive thoughts). OCD is associated with a considerable reduction in quality of life and pediatric OCD worsens social, academic and familial functioning. (American Psychiatric Association, 2013). The World Health Organization, has listed OCD as one of the top 10 medical illnesses that are the most incapacitating. 3% of the overall population in Pakistan has lifetime OCD prevalence statistics. (WHO,2013).

Some have OCD symptoms while interacting with others. Obsessions regarding interactions with others or performance in society are common among those with social OCD. When this occurs, people could have uncontrollable thoughts and unpleasant visuals of others criticizing them, disliking them before they ever know them, or embarrassing them. A widespread mental health problem known as social anxiety, commonly referred to as social phobia, is characterized by a persistent fear of avoidance and social interactions. People with social anxiety disorder, only a

small percentage of OCD patients get treatment, and it sometimes take Obsessions with social themes may be more common in those with OCD and social anxiety. This might result in symptoms typical of "responsibility OCD," often referred to as "social scrupulosity OCD." Someone with responsibility OCD experiences a severe anxiety of hurting another person's feelings. For instance, they can be too concerned that what they say to their friends would bring up a painful event they recently experienced. They have disturbing visions and ideas of uttering the things they fear. When those people are in front of their pals, this can cause them to frequently shrug their shoulders. (Tibi et al., 2021) OCD may result from a combination of genetic and environmental risk factors, including exposure to traumatic and stressful life experiences. Additionally, factors linked to the onset and severity of OCD include changes in routines throughout life and increases in general stress (such as job loss and family illness). Elevated levels of worry and anguish brought on by intrusive thoughts (obsessions) are what define OCD. Twin studies have demonstrated that the interplay of genetic and non-shared environmental variables contributes to the aetiology of this disorder (Taylor, 2011). Although stressful and traumatic life experiences are among the environmental risk factors, it is challenging to determine their causative significance (Brander et al., 2016). Deficits in emotional control are also associated with OCD. Researches have revealed that OCD sufferers usually repress their feelings rather than employ more helpful reappraisal techniques. Continuous suppression has unintended consequences that increase anxiety and intrusive thoughts. (Paul, 2016)

According to a cross-national research, people with OCD had a higher chance of developing serious depression than people in the general population (Weisman et al., 1994). Furthermore, co-occurring depression is linked to worsened quality of life (Masellis et al., 2003), as well as increased intensity and chronicity of OCD symptoms. (Perugi et al., 1997; Stavrakaki and Vargo, 1986; Hong et al., 2004). OCD can contribute to the emergence and maintenance of depressive symptoms, however it is not an exact cause of depression but it play a great role in psychological distress and significantly decrease quality of life of an individual. A patient with OCD symptoms has a lot of time-consuming, intrusive thoughts, they could miss out on opportunities to engage in social or bodily activities that promote mental health. (Dykshoorn, 2014)

More recently, studies have been conducted to better understand how moral feelings like guilt and shame relate to the symptoms of OCD. People who have OCD unacceptable thoughts may feel ashamed of the upsetting and egotistical nature of their obsessions, which can lead to worries about their moral character. Further, shame has been correlated with decreased quality of life (Singh et al., 2016) and difficulties with emotion regulation (Berman et al., 2020; Yap et al., 2017) in OCD samples. Additionally, this can result in unhealthy coping mechanisms such social disengagement (Weingarden & Renshaw, 2015), postponing therapy (Glazier et al., 2015), and being reluctant to discuss the specifics of one's problems (Cathey & Wetterneck, 2013; Wheaton et al., 2016). Only fewer researches have reported correlation between shame and guilt in OCD patients. Therefore, current study was planned to investigate the relationship between social anxiety, psychological distress and shaming guilt in OCD patients. There will be a significant positive correlation between social anxiety, shaming Guilt and Psychological distress

### **Methods and Subjects**

The cross-sectional study was conducted from April 2023 to June 2023, at Mental Health Institutes, Lahore, Pakistan. After approval from the ethics review committee of the Department of Humanities, COMSATS University Islamabad, Lahore campus, the sample size was calculated by using G Power calculator. The sample was raised using purposive sampling technique and data was collected from various hospitals of Lahore by the collaboration of General Hospital, Sir Ganga Ram and Jinnah Hospital. Those included were participants of gender aged 20-40 years and

diagnosed from at least 3 months that were under some treatment. Participants that were diagnosed with OCD but are not under any treatment were excluded from this study. Informed consent was taken from each participant, and those who did not willing to participate were excluded. Data was collected after taking informed consent from all the participants by using these tools, Social Interaction Anxiety Scale (SIAS) has 20 items with 5 points Likert scale ranging from 'Not at all' to 'Extremely' to measure social anxiety in OCD patients. Depression Anxiety Stress Scale (DASS21) Included 21 items with 4 points Likert scale with 3 subscales, overall Cronbach's alpha of DASS21 was 0.959. Guilt and Shame proneness scale (GASP) consists of 16 items divided into four subscales with a 7-point rating scale ranging from 'very unlikely' to 'very likely'. Alpha reliability for each subscale is >0.75 which is good evidence. Pearson's coefficient of correlation and mediating regression analysis were conducted by using SPSS version 26.

## Results

To analyse the data, the researchers used descriptive and inferential statistics to get the study's objectives. Further, the association between Social Anxiety, Psychological Distress and Shaming Guilt was evaluated using Pearson's correlation analysis. Mediation models were tested to determine if Psychological Distress mediates the association between Social Anxiety and Shaming Guilt. IBM-SPSS Statistics-26 was used to perform statistical analysis.

**Table 1 Psychometric Properties for Scales and Correlations for Study Variables**

Scale	M	SD	Range	Cronbach's $\alpha$	2	3
Social Anxiety	46.81	13.38	20-79	.79	-.21*	.22*
Psychological Distress	39.34	8.84	21-64	.72	-	.35***
Shaming Guilt	74.12	16.56	43-11	.75	-	-

The above Table indicates the psychometric properties of the scales and correlations of the variables used in the current study. The Cronbach's value for social Anxiety, Psychological Distress and Shaming Guilt scales were above .79, .72, .71 respectively, which shows acceptable internal consistency. Above values are significant positive correlation between Social anxiety and Psychological Distress ( $r=.21$ ,  $p<.05$ ), Psychological Distress and Shaming Guilt ( $r=.22$ ,  $p<.05$ ), Social Anxiety and Shaming Guilt ( $r=.35$ ,  $p<.001$ ).

**Table 2 Regression Analysis for Mediation Role of Psychological Distress in Relationship between Social Anxiety and Shaming Guilt**

Variable	B	SE	B	R2	$\Delta R2$
Step 1				.37	.14**
Constant	22.24***	4.35			
Social Anxiety	0.97	.06	.14		
Shaming Guilt					

Step 2                      .41    .12\*\*                      Constant    22.20\*\*\*                      2.70    Pathological    Narcissism  
                                  0.69\*\*\*                      0.14    .38\*\*\*  
                                  Social Isolation                      0.13    .42\*\*\*

\* $p<.05$ . \*\* $p<.01$ . \*\*\* $p<.001$  Note. CI=confidence interval.

In Step 1, the value of  $R^2$  .31 shows that Social anxiety account for 37% variance in Shaming Guilt with  $F(2, 98) = 8.13$ ,  $p<.01$ . The results indicate that Pathological Narcissism positively predicts

Suicidal Ideation ( $\beta = .22.24$ ,  $p < .001$ ). In the second step, the  $R^2 .41$  indicates that the Psychological Distress and Shaming Guilt account for 41% variance in the Suicidal Ideation with  $F(2, 98) = 36.48$ ,  $p < .001$ . The value of  $\Delta R^2 .14$  revealed a 10% change in model 1 variance and model 2 with  $\Delta F(4, 300) = 17.73$ ,  $p < .001$ . The Social Anxiety regression weights were then decreased from Model 1 to Model 2 (.51 to .38) but remained significant, confirming the full mediation role of Psychological Distress.

### Discussion

This study investigated the relationship between social anxiety and shaming Guilt among OCD while using psychological distress as a mediator. Findings highlight the positive relationship between social anxiety and shaming guilt which is supported by past studies. Research presented that individuals with higher levels of social anxiety tend to experience increased feelings of intense guilt and self-blame in response to perceived social failures or shortcomings (Swee et al., 2021). This association explains how social anxiety can contribute to the tendency of individuals to internalize negative experiences, leading to heightened feelings of shaming guilt (Hofmann et al., 2010).

Pervious research highlights that shaming guilt showed positive correlation with psychological distress, that individuals who experience higher levels of shaming guilt are more likely to also experience elevated psychological distress (Tilghman-Osborne et al. 2008). This suggests that the tendency to excessively blame oneself and feel intense guilt in response to perceived failures or shortcomings can contribute to overall psychological distress. Understanding and addressing the impact of shaming guilt on psychological well-being is crucial for developing effective interventions to alleviate distress and promote mental health.

The relationship between social anxiety and psychological distress is positive, meaning that individuals experiencing social anxiety tend to also experience higher levels of psychological distress. Social anxiety, characterized by a fear of social interactions and a concern of being negatively evaluated, often leads to feelings of anxiety, depression, low self-esteem, and a range of other psychological symptoms (Hur et al. 2019). The distressing nature of social anxiety, which can manifest as excessive worry, avoidance behaviors, and impaired social functioning, contributes to the overall psychological distress experienced by individuals. Therefore, the presence of social anxiety is associated with increased psychological distress, highlighting the interconnected nature of these two factors.

Second hypothesis states that psychological distress play a mediating role between social anxiety and shaming guilt. Psychological distress mediates the relationship between social anxiety and shaming guilt, as social anxiety can lead to avoidance and self-monitoring behaviors that contribute to feelings of shame and guilt, which in turn intensify psychological distress. (Jarrar, Awobamise, and Nweke 2022). This interplay underscores the significance of addressing both social anxiety and psychological distress in order to alleviate shaming guilt and promote overall well-being.

### Implications

Exploring the relationship between social anxiety, psychological distress, and shaming guilt in OCD patients has significant implications for clinical psychology. It enhances our understanding of OCD subtypes, enabling more accurate assessment and diagnosis. Moreover, it guides the development of targeted treatment interventions, incorporating techniques to address social anxiety and reduce distress and guilt. By emphasizing the importance of addressing comorbidities, such as social anxiety disorder or depression, alongside OCD symptoms, clinicians can provide more comprehensive care. This research underscores the need for individualized

treatment planning, facilitates psych education efforts, and supports early intervention and prevention strategies, ultimately improving outcomes and reducing stigma for OCD patients.

### Limitations

While exploring the relationship between social anxiety, psychological distress, and shaming guilt in OCD patients using self-report measures can provide valuable insights, several limitations should be acknowledged. Reliance solely on self-report measures may introduce response biases and inaccuracies, potentially affecting the validity of the findings. The study's generalizability may be limited due to sample size and potential self-selection bias. The crosssectional design hampers establishing causal relationships, and the absence of objective measures and control over confounding variables reduces the comprehensive understanding of the constructs. Social desirability bias may also impact participant responses. Considering these limitations is crucial when interpreting the study's results, emphasizing the need for further research to overcome these constraints and enhance understanding in this area.

### Conclusion

It was concluded that the moderating role of psychological distress between social anxiety and shaming guilt led to obsessive compulsive disorder. Psychological distress, social anxiety and shaming guilt showed positively significant association among OCD patients.

### References

- Jarrar, Yosra, Ayodeji O. Awobamise, and Gabriel E. Nweke. 2022. "The Mediating Effect of Social Anxiety on the Relationship between Social Media Use and Body Dissatisfaction among University Students." *Frontiers in Communication* 7 (April). <https://doi.org/10.3389/fcomm.2022.900257>.
- Swee, M. B., Hudson, C. C., & Heimberg, R. G. (2021). Examining the relationship between shame and social anxiety disorder: A systematic review. *Clinical Psychology Review*, 90, 102088. <https://doi.org/10.1016/j.cpr.2021.102088>
- Hofmann, S. G., Anu Asnaani, M. A., & Hinton, D. E. (2010). Cultural aspects in social anxiety and social anxiety disorder. *Depression and Anxiety*, 27(12), 1117–1127. <https://doi.org/10.1002/da.20759>
- Tilghman-Osborne, Carlos, David A. Cole, Julia W. Felton, and Jeffrey A. Ciesla. 2008. "Relation of Guilt, Shame, Behavioral and Characterological Self-Blame to Depressive Symptoms in Adolescents over Time." *Journal of Social and Clinical Psychology* 27 (8): 809–42. <https://doi.org/10.1521/jscp.2008.27.8.809>.
- Hur, Juyoen, Kathryn A. DeYoung, Samiha Islam, Allegra S. Anderson, Matthew G. Barstead, and Alexander J. Shackman. 2019. "Social Context and the Real-World Consequences of Social Anxiety." *Psychological Medicine* 50 (12): 1989–2000. <https://doi.org/10.1017/s0033291719002022>
- "APA Dictionary of Psychology." n.d. [Dictionary.apa.org](https://dictionary.apa.org). <https://dictionary.apa.org/shame>.
- Priory Group. n.d. Priory Group. Accessed November 26, 2020. <https://www.priorygroup.com>.
- Leeuwen, W. van, A. van der Straten, S. A. Bögemann, D. Denys, H. van Marle, and G. van Wingen. 2023. "Psychological Distress Modulates Dorsal Anterior Cingulate Cortex Responses to Salient Stimuli in Obsessive-Compulsive Disorder." *Journal of Affective Disorders* 325 (March): 185–93. <https://doi.org/10.1016/j.jad.2022.12.145>.
- "What Are the Symptoms of Social Anxiety?" 2021. Psych Central. February 16, 2021. <https://psychcentral.com/anxiety/social-anxiety-disorder-symptoms#symptoms>.
- American Psychological Association. n.d. "APA Dictionary of Psychology." [Dictionary.apa.org](https://dictionary.apa.org). <https://dictionary.apa.org/psychological-distress>.

- LAbate, Luciano. 2012. *Mental Illnesses: Understanding, Prediction and Control*. Google Books. BoD – Books on Demand.  
[https://books.google.com.pk/books?hl=en&lr=&id=MyyaDwAAQBAJ&oi=fnd&pg=PA105&dq=psychological+distress&ots=g-WenHyNAZ&sig=WtgHhMwky4KHD2qVsoOrczcQORo&redir\\_esc=y#v=onepage&q=psychological%20distress&f=false](https://books.google.com.pk/books?hl=en&lr=&id=MyyaDwAAQBAJ&oi=fnd&pg=PA105&dq=psychological+distress&ots=g-WenHyNAZ&sig=WtgHhMwky4KHD2qVsoOrczcQORo&redir_esc=y#v=onepage&q=psychological%20distress&f=false).
- Pontillo; et al 2020. "Clinical Significance of Family Accommodation and Parental Psychological Distress in a Sample of Children and Adolescents with ObsessiveCompulsive Disorder Aged 8-17 Years Old." *Italian Journal of Pediatrics* 46 (1).  
<https://doi.org/10.1186/s13052-020-00932-2>.
- Horwath, Ewald, and Myrna M. Weissman. 2000. "THE EPIDEMIOLOGY and CROSSNATIONAL PRESENTATION of OBSESSIVE-COMPULSIVE DISORDER." *Psychiatric Clinics of North America* 23 (3): 493–507.  
[https://doi.org/10.1016/s0193953x\(05\)70176-3](https://doi.org/10.1016/s0193953x(05)70176-3).
- Masellis, Mario, Neil A. Rector, and Margaret A. Richter. "Quality of life in OCD: differential impact of obsessions, compulsions, and depression comorbidity." *The Canadian Journal of Psychiatry* 48, no. 2 (2003): 72-77.
- Dykshoorn, Kristy L. 2014. "Trauma-Related Obsessive–Compulsive Disorder: A Review." *Health Psychology and Behavioral Medicine* 2 (1): 517–28.  
<https://doi.org/10.1080/21642850.2014.905207>.
- Singh, Sonia, Chad T. Wetterneck, Monnica T. Williams, and Lindsey E. Knott. "The role of shame and symptom severity on quality of life in obsessive-compulsive and related disorders." *Journal of Obsessive-Compulsive and Related Disorders* 11 (2016): 49-55.
- Weingarden, Hilary, and Keith D. Renshaw. "Shame in the obsessive compulsive related disorders: A conceptual review." *Journal of affective disorders* 171 (2015): 74-84.
- Glazier, K., C. Wetterneck, S. Singh, and M. Williams. "Stigma and shame as barriers to treatment for obsessive-compulsive and related disorders." *Journal of Depression and Anxiety* 4, no. 3 (2015): 191
- The Difference between Guilt and Shame Psychology  
Today.n.d.Www.psychologytoday.com.AccessedJune9,2023.<https://www.psychologytoday.com/intl/blog/shame/201305/the-difference-between-guiltand-shame>
- Fromson, Paul M. 2006. "Evoking Shame and Guilt: A Comparison of Two Theories." *Psychological Reports* 98 (1): 99–105. <https://doi.org/10.2466/pr0.98.1.99-105>.
- Lovibond, S.H. & Lovibond, P.F. (1995). *Manual for the Depression Anxiety & Stress Scales*. (2 Ed.)Sydney: Psychology Foundation.