ADVANCE SOCIAL SCIENCE ARCHIVE JOURNAL
Available Online: https://assajournal.com
Vol. 04 No. 01. July-September 2025.Page#.3132-3142
Print ISSN: 3006-2497 Online ISSN: 3006-2500
Platform & Workflow by: Open Journal Systems
https://doi.org/10.5281/zenodo.16976776

Guilt, Emotion Regulation, and Quality of Life among Individuals with Obsessive Compulsive Disorder

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Abstract
This study examined the relationships between guilt, emotional regulation and quality of life among individuals with obsessive-compulsive disorder. A correlational research design was used in the research, with a total sample size of N=100 OCD-diagnosed patients (n=79) women's and (n=21) males. Purposive sampling was used to gather data from different hospitals and clinics. Standardized self-report instruments including the State Shame and Guilt Scale, Emotion Regulation Questionnaire, and the Quality-of-Life Scale were used. Pearson correlational coefficient, simple linear regression and t- test were used to test the hypothesis. The results showed that guilt was significantly and negatively correlated with quality of life. A significant negative correlation was also found between guilt and emotion regulation. Furthermore, simple linear regression analysis showed that guilt predicted 5.2% of the variance in emotion regulation. While it accounted 7% of the variance in quality of life. However independent-sample t-test showed that married OCD patients had a medium effect size and substantially higher guilt than unmarried patients. These findings suggest that guilt had a negative impact of emotion regulation and quality of life. The results imply that treatments aimed at enhancing emotion regulation and lowering maladaptive guilt may improve OCD patients' general quality of life. As part of OCD treatment strategies, mental health providers should pay specific attention to guilt-related cognitive processes, particularly in married people.

Keywords: *guilt, shame, emotion regulation, quality of life, obsessive-compulsive disorder*

INTRODUCTION

Obsessive-compulsive disorder is a chronic mental illness characterized by intrusive thoughts (called obsessions) and repetitive behaviors (called compulsions) that significantly impact daily functioning. Psychological factors such as guilt, emotion regulation, and quality of life are closely associated with obsessive-compulsive disorder. People with obsessive-compulsive disorder frequently feel too guilty, especially when their obsessions are about morals or responsibilities. Simultaneously, challenges with emotion regulation tended to intensify obsessive thoughts and compulsive behaviors. These emotional issues affected social, occupational, and emotional well-being, resulting in a significant decline in the quality of life. Therefore, understanding the relationship between guilt, emotional regulation, and quality of life in individuals with obsessive-compulsive disorder may provide a deeper understanding of their psychological profile.

Guilt is a feeling that comes from doing something wrong (I did something wrong). Shame, on the other hand, attacks a person's sense of self ("I am bad") (Khan & Sheharyar, 2025). Guilt may be classified as objective guilt, which entails breaching external norms and experiencing consequences. Subjective guilt, on the other hand, results from a violation of one's moral code of behavior combined with a negative reflection of self-concern for others (Ganguly & Tarafder, 2024).

Along with guilt, emotion regulation is essential for understanding psychological adjustment in obsessive-compulsive disorder. Emotion regulation is a complicated, cyclical process that involves recognizing one's feelings, choosing and putting into practice techniques to control them, and keeping an eye on the results of this process (Cai & Samson, 2025). Emotional regulation (ER) is the inner and outer processes and methods that people employ to monitor, analyze, and change their emotional reactions (Zaid et al., 2025).

In the same way that emotion regulation and guilt have an impact on psychological functioning, the quality of life provides a more thorough viewpoint for evaluating their combined impacts. Quality of life (QOL) is defined by the World Health Organization (WHO) as a person's perception of their living circumstances in relation to their surroundings, culture, and value system, as well as how these elements relate to their own objectives, desires, and worries. A person's physical and mental well-being, degree of freedom, social interactions, surroundings, and spirituality are all components of their quality of life, which is a broad and intricate concept (Caldiroli et al., 2025). According to Beltramo et al. (2024), people's satisfaction with their lives and their well-being may be roughly characterized as quality of life.

Recent empirical research has shed insight on how emotional factors, notably guilt and emotion regulation, impact obsessive-compulsive disorder symptom severity and quality of life. In a study of 231 participants from a non-clinical MTurk sample, Manor and Yap (2024) discovered that dread of guilt and an inability to accept feelings were even more important predictors of obsessive-compulsive symptoms than trait guilt. Their findings demonstrated that the connection between trait guilt and obsessive-compulsive disorder symptoms was modulated by emotional non-acceptance, with those who struggled to embrace their feelings reporting greater levels of obsessive-compulsive disorder symptoms. These results highlight the significance of emotional processing in comprehending the impact of guilt on obsessive-compulsive disorder.

In this study, 72 obsessive-compulsive disorder (OCD) sufferers and 54 controls participated in a six-day ecological momentary assessment (EMA). Affect, emotion regulation (ER) techniques, perceived efficacy, and emotional acceptance were all reported by participants several times a day. Even after adjusting for depression, the OCD group's reported efficacy was lower, and they employed more avoidance-oriented ER techniques and greater levels of negative affect. Across all groups, higher levels of instantaneous negative affect were associated with more avoidance-oriented tactics and lower levels of emotional acceptance and perceived efficacy. The findings imply that spontaneous ER difficulties are essential to the emotional terrain of OCD, even if these effects were not more pronounced in the OCD group (Bischof et al., 2024).

A clinical study of 31 OCD patients found that individuals with OCD had more maladaptive guilt and shame, such as self-criticism, perfectionism, and interpersonal guilt. These emotional burdens were associated with a poor self-image and chronic shame, both of which have been shown to reduce quality of life and general well-being (Mavrogiorgou et al., 2024).

Obsessive-Compulsive Disorder (OCD) affects around 1.2% of the population and causes considerable damage to quality of life. Guilt, a fundamental moral feeling, has been related to the emergence and duration of OCD symptoms. Excessive guilt not only exacerbates obsessive and compulsive behaviors but also causes mental misery, reducing an individual's overall quality of life. Despite its relevance, the function of guilt in OCD is understudied, emphasizing the need for specific study and therapies (Abu-Hendy et al., 2025).

Obsessive-Compulsive Disorder (OCD) patients frequently demonstrate a strong need to dominate their relationships and family, which is most likely a result of unfulfilled childhood safety needs. This analysis of 124 papers discovered that OCD is usually connected with interpersonal issues, such as marital unhappiness, low satisfaction, and decreased closeness. These people may use dominating communication techniques and exhibit insecure attachment patterns, such as preoccupied or avoidant types. Including partners in treatment and using family-based exposure and response prevention (ERP) may help alleviate symptoms (Kasalova et al., 2020).

Two theoretical frameworks provide useful insight into the psychological mechanisms relating to guilt, emotional regulation, and quality of life in OCD. According to appraisal theories, guilt is a self-conscious feeling that stems from a negative self-evaluation of one's behavior regarding moral or societal norms. Individuals with OCD frequently experience deontological guilt, a severe sense of moral transgression, even when nothing unlawful has occurred, which promotes obsessions and compulsions (Petrocchi et al., 2021). Gross's Process Model of Emotion Regulation defines emotion regulation as the process by which people control the emotions they feel, when they feel them, and how they express them. The model outlines four crucial stages for intervention in the emotional process: context selection, attentional deployment, cognitive assessment, and reaction modulation. These stages are especially important in the setting of obsessive-compulsive disorder (OCD), where people frequently use maladaptive regulation methods such as emotional suppression and avoidance. Such tactics may exacerbate emotional suffering, promote obsessive behavior, and lead to increased feelings of guilt. In this approach, trouble regulating emotions not only worsens OCD symptoms but also degrades psychological functioning and general quality of life (Eichholz et al., 2020).

Rationale of the Study

Although obsessive-compulsive disorder has been widely studied, limited research has explored the connection between guilt, emotional regulation, and quality of life. Most studies emphasize symptom severity, overlooking how different forms of guilt, such as anticipatory or maladaptive guilt, impact emotional processes and overall well-being. Additionally, much of the existing literature was based on Western contexts, often ignoring cultural differences in the experience and expression of guilt. This study aimed to fill these gaps by examining how guilt influences emotional regulation and contributes to quality-of-life outcomes in individuals with obsessive-compulsive disorder, particularly within a culturally relevant framework.

Research Objectives

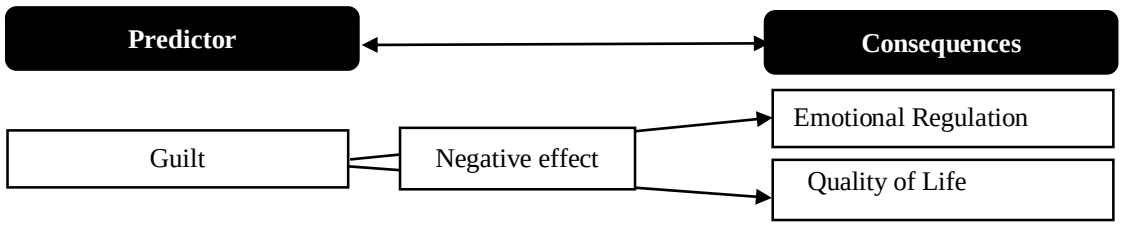
1. To examine the impact of guilt on emotion regulation among individuals with obsessive-compulsive disorder (OCD).
2. To identify the impact of guilt on quality of life among individuals with obsessive-compulsive disorder (OCD).
3. To find out the difference in guilt between married and unmarried obsessive-compulsive disorder (OCD).

Research Hypotheses

1. There is no significant impact of guilt on emotion regulation among individuals with obsessive-compulsive disorder (OCD).
2. There is no significant impact of guilt on quality of life among individuals with obsessive-compulsive disorder (OCD).
3. There is no significant difference in guilt between married and unmarried obsessive-compulsive disorder (OCD) individuals.

Conceptual Framework

Figure#1: *Conceptual Framework of the Study*



RESEARCH METHODOLOGY

The study used a correlational research design to investigate the relationships between guilt, emotion regulation, and quality of life among individuals with obsessive compulsive disorder. Moreover, the sample consisted of hundreds *(N=100*) individuals from different parts of Dera Ismail Khan, who were chosen by purposive sampling. For inclusion, the individuals were formally diagnosed with Obsessive-Compulsive Disorder (OCD) using DSM-5 criteria, and their symptoms were measured using the Yale-Brown Obsessive-Compulsive Scale. Participants in the research ranged in age from 18 to 50. On the other hand, for exclusion, Participants who had already been diagnosed with another medical or psychological disorder, such as schizophrenia, were excluded from the research. Individuals with harm-related OCD or those who had used substances during the previous month were also excluded.

Table#1: *Socio-Demographic Characteristics of OCD Patients*

Characteristics	Category	N	%
Gender	Male	21	21.0%
	Female	79	79.0%
Age	18-24	21	21.0%
	25-34	26	26.0%
	34-44	36	36.0%
	45-50	17	17.o%
Economic status	Lower	37	37.0%
	Middle	47	47.0%
	Upper	16	16.0%
Education	Undergraduate	12	12.0%
	Graduate	12	12.0%
	Postgraduate	9	9.0%
Marital status	Married	74	74.0%
	Unmarried	26	26.0%

Table 1 displays the socio-demographic characteristics of OCD patients (n = 100). The majority of the participants (79%) were female, with 21% male. Most of the participants were between the ages of 34- 44 (36%), followed by 25- 34 (26%), 18-24 (21%), and 45-50 (17%). In terms of economic standing, 47% of participants belonged to the middle class, 37% to the lower class, and 16% to the upper class. In terms of education, 12% were undergraduates, 12% were graduates, and 9% were postgraduate students. The married participants were 74%, while the unmarried were 26%.

RESEARCH INSTRUMENTS

State Shame and Guilt Scale

The state shame and guilt scale had ten items (Marschall et al., 1994). The State Shame and Guilt Scale had a Cronbach's α of .737, which is higher than 0.70. This scale was used to assess state shame and guilt on a 5-point Likert scale. High scores on the scale indicated a high level of shame and guilt. This 5-point scale varied from 1 (not feeling this way at all) to 5 (feeling this way strongly).

Emotion Regulation Questionnaire

Emotion regulation was 10 10-item rating scale (Gross and John, 2003). The Emotion Regulation Questionnaire showed good internal consistency with a Cronbach's α of $\alpha = .798$ (> .70). The response format was 7 Likert scale, which ranged from 1 = strongly Disagree, 2 = Disagree, 3 = Slightly Agree, 4 = Neutral, 5 = Slightly Agree, 6 = Agree, 7 = Strongly Agreed. Items 1, 3, 5, 6, 8,

and 9 assess cognitive reappraisal. Items 2, 4, 7, and 10 assess expressive suppression. A higher score indicates greater use of that emotion regulation strategy.

Quality of Life Scale

The initial Flanagan version of the Quality of Life Scale (QOLS) had 15 items (Flanagan, 1978). The Quality-of-Life Scale got a Cronbach's α of .723 (>.70). However, the QOLS currently has 16 items. A seven-point Likert scale was employed to assess life satisfaction. High scores on the scale indicated a good quality of life and functional status. The seven-point scale went from 1 (terrible), 2 (unhappy), 3 (mostly dissatisfied), 4 (mixed), 5 (mostly satisfied), 6 (pleased), and 7 (delighted). The scale's possible scores ranged from 16 to 112.

Data collection strategies

Standardized psychometric tools and a quantitative research approach were used in the investigation. Purposive sampling was used to gather data from clinically diagnosed OCD patients at mental health clinics and psychiatric hospitals. Depending on their applicability and psychometric qualities, instruments like the state guilt and shame scale, emotion regulation questionnaire, and quality of life scale were employed. To make participants feel at ease and secure, data collection was conducted in a discreet and secure setting. Participants were given thorough explanations of all processes, and assistance was offered if they experienced any emotional discomfort during or after the evaluation.

Procedure

The original authors granted permission for the questionnaires to be used in the study once they were selected from the internet. Additionally, formal approval was sought from Gomal University's Department of Psychology to ensure the researcher's institutional connection. A few Dera Ismail Khan Hospitals, outpatient departments, and private clinics were suggested for data collection. The nature, objectives, and purpose of the study were initially explained to the participants in order to build rapport. After being evaluated by the inclusion criteria, only qualified individuals were invited to participate. Some persons declined to participate, and their decision was respected. A consent form was signed by participants who agreed to participate, ensuring that their information would be kept confidential and used only for the study. Additionally, participants were informed of their right to withdraw at any moment before, during, or even after completing the questionnaire. The researcher answered participant inquiries and provided general instructions on the questionnaire format during the data collection process. Although there was no time limit, participants typically required 15 to 20 minutes to complete the scale. After the researcher immediately reviewed the responses to check for any that were missing or double-marked, participants were asked to explain any missing responses. With their busy schedules and no real benefits, the participants' willingness to engage in the study despite their limitations was warmly appreciated by the researcher.

Data analysis

SPSS (The Statistical Package for the Social Sciences) was used to analyze the information gathered from the emotional regulation questionnaire, the state shame and guilt scale, and the quality of life scale. The demographic traits and total scores on each scale were described using descriptive statistics like mean, standard deviation, and frequency. The associations between guilt, emotion regulation techniques, and quality of life were investigated using Pearson

correlation analysis. The predictive function of guilt on emotion regulation and quality of life were evaluated using simple regression analysis.

Ethical consideration

The ethical guidelines for research involving human subjects were followed when conducting this study. All participants provided their informed consent before data collection, guaranteeing that they were completely aware of the procedure, goal, and their ability to withdraw at any moment without facing any repercussions. All personal information was safely saved, and participants' confidentiality and anonymity were rigorously protected. Participants were made aware that participation was completely voluntary and that there would be no physical or psychological harm. Before starting the study, ethical permission from the appropriate institutional review board was obtained, particularly given the delicate nature of the subject matter about mental health and the emotional experiences of those who suffer from obsessive-compulsive disorder.

RESULTS

Table#2: *Pearson Correlation between Guilt, Emotional Regulation, and Quality of Life among OCD Patients (N=100)*

Variables	1	2	3
State Shame and Guilt Scale	1		
Emotion Regulation Questionnaire	–.228*		
Quality of Life	–.260**	.710***	1

P < .05, P < .01.

The correlation between guilt, emotion regulations, and quality of life among individuals with OCD were examined using Pearson's correlation. There was a negative correlation between guilt and emotion regulation (r = –.228, p <.05). Furthermore, higher levels of guilt are linked to a worse quality of life, according to the results, which showed a negative correlation between guilt and quality of life (r = –.260, p <.01) suggesting that those who feel more guilty often have worse emotion regulation.

Table#3: *Regression Coefficient of Guilt on Emotional Regulation among OCD Patients (N = 100)*

Variable	*B*	ß	*SE*
Constant	7.64***		0.98
Guilt	-0.57*	-0.23	0.24
R^2	0.052		

***P < .001, P <.05

Table 3 shows the impact of guilt on emotion regulation among OCD patients. The findings revealed that guilt and emotional regulation were significantly correlated negatively (B = -0.565, β = -0.228, t (98) = -2.31, p =.023). The total regression model was statistically significant, F (1, 98) = 5.36, p <.05. This suggests that worse emotional regulation skills are linked to greater levels of guilt, accounting for around 5.2% of the variation in emotional regulation, R2 =.052. These results imply that among patients with OCD, guilt is a strong negative predictor of emotion regulation.

Table#4: *Regression Coefficient of guilt on Quality of Life among OCD Patients (N = 100)*

Variable	*B*	ß	*SE*
Constant	7.16***		0.68
Guilt	-0.45**	-0.26	0.17
R^2	0.07		

P < .05, **P<.01, ***P<.001

Table 4 shows that guilt affects OCD patient's quality of life. The findings showed that guilt and quality of life were significantly correlated negatively (B = -0.45, β = -0.26, t (98) = -2.66, p =.009). The total regression model was statistically significant, F (1, 98) = 7.08, p <.01, and it shows that greater levels of guilt are linked to worse quality of life, accounting for around 7% of the variation in quality of life, R2 =.07. These results imply that among OCD patients, guilt is a negative predictor of quality of life.

Table#5: *Independent Samples t-test Comparing Guilt Scores by Marital Status among OCD Patients* (N = 100)

	Married		Unmarried				
Variable	*M*	*SD*	*M*	*SD*	*t*(*df*)	*P*	Cohn's *d*
Guilt	3.8985	.40894	3.6235	.50636	2.739 (55.71)	.008	0.60

Table 5 shows a significant mean difference in guilt between married and unmarried individuals, with t (55.71) = 2.739, p <.01. The results show that married people had substantially higher guilt scores (M = 3.89, SD = 0.41) than unmarried people (M = 3.62, SD = 0.51). Cohen's d = 0.60 suggests a medium effect size.

DISCUSSION

The present study aimed to examine the guilt, emotion regulation and quality of life among individuals diagnosed with obsessive-compulsive disorder (OCD). To test the research hypothesis, the first hypothesis stated that there is no significant impact of guilt on emotion regulation among individuals with Obsessive- compulsive disorder (OCD). The findings reject the null hypothesis, the result showed a significant negative correlation between guilt and emotion regulation among OCD individuals. This conclusion was also supported by earlier research. Manor and Yap (2024) discovered that dread of guilt and an inability to accept feelings were even more important predictors of obsessive-compulsive symptoms than trait guilt. Their findings demonstrated that the association between trait guilt and Obsessive- compulsive disorder symptoms was modulated by emotional non acceptance, with those who struggled to embrace their feelings reporting greater levels of Obsessive- compulsive disorder symptoms.

In relation to second hypothesis, which stated that there is no significant impact of guilt on quality of life among individuals with Obsessive- compulsive disorder (OCD), the results also rejected this null hypothesis, the study found a significant negative correlation between guilt and quality of life among OCD individuals. The result was also supported by earlier research, Obsessive-Compulsive Disorder (OCD) affects around 1.2% of the population and causes considerable damage in quality of life. Guilt, a fundamental moral feeling, has been related to the emergence and duration of OCD symptoms. Excessive guilt not only exacerbates obsessive and compulsive behaviors, but it also causes mental misery, reducing an individual's overall quality of life (Abu-Hendy et al., 2025).Moreover, regression analysis confirmed that guilt was a significant predictor

of both inferior quality of life and lower emotional regulation. These results was in line with other research showing that across all groups, higher levels of instantaneous negative affect were associated with more avoidance-oriented tactics and lower levels of emotional acceptance and perceived efficacy (Bischof et al., 2024). Individuals with OCD had more maladaptive guilt and shame, such as self-criticism, perfectionism, and interpersonal guilt. These emotional burdens were associated with a poor self-image and chronic shame, both of which have been shown to reduce quality of life and general well-being (Mavrogiorgou et al., 2024).

The third hypothesis examined how OCD patients' levels of guilt varied according to their marital status. The results of the independent samples t-test showed that married people had a medium effect size and substantially higher guilt scores than unmarried people. This implied that having a spouse was linked to feeling guilty, OCD is usually connected with interpersonal issues, such as marital unhappiness, low satisfaction, and decreased closeness (Kasalova et al., 2020).

Implications

The findings of this study have significant implications for mental health professionals and caretakers who interact with OCD patients. Interventions such as Cognitive Behavioral Therapy or Compassion-Focused Therapy should target maladaptive guilt, while emotion regulation training via DBT or mindfulness can enhance general well-being. Psychoeducation should also include skills for dealing with guilt-related thoughts and promoting good emotional control. Given that married people reported higher degrees of guilt, couples or family therapy may be beneficial in addressing relational stresses. Finally, systematic screening for guilt and emotion control disorders in therapeutic settings is advised to facilitate early and targeted intervention.

Limitations and suggestions

This study has certain limitations that may impact its validity and generalizability. Data were self-reported, which may have resulted in bias. The correlational approach precludes causal findings, and the small, region-specific OCD sample restricts generalizability. Potential mediators and comorbid illnesses, such as anxiety or depression, were not investigated, which might have impacted the findings. Future research should employ bigger, more varied samples and examine longitudinal approaches. Including clinical interviews, controlling for comorbid illnesses, and investigating mediators such as social support may provide further insight into the relationships between guilt, emotion regulation, and quality of life in OCD.

Conclusion

The present study aimed to examine the guilt, emotion regulation, and quality of life among individuals diagnosed with obsessive-compulsive disorder (OCD). Furthermore, the findings revealed that guilt had a negative correlation with emotion regulation. In addition, guilt was also found to be a negative correlate related to emotion regulation. These hypotheses were supported by the results as well as by previous literature. Linear regression analysis confirmed that guilt negatively predicts quality of life, accounting for a significant proportion of variation. Additionally, variations were discovered depending on marital status, with married persons reporting higher degrees of guilt than unmarried ones. These findings highlight the significance of addressing guilt and emotion control in treatment therapies aiming at enhancing the quality of life for people with OCD.

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