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The effect of trauma on the severity of obsessive-compulsive spectrum symptoms: A meta-analysis

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ABSTRACT

It is important to consider trauma-related sequelae in the etiology and maintenance of psychopathology, namely understudied disorders such as those belonging to the Obsessive-Compulsive Spectrum (OCS). This meta-analysis examined the association between past trauma exposure and current severity of OCS disorder symptoms. A systematic literature search was conducted with 24 ($N = 4557$) articles meeting inclusion criteria. A significant overall effect size was obtained ($r = 0.20$), indicating that exposure to past trauma is associated with a higher severity of OCS symptoms, with a stronger association for females ($\beta = 0.01$, $p < .001$) but not varying as a function of relationship status. Four types of interpersonal trauma (violence, emotional abuse, sexual abuse, and neglect) were associated with OCS symptom severity ($r = 0.19$ –0.24) and past trauma was significantly associated with more severe compulsions ($r = 0.17$), but not obsessions. Results suggest an important link between multiple types of past trauma exposure and OCS symptoms.

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1. Introduction

Experiencing a trauma can be a life-changing event with far-reaching consequences, including the development or exacerbation of psychiatric symptoms (Brewin, Andrews, & Valentine, 2000). Posttraumatic stress disorder (PTSD) is one of the most common sequelae of trauma exposure across populations (Breslau et al., 1998). However, PTSD may not adequately encompass all of the possible symptoms developing from trauma exposure (Heim, Newport, Mletzko, Miller, & Nemeroff, 2008; van der Kolk, Roth, Pelcovitz, Sunday, & Spinazzola, 2005). Indeed, current conceptualizations of PTSD (see Rosen & Lilienfeld, 2008) overlook the role of trauma exposure in the development of other forms of psychopathology such as substance abuse (Stewart, 1996), depression and anxiety (Heim & Nemeroff, 2001), and obsessive-compulsive spectrum (OCS) disorders symptoms (de Silva & Marks, 1999; Gershuny, Baer, Radomsky, Wilson, & Jenike, 2003). There is no question that the experience of PTSD symptoms post-trauma can lead to intense emotional pain and physical suffering (Stein, Walker, Hazen, & Forde, 1997). Yet, the potential effect of trauma exposure on other psychopathology, namely OCS symptoms, warrants particular attention.

PTSD and obsessive-compulsive disorder (OCD) symptoms have been shown to be extensively comorbid (Brown et al., 2001) and the two disorders share similar symptomology (e.g. intrusive thoughts, avoidance of stimuli, heightened physiological arousal, etc.; American Psychiatric Association [APA], 2013). However, trauma exposure has been found to predict obsessive-compulsive (OC) symptoms independently of a PTSD diagnosis (Boudreaux et al., 1998). Extending the review to all OCS disorders, there is evidence of an association between past trauma and OCS symptom severity yet there are also inconsistencies in this research (Borges et al., 2011; Fontenelle, Cocchi, Harrison, Miguel, & Torres, 2011; Voderholzer et al., 2013).

Important life events have been considered important to the etiology of OCD for decades (McKeon, Roa, & Mann, 1984). This review aimed to examine if trauma exposure could be conceptualized as a precursor to the development and/or exacerbation of OCS symptoms for particular individuals. Because OCS symptoms frequently are impairing (Eisen & Steketee, 1998) and affect significant portions of the population (Angst et al., 2004), it is imperative that we understand the nature of the impact that trauma exposure can have on the development and maintenance of OCS symptoms. The purpose of this meta-analysis was to quantify the relation between OCS symptoms and past trauma exposure, and to identify for whom, and under what conditions, past trauma is associated with OCS symptoms.

1.1. Trauma exposure & the obsessive-compulsive spectrum

1.1.1. Trauma exposure

Trauma exposure is a complex combination of intense sensory, physiological, emotional, and cognitive experiences (Pynoos, Steinberg, & Aronson, 1997). For nearly all individuals exposed to trauma, there is some change in physiological, emotional, and cognitive functioning immediately post-trauma, even if psychiatric symptoms do not emerge (Tull, Gratz, Salters, & Roemer, 2004; Basu, Levendosky, & Lonstein, 2013). Physical, emotional, and cognitive reactions during the peritraumatic period (i.e., during and immediately after a traumatic event), such as negative emotional reactions, panic symptoms, and dissociation, have been found to predict later psychopathology (Bernat, Ronfeldt, Calhoun, & Arias, 1998; Brunet et al., 2001).

In addition to peritraumatic experiences, an individual's assessment of their own thoughts, feelings, and behaviors after a traumatic event can aid in the development and exacerbation of psychopathology, especially depression and PTSD (Ehlers & Clark, 2000). In particular, negative cognitive appraisals, especially self-blame, have been shown to account for psychopathology symptoms after trauma exposure over and above the amount and severity of the trauma (Andrews, Brewin, Rose, & Kirk, 2000; Cromer & Smyth, 2010; Ellis, Nixon, & Williamson, 2009).

1.1.2. The obsessive-compulsive spectrum

In the most recent edition of the *Diagnostic and statistical manual of mental disorders (DSM-5;* APA, 2013), the disorders that are currently classified as OCS disorders include: Obsessive-Compulsive Disorder, Body Dysmorphic Disorder, Hoarding Disorder, Tri-