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Deontological guilt and obsessive compulsive disorder

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ABSTRACT

Background and objectives: The emotion of guilt plays a pivotal role in the genesis and maintenance of Obsessive-Compulsive Disorder (OCD). But what kind of guilt do OC patients want to prevent? Several studies suggest the existence of two different types of guilt emotions, namely deontological and altruistic guilt. This research suggests that the former, more than the latter, is involved in OCD. Studies in which people must hypothetically choose between killing one person to save a few (consequentialist choice) or take no action and allow things to take their course (omission choice), have found that the latter is consistent with the "Do not play God" moral principle whereas the former is consistent with altruistic motivations. This paper is aimed at verifying whether both OC patients, with no induction, and nonclinical participants, after the induction of deontological guilt prefer omission more often than a consequentialist option. It is hypothesized that people with OCD will be motivated to avoid feeling deontological guilt and thus will be more likely to opt for omission. Similarly, nonclinical participants who receive a deontological guilt induction will also be more likely to choose omission.
Method: In two studies participants were given seven scenarios (four moral dilemmas, three control scenarios). Twenty patients with OCD, 20 anxious controls, and 20 healthy participants took part in study 1. In study 2, we recruited 70 healthy participants who were randomly assigned to receive a deontological guilt or a control induction.
Results: Consistent with hypotheses, in Study 1 OC patients preferred omission, instead of the consequentialist option, moreso than did the clinical and nonclinical controls. In Study 2, the group receiving the deontological guilt induction preferred omission to a greater extent than did the altruistic group.
Limitations: The present study cannot establish that the goal of preventing or neutralizing deontological guilt actually drives obsessions and compulsions.
Conclusions: These results provide further evidence that people with OCD are more sensitive to deontological guilt, compared to other people. They thus contribute to improve the moral appraisal theory of OCD.

1. Introduction

The emotion of guilt seems to play a crucial role in the genesis and maintenance of Obsessive Compulsive Disorder (OCD). For example Shapiro and Stewart (2011) illustrate that: (1) in nonclinical samples, guilt leads to obsessive-compulsive (OC)-like symptoms, including increased threat perception (see Gangemi, Mancini, & van den Hout, 2007), not-just-right-experiences (NJRE) (e.g. Mancini, Gangemi, Perdighe, & Marini, 2008), over responsibility, and intrusive thoughts/impulses (Niler & Beck, 1989); and, (2) in nonclinical neuro-imaging samples, the state of guilt is associated with brain activation in regions proximal to OCD-affected regions (Shin et al., 2000; Takahashi et al., 2004). Moreover, it seems that a reduction of responsibility (and thus of the risk of being guilty), is associated with a reduction in checking compulsions (Lopatcka & Rachman, 1995; Shafran, 1997). Meanwhile, elevations in responsibility and fear of guilt yield a greater increase in checking behaviour across OCD subtypes than is observed in anxious and non-clinical samples (Arntz, Voncken, & Goosen, 2007). Furthermore, therapeutic interventions that target inflated responsibility (Vos, Huibers, & Arntz, 2012) and acceptance of guilt have been shown to significantly reduce OC symptoms across subtypes (Cosentino et al., 2012). These results suggest that not

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only checking symptoms, but all OC sub-type symptoms, are characterized by a high fear of guilt. Consistent with this, Reuven, Liberman, and Dar (2013) found a higher Macbeth effect[1] in OC patients (Zhong & Liljenquist, 2006) than in non-clinical subjects, showing that a higher sensitivity to guilt also accounted for washing symptoms in OC patients (for the relationship between moral aspects and disgust in OCD, see also Rachman, Radomsky, Elliott, & Zysk, 2012).

But what kinds of guilt do OC patients want to prevent? This question arises from a number of clinical observations and from different experimental data. Obsessive patients' concern over a harmful event (e.g., a gas explosion) is substantially reduced if responsibility for the event is not their own, but someone else's, regardless of the actual probability of harm (Lopatcka & Rachman, 1995). This suggests that OC patients' concern is not about the consequences of the event so much as being responsible for it. Moreover, OC patients are frequently concerned about sins of a religious or sexual nature, even though no harm is caused to anyone.

Thus it seems that a key factor in the persistence of OCD is guilt, for whom neither the worry for, nor the presence of a victim, are necessary. However, this sense of guilt does not correspond to the guilt prototype as typically defined in moral psychology: "the core relational theme for guilt is something like: someone I am concerned about has been harmed and I have responsibility for that in virtue of what I have done or failed to do" (Prinz & Nichols, 2010, p.134). According to the authors, the prototype of guilt, at least in today's Western culture, is defined by: 1) to have caused harm to others, by action or omission, and, 2) to have violated a moral norm. Indeed, most of the guilt feelings we experience in everyday life correspond to Prinz and Nichols' prototype, and usually results from a concurrent assumption of having transgressed a moral norm and not having acted altruistically, i.e. harming others.

It is worth noting that these two kinds of assumptions can, however, act independently, so that we can feel guilty without having transgressed moral norms, but by having violated empathic/altruistic principles (i.e. Altruistic guilt, (Baumeister, Stillwell, & Heatherton, 1994) or having transgressed moral norms even if there is no victim (i.e. Deontological guilt).

Here is an example of altruistic guilt:

> *I suffered serious symptoms and was admitted to hospital. During this time I shared a room with another person and we became friends. After ten days doctor informed me that all was well and that I could go home. I was packing my bag when my friend came into the room. He was very distressed: the doctor had diagnosed him with cancer. Even today I can't stand the idea that I was able to resume my life while his became an ordeal. I feel guilty at not having shared his fate.*

Altruistic guilt arises when one appraises one's own conduct as not being altruistic, as, in the example above, not having shared a victim's destiny, or, not having been close to her/him, even if it is evident that nothing could have been different. Altruistic guilt is characterized by feelings of sorrow, even of anguish for the victim, and by an inner dialogue of the type "poor fellow, how much he suffers", "what have I done to him?", "what can I do for him?". It is more easily activated by the closeness of friendship, and implies compassion and the tendency to alleviate the suffering of the victim at the expense of one's own. In our previous example, the protagonist of the vignette could have given up enjoyment in the days after his dismissal from the hospital due to guilt about his friend's misfortune.

Here is an example of deontological guilt:

> *I had just graduated in medicine. One evening, when I arrived for a-night shift, I found that a patient with terminal cancer had gone into a coma. Even in the torpor of his coma the patient complained of the pain. The head physician instructed me to give him massive doses of morphine, which would have eased his pain but would have speeded up his death. I was just about to inject the morphine when I was struck by the thought "who am I to decide on this person's life or death? Who authorizes me to play God? It is not morally correct, I cannot do that". This thought stopped me from acting.*

Deontological guilt arises out of the assumption of having violated one's own moral rules.[2] In the vignette, the moral rule that could be violated is "Do not play God" (Sunstein, 2005). It implies feelings of unworthiness, expectations of punishment, and an inner dialogue of the kind: "How could I have done this!" It might be alleviated through confession or apology.

In altruistic guilt, there is always a victim and the assumption of not having been altruistic, but there might not have been any violation of moral rules. In deontological guilt, on the contrary, there might be no victims at all and one could feel guilty even if acting for the good of the victim, as, for example, in the case of euthanasia, where, in order to reduce the victim's suffering, the moral norm of "Do not Play God" has to be violated (Mancini et al., 2008). Thus, the assumption of having violated a moral rule is necessary and sufficient to feel the emotion of deontological guilt.

There is consistent evidence that the two types of guilt are distinct. For example, deontological and altruistic guilt appear to be associated with different areas of the brain: the former includes the insulae and the anterior cingulate cortex, whereas the latter involves the medial prefrontal areas (Basile et al., 2011). The insulae are also notoriously involved in self-reproach and disgust, which suggests that deontological guilt involves self-reproach and self-loathing, moreso than does altruistic guilt (e.g., Rozin, Haidt, & McCauley, 2000). On the other hand, the medial prefrontal areas are activated in theory of mind tasks such as the representation of the intention of others and when experiencing empathy and compassion. This suggests that altruism requires an understanding of the victim's mind (Blair, 1995; Moll et al., 2005; Shallice, 2001).

Other evidence is found in behavioural studies which employ the *switch version* of the trolley problem. In its original form, the task requests people to imagine that "a trolley is running out of control down a track. In its path are five people who have been tied to the track. Fortunately, you can flip a switch, which will lead the trolley down a different track to safety. Unfortunately, there is one person tied to that track. Should you flip the switch?" When faced with the *switch version* of the trolley problem most participants (80–90%) prefer action to omission (that is, not intervening at all and letting nature take its course; see Greene et al., 2009). This moral dilemma requires participants to choose one of two undesirable courses of action (both involving loss of life) which puts two sets of moral principles into conflict: a deontological one and an altruistic one. If one does not flip the switch, then one does not modify the «natural order» of things and respects the «Do not play God» moral rule (Sunstein, 2005). However, in such a case,

[1] Macbeth effect has been defined as: "a threat to one's moral purity that induces the need to cleanse oneself (Zhong & Liljenquist, 2006, p. 1451).

[2] The moral rules are not restricted to moral transgressions without harm for others.