Journal of Contextual Behavioral Science 2 (2013) 68–73

Contents lists available at ScienceDirect

Journal of Contextual Behavioral Science

journal homepage: www.elsevier.com/locate/jcbs

Research – Basic Empirical Research

Courage, self-compassion, and values in Obsessive-Compulsive Disorder

Chad T. Wetterneck [a,*], Eric B. Lee [b], Angela H. Smith [c], John M. Hart [d]

[a] Rogers Memorial Hospital, 34700 Valley Road, Oconomowoc, WI 53066, USA
[b] University of Houston—Clear Lake, USA
[c] University of Houston, USA
[d] Menninger Clinic, USA

ARTICLE INFO

Article history:
Received 12 October 2012
Received in revised form
31 August 2013
Accepted 23 September 2013

Keywords:
Obsessive-Compulsive Disorder
OCD
Values
Self-compassion
Courage

ABSTRACT

New interventions such as Acceptance and Commitment Therapy (ACT) have shown early promise in the treatment of OCD, focusing on aspects of psychological flexibility including valued living, mindfulness, and committed action. However, research is needed to explore the relationship between the various components of ACT and OCD. The present study sought to investigate the relationship between values (i.e., self-compassion, courage, and the Valued Living Questionnaire [VLQ; the extent to which one has values and is living out values in everyday life]) and OCD severity. Participants ($N=115$) who self-reported meeting criteria for OCD completed an online survey assessing levels of different values as well as ratings of importance and consistent living within these values. Analyses yielded significant relationships between OCD severity and self-compassion, courage, and the VLQ. A multiple regression analysis revealed the VLQ and courage to be significant predictors of OCD severity. Interpretation of the results and their implications is considered.

1. Introduction

Obsessive-Compulsive Disorder (OCD) is characterized by obsessions and/or compulsions that cause marked distress, are time consuming, and significantly interfere with an individual's normal routine, occupational functioning, or usual social activities or relationships with others (American Psychiatric Association, 2000). Interventions such as cognitive behavioral therapy using exposure and response prevention (ERP) and pharmacological treatments have proven to effectively reduce obsessive–compulsive symptoms; yet 20–60% of patients with OCD refuse, dropout, or fail to benefit from treatment (Abramowitz, 2006; Abramowitz, Taylor, & McKay, 2005; Fisher & Wells, 2005; Pallanti & Quercioli, 2006). In light of this, further research is needed to improve the treatment of OCD.

Acceptance and Commitment Therapy (ACT; Hayes, Strosahl, & Wilson, 1999) is a relatively new form of therapy that has shown promise as an effective treatment for OCD (Twohig et al., 2010). One of the primary goals of ACT is to help individuals make meaningful, values-based actions in spite of the presence of negative affect. In ACT, the goal is to help the individual increase psychological flexibility and engage in values-guided behavior rather than pursuing a primary goal of controlling one's private events (i.e., escape or avoidance of negative affect). ACT principles may enhance ERP as "exposure from an ACT perspective… is for the purpose of increasing willingness to experience private events, as they are, so the person can live a more valued life (an approach that, ironically, often results in a decrease in negative content)" (p. 11; Twohig, Hayes, & Masuda, 2006). This shift from symptom reduction to what is important to the client (i.e., values) may lead to an increased willingness to exposures (Levitt, Brown, Orsillo, & Barlow, 2004). Thus, values are of interest in OCD treatment and may prove beneficial to improving outcomes and decreasing dropout rates.

Wilson and Dufrene (2008) define values as "freely chosen, verbally constructed consequences of ongoing, dynamic, evolving patterns of activity, which establish predominant reinforcers for that activity that are intrinsic in engagement in the valued behavioral pattern itself" (p. 66). Dahl, Plumb, Stewart, and Lundgren (2009) present a similar view adding that one chooses values based behavioral patterns linked to a sense of meaning that can guide behavior over long time periods (e.g., acting caring to a spouse). In addition values are never achieved or completed; rather they provide meaning and direction for behavior. If goals are a destination, then values are a direction. Values are chosen personally and can vary greatly from individual to individual with domains of parenting and friendship important to one person, while spirituality and recreation may be important to another.

* Corresponding author. Tel.: +1 262 646 3158.
E-mail address: ocdspectrum@yahoo.com (C.T. Wetterneck).

2212-1447/$ - see front matter © 2013 Association for Contextual Behavioral Science. Published by Elsevier Inc. All rights reserved.
http://dx.doi.org/10.1016/j.jcbs.2013.09.002

The role that people's values play in the severity of their anxiety is relatively unknown. A recent study provided evidence that individuals with generalized anxiety disorder (GAD) describe themselves as living more inconsistently from their values compared to non-anxious individuals (Michelson, Lee, Orsillo, & Roemer, 2011). This finding suggests that how closely one is guided by values may play an important role in the level of one's anxiety (or that one's anxiety impacts the extent to which they live according to their values). Values may also play an important role in the treatment of anxiety disorders. Eifert and Forsyth (2005) proposed that values might help those with anxiety reclaim their lives and give them a reason to work to overcome their anxiety. In a recent study of individuals with GAD, Hayes, Orsillo, and Roemer (2010) found that values and acceptance increased in parallel over 16 sessions while worry decreased at a similar rate. By focusing on values rather than anxiety symptom reduction, the energy exerted in treatment is generated from what matters most to people.

This leads to the question of whether people with OCD engage in certain values that may help them change the context in which they experience anxiety. Eifert and Forsyth (2005) state that, "some clients find it difficult to focus on what matters to them because their mind tells them anxiety control is what matters" (p. 153). This difficulty in focusing on values could result in their underdevelopment. Pauley and McPherson (2010) give an example of underdevelopment of self-compassion (i.e., a potential value for self-care) in people with depression or anxiety. They state:

> Although participants reflected at length on the concept of compassion, they did not mention self-compassion until prompted to do so. This finding suggests that individuals with psychological disorders either have not ever had a sense of self-compassion or that this has been lost at some point during their experience of either depression or anxiety (p. 139).

OCD sufferers may overlook values that could potentially play a role in their recovery as obsessing and rituals are typically in the service of reducing anxiety and not cultivating functional values. By helping clients move toward values that are intrinsically, positively reinforcing and that produce lasting rather than fleeting reinforcement, their quality of life may be positively affected. Due to potential issues with pliance (e.g., demand characteristics of the session, trying to please the therapist), the typical ACT approach, including ACT for OCD, (Twohig, 2004, 2009) does not suggest the therapist provide examples of values that may be functional when living with OCD.

While there are many studies that have examined the relationship between OCD and quality of life (cf. Norberg, Calamari, Cohen, & Riemann, 2008), there is no research that has examined the relationship between OCD and values. Many current studies investigating values use the Valued Living Questionnaire (VLQ; Wilson, Sandoz, Kitchens, & Roberts, 2011) to identify clients' values as well as discrepancies between values and their actual lifestyle. The VLQ addresses many life domains (e.g., family, education, spirituality) which may motivate behavior. However, we propose that valuing certain personal characteristics also may be important for individuals with OCD as they have the potential to increase contextually motivated behavior. Specifically, we hypothesize that valuing the characteristic of self-compassion may increase acceptance and contact with the present moment and that valuing courage may lead to committed action in the face of unwanted private events. We will outline these relationships below.

Self-compassion is essentially compassion toward oneself. A person acting in the service of self-compassion is able to turn compassionate feelings inward with care, kindness, and the desire to help oneself. According to Neff (2003a), self-compassion entails three main components: (a) self-kindness—being kind and understanding toward oneself in instances of pain or failure rather than being harshly self-critical, (b) common humanity—perceiving one's experiences as part of the larger human experience rather than seeing them as separating and isolating, and (c) mindfulness—holding painful thoughts and feelings in balanced awareness rather than over-identifying with them.

Acting with self-compassion has been shown to be related to psychological health and flexibility. In fact Raes (2010) hypothesized that self-compassion may counteract dysfunctional repetitive thinking (e.g., depressive ruminations and worrying) and another study found self-compassion to be positively related to happiness, optimism, and positive affect and negatively associated with neuroticism (Neff, Rude, & Kirkpatrick, 2007). Self-compassion has been shown to help buffer against anxiety and is associated with increased psychological well-being (Neff et al., 2007). There is also evidence that self-compassion is a better predictor of symptom severity and quality of life than mindfulness in people with anxiety and depression (Van Dam, Sheppard, Forsyth, & Earleywine, 2011). Further, Thompson and Waltz (2008) found a significant negative correlation between self-compassion and avoidance in students who had experienced a traumatic event. Another recent study of individuals with OCD found a significant strong positive correlation (r=.72) between self-compassion and psychological flexibility, indicating that individuals with high levels of self-compassion are less avoidant and more psychologically flexible (Wetterneck, Steinberg, Little, Phillips, & Hart, 2012).

Self-compassion may be specifically useful for symptom dimensions of OCD that relate to one's moral character and shame about one's thoughts. For example, many with OCD believe they will be responsible for harm to others either indirectly (e.g., accidentally causing harm by being careless, contaminating an object that others will encounter) or directly (e.g., molesting their own child, stabbing a loved one). The capacity to observe these experiences with self-kindness and from an observer perspective may help one to better cope with these shaming thoughts, rather than over-identifying and becoming fused with them. This proposed increase in psychological flexibility would allow one to focus effort on moving toward values rather than focusing on symptom reduction, resulting in greater functioning. Based on these findings, we posit that self-compassion will be inversely correlated with OCD severity.

Acting in the service of courage is another area that has received limited research attention. Woodard and Pury (2007) suggest that the lack of research on courage may be attributed to difficulties in establishing a clear and concise definition of the construct. They provide the following definition of courage: "the voluntary willingness to act, with or without varying levels of fear, in response to a threat to achieve an important, perhaps moral, outcome or goal" (p. 136). Similarly, Rate, Clarke, Lindsay, and Sternberg (2007) conceptualize courage as: (a) a willful, intentional act, (b) executed after mindful deliberation, (c) involving objective substantial risk to the actor, (d) primarily motivated to bring about a noble good or worthy end, (e) despite the presence of the emotion of fear. Further, Rate and colleagues' delineation that courageous acts are performed *despite the presence of fear* elucidates why courage may be an important construct for those with elevated anxiety. Hannah, Sweeney, and Lester (2007) propose that courage is related to personality traits such as openness to experience, hope, and resiliency. These traits have been shown to negatively correlate with OCD symptoms (Hjemdal, Vogel, Solem, Hagen, & Stiles, 2011; Lysaker, Whitney, & Davis, 2006; Wetterneck et al., 2011).

As conceptualized, engaging in courageous behavior would be of great potential benefit to those participating in exposure-based