Behav. Res. Ther. Vol. 22, No. 1, pp. 77–80, 1984
Printed in Great Britain

0005-7967/84 $3.00 + 0.00
Pergamon Press Ltd

CASE HISTORIES AND SHORTER COMMUNICATIONS

Fear of criticism is not specific to obsessive–compulsive disorder

BRUCE A. THYER,* GEORGE C. CURTIS and SUZANNE L. FECHNER
Department of Psychiatry, University of Michigan Hospitals, Ann Arbor, MI 48109, U.S.A.

(*Received* 7 *March* 1983)

Summary—An attempt was made to replicate an earlier finding of a greater sensitivity to fear of criticism by obsessive–compulsives, compared to simple phobics. Two additional comparison groups were included, agoraphobics with panic attacks and social phobics. Results indicated that although obsessive–compulsives did score higher than simple phobics on a measure of fear of criticism, they could not be distinguished from agoraphobics or social phobics. This suggests that theories hypothesizing a selective association between fear of criticism and the development of obsessive–compulsive disorder may be invalid.

INTRODUCTION

Although learning theory and psychodynamic approaches toward understanding the etiology of neurotic disorders diverge in many crucial respects, one area of agreement is the hypothesis that excessive guilt and extreme sensitivity to criticism underlie most cases of obsessive–compulsive disorder. For example, from a psychodynamic perspective, Cameron (1947) argued that obsessive–compulsives learned as children to engage in propitiatory and self-abasing rituals as immature techniques for dealing with criticism. See also the more recent discussions by Cameron (1963), Dowson (1977) and Rosen (1975).

Learning theorists have postulated a two-factor theory for obsessive–compulsive disorders, incorporating elements of respondent conditioning and negative reinforcement. Dollard and Miller (1950) state that childhood conflicts over anxiety and anger felt toward parents may generate disorders such as compulsive ritualizing. They postulate the following sequence of events.

> "When it (the child) is punished for a cleanliness error by the parent, anxiety is produced to the sights and sounds produced by that parent" (p. 139). "Then the act of washing hands may have a direct reassuring effect because it has been so frequently associated during childhood with escape from criticism for having dirty hands." (p. 164)

A specific developmental example would be

> ". . . . the mother who arouses anxiety in the child by criticizing him for dirty hands teaches him to wash his hands when they are dirty" (p. 164).

Cognitive–behavior therapists have arrived at similar conclusions. McFall and Wollersheim (1979) have suggested that

> "Characteristics of the obsessive–compulsive individual are the beliefs that (1) one should be perfectly competent, adequate and achieving in all possible respects in order to be worthwhile and to avoid criticism or disapproval by others/oneself; (2) making mistakes or falling to live up to one's perfectionistic ideals should result in punishment or condemnation . . . ." (p. 335).

Recently, Rachman (1976) has postulated that the anxiety-evoking stimulus for compulsive watchers and checkers is different. Although active avoidance seems to be the underlying behavioral mechanism for the maintenance of both types of rituals, compulsive washers seem more motivated by attempts at avoiding 'dangerous' contamination, whereas compulsive checkers ". . . . are mainly taking steps to avoid criticism or guilt." (Rachman, 1976, p. 270)

The validity of Rachman's dichotomy of two major types of anxiety-evoking stimuli generating ritualistic behavior was tested in a retrospective study of obsessive–compulsives and of phobic patients by Turner, Steketee and Foa (1979). Using a sample of 14 compulsive washers, 10 compulsive checkers and 13 simple phobics, Turner *et al.* selected the following 6 items from the Wolpe and Lang (1977) Fear Survey Schedule (FSS) to provide a measure of fear of criticism:

(1) Being watched working
(2) Being criticized
(3) Feeling rejected by others
(4) Feeling disapproved of
(5) Making mistakes
(6) Being responsible for decisions.

Mean scores for each of the 6 items were compared for the samples of washers, checkers and phobics. As predicted, both groups of obsessive–compulsive patients scored significantly higher than the simple phobics on each of the 6 FSS items. Thus, learning theory and psychodynamic theories relating to the etiology of obsessive–compulsive disorder received

*To whom all reprint requests should be addressed.

tentative support. Contrary to Rachman's (1976) hypothesis however, compulsive washers and checkers were not found to be significantly different on their fear of criticism scores. What was not answered by the Turner *et al.* (1979) study was the extent to which extreme sensitivity or fear of criticism is specific to obsessive–compulsive disorder. If other diagnostic groups whose disorder is presumably unrelated to fear of criticism were found to similarly score higher than simple phobics, the hypothesis of a selective association between obsessive–compulsive disorder and fear of criticism would be weakened. The following study was conducted to investigate this possibility.

METHOD

Subjects

Subjects were 16 obsessive–compulsive patients, 12 simple phobics, 15 social phobics and 15 agoraphobics with panic attacks. All patients met the DSM-III criteria (APA, 1980) for their respective disorder and were evaluated and treated at the Anxiety Disorders Program of the University of Michigan Hospitals between 1978 and 1982. All obsessive–compulsive patients who completed the Wolpe and Lang (1977) FSS were included. The samples of simple phobics, social phobics and agoraphobics were randomly selected from patient files. As in the study by Turner *et al.* (1979), the comparison group of simple phobics consisted of individuals with fear of flying ($N = 8$) or of heights ($N = 4$). The total sample of patients had a mean age of 36 yr (SD = 11 yr) and the four groups did not differ significantly in age.

Measures of criticism

The *S*s' response to each of the 6 FSS items selected by Turner *et al.* as assessing fear of criticism were culled from the complete inventory.

RESULTS

The means and standard deviations for each of the 6 FSS items were calculated separately for the four diagnostic groups. The results are presented in Table 1.

Compulsive washers and checkers were not separately analyzed since Turner *et al.* (1979) failed to find the predicted differences between these two groups.

The means for all 6 FSS items were lowest for the simple phobic group in comparison to the obsessive–compulsive, agoraphobic and social phobic *S*s. No consistent differences were apparent between the obsessive–compulsive, agoraphobic and social phobic groups.

A one-way analysis of variance was performed to test for significant differences among groups, separately for each of the 6 FSS items. The results from "Being watched working" [$F(3, 54) = 4.001$, $P = 0.012$] and "Being responsible for decisions" [$F(3, 53) = 3.522$, $P = 0.021$] demonstrated significant differences among groups, but none of the other analyses approached significance. Scheffe allowances for *post-hoc* paired comparisons were calculated for each analysis of variance. The significance levels for these comparisons are presented in Table 2.

As in the study by Turner *et al.* (1979), obsessive–compulsives clearly tended to score more highly on the fear of criticism items than did simple phobics. These differences excluded chance expectations for two of the items, "Being watched working" and Being responsible for decisions", and came close to achieving significance for "Feeling rejected by others" and "Making mistakes". This suggests that the earlier finding of Turner *et al.* of an extreme sensitivity to criticism in obsessive–compulsives, as compared to simple phobics, is a robust one. However, what is also apparent from this data is that obsessive–compulsives cannot be distinguished on any item from agoraphobics and social phobics, whereas these two latter groups also tended to score higher on fear of criticism items than simple phobics. This suggests that fear of criticism is not selectively associated with obsessive–compulsive disorder.

DISCUSSION

These data lend themselves to at least two possible interpretations. In the first it may be concluded that the hypothesis common to certain psychodynamic and behavioral theories of a selective association between fear of criticism and the etiology of obsessive–compulsive disorder has not been supported. In the second interpretation, one could extrapolate, on a *post-hoc* basis, the selective association theory to two additional disorders, agoraphobia with panic attacks and social phobia. This seems rather untenable, particularly with the agoraphobic diagnosis wherein the severe restrictions characteristic of the disorder are usually a psychological sequelae to the occurrence of one or more spontaneous panic attacks (Mendel and Klein, 1969) which are possibly of an endogenous nature.

There is some additional evidence in favor of accepting the first interpretation. Manchanda, Sethi and Gupta (1979) found that obsessive–compulsive patients ($N = 30$) could not be distinguished from neurotic depressed outpatients ($N = 30$) on the basis of their scores on a questionnaire measure of guilt. Maintaining that guilt and an extreme sensitivity to criticism are selectively associated with the etiology of obsessive–compulsive disorder seems unsupported in light of the research demonstrating that agoraphobics with panic attacks, social phobics and depressed outpatients cannot be distinguished from obsessive–compulsive patients on the crucial variables of the hypothesis. Extrapolating on a *post-hoc* basis the selectivity hypothesis to cover these additional neurotic disorders would seem to fatally weaken the scientific testability of the concept. For comparison purposes, in terms of their sensitivity to fear of criticism, individuals with simple phobias to flying and heights may be considered an essentially normative sample. Accordingly, almost any group of psychiatric patients may tend to score more highly on measures of fear of criticism than simple phobics. Unfortunately, specific features prognostic of the development of obsessive–compulsive disorder remain to be determined.

Table 1. Means and SDS for the 6 FSS items

Group		Item 1 Being watched working	2 Being criticized	3 Feeling rejected by others	4 Feeling disapproved of	5 Making mistakes	6 Being responsible for decisions
Obsessive–compulsive	M	2.06	1.93	2.31	1.93	2.20	1.73
	SD	1.43	1.18	1.07	1.12	1.14	1.48
Simple phobics	M	0.41	1.33	1.50	1.58	1.33	0.58
	SD	0.51	0.77	1.31	1.44	1.15	1.16
Agoraphobics	M	1.60	1.86	2.40	1.86	1.66	2.13
	SD	1.45	1.40	1.35	1.68	1.04	1.35
Social phobics	M	1.73	2.20	2.20	2.26	1.80	1.33
	SD	1.38	1.42	1.26	1.27	1.32	1.04

Table 2. Significance levels for Scheffe *post-hoc* comparisons between diagnostic groups

FSS item	Comparison: Obsessive–compulsives vs simple phobics	Obsessive–compulsives vs agoraphobics	Obsessive–compulsives vs social phobics	Simple phobics vs agoraphobics	Simple phobics vs social phobics	Agoraphobics vs social phobics
1. Being watched working	0.001	0.32	0.48	0.02	0.01	0.77
2. Being criticized	0.20	0.87	0.56	0.27	0.07	0.46
3. Feeling rejected by others	0.09	0.84	0.80	0.06	0.15	0.66
4. Feeling disapproved of	0.50	0.88	0.51	0.60	0.21	0.43
5. Making mistakes	0.06	0.21	0.35	0.46	0.30	0.75
6. Being responsible for decisions	0.02	0.39	0.39	0.002	0.13	0.09

REFERENCES

American Psychiatric Association (1980) *Diagnostic and Statistical Manual of Mental Disorders*, 3rd edn. APA, Washington, D.C.

Cameron N. (1947) *The Psychology of Behavior Disorders*. Houghton-Mifflin, Cambridge, Mass.

Cameron N. (1963) *Personality Development and Psychopathology: A Dynamic Approach*. Houghton-Mifflin, Boston, Mass.

Dollard J. and Miller N. (1950) *Personality and Psychotherapy: An Analysis in Terms of Learning, Thinking and Culture*. McGraw-Hill, New York.

Dowson J. (1977) The phenomenology of severe obsessive–compulsive neurosis. *Br. J. Psychiat.* **131,** 75–77.

Manchanda R., Sethi B. and Gupta S. (1979) Hostility and guilt in obsessive–compulsive neurosis. *Br. J. Psychiat.* **135,** 52–54.

McFall M. and Wollersheim J. (1979) Obsessive–compulsive neurosis: a cognitive–behavioral formulation and approach to treatment. *Cog. Ther. Res.* **3,** 333–348.

Mendel J. and Klein D. (1969) Anxiety attacks with subsequent agoraphobia. *Compreh. Psychiat.* **10,** 190–195.

Rachman S. (1976) Obsessional–compulsive checking. *Behav. Res. Ther.* **14,** 269–277.

Rosen M. (1975) A dual model of obsessional neurosis. *J. consult. clin. Psychol.* **43,** 453–459.

Turner R., Steketee G. and Foa E. (1979) Fear of criticism in washers, checkers and phobics. *Behav. Res. Ther.* **17,** 79–81.

Wolpe J. and Lang P. (1977) *Manual for the Fear Survey Schedule*. EdITS, San Diego, Calif.