Body Vigilance Across Obsessive-Compulsive Symptom Dimensions

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Background

- Researchers have identified various theme-based obsessive-compulsive (OC) symptom dimensions, with the four most prevalent categories being: (a) contamination, (b) responsibility of harm, (c) unacceptable thoughts, and (d) symmetry.
- Body vigilance (BV) refers to conscious awareness of internal bodily sensations, and is associated with exaggerated behavioral responses (e.g., body checking).
- Research suggests a relationship between BV and anxiety disorders such as panic and health anxiety (HA) (Olatunji, Deacon, Abramowitz, & Valentiner, 2007).
- Little research has examined the relationship between BV and the four main symptom dimensions of OCD. To address this gap, we examined these associations in the present study.
- We hypothesized that BV would be positively correlated with all OCD symptom dimensions, and most strongly related to the contamination and responsibility for harm symptom dimensions.

Participants

- 257 unselected undergraduate students at University of North Carolina at Chapel Hill.

Measures

- **Dimensional Obsessive-Compulsive Scale (DOCS; Abramowitz et al., 2010)**, which contains four subscales assessing severity across the four most consistently replicated OCD symptom dimensions as mentioned above.
- **Body Vigilance Scale (BVS; Schmidt, et al., 1997)**, which assess one’s conscious awareness of internal cues.
- **Center for Epidemiological Studies Depression (CES-D; Radlof, 1977)**, which assess depression symptom severity.

Procedure

- Participants completed a web-based survey of self-report measures.
- Pearson correlation analyses were completed assessing the associations between body vigilance and OC symptom dimensions, both controlling for depression and not.

Table 1: Correlations and partial correlations (controlling for CES-D) between OC symptom dimensions and BV

<table>
<thead>
<tr>
<th>DOCS subscale</th>
<th>r with BVS</th>
<th>controlling for CESD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contamination</td>
<td>.27*</td>
<td>.24*</td>
</tr>
<tr>
<td>Responsibility of Harm</td>
<td>.40*</td>
<td>.36*</td>
</tr>
<tr>
<td>Unacceptable Thoughts</td>
<td>.29*</td>
<td>.24*</td>
</tr>
<tr>
<td>Symmetry/Exactness</td>
<td>.33*</td>
<td>.27*</td>
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</tbody>
</table>

**Correlation significant at .01 level (two-tailed)**

Results

- As is shown in Table 1, BV was mildly to moderately associated with all OC symptom dimensions, and most strongly with the responsibility for harm symptom dimension.
- This latter association remained significant even after controlling for depressive symptoms, along with all other symptom dimensions, suggesting depression is not a significant factor in the relationship between OC symptom dimensions and BV.
- Contrary to our hypothesis, the contamination symptom dimension had the weakest correlation with BV.

Implications

- BV may be an under-recognized maintaining factor in OC symptoms in that individuals might conclude that danger exists on the basis of uncomfortable body sensations associated with their anxiety response.
- The especially strong association with responsibility OC symptoms might be present due to the presence of checking in both domains. That is, BV is associated with body checking (e.g., pulse) and responsibility obsessions are associated with checking for reassurance.

Future Directions

- Studies should use behavioral/observational methods to examine the association between OC symptoms and BV.
- Future research is needed with a clinical sample.
- Future research might include measures of BV as an outcome measure in studies on the effects of cognitive behavioral therapy (CBT) for OC symptoms.