



The Relationship Between Obsessive-Compulsive Disorder Symptoms and Thought Responsibility in Working Women

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Abstract:

In this study, we determined the relationship between obsessive and practical symptoms and responsibility of thoughts in Working Women. The research method used in this research is descriptive (correlation). The statistical population of this research includes all the working women of Beijing city. We have used G*Power software to determine the sample size. Considering that in correlation methods, the minimum sample size of 10 to 40 people is suggested for each observed variable, in this study, 24 people were considered as samples for each observed variable, and due to the existence of 3 observed variables, the number of 70 people was sufficient. . Considering the drop of the subjects and to increase the generalizability of the results, 100 people were selected and participated in this study by available sampling method. . To collect data, we used two questionnaires: the Maudsley Obsessive-Compulsive Inventory (MOCI) by Hodgson and Rachman, and the Responsibility Attitude Scale (RAS) by Salkovskis et al. . To analyze the data obtained in this study, descriptive and inferential statistical methods were employed. Descriptive statistics were utilized to calculate key descriptive indices such as mean and standard deviation. For assessing the correlation between variables, Pearson's correlation and multiple regression analysis were employed, with SPSS 16 software acting as the analytical tool. The significance level for this study was set at 0.05, signifying a small error tolerance. on the results of the statistical analyses conducted in this study, it can be concluded that the role of thoughts responsibility in predicting the symptoms of obsessive-compulsive disorder (OCD) in employed women is positive and significant. In fact, thoughts responsibility has the ability to predict the symptoms of OCD in employed mothers. Based on this finding, It is suggested that in the discussion of teaching how to treat the thoughts of people with obsessive symptoms, psychologists and counselors should be given training workshops.

Keywords: obsessive and practical symptoms, Thought Responsibility, Working Women

Introduction

One of the psychological disorders that has emerged from this anxiety-ridden environment is obsessive-compulsive disorder (OCD) (Besharat et al., 2013). OCD is a debilitating condition that manifests in individuals as problems with thoughts, preoccupations, and repetitive behaviors. These symptoms arise as coping mechanisms to alleviate the discomfort and distress caused by obsessive thoughts. In fact, obsessive-compulsive disorder is one of the anxiety disorders whose salient features include obsessive thoughts and rituals that are a major factor in creating confusion in people with the disorder and often disrupt their social functioning and adaptation (Amani et al., 2013). Common compulsions that are manifested in people with this disorder include checking, washing, counting, reassurance from self/others, and hoarding (Shamsali et al., 2017). People with this type of disorder may have either obsessions or compulsions. There have also been cases of people who suffer from both of these obsessions (Kaplan & Sadock, 2014). The cause of this disorder has not yet been determined, but research has shown that genetic factors, dysfunctions of neurotransmitters, and abnormal biochemical changes can cause this disorder in people (Grune & Pittenger, 2017). . A report by Jaisooriya et al. (2017) found that the highest risk of OCD occurs in individuals aged 18 to 25 years.

Another psychological and personality trait that can increase the risk of obsessive-compulsive disorder, if it reaches its extreme, and deprives people of their logic is thought responsibility. Thought responsibility is a sense



of necessity and commitment to putting thoughts and ideas into practice in a desirable way that originates from within people (Certo SC., 2004). Whether this idea is the individual's own or is raised by others in interpersonal relationships. A model that explains the relationship between responsibility and obsessive thoughts and behaviors is the Salkovskis model (Salkovskis, 1985). According to this model, the exaggerated perception of responsibility for thoughts plays a central role. Individuals with obsessive-compulsive disorder perceive intrusive thoughts and cognitions as harmful to themselves or others. Unless they take action to prevent it. Based on this model, it can be said that the evaluations that a person with OCD has of the responsibility of their thoughts, on the one hand, leads to psychological distress, anxiety, and worry following intrusive thoughts. On the other hand, it involves an attempt to actualize thoughts in order to escape from intrusive thoughts and neutralize doubt (Salkovskis, 1985). In fact, in its extreme form, this construct, as a cognitive element, not only contributes to the development of obsessive thoughts and behaviors in people, but also helps to maintain this disorder (Smari et al., 2008). Several studies have been conducted on the relationship (effect) of thought responsibility in the development and maintenance of obsessive thoughts and behaviors in people. For example, the study conducted by Dalir (2022) found that there is a meaningful relationship between obsessive beliefs of responsibility, perfectionism, and the importance of thoughts and sleep quality. Additionally, obsessive beliefs predict sleep quality. Moreover, among obsessive beliefs, the importance of thoughts is the strongest predictor of sleep quality. Mohammad Salahi and Zarei (2020) conducted a study on the relationship between guilt and its components with obsessive-compulsive disorder in female students of the Faculty of Humanities of the Islamic Azad University, Khoy Branch. The results of their study suggested that there is a positive and significant relationship between guilt and its components with obsessive-compulsive disorder at the level of 0.01. Additionally, in foreign studies, it is possible to refer to separate studies conducted by Gangami and Menesini (2017) and Hong Fast et al. (2015). The findings of their studies indicated that constant interaction with obsessive intrusive and uncontrollable thoughts in both cognitive and behavioral dimensions can lead to feelings of shame and guilt from the individual's unusual behaviors (a cited in Mohammad Salahi and Zarei, 2020).

Given the high prevalence of obsessive-compulsive disorder in working mothers, the importance of this research on this group of people is felt even more. Therefore, we aim to answer this question in this study: Can thought responsibility to predict the symptoms of obsessive-compulsive disorder in working women?

Methods

The research method used in this study is descriptive (correlational). The statistical population of this study included all working women in Beijing City. To determine the sample size, we used the G*Power software. Since in correlational methods, a minimum sample size of 10 to 40 people for each observed variable is suggested, in this study, 24 people were considered as a sample for each observed variable, and due to the presence of 2 observed variables, 70 people were sufficient. With consideration of the loss of subjects and to increase the generalizability of the results, 100 people were selected by convenience sampling and participated in this study. The link to the research questionnaires was sent to them via WhatsApp, Instagram, and Telegram. To observe ethical considerations in this study, all subjects had the freedom to participate in the research, and they were also assured that the data obtained would be analyzed as a group and their information would not be provided to others. To collect data, we used two questionnaires: the Maudsley Obsessive-Compulsive Inventory (MOCI) by Hodgson and Rachman (1997), and the Responsibility Attitude Scale (RAS) by Salkovskis et al. (2000). We will explain each one below:

The Maudsley Obsessive-Compulsive Inventory (MOCI): The Maudsley Obsessive-Compulsive Inventory (MOCI) is a self-report questionnaire that measures the severity of obsessive-compulsive symptoms. It was developed by Hodgson and Rachman (1997) for research on the type and scope of obsessive-compulsive problems. It consists of 30 items, half of which are key correct and half are key incorrect. In the initial validation at Maudsley Hospital, it was able to distinguish 50 obsessive patients from 50 neurotic patients. Also, this questionnaire identified four major components that reflected four types of obsessive problems in patients through content analysis of the responses of 100 patients. These four components are checking, cleaning, slowness, and obsessive doubt, which form four subscales. By using a simple scoring method, a total obsessive score and 4 sub-scores can be obtained. Rachman and Hodgson (1980) argued that these types of complaints are relatively normal, exaggerated, and severe forms of learned behavior. In a study with 40 patients, Hodgson and Rachman (1977) showed that the total score of the MOCI is sensitive to therapeutic changes. In conclusion, the Maudsley Obsessive Inventory has been shown to be a valid and reliable measure of obsessive-compulsive symptoms. It is a useful tool for therapists and researchers in understanding and treating obsessive-compulsive disorder. It is also a good tool for studying the etiology, course, and prognosis of various types of obsessive complaints. The reliability coefficient with the method of test-retest was 0.89.



Responsibility Attitude Scale (RAS): The Responsibility Attitude Scale (RAS) is a self-report questionnaire that measures an individual's beliefs about responsibility. The scale was developed by Salkovskis et al. (2000) and consists of 26 items. The items ask participants to rate their agreement with statements such as "I often feel responsible for bad things that happen," and "Thinking about bad things is the same as doing a bad thing." Participants rate their agreement with each item on a 7-point scale (1 = strongly disagree to 7 = strongly agree). The scale measures overall beliefs about responsibility. Salkovskis et al. (2000) reported a Cronbach's alpha coefficient of .94 and a test-retest reliability coefficient of 0.94 over a four-week period for this scale.

To analyze the data obtained in this study, descriptive and inferential statistical methods were employed. Descriptive statistics were utilized to calculate key descriptive indices such as mean and standard deviation. For assessing the correlation between variables, Pearson's correlation and multiple regression analysis were employed, with SPSS 16 software acting as the analytical tool. The significance level for this study was set at 0.05, signifying a small error tolerance.

Results

A total of 45 working mothers participated in this study, with an average age of 37.64 and a standard deviation of 8.42. In terms of education, 10 were at the associate level, 40 were at the bachelor's level, 35 were at the master's level, and 15 were at the doctoral level.

Table 1- Descriptive Indices of the Research Variables

Indices	thoughts responsibility	obsessive-compulsive symptoms
Mean	177.49	201.17
Standard deviation	25.65	36.98

According to the results of Table 1 and the analyses related to the descriptive indices, the mean (and standard deviation) of the variables of thoughts responsibility, and obsessive-compulsive symptoms are equal to 177.49 (25.65), and 201.17 (36.98), respectively.

Table 2- Pearson Correlation Between the Variables Studied in the present Study

Variables	thoughts responsibility	Obsessive-compulsive symptoms
thoughts responsibility	1	
Obsessive-compulsive symptoms	0.402	1

** p < 0.001

The results of Table 2 show that the relationship between obsessive-compulsive symptoms and thoughts responsibility is positive and significant.

Table 3- Direct, Indirect, and Total Effects of Predicting Obsessive-Compulsive Symptoms

Variable	Direct effect	Total effect	P value
thoughts responsibility on obsessive-compulsive symptoms	0.137	0.137	> 0.001

Based on the results of Table 4 and the fact that the significance level of the test in all hypotheses is less than 0.001, it can be said that the relationship between obsessive-compulsive symptoms and thoughts responsibility of working mothers is positive and significant. Additionally, according to Figure 1, the rounded coefficients that are visible are related to the correlation coefficients of Table 4, so that responsibility for thoughts has been able to explain 10% of the obsessive-compulsive symptoms variable.

In conclusion, According to these findings, it can be said that the thoughts responsibility can predict the symptoms of obsessive thoughts and actions.

Discussion and Conclusion

In this study, we determined the relationship between obsessive and thought symptoms and thoughts responsibility in working women. The results of statistical analyses showed that thoughts responsibility has a direct relationship on obsessive-compulsive symptoms. Similar findings have been observed in studies conducted by Dalir (2020), Mohammadsalahi and Zarei (2020), Gangemi and Menesini (2017), Hung Fast et al. (2015), and Hermans et al. (2013). The results of these studies suggests that responsibility is the best predictor



of obsessive-compulsive symptoms. In fact, the symptoms of obsessive-compulsive disorder have a direct and significant relationship with responsibility, which is due to metacognitive beliefs.

The findings of this study suggest that thoughts responsibility stems from metacognitive beliefs. In other words, people who believe that they are responsible for the negative consequences of their thoughts are more likely to experience obsessive-compulsive symptoms. Based on Rachman's (1997) theory, the belief that an aversive event is likely to occur in the near future and an unrealistic overestimation of its likelihood can lead to anxiety and, consequently, the occurrence of obsessive-compulsive behaviors in those involved. In fact, individuals who possess an excessive sense of responsibility maintain the belief that they are capable of mentally creating or preventing external events. This belief contributes to the development of "shoulds" that are rooted in negative and unrealistic predictions about human capabilities. In other words, Obsessive-compulsive individuals, guided by their erroneous evaluations of intrusive thoughts that often inflict harm on themselves and others, seek to avert these occurrences. These misguided assessments of responsibility, along with the discomfort and anxiety triggered by intrusive thoughts, drive efforts to negate such beliefs and obsessive doubts. Hence, excessive responsibility for thoughts can not only inflict harm but also exacerbate the disorder.

Based on the results of the statistical analyses conducted in this study, it can be concluded that the role of thoughts responsibility in predicting the symptoms of obsessive-compulsive disorder (OCD) in employed women is positive and significant. In fact, thoughts responsibility has the ability to predict the symptoms of OCD in employed mothers. Based on this finding, It is suggested that in the discussion of teaching how to treat the thoughts of people with obsessive symptoms, psychologists and counselors should be given training workshops. In the discussion of research proposals, it is recommended to conduct similar studies on larger samples and considering other data collection methods.

Every research has its own limitations, and this research is no exception. The limitation of this research is the use of a cross-sectional design, which should be addressed in future research by using longitudinal methods.

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