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Extended abstract

Factors Influencing the Self-Recognition of Obsessive Compulsive Tendencies

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Abstract

Background: Obsessive-compulsive disorder (OCD) has been associated with a significantly greater duration of untreated illness when compared to other anxiety disorders. It is proposed that the inability to identify one's symptoms as characteristic of OCD may contribute to this duration. However, existing literature has exclusively investigated the recognition of OCD symptoms and tendencies in others. The current study is the first to investigate the self-recognition of obsessive-compulsive tendencies.

Methods: 400 participants were asked whether they thought they displayed obsessive-compulsive tendencies. Those who answered positively were shown a list of tendencies and asked to pick the ones they believed they displayed. They were then asked to complete the Obsessive-Compulsive Inventory (OCI). Participants who answered negatively were taken straight to the OCI.

Results: Of the 400 who responded, 251 provided meaningful data. A 2x2 chi-squared analysis revealed that participants who believed they displayed obsessive-compulsive tendencies were significantly more likely to score highly on the OCI $X^2(1, N = 251) = 49.841, p < .001$. 2x2 chi-squared analyses revealed that four dimensions were associated with poor recognition: Washing $X^2(1, N = 147) = 11.577, p = .005$; Checking $X^2(1, N = 147) = 2.748, p = .190$; Obsessions $X^2(1, N = 147) = 6.806, p = .009$; Neutralising $X^2(1, N = 147) = 4.793, p = .029$. A logistic regression analysis revealed that higher scores on the checking and ordering subscales of the OCI were associated with a lower likelihood of believing oneself to display obsessive-compulsive tendencies.

Conclusions: The findings of this study suggest that participants are generally able to accurately identify whether they display obsessive-compulsive tendencies. However, participants who score highly on the washing, checking, obsession, and neutralising subscales of the OCI are no more likely to believe they display such tendencies than those who score low on such subscales. Furthermore, participants who score highly on the checking and ordering subscales are less likely to believe they display obsessive-compulsive tendencies than those who score lower on such subscales. These findings highlight the need for better education surrounding the inaccurately identified dimensions of OCD, which may help reduce the duration of untreated illness.

Keywords: OCD, OCPD, hoarding, self-recognition



Introduction

Evidence suggests that approximately 35% of individuals with obsessive-compulsive disorder (OCD) seek treatment (Levy et al., 2013). Furthermore, there is a significantly longer delay in seeking treatment when compared to other anxiety disorders (Belloch et al., 2009; Stengler et al., 2013). Research has shown that multiple factors contribute to this delay. One such factor is a lack of self-recognition of OCD symptoms. Demet et al. (2010) found that poor insight for OCD symptoms was significantly associated with delays in treatment seeking. Obsessions of hoarding were also found to be significantly associated with such delays, suggesting that the individuals suffering from these obsessions were unable to recognise that they were symptoms of OCD. Similarly, in a study by Juckel et al. (2014) less-specific symptoms such as “anxiety” and “lacking self-trust” were linked with greater delays in treatment seeking, due to a lack of understanding that these were symptoms of OCD. Furthermore, it has been found that people appear to describe OCD in terms of compulsive behaviours, with little regard to obsessive thoughts (Stewart et al., 2019).

While a plethora of research has been conducted to explore the ability of individuals to recognise symptoms of OCD in others, the self-recognition of OCD symptoms has been seldom researched. While research suggests that some OCD symptoms are less recognised than others, no studies have explored this idea in depth. As such, the present study aimed to investigate whether individuals can accurately identify whether they display obsessive-compulsive tendencies and how self-recognition differs across OCD dimensions. Based on the previous literature, it was hypothesised that participants’ who believe they displayed obsessive-compulsive tendencies would be no more likely to score highly on the Obsessive-Compulsive Inventory (OCI) than individuals who did not believe they displayed obsessive-compulsive tendencies. While it was hypothesised that compulsion-related tendencies would be more accurately self-recognised than obsession-related tendencies, no specific hypothesis was made regarding which specific tendencies would be more accurately self-recognised.

Method

Participants were asked ‘Have you ever thought you display obsessive-compulsive tendencies?’ Those who answered “yes” were then shown a list of such tendencies and asked which they believed they displayed, before being asked to complete the OCI. Participants who answered “no” were taken straight to the OCI. After completing the OCI, participants were taken to the end of the study. Data was extracted from Qualtrics into SPSS version 28 for analysis. For answers requiring a simple Yes or No response, responses were automatically recoded as ‘1’ and ‘0’ respectively.

Results

2x2 chi-squared analysis was conducted to assess whether participants were able to accurately identify that display obsessive-compulsive tendencies. There was a significant association between participants’ answers to the question ‘Have you ever thought you display obsessive-compulsive tendencies?’ and whether their total scores on the OCI indicated the presence of OCD: $X^2(1, N = 251) = 49.841, p < .001$. This suggests that people can correctly recognise whether they display obsessive-compulsive tendencies.

2x2 chi-squared analyses were conducted to assess whether participants who scored high on a tendency, as measured by the OCI, were able to identify that they displayed such tendency. Four tendencies were associated with poor self-recognition: Washing $X^2(1, N = 147) = 11.577, p = .005$; Checking $X^2(1, N = 147) = 2.748, p = .190$; Obsessions $X^2(1, N = 147) = 6.806, p = .009$; Neutralising $X^2(1, N = 147) = 4.793, p = .029$.

A logistic regression analysis was performed to assess which tendencies predicted an answer of “yes” to the question ‘Have you ever thought you display obsessive-compulsive tendencies?’ A total of 251 cases were analysed and the full model significantly predicted participants’ answers to the question ‘Have you ever thought that you display obsessive-compulsive tendencies?’ (omnibus chi-square = 101.074, $df = 7$, $p < .001$). The model accounted for between 33.1% and 44.6% in participants’ answers to the question ‘Have you ever thought that you display obsessive-compulsive tendencies?’, with 80.3% of the participants who answered ‘yes’ successfully predicted. However, only 74.0% of participants who answered no were successfully predicted. Overall, 77.7% of predictions were accurate. The values of the coefficients reveal that an increase of one point on the checking subscale is associated with a decrease in the odds of an answer of ‘yes’ by a factor of 0.21 (95% CI 0.08 and 0.58), and that an increase of one point on the ordering subscale is associated with a decrease in the odds of an answer of ‘yes’ by a factor of 0.33 (95% CI 0.18 and 0.61).

Discussion

The findings of this study showed that participants were generally able to identify that they displayed obsessive-compulsive tendencies. However, participants were only able to accurately identify certain tendencies as being displayed. Washing, checking, obsessions, and neutralising tendencies were associated with poor self-recognition. Furthermore, higher scores on the checking and ordering subscales of the OCI were associated with a lower likelihood of a participant believing they display obsessive-compulsive tendencies.

These findings highlight the need for better education on inaccurately identified tendencies as this may contribute to a decrease in the time before treatment is sought by Individuals with OCD. Future research should investigate the self-recognition of OCD symptoms and tendencies in a clinical sample, to assess whether the findings differ from that of the current study.