



RESEARCH ARTICLE

Relationship of Obsessive Compulsive Disorder with Social Anxiety and Psychological Resilience in Adults

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Abstract

Objective: Obsessive-compulsive disorder (OCD) is a mental illness characterized by permanent obsessions and compulsions that cause severe distress and disrupting one's functionality. The obsession is defined as a pattern of intortion, intortion and improper thought, idea, imagination and impulses. In this context, the aim of the study is to determine the relationship of obsessive compulsive disorder in adults with social anxiety and psychological durability. The group of this study was composed of individuals who were treated or still seeing in the hospitals and private psychological counseling center in İzmir region in 2022-2023. **Method:** The sample of the study was composed of 400 participants who have been diagnosed with obsessive compulsive age of 18 years and more selected by the purposeful sampling method. Maudsley Obsessive Compulsive Question list to collect data in the study, Liebowitz was used as a scale of social anxiety and short psychological stability. **Results:** In the finding of the research, it is moderately positive ($p < 0.05$); Slowness, doubt, strong level between ruminating levels at strong level ($p < 0,01$ * $p < 0,05$); Maudsley is very strongly positive between obsessive compulsive levels ($p < 0.05$); weak levels of anxiety, avoidance and social anxiety levels ($p < 0,17$, $p < 0,11$); The levels of psychological strength were found to be weakly negative and significant relations between the levels. **Conclusion:** obsessions and compulsions were significant in the results of the research results in the results of the tested variables. However, there were no significant results in the anticipated psychological endurance level. Therefore, the relationship between obsessive-compulsive scores and another variable may be examined.

Keywords

Obsessive, Compulsive, Social Anxiety, Psychological Durability

INTRODUCTION

Obsessive-compulsive disorder (OCD) is a mental illness characterized by persistent obsessions and compulsions that cause severe distress and impair one's ability to function (Derin, Yorulmaz, 2020). An obsession is defined as a pattern of intrusive and inappropriate thoughts, ideas, dreams and impulses that cause stress (Abay et al., 2010). Compulsion is defined as the

repetition of behaviors, ideas or actions to relieve stress or anxiety caused by obsessions (Abay et al., 2010). Obsessions and compulsions may be found in people without a psychiatric diagnosis, as in people with obsessive-compulsive disorder (OCD) (Ohayan et al., 2010). According to studies conducted in high-income countries, OCD has been associated with the high prevalence of psychiatric disorders, particularly anxiety and mood disorders. Considering this important

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relationship, it is quite reasonable to consider the link between OCD and anxiety. Some studies have reported that anxiety is an important factor in many psychiatric disorders (Silverstone., 2010).

The fact that anxiety is one of the most basic emotions necessary for survival shows that it is closely related to psychology. The fact that anxiety exists in human nature and negatively affects the functionality of the person as a result of the deterioration of risk perception has caused it to be associated with psychological disorders and to be the subject of many studies in the field of psychology. Anxiety has been associated with various psychological and physical problems as a result of being treated in a psychopathological framework, especially in the therapeutic field (Aydemir et al., 2000; Huang., 2016). The fact that some people experience the same negative life experiences and develop pathological symptoms while others continue to function without developing symptoms suggests that there are mediating factors in pathological anxiety. In this study, while individual differences are examined on the basis of psychological resilience, in general, individual differences are discussed on the basis of the pathological course of anxiety (Lewis., 2012). Creativity, reasoning, decision making, problem solving and the ability to adapt to a variety of purposeful activities such as constantly changing conditions and environments are defined as cognitive control and cognitive flexibility (Dajani et al., 2015; Gabrys et al., 2018). Research also shows that as well as both cognitive control and cognitive flexibility, sensitivity to uncertainty is linked to obsessive-compulsive symptoms and generalized anxiety symptoms (Chamberlain et al., 2006).

Individuals may encounter numerous stressful and challenging events throughout their lives. In these periods, people shape their lives in the context of various reactions. While some people adapt to changing conditions and continue to live their lives, some face numerous adaptation problems and can never recover. In positive psychology, psychological resilience is defined as an individual's ability to get out of troubles and continue their normal life (Hallion et al., 2010). "What is psychological resilience and what does resilience behaviors include?" is a question that has come to the fore in recent years regarding the concept of psychological resilience emphasized by positive psychology. This fundamental question

emerges as a complex of psychological and behavioral processes (Agaibi et al., 2005). Resilience is defined as the process of adaptation and development in the face of great dangers (Masten et al., 2001; Fletcher., 2013). Another meaning is the steady and rapid recovery and even improvement of the individual in the face of significant adverse conditions (Leipold., 2009). Being psychologically resilient is seen as a ability to cope as well as being a character and personality trait (Aaibi et al., 2005).

It is clear that the models presented in the literature to explain resilience are becoming more and more environmentally focused. Resilience is accepted as a versatile and dynamic structure that includes mutual interaction between individuals and their environment in various contexts (family, friends, school, community, organization, etc.) (Masten et al., 2001). The developmental approach is another key technique used to study resilience. According to Rutter (1987), individuals are particularly vulnerable during crises, which can be developmental or situational turning points, and he emphasizes the importance of showing resilience at such moments (Fletcher., 2013). Considered in terms of the two ways mentioned; Considering the period and conditions of university students who are faced with new situations such as the city, lifestyle, social environment, self-sufficiency, and academic expectations, the importance of psychological resilience and social anxiety levels in coping with these processes becomes apparent (Leipold et al., 2009). Contagion, suspicion, symmetry, religious inclination or excessive sexual preoccupation are examples of obsessions in individuals. The most basic belief in people with obsessions is the thought that terrible things will happen if they cannot perform the ritual-style movements that they have designed for themselves (Basım et al., 2011). Hand washing, excessive cleaning, checking without interruption, repeating certain movements that the person has discovered, counting, putting everything in order, and stacking everything are examples of compulsions (Swedo et al., 2006). Anxiety is the worry and distress that comes with the risk and possibility of injury, as well as the fear that something terrible will happen (Budak., 2005).

Obsessive compulsive disorder (OCD) is a common disease that causes dysfunction in humans through different clinical images and obsessive themes that emerge (Doron et al., 2014).

Obsessive-compulsive symptoms in romantic relationships are one of the new research topics that have begun to be emphasized in recent years (Tekbıyık et al., 2014). It is expected that investigating the relationship between ruminative thinking style, body image and social appearance anxiety, and romantic relationship and partner-themed obsessive-compulsive symptoms will lead to a better understanding of this symptom profile.

Tumlu (2014) defines resilience as a quality that enables a person to persevere in the face of difficulties. For this reason, the problem statement of the research is formed as “Is there a relationship between OCD and social anxiety and psychological resilience?” In this study, determining whether the level of obsession changes according to social anxiety and psychological resilience in adults is aimed. The main purpose of the study is to determine the relationship between obsessive compulsive disorder, and social anxiety and psychological resilience in adults and to find answers to the questions below.

1. Do social anxiety and psychological resilience levels of obsessive-compulsive disorder differ according to gender, age, education, marital status?
2. Is there a significant relationship between obsessive compulsive disorder, and social anxiety and resilience levels?
3. Do social anxiety and resilience predict levels of obsessive compulsive disorder?

The importance of the research is that anxiety, psychological resilience, coping ways and metacognition variables that are thought to be related to each other are discussed together. In the literature, it is seen that the variables are handled in different ways, but not as a whole. In this respect, it is thought that understanding the mediating role of metacognition, as well as the levels of explaining the anxiety together of variables and their relations with each other, are important in terms of contributing to the literature.

MATERIALS AND METHODS

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Model of the Research

In the study, the relational screening model was used for the relationship between obsessive-compulsive disorder, and social anxiety and resilience in adults. Relational studies allow for

estimation of outcomes and interpretation of variable relationships. In these studies, the researcher focuses on the existence of the relationship between the variables and the strength of this relationship. Although statistical comparisons are made in relational survey studies, the researcher has no influence or control over the variables (Ohayon et al., 2010).

Universe and Sample

The group of this study was composed of individuals who received or are still receiving treatment in hospitals and private psychological counseling centers in Izmir region in 2022-2023. The sample of the study was composed of 400 participants aged 18 and over who were diagnosed with obsessive-compulsive, selected by purposive sampling method. Purposive sampling is a non-probability sampling method. The researcher tries to understand natural and social events or phenomena in the context of certain situations, and to examine and explain the relationships between them (Swedo, 2006).

Information About Participants

It is seen that 66.8% of the participants are female and 33.2% are male. The rate of the participants in the 18-26 age range is 22.8%, the rate of the participants in the 27-35 age range is 20%, and the rate of the participants in the age range of 36 and over is 57.3%. Considering the educational background of the participants, it is seen that primary school is 2.5%, high school is 8%, associate degree is 10%, undergraduate is 68.8% and others are 10.8%. It is understood that the highest rate in terms of income status belongs to middle income status with 86.3%, low income status has 7.8% and high income status has 6%. 66.3% of the participants are married, 29.8% are single and 4% are widowed/divorced. While the rate of participants who have any physical disability is 2.5%, the rate of those who do not is 97.5%. The rate of participants who have a person in their family who receives treatment for psychological problems is 22.3%, and the rate of participants who do not have a person in their family who receives psychological treatment for psychological problems is 77.8%.

Data Collection Tools

Information Form, Socio-Demographic Information Form, Maudsley Obsessive Compulsive Question List, Liebowitz Social Anxiety Scale and Brief Psychological

ResilienceScale were used as data collection tools for the research.

Personal Information Form

Socio-demographic information form created by the researcher consists of gender, age, educational status, income status, marital status and questions such as "Do you have any physical disability?" and "Is there any treatment in your family due to psychological problems?"

Maudsley Obsessive Compulsive Question List

It is an assessment material designed to determine the presence of obsessive-compulsive symptoms in humans, and what kind and to what extent, if any. The original version of this scale, created by Hodgson and Rachman in 1977, consists of 30 components. For the entire scale, Cronbach's alpha coefficient was calculated as 0.88; it was calculated as 0.78 for the control subscale, 0.84 for cleaning, 0.66 for suspicion and 0.59 for slowness. As a result of the examinations conducted by Erol and Savaşır (1988) to this scale, a total of 7 different items were added to MMPI and the total number of items in Turkish form reached 37. The scale consists of right and wrong options, 1 point for each correctly answered item, 0 points for each question answered incorrectly. The highest score of the scale is 37. It includes control, cleanliness, slowness, doubt and rumination subscales which were added later to the Turkish form. The control subscale consists of items 2, 6, 8, 14, 15, 20, 22, 26 and 28; the cleaning subscale consists of items 1, 4, 5, 9, 13, 17, 19, 21, 24, 26 and 27; the slowness subscale consists of items 2, 4, 8, 16, 23, 25 and 29; doubt sub-scale consists of items 3, 7, 10, 11, 12, 18 and 30; and the rumination subscale consists of items 2, 8, 31 and 37. In Turkish reliability studies, Cronbach's Alpha coefficient was determined as 0.86 for the entire scale and it was determined as 0.61-0.65 for subscales. It was found that $r=0.59-0.84$ for the entire scale in the test-retest reliability studies. The construct validity of the scale was determined by using factor analysis and three factors were discovered. Cleaning and meticulousness are the first, obsessive thinking is the second, slowness and control are the third factor (24).

Liebowitz Social Anxiety Scale

The scale developed by Liebowitz (1987) consists of 24 items designed to examine social scenarios in which people with social anxiety may experience difficulties. Each item in the scale is graded in terms of "fear or anxiety" and "avoidance

behavior". Items are rated on a scale from "not at all" (0) to "severe" (3). The Cronbach's alpha coefficient for the entire scale was found to be 0.96. Cronbach alpha scores of both fear/anxiety and avoidance subscales are 0.92. (Heimberg et al., 1999). Soykan et al. (2003) created the Turkish version of the scale. The test-retest reliability coefficient of the scale was found to be $r=.97$. The Cronbach Alpha Value of the social anxiety subscale is .96, and the Cronbach Alpha Value of the social avoidance subscale is .95. The Cronbach Alpha value of the whole scale is .98. The Cronbach Alpha value of the scale ranges from .92 to .81. Discriminant validity in validity studies is .26; when Beck Anxiety Inventory was used as a criterion, criterion validity was determined as $r=.21$.

The Brief Resilience Scale

Smith et al. (2008) developed the scale to assess people's psychological resilience. The Brief Resilience Scale is a 6-item, 5-point Likert-type assessment tool that allows individuals to evaluate themselves. The scale has only one dimension. The highest score that can be obtained from the scale is 30, and the lowest score is 6. The internal consistency approach was used to evaluate the reliability of the BRS and the internal consistency coefficient was found to be .83. The Turkish adaptation of the short form of the scale was carried out by Doğan (2015). Items 2, 4 and 6 of the scale were reverse coded. High scores obtained after these items were translated indicate a high level of psychological resilience. The factor loads of the scale items were found to vary between .68 and .91. Internal consistency and test-retest methodologies were used to determine the reliability of the scale. As a result, it was discovered that the internal consistency reliability coefficient ranged between .80 and .91 whereas the test-retest reliability coefficient was found to be between .62 and .69.

Data Collection Process

Ethical permission was obtained from the Near East University Scientific Research Ethics Committee before the data were collected for this study. Information and informed consent forms were given to the participants beforehand. In the information and informed consent form, the content of the research and the information that the answers will remain anonymous were given. An online survey system was applied to collect data on a voluntary basis. Links containing the data of the

study (whatsapp, mail, telegram, facebook, etc.) were shared on social media platforms. Answering the questionnaire took an average of 10-15 minutes.

Study Plan and Process

In January 2022, permission was obtained from the researchers who developed or adapted the Maudsley Obsessive Compulsive Question List, Liebowitz Social Anxiety Scale and the Brief Resilience Scale in the first phase of the study. In the second stage, between January 2022 and March 2022, the Near East University Ethics Committee was applied to, and the Ethics Committee's permission was obtained and the research was started.

Since the pandemic process continued at the start of the research in March 2022, the scales and personal information form, participant information and participant consent forms were prepared online with Google Form. In March 2022, conceptual foundations and related research were examined, and the scales were delivered online to 400 volunteers aged 18 and over, who were determined by the appropriate sampling method for the research, and data were collected. The findings obtained as a result of the statistical analyzes made with the data obtained from the sample group between April 2022 and May 2022 were discussed in line with the literature, and conclusions and suggestions were made.

Data Analysis

In order to determine the distribution of Maudsley obsessive-compulsive, social anxiety and resilience scores, the skewness kurtosis coefficients were used. The skewness and kurtosis coefficients between +1 and -1 indicate that the scores have a normal distribution (Büyüköztürk., 2012).

Independent sample t-test was used to compare Maudsley obsessive-compulsive, social anxiety and resilience scores according to two-category variables while one-way analysis of variance was used to compare according to variables with more than two categories. Scheffe multiple comparison test was used to determine the source of the difference in the analysis of variance. Pearson correlation coefficients were calculated so as to examine the relationships between Maudsley obsessive-compulsive, social anxiety and resilience scores. Simple linear regression analyzes were performed to determine the effect on Maudsley obsessive compulsive, social anxiety and

psychological resilience. Analyzes were carried out using the SPSS 22.0 statistical package program.

RESULTS

When Table 1 is examined, it is understood that the mean scores of controlling, anxiety, avoidance and social anxiety of the participants do not show a significant difference according to their gender status ($p>0.05$). In addition, it is seen that the mean scores of men and women in these dimensions are similar. It is understood that the mean scores of cleanliness, slowness, doubt, rumination, maudsley obsessive-compulsive and psychological resilience show a significant difference according to the gender status of the participants ($p<0,05$). However, while the mean scores of cleanliness, slowness, doubt, rumination and maudsley obsessive-copulsive scale are the highest in women, it is seen that the mean score of the psychological resilience scale is the highest in men.

When Table 2 is examined, it is understood that the mean scores of cleanliness, avoidance and social anxiety do not differ significantly according to the age of the participants ($p>0.05$). However, it is seen that the mean scores of the 18-26, 27-35, 36 and above age ranges are similar in these dimensions. It is understood that the mean scores of controlling, slowness, doubt, rumination, maudsley obsessive-compulsive, anxiety and psychological resilience show a significant difference according to the age of the participants ($p<0.05$). Moreover, it is seen that in the 18-26 age group, the mean scores of controlling, slowness, doubt, rumination and maudsley obsessive-compulsive are the highest whereas the average score of anxiety in the age range of 27-35 and the mean score of psychological resilience in the age group of 36 and above are the highest.

When Table 3 is examined, it is understood that the mean scores of anxiety, avoidance, social anxiety and psychological resilience do not differ significantly according to the educational level of the participants ($p>0.05$). Furthermore, it is seen that the mean scores of primary school, high school, undergraduate and others in these dimensions are similar. It is also understood that the mean scores of controlling, cleanliness, slowness, doubt, rumination and maudsley obsessive compulsive differ according to the education level of the participants ($p<0.05$).

However, it is seen that the highest average score in these dimensions belongs to high school education
Table 1. Comparison of maudsley obsessive compulsive, social anxiety and resilience scale scores by gender of participants

Variables	Gender	N	Avg.	Ss.	t	p
Controlling	Female	267	2,51	2,18	1,40	0,16
	Male	133	2,20	1,98		
Cleanliness	Female	267	4,02	2,17	3,28	0,00*
	Male	133	3,26	2,18		
Slowness	Female	267	1,87	1,43	1,90	0,05*
	Male	133	1,59	1,31		
Doubt	Female	267	3,34	1,54	2,05	0,04*
	Male	133	3,00	1,59		
Rumination	Female	267	1,58	1,37	1,99	0,04*
	Male	133	1,29	1,37		
Maudsley Obsessive Compulsive	Female	267	12,50	6,03	3,07	0,00*
	Male	133	10,51	6,17		
Anxiety	Female	267	25,36	15,99	0,76	0,44
	Male	133	24,05	16,63		
Avoidance	Female	267	24,80	16,30	0,29	0,76
	Male	133	24,28	17,18		
Social Anxiety	Female	267	50,15	30,19	0,56	0,57
	Male	133	48,32	30,63		
Psychological Resilience	Female	267	18,61	4,96	-2,93	0,00*
	Male	133	20,16	4,95		

p<0,05

Table 2. Comparison of maudsley obsessive compulsive, social anxiety and resilience scale scores by age of participants

Variables	Age	N	Avg.	Ss.	F	P
Controlling	18-26	91	3,33	2,10	14,20	0,00*
	27-35	80	2,56	2,24		
	36 and above	229	1,99	1,96		
Cleanliness	18-26	91	4,02	2,43	0,77	0,46
	27-35	80	3,69	2,12		
	36 and above	229	3,7,0	2,13		
Slowness	18-26	91	2,25	1,55	8,29	0,00*
	27-35	80	1,84	1,39		
	36 and above	229	1,56	1,29		
Doubt	18-26	91	3,80	1,54	8,49	0,00*
	27-35	80	3,18	1,62		
	36 and above	229	3,02	1,51		
Rumination	18-26	91	1,91	1,46	8,57	0,00*
	27-35	80	1,65	1,44		
	36 and above	229	1,25	1,27		
Maudsley ObsessiveCompulsive	18-26	91	14,52	6,64	12,85	0,00*
	27-35	80	11,86	5,91		
	36 and above	229	10,76	5,70		
Anxiety	18-26	91	26,53	16,16	3,21	0,04*
	27-35	80	28,0	18,29		
	36 and above	229	23,21	15,25		
Avoidance	18-26	91	24,60	15,29	0,35	0,70
	27-35	80	25,98	18,20		
	36 and above	229	24,16	16,53		
SocialAnxiety	18-26	91	51,13	29,76	1,57	0,20
	27-35	80	53,98	34,14		
	36 and above	229	47,37	29,01		
Psychological Resilience	18-26	91	17,95	5,49	3,34	0,03*
	27-35	80	19,34	4,99		
	36 and above	229	19,52	4,75		

p<0,05

Table 3. Comparison of maudisley obsessive compulsive, social anxiety and resilience scale scores by educational level of participants

Variables	Educational background	N	Avg.	Ss.	F	P
Controlling	Primary school	10	2,00	2,16	5,67	0,0*
	High school	32	3,50	2,41		
	Associate degree	40	3,43	2,25		
	Undergraduate	275	2,17	1,97		
	Others	43	2,23	2,24		
Cleanliness	Primary school	10	3,50	1,26	5,54	0,00*
	High school	32	5,41	2,32		
	Associate degree	40	4,03	2,28		
	Undergraduate	275	3,62	2,10		
	Others	43	3,35	2,37		
Slowness	Primary school	10	1,1	1,19	8,36	0,00*
	High school	32	2,78	1,56		
	Associate degree	40	2,38	1,49		
	Undergraduate	275	1,65	1,29		
	Others	43	1,42	1,43		
Doubt	Primary school	10	3,1	1,52	6,27	0,00*
	High school	32	4,09	1,71		
	Associate degree	40	3,98	1,34		
	Undergraduate	275	3,08	1,48		
	Others	43	2,84	1,81		
Rumination	Primary school	10	1,2	1,22	4,69	0,00*
	High school	32	2,22	1,38		
	Associate degree	40	2	1,46		
	Undergraduate	275	1,35	1,34		
	Others	43	1,33	1,30		
Maudsley ObsessiveCompulsive	Primary school	10	10,8	4,49	8,25	0,00*
	High school	32	16,22	6,92		
	Associate degree	40	14,78	6,17		
	Undergraduate	275	11,06	5,61		
	Others	43	11,05	7,08		
Anxiety	Primary school	10	25,3	16,80	1,81	0,12
	High school	32	31,38	14,36		
	Associate degree	40	26,68	16,07		
	Undergraduate	275	24,33	16,52		
	Others	43	22,14	14,62		
Avoidance	Primary school	10	25,2	13,38	1,58	0,17
	High school	32	31,63	16,41		
	Associate degree	40	24,5	15,04		
	Undergraduate	275	23,94	16,98		
	Others	43	23,77	15,56		
SocialAnxiety	Primary school	10	50,5	26,84	1,90	0,11
	High school	32	63	30,09		
	Associate degree	40	51,18	30,29		
	Undergraduate	275	48,28	30,49		
	Others	43	45,91	28,71		
Psychological Resilience	Primary school	10	19,4	3,27	1,52	0,19
	High school	32	18,16	3,94		
	Associate degree	40	17,58	5,62		
	Undergraduate	275	19,42	5,21		
	Others	43	19,35	3,81		

p<0,05

When Table 4 is examined, it is understood that the mean scores of cleanliness, slowness, doubt, anxiety, avoidance, social anxiety and psychological resilience do not show a significant difference according to the marital status of the participants ($p>0.05$). However, it is seen that single, married and widowed/divorced mean scores are similar in these dimensions. It is also understood that the mean scores of controlling, rumination and maudslley obsessive compulsive according to the marital status of the participants show a significant difference ($p<0.05$). However, it is seen that the highest average scores in these dimensions belong to single participants.

When Table 5 is examined, it is understood that there is a moderately positive relationship between the participants' checking and cleaning

($r=0.451$; $p<0.01$) scores; a positive relationship between the scores of slowness ($r=0,680$; $p<0,01$), doubt ($r=0,605$; $p<0,01$) and rumination ($r=0,696$; $p<0,01$); a very strongly positive relationship between the scores of maudslley obsessive compulsive ($r=0,840$; $p<0,01$); a weakly positive relationship between anxiety ($r=0,266$; $p<0,01$), avoidance ($r=0,231$, $p<001$) and social anxiety ($r=0,269$; $p<0,01$); a weakly negative and significant relationship between the scores of psychological resilience ($r=-0,324$; $p<0,01$). As controlling scores increase, cleanliness, slowness, doubt, rumination, maudslley obsessive compulsive, anxiety, avoidance and social anxiety scores increase; psychological resilience scores decrease.

Table 4. Comparison of maudslley obsessive compulsive, social anxiety and resilience scale scores by marital status of the participants

Variables	Medeni Durumu	N	Avg.	SS.	F	P
Controlling	Single	119	3,09	2,163	9,276	0,00*
	Married	265	2,11	2,033		
	Widow/Divorced	16	2,31	2,182		
Cleanliness	Single	119	3,56	2,272	2,919	0,055
	Married	265	3,92	2,169		
	Widow/Divorced	16	2,75	1,949		
Slowness	Single	119	2,02	1,455	2,728	0,067
	Married	265	1,66	1,375		
	Widow/Divorced	16	1,88	1,204		
Doubt	Single	119	3,51	1,501	2,839	0,06
	Married	265	3,1	1,593		
	Widow/Divorced	16	3,19	1,515		
Rumination	Single	119	1,74	1,47	3,314	0,037
	Married	265	1,35	1,312		
	Widow/Divorced	16	1,63	1,628		
Maudslley ObsessiveCompulsive	Single	119	13,13	6,427	3,836	0,022
	Married	265	11,3	5,905		
	Widow/Divorced	16	11,06	6,884		
Anxiety	Single	119	26,18	17,03	0,638	0,529
	Married	265	24,5	15,721		
	Widow/Divorced	16	22,44	18,048		
Avoidance	Single	119	23,2	15,83	1,41	0,245
	Married	265	25,53	16,798		
	Widow/Divorced	16	20,19	18,101		
SocialAnxiety	Single	119	49,39	30,949	0,452	0,637
	Married	265	50,03	29,888		
	Widow/Divorced	16	42,63	33,629		
Psychological Resilience	Single	119	18,44	5,358	1,661	0,191
	Married	265	19,44	4,82		
	Widow/Divorced	16	19	5,241		

$p<0,05$

Table 5. Pearson correlation coefficients of the relationships between the participants' maudisley obsessive compulsive, social anxiety, and resilience scores

Variables	1	2	3	4	5	6	7	8	9	10	
Controlling	r	1									
	p										
	N	400									
Cleanliness	r	,451**	1								
	p	0									
	N	400	400								
Slowness	r	,680**	,502**	1							
	p	0	0								
	N	400	400	400							
Doubt	r	,605**	,463**	,500**	1						
	p	0	0	0							
	N	400	400	400	400						
Rumination	r	,696**	,385**	,751**	,472**	1					
	p	0	0	0	0						
	N	400	400	400	400	400					
Maudsley ObsessiveCompulsive	r	,840**	,750**	,715**	,802**	,679**	1				
	p	0	0	0	0	0					
	N	400	400	400	400	400	400				
Anxiety	r	,266**	,121*	,190**	,192**	,303**	,249**	1			
	p	0	0,015	0	0	0	0				
	N	400	400	400	400	400	400	400			
Avoidance	r	,231**	,126*	,162**	,216**	,225**	,233**	,710**	1		
	p	0	0,012	0,001	0	0	0	0			
	N	400	400	400	400	400	400	400	400		
SocialAnxiety	r	,269**	,134**	,190**	,221**	,285**	,261**	,923**	,927**	1	
	p	0	0,007	0	0	0	0	0	0		
	N	400	400	400	400	400	400	400	400	400	
Psychological Resilience	r	-,324**	-,231**	-,309**	-,243**	-,485**	-,350**	-,322**	-,268**	-,319**	1
	p	0	0	0	0	0	0	0	0	0	
	N	400	400	400	400	400	400	400	400	400	400

**p<0,01 *p<0,05

When Table 6 is examined, it is understood that the psychological resilience ($\beta=-0.29$; $p<0.05$) levels of the participants negatively predict Maudsley obsessive-compulsive disorder. However, anxiety ($\beta=0.08$; $p>0.05$) and avoidance

($\beta=0.09$; $p>0.05$) levels do not seem to predict Maudsley obsessive-compulsive disorder. Social anxiety and resilience explain 38% of the change in Maudsley obsessive-compulsive disorder among participants.

Table 6. Regression analysis results of the effect of social anxiety and resilience on maudisley obsessive compulsive disorder in participants

Variables	B	SH	B	T	P
(Sabit)	17,12	1,42		12,05	0,00*
Anxiety	0,03	0,02	0,08	1,33	0,18
Avoidance	0,03	0,02	0,09	1,36	0,17
Psychological Resilience	-0,36	0,06	-0,29	-6,04	0,00*
R=0,38	R2=0,14	F(3;399)=22,750		p<0,05	

DependentVariables=Maudsley ObsessiveCompulsive

DISCUSSION

The main purpose of the research is to examine the relationship between obsessive compulsive disorder, and social anxiety and resilience in adults. In this context, the variables will be compared in terms of gender, age, educational status and marital status. In this section, the findings will be discussed in the light of the literature.

In the study, it was determined that the levels of controlling, anxiety, avoidance and social anxiety do not change according to gender. It is seen that the levels of men and women are similar in these dimensions. However, it was determined that the levels of cleanliness, slowness, doubt, rumination, maudslay obsessive-compulsive and psychological resilience change according to the gender of the participants. It was observed that cleanliness, slowness, doubt, rumination and maudslay obsessive compulsive levels are the highest in women while the levels of psychological resilience are the highest in men. When the studies in the literature are examined, Lochner et al. (2004), Akgun et al. (2009), Mathis et al. (2011) and Cherian et al. (2014) found in their study that women are more concerned with regards to gender. When the studies on obsessive beliefs were examined, it was determined that there is a difference in the results obtained according to gender. In a study conducted by Ercan (2015), it was stated that the obsessive belief levels are higher in male participants, contrary to the results of this study. However, the study conducted by Demet et al. (2005) and Karaali and Aktaş (2014) showed that women have higher obsessive beliefs than men. When the studies on obsessive and compulsive beliefs in terms of gender are evaluated as a whole, it can be thought that the study enriches the literature with the findings in favor of female participants. In the other finding of the study, it was determined that the levels of cleanliness, avoidance and social anxiety do not change according to the age of the participants. When the literature is examined, Tokuç et al. (2009) and Çoban (2013) found in their study that social anxiety do not differ according to the age variable. Significant changes were found in the levels of controlling, slowness, doubt, rumination, maudslay obsessive-compulsive, anxiety and psychological resilience according to the age of the participants. However, it was found that

controlling, slowness, doubt, rumination and maudslay obsessive-compulsive levels are highest in the 18-26 age group, and that the anxiety levels in the 27-35 age range and the psychological resilience levels in the 36 and over age range are highest. Many studies in the literature have investigated whether there is a link between resilience and other characteristics in different age groups. In the studies conducted by Arısoy (2019) and Eser (2019), it was stated that OCD beliefs differ according to the age group. This finding is important in that it is similar to the results of the study.

It was determined that the levels of anxiety, avoidance, social anxiety and psychological resilience do not change according to the education level of the participants. It was determined that the levels of controlling, cleanliness, slowness, doubt, rumination and maudslay obsessive compulsive change according to the other sub-dimensions of educational status. It was observed that the highest levels in these dimensions belonged to high school education. It is possible that an individual's OCD beliefs are affected by many factors from childhood to adulthood. Therefore, the differentiation of OCD beliefs in the educational process is an expected result in the context of research. This result is also supported by studies by Ercan (2015) and Cevheri (2018). Similar to this study, in Ercan's (2015) study, it was determined that OCD beliefs are affected by the educational status variable. However, Gençay (2009), Özmen et al. (2008), Karaali (2014) and Arısoy (2019) found no relationship between educational status, and anxiety and obsessive beliefs.

In the study, it was determined that the levels of cleanliness, slowness, doubt, anxiety, avoidance, social anxiety and psychological resilience do not change according to marital status. In addition, it was determined that controlling, rumination and maudslay obsessive compulsive levels change according to the marital status of the participants. It was observed that the highest levels of these dimensions belonged to single participants. When the studies in the literature were examined, studies showing parallelism with the findings were observed (25). When the studies on OCD were examined, it was concluded that the marital status variable had been examined in very few studies. The limited number of studies on OCD and marital status supporting

this research is of critical importance in terms of the literature. Studies by Pusuroğlu (2016) and Arısoy (2019) stated that obsessive beliefs do not differ according to marital status.

In the significant finding of the study, it was determined that there is a moderately positive relationship between the participants' checking and cleaning scores; a positive relationship between the scores of slowness, doubt and rumination; a very strongly positive relationship between the scores of maudisley obsessive compulsive; a weakly positive relationship between anxiety, avoidance and social anxiety; a weakly negative and significant relationship between the scores of psychological resilience. It was observed that as the control levels increase, the levels of cleanliness, slowness, doubt, rumination, maudisley obsessive compulsive, anxiety, avoidance and social anxiety increase; psychological resilience levels decreased. When the studies in the literature were examined, it was concluded that there were no studies that brought together OCD levels, social anxiety and psychological resilience on a common ground. The fact that research is generally handled within the framework of OCD is a gap in the literature. In this context, the results obtained regarding the effect of OCD on the level of social anxiety and psychological resilience are important in terms of closing the gaps in the literature.

It was determined that psychological resilience levels negatively predict Maudisley obsessive compulsive disorder. However, it was observed that anxiety and avoidance levels do not predict Maudisley obsessive compulsive disorder. Social anxiety and resilience explain 38% of the change in Maudisley obsessive compulsive disorder among participants. In the literature, there are studies conducted on people diagnosed with obsessive compulsive disorder recently. When we look at the literature, there is a study showing that psychological resilience predicts OCD (Piryaei et al., 2014; Lewis et al., 2012). It also shows that contagion obsession and cleaning compulsion increase during epidemics (Lensi et al., 1996). Since psychological resilience is expressed as the ability to adapt despite adverse conditions, individuals can cope with OCD symptoms more easily due to their high resilience. The findings of this study show that psychological resilience levels are negatively related to OCD variables but do not act together. This situation can be explained by the fact that psychological resilience protects and

distances the person from OCD. The fact that most of the participants are women and the high level of education can be counted among the limitations of the study. The strengths of the study are that it allows quantitative evaluation of OCD effects by comparing OCD scores of individuals and that the data is an evidence-based preliminary study.

Limitations

The study is limited to the participants who received therapy and treatment with the diagnosis of OCD and accepted to work at the time of the study. The Maudisley Obsessive Compulsive Question list is limited to data from the Liebowitz Social Anxiety Scale and the Brief Resilience Scale.

Conclusion and Suggestion

Results

There are differences in the levels of maudisley obsessive-compulsive and psychological resilience according to the gender of the participants. However, levels of maudisley compulsive disorder are higher in women; psychological resilience levels are higher in men. There are differences in the levels of maudisley obsessive-compulsive and psychological resilience according to the age of the participants. However, the levels of maudisley obsessive compulsive disorder are higher in the 18-26 age group; psychological resilience levels are higher when they are 36 and above. There are differences in the levels of maudisley obsessive-compulsive according to the education level of the participants. However, levels of maudisley compulsive disorder are highest in the high school education status. There are differences in the levels of maudisley obsessive-compulsive according to the marital status of the participants. However, levels of maudisley obsessive-compulsive disorder are highest in single participants. There are weakly positive relationships between the maudisley obsessive compulsive levels and social anxiety levels of the participants; there are weakly negative and significant relationships between psychological resilience levels. As obsessive-compulsive levels increase, social anxiety levels increase while psychological resilience levels decrease. The psychological resilience levels of the participants predict Maudisley obsessive-compulsive disorder negatively. Social anxiety and resilience explain 38% of the change in obsessive-compulsive disorder in participants.

Suggestions

Suggestions for Researchers

In the results of the research, obsessions and compulsions were found to be significant for the tested variables in general. However, no significant results were found at the expected psychological resilience level. Therefore, the relationship between obsessive-compulsive scores and another variable can be examined.

This study was carried out with the participation of 400 people. Considering that studies with large groups will yield more reliable results, larger participant groups can be recommended for future research. This study is a survey model study. An experimental model can be used in research on similar topics. In this context, independent variables that have an effect on OCD, social anxiety and resilience can be examined in detail. The data collected in this study are quantitative data. In addition to these data, qualitative data can also be collected for future research. For this reason, quantitative results in research can be supported by qualitative results.

Suggestions for Clinicians

In the study, a significant relationship was found between OCD, social anxiety and psychological resilience. It is observed that as OCD scores increase, the level of social anxiety increases and the level of psychological resilience decreases. In this context, it may be recommended to give clinical support to individuals on OCD by psychologists.

Suggestions for Government

It can be suggested that informative seminars and conferences be given by experts in the field to raise awareness about OCD, social anxiety and psychological resilience.

Conflict of interest

The authors declare no conflicts of interest. No financial support has been received.

Ethics Committee

In the second stage, between January 2022 and March 2022, the Near East University Ethics Committee was applied to, and the Ethics Committee's permission (YDÜ/SB/2022/1211) was obtained and the research was started.

Author Contributions

Study Design, BA; Data Collection, BA and MK; Statistical Analysis, BA and Cİ; Data Interpretation, Cİ; Manuscript Preparation, BA, MK and Cİ; Literature Search, BA, MK and

Cİ. The published version of the manuscript has been read and approved by all authors.

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