Original Article

The relationship between existential concerns, incompleteness, and insight with dimensions of obsessive-compulsive disorder in female students

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Abstract

This study aimed to investigate the relationship between existential concerns, incompleteness, and insight with dimensions of obsessive-compulsive disorder in female students. In this correlational research, the cluster sampling was employed to select 460 undergraduate female students of Guilan University in the academic year 2023-2024. The data was collected by Padua Inventory (1988), the Existential Concerns Questionnaire, Brown Incompleteness Scale, and Beck Cognitive Insight Scale, then analyzed by focal correlation analysis. Results revealed that there is a significant focal correlation between existential concerns, incompleteness, and insight with dimensions of obsessive-compulsive disorder in female students, and the correlation coefficient was 0.63 ($p < 0.001$). Also, 39% of changes in obsessive-compulsive disorder dimensions is predictable. The existential concerns (-0.64) and incompleteness (-0.53) had the highest focal weight, respectively. According to research results, existential concerns, incompleteness, and insight affect the obsessive-compulsive disorder dimensions in students and thereby increase its symptoms and manifestations. Existential concerns and incompleteness have the greatest effect on dimensions of students' obsessive-compulsive disorder, so their effect on students' psychological vulnerability can be prevented by necessary training and prevention.

Introduction

The university years are a critical period in students' lives, marked by the development of personal, social, and academic traits (Nepal et al., 2024). While many students navigate the challenges of this phase successfully, some encounter difficulties. Consequently, emotional and behavioral problems, as well as mental disorders, have increased in recent years (Weigold et al., 2020). Recent studies indicate a rise in the prevalence of mental health issues among students. Furthermore, research conducted on students from eight countries revealed that 34% of them have experienced at least one mental health-related condition during their lifetimes (Giusti et al., 2021; Solis Garcia et al., 2024).

Obsessive-Compulsive Disorder (OCD) is one of the leading causes of disability in mental health conditions, characterized by persistent and intrusive thoughts, images, or sensory perceptions that cause distress, accompanied by repetitive behaviors aimed at temporarily reducing the distress (Cohen et al., 2024;

Horncastle et al., 2022). The clinical manifestations of this disorder are heterogeneous, but it can significantly impair the quality of life and social functioning of affected individuals. The global lifetime prevalence of this disorder is reported to be 2–3% (Cohen et al., 2024). In the Iranian teachers population, its prevalence is 8% (Abdolalizadeh et al., 2022). Individuals with OCD experience unwanted and intrusive thoughts (obsessions) and feel compelled to engage in repetitive behaviors (compulsions) (Abdi et al., 2023; Stein et al., 2019). A diagnosis of OCD requires the presence of obsessions, compulsions, or both (Etkin et al., 2024). People with OCD may spend significant amounts of time engaging in these obsessions or compulsions, leading to considerable distress or harm. Due to the time-consuming nature of these behaviors, individuals with OCD often face substantial social and occupational impairments (Lahey et al., 2024). OCD is categorized based on various symptom dimensions, including contamination, washing, forbidden thoughts, checking, symmetry, order, and hoarding (Lundström et al., 2024; Shafaei et al., 2025). Although

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the general perception of OCD often revolves around cleanliness and order, other manifestations commonly include fears of physical harm, repeating words or phrases, and moral obsessions (Hassan et al., 2024; Stein et al., 2019). OCD triggers fundamental concerns and emotions such as anxiety and disgust (Mitchell et al., 2024).

According to existential psychology and psychotherapy, death, freedom, isolation, identity, and meaning are fundamental existential concerns that individuals face, significantly impacting their psychological well-being (Chavez-Baldini et al., 2024). In patients with OCD, these existential concerns manifest as excessive washing behaviors, repeated checking, aggressive obsessions, and intrusive images, all aimed at preventing negative outcomes such as death (Chawla et al., 2022). For instance, individuals who compulsively check electrical outlets, stoves, heaters, and locks on windows and doors do so to prevent house fires, home invasions, or electrocution, all of which ultimately relate to death. Many individuals with OCD also experience magical thinking, believing that their thoughts can causally influence reality (Menzies et al., 2021). These patients frequently report obsessions where they feel responsible for the death of a loved one (Verin et al., 2022). Existential concerns are significantly associated with the experience of obsessions. The strongest evidence for the role of death anxiety in mental disorders is found in OCD (Menzies et al., 2021). Chawla et al. (2022) found a significant correlation between OCD severity and each existential concern, as well as the overall existential score. Similarly, Menzies et al. (2020) demonstrated a notable correlation between death anxiety and six domains of OCD symptoms, including contamination, hoarding, checking, obsessive thoughts, indecisiveness, and distorted experiences. Menzies and Dar-Nimrod (2017) found that reminders of death intensified compulsive cleaning behaviors among individuals with contamination and washing obsessions, suggesting that death anxiety plays a causal role in the contamination subgroup.

In addition to anxiety and fear, compulsions in OCD can be driven by another factor known as incompleteness, which is described as an internal sense that things are incomplete or incorrect (Lundström et al., 2024). Incompleteness in OCD symptoms refers to the feeling that actions performed in response to compulsions are incomplete or unsatisfactory, failing to provide the desired relief (Sica et al., 2024). Incompleteness reflects a sensory disorganization issue that is considered part of the psychopathology of OCD (Fradkin et al., 2020). Numerous studies, such as that by Yang et al. (2024) have confirmed the role of incompleteness in OCD. In the study by Lundström et al. (2024) incompleteness was associated with the dimensions of symmetry and ordering, as well as overall OCD symptoms, identifying incompleteness as a clinical feature linked to OCD. In the study by Cervin et al. (2021) incompleteness was found to increase across all OCD symptom dimensions, with the strongest correlation reported for the symmetry

dimension. However, some studies, such as that by Sica et al. (2019) have linked incompleteness to all OCD symptom dimensions, including washing, checking, ordering, and obsessive thoughts.

Another factor associated with OCD severity is insight, which refers to patients' cognitive awareness of their symptoms, states, behaviors, and their consequences (David, 2020; Zhu et al., 2024). In OCD patients, insight is defined as the ability to recognize their obsessions and compulsions as pathological, unnecessary, and abnormal behaviors (Selles et al., 2023). The rate of poor insight in OCD patients is reported to be approximately 15-36% (Gan et al., 2022). Poor insight levels in OCD are linked to worse prognoses and more severe symptom presentations. Patients with OCD often fluctuate in their level of insight, and examining this variability can enhance our understanding of the psychopathology of OCD (Farouk et al., 2024). Additionally, differences in clinical features have been observed among OCD patients with varying levels of insight, although the findings in this area remain controversial (Zhu et al., 2024). In a study by Farouk et al. (2024) increased OCD symptom severity was associated with poor insight. Contamination obsessions showed a positive correlation with insight, whereas sexual and religious obsessions showed a negative correlation. Similarly, in a study by Acevedo et al. (2024) insight was identified as a predictor of changes in OCD symptom severity, with hoarding and symmetry obsessions being associated with poor insight. Zhu et al. (2024) also reported that some OCD patients exhibit impaired insight, with poor or absent insight strongly linked to increased disease severity.

Few studies have explored the roles of existential concerns, incompleteness, and insight in students, particularly within the context of the Iranian population. There is limited information on the specific roles and interactions of these variables in predicting and influencing different dimensions of OCD among students. Most research on existential concerns has focused on the impact of death anxiety on OCD, with less attention to other existential concerns. It also remains unclear whether incompleteness acts as a primary trigger for OCD symptoms. Furthermore, there are conflicting findings regarding the role of insight. This study aims to analyze the relationships between existential concerns, incompleteness, and insight with various dimensions of OCD in female students.

Method

Participants

This study was conducted with canonical correlation design. The population of the study comprised all undergraduate female students of Guilan University during the academic year of 2023-2024 (about 12000 students). The sample consisted of 416 undergraduate female students of Guilan University during the academic year of 2023-2024 chosen based on cluster sampling as follows: four colleges (Agriculture, Art and Architecture, Humanities, and Technical colleges) were

selected out of 10 colleges of Guilan University, and six classes were selected from each college and about 20 students were voluntarily chosen from each class. Garson (2022) suggests a minimum sample size of 10 participants per variable in the model, with at least 200 participants for canonical correlation analysis. To account for potential incomplete responses and the sampling method limitation, the sample size was increased to 460. Inclusion criteria consisted of age (20-23 years old) and education level (BA). Exclusion criteria comprised other mental disorders and chronic somatic diseases (by direct questions) and incomplete answers given to the questions of the questionnaire (more than one-third of unanswered questions).

Instrument

Padua Obsession Inventory (Washington State University Revision):

This questionnaire, developed in 1988, contains 39 items designed to assess the severity of OCD across 8 subscales. It uses a 5-point Likert scale (ranging from "not at all" to "very much"). The subscales include contamination, washing, orderliness, thoughts of harming oneself or others, violence, impulses to harm oneself or others, and obsessive impulses related to stealing. In the study by Shams et al. (2010), criterion validity of the Persian version of the Padua Inventory was assessed by comparing it with the Maudsley Obsessive-Compulsive Inventory and the Obsessive-Compulsive Inventory, yielding correlation coefficients of 0.69 and 0.58, respectively, indicating good validity. The Cronbach's alpha for the entire questionnaire was reported as 0.92, the split-half reliability as 0.95, and the test-retest reliability as 0.77. In a study by Keshavarz (2017) Cronbach's alpha was 0.91, and test-retest reliability was 0.80 (p < 0.001), confirming the satisfactory psychometric properties of the Persian version for the Iranian population. Similarly, Parchami Khoram et al. (2022) reported criterion validity by comparing the Persian Padua Inventory with the Maudsley Obsessive-Compulsive Questionnaire, obtaining coefficients of 0.20 and 0.13, respectively. These results suggest that the Persian version of the Padua Inventory is a relatively reliable and valid instrument in Iran. In the present study, the Cronbach's alpha for this questionnaire was calculated to be 0.93, further confirming its reliability.

Existential Concerns Questionnaire:

This self-report questionnaire, developed by van Bruggen et al. (2017), consists of 22 items and includes 5 subscales designed to measure anxiety about death, meaning, freedom, isolation, and identity (Chawla et al., 2022). Responses are measured on a 5-point Likert scale ranging from 1 (little) to 5 (too much) van Bruggen et al. (2017) reported satisfactory reliability and validity for the scale. In the study by Chawla et al. (2022), internal consistency reliability coefficients were reported as follows: death (0.93), meaning (0.86), guilt

(0.75), identity (0.75), isolation (0.83), and the total scale (0.95). Mahdavinoor et al. (2024) reported that the correlation of ECQ with other variables was as expected, except for its correlation with the search for meaning in life (r = 0.010, P = 0.808). This finding supports the validity of the questionnaire. Additionally, its reliability was also acceptable (Cronbach's Alpha = 0.935). In the present study, the Cronbach's alpha for this questionnaire was calculated to be 0.93, indicating strong reliability.

Brown Incompleteness Scale:

This scale assesses incompleteness and consists of 21 items. Responses are measured on a 5-point Likert scale ranging from 1 (never) to 5 (always), with higher scores indicating a greater degree of incompleteness (Boisseau et al., 2018). The scale evaluates three components: time spent, distress, and interference. Boisseau et al. (2018) reported internal consistency reliability coefficients (Cronbach's alpha) ranging from 0.86 to 0.95 across subscales, demonstrating strong reliability. The scale also showed higher scores for individuals with obsessive-compulsive personality disorder compared to normal individuals. In the present study, the Cronbach's alpha for this scale was calculated as 0.93, confirming its high reliability.

Cognitive Insight Scale:

The Cognitive Insight Questionnaire, developed by Beck et al. (2004), assesses individuals' cognitive insight in two factors: self-reflection and self-confidence. The self-reflection factor includes 9 items, and the self-confidence factor includes 6 items. The composite cognitive insight score is derived by subtracting the score for self-confidence from the score for self-reflection. In the study by Yousefi (2007) Cronbach's alpha for the self-reflection factor was 0.69, for self-confidence it was 0.79, and for the total scale it was 0.74. The test-retest reliability coefficient was 0.69, and the split-half reliability was 0.72. The concurrent validity, measured by the General Unawareness of Disorder Scale, was reported as 0.86. In the study by Solaymani et al. (2016), Cronbach's alpha for this questionnaire was estimated to be 0.89. In the present study, the Cronbach's alpha for this test was calculated as 0.74.

Procedure

The required permissions were taken from Guilan University as the first step to implement the research. Informed consent was obtained from all participants included in the study. After the demographic information was received and colleges were selected, BA classes from several majors were chosen by referring to each college. After getting permission from associated professors and coordinating with them, the researcher went to the classrooms and provided

necessary explanations about the research objectives, the necessity of honest answers given to the questions, the confidentiality of information, and research results, and distributed the research questionnaires among female students. Implementation was done in group form and no time constraint existed for answering the questions. Ultimately, a physical package of tools was finished. Questionnaires were anonymous to observe ethical points and students were free to answer questions voluntarily. Those students with mental disorders and those who could not fill out the scale were deleted from the study. The collected data were analyzed using SPSS-27 software, and the results were described and organized in tables. This study was approved by the Ethics Committee for Biomedical Research at the University of Guilan with the ethics code IR.GUILAN.REC.1402.072.

Results

According to the demographic data of the sample, the participants' ages ranged between 20 and 23, and all were female. Among them, 0.2% were first-term students, 47% were in the third term, 22.9% were in the fifth term, and 28% were in the seventh term. Additionally, 29.7% of the students were employed, and 68.2% were not. In terms of birth order, 5.6% were only children, 47.9% were the first-born, 33.2% were the second-born, 9.3% were the third-born, and 1.9% were the last-born. Furthermore, 9.3% of the students had a history of probation, while 88.6% had no history of probation. The linear relationships between the research variables were examined using Pearson's correlation test. The correlation coefficients and descriptive statistics of the research variables are presented in Table 1.

Table 1. Correlation coefficients and descriptive statistics

	1	2	3	4	5	6	7	8
Existential Concerns	1	-	-	-	-	-	-	-
Incompleteness	0.49**	1	-	-	-	-	-	-
Insight	-0.27**	-0.19**	1	-	-	-	-	-
Contamination	0.34**	0.37**	-0.05**	1	-	-	-	-
Washing	0.32**	0.34**	-0.03**	0.73**	1	-	-	-
Orderliness	0.23**	0.39**	-0.06**	0.52**	0.49**	1	-	-
Checking	0.43**	0.44**	-0.08**	0.55**	0.47**	0.48	1	-
Harm to Self and Others	0.51**	0.43**	-0.12**	0.33**	0.32**	0.31**	0.53**	1
Mean	55.29	57.91	3.61	7.34	4.56	3.63	11.96	7.46
Standard Deviation	16.28	14.91	3.13	4.39	2.91	2.61	7.38	6.26
Skewness	0.28	-0.11	0.14	0.74	0.53	0.83	0.72	1.23
Kurtosis	-0.40	-0.30	-0.09	0.61	-0.09	0.61	0.27	1.75

Based on the results presented in Table 1, all dimensions of obsessive-compulsive disorder (OCD) showed a positive and significant correlation with the variables of existential concerns and Incompleteness while exhibiting a negative correlation with the insight variable. The results of the canonical correlation analysis between the dimensions of OCD and the variables of existential concerns, incompleteness, and insight are presented in Table 2.

Table 2. Canonical Correlations

	Eigenvalue	Correlation	Correlation squared	Wilks Statistic	F	D.F.	Sig.
1	0.66	0.63	0.39	0.57	17.39	15	0.00
2	0.05	0.21	0.04	0.95	2.71	8	0.00
3	0.00	0.04	0.00	0.99	0.33	3	0.80

Based on the results related to the first canonical function in Table 2, a positive and significant correlation exists between the variables of existential concerns, incompleteness, and insight with the dimensions of obsessive-compulsive disorder (OCD) ($P<0.01$), with a correlation coefficient of 0.63. The square of the correlation coefficient represents the shared variance between the two sets of variables. In this case, the shared variance in the first function is 0.39, indicating that the combination of existential concerns, incompleteness, and insight predicts 39% of the changes in the dimensions of OCD among female students. The weights and canonical loadings of the study variables in the first canonical function are presented in the table below.

Table 3. Standardized Canonical Correlation Coefficients and Canonical Loadings

		Standardized Canonical Correlation Coefficients	Canonical Loadings
Existential Concerns		-0.64	-0.88
Incompleteness		-0.53	-0.83
Insight		-0.09	0.18
obsessive-compulsive disorder	Contamination	-0.17	-0.66
	Washing	-0.11	-0.61

Orderliness	-0.08	-0.56
Checking	-0.31	-0.81
Harm to Self and Others	-0.59	-0.87

The standardized canonical correlation coefficients represent the relative contribution of each variable to the canonical correlation, while the canonical loading indicates each variable's contribution to forming the canonical variable. Based on the results presented in Table 3, the highest standardized canonical correlation

coefficients are attributed to existential concerns (-0.64) and harm to self and others (-0.59). Additionally, according to the canonical loadings, the greatest contribution to forming the canonical function is also from existential concerns (-0.88) and harm to self and others (-0.87).
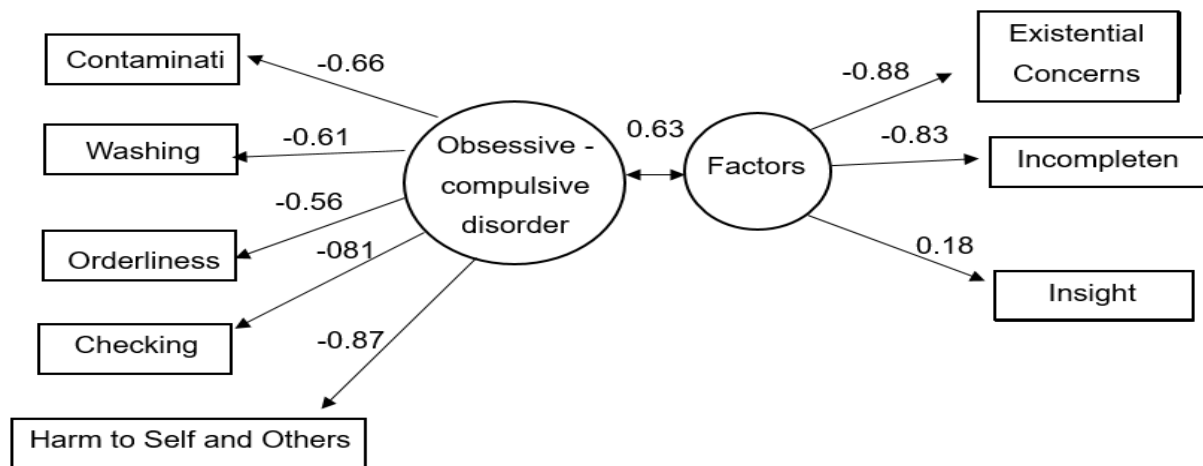

Figure 2. A model of the relationship between existential concerns, incompleteness, and insight with dimensions of obsessive-compulsive disorder in students

Discussion

The present study aimed to examine the relationships between existential concerns, incompleteness, and insight with the dimensions of obsessive-compulsive disorder (OCD) in female students during the 2023-2024 academic year. Based on the findings, there was a significant correlation between the variables of existential concerns, incompleteness, and insight with the dimensions of OCD. This correlation was positive for existential concerns and incompleteness and negative for insight. The results of the present study align with those of previous research, such as Chawla et al. (2022), Gan et al. (2022), Farouk et al. (2024), and Horncastle et al. (2022). Other findings of the study revealed that, in the OCD function, the highest standardized canonical correlation coefficients were attributed to existential concerns (-0.64) and incompleteness (-0.53), respectively. These findings are consistent with research by Chawla et al. (2022) and Chavez-Baldini et al. (2024) regarding existential concerns and Cervin et al. (2021) regarding incompleteness.

In the present study, the relationship between five existential concerns and dimensions of OCD was examined. The results showed that the five existential concerns, including death anxiety, meaning, identity, freedom, and isolation, had a significant positive correlation with all dimensions of OCD, including contamination, washing, orderliness, checking, and harm to oneself and others. These findings align with the study by Chawla et al. (2022), which found a

significant correlation between OCD dimensions and each of the existential concerns. They reported that death anxiety was significantly associated with aggressive obsessions but not with sexual obsessions. Additionally, concerns about identity, meaning, and existential guilt were related to sexual obsessions. Patients with contamination-related OCD reported fears of toxins, bodily fluids, diseases, and expectations of contamination and death (Menzies & Dar-Nimrod, 2017). Death anxiety was identified as a strong predictor of OCD severity and other markers of psychopathology (Verin et al., 2022). Similarly, in the study by Menzies et al. (2020), higher death anxiety was associated with increased OCD symptom severity. For instance, contamination-related obsessive behaviors (such as increased handwashing) were triggered by reminders of death, with death anxiety playing a role.

In the present study, death anxiety also showed a significant positive correlation with contamination obsessions and other dimensions of OCD. To explain this, it can be stated that an increase in anxiety and existential concerns among students may heighten the risk of mental health issues, potentially leading to psychological disorders such as OCD. Individuals experiencing existential concerns may turn to compulsions and obsessive behaviors to alleviate or control feelings of anxiety, such as death anxiety. For instance, regarding anxiety related to freedom and choice, individuals may develop checking obsessions, repeatedly verifying everything to ensure the best and safest decision. Anxiety about freedom, willpower, responsibility, and independence being compromised

may impact a person's ability to act in alignment with their goals or desires. Existential concerns, such as death anxiety, are significantly associated with harm and aggression obsessions. Concerns about causing harm to oneself or others intensify in the face of death anxiety, potentially leading to harm-related obsessions. Excessive compulsive behaviors might even result in social withdrawal, which in turn could increase isolation anxiety in these individuals.

In fact, the relationship between OCD and existential concerns is reciprocal, with each significantly influencing the other. Existential concerns lead to self-reflection, which may arise from major life events and stressors or occur spontaneously. These concerns are more common among students and young people, involving questioning fundamental beliefs and values and grappling with profound questions about existence, the purpose of life, the nature of reality, and the inevitability of death. Such concerns often result in feelings of emptiness, frustration, and disconnection from the world, making it difficult for young individuals to find direction or meaning. However, at the same time, they can foster personal growth and self-awareness, as individuals explore new perspectives and gain a deeper understanding of themselves and their place in the world. The rapid pace of social and technological change, globalization, and increasing complexity have made existential crises a common issue in modern life. Despite its initial negative impact, it can inspire self-reflection and personal development, promoting empathy and stronger connections with others-provided it does not lead to major problems or harm mental health.

Incompleteness showed a significant positive correlation with all dimensions of obsessive-compulsive disorder (OCD), aligning with the findings of Sica et al. (2019), who examined the role of incompleteness in shaping obsessive symptoms. They found that incompleteness was associated with the severity of OCD symptoms and all major symptom dimensions, including washing, checking, ordering, and obsessive thoughts. Lundström et al. (2024) also reported a significant positive correlation between incompleteness and the dimensions of symmetry and ordering, a finding frequently repeated in previous studies. Incompleteness is considered a clinical feature linked to OCD, which may require tailored therapeutic adjustments for some patients. Similarly, Sica et al. (2024) identified incompleteness as strongly associated with all OCD symptoms, considering them an important dimension related to obsessive symptoms, consistent with the present study's results. Moreover, Cervin et al. (2021) found that incompleteness had a significant relationship with changes in OCD severity and decreased with treatment. The findings can be explained by suggesting that incompleteness acts as a key vulnerability factor for OCD symptoms. By inducing a sense of inadequacy or error in individuals with OCD, these experiences amplify obsessive thoughts and behaviors. For example, when individuals feel their actions are incorrect or fall

short of perfection, they may engage in compulsive behaviors, such as excessive checking or extreme organization, to mitigate these feelings. For example, these individuals may repeatedly engage in excessive washing and cleaning to ultimately meet their mental standards. When arranging and organizing items, the sense of incompleteness leads them to repeatedly check everything. In essence, incompleteness increases and perpetuates compulsive behaviors.

Additionally, the results of the present study showed a negative correlation between insight and all dimensions of OCD. It appears that the weaker the patient's insight, the greater the severity of their obsessive-compulsive symptoms. These findings align with studies by Farouk et al. (2024), Acevedo et al. (2024), and Zhu et al. (2024). To explain this, it can be suggested that weaker insight in patients leads to an increase in OCD manifestations. Unlike other types of mental disorders, individuals with OCD often have the capacity for self-awareness and introspection. Consequently, earlier research generally assumed that these patients have full insight into their condition. However, ongoing clinical observations have revealed significant variability in insight among OCD patients. Some individuals with OCD exhibit poor insight, and this poor insight is strongly associated with increased disease severity (Zhu et al., 2024). The assessment of insight among young individuals has been limited in past studies (Selles et al., 2023). Poor insight is associated with aggressive obsessions related to harm toward oneself and others. It is also linked to hoarding and symmetry dimensions. However, conflicting results exist regarding the relationship between insight and the contamination/washing dimension. Studies have shown that poor insight is significantly associated with somatic obsessions. The absence or deficiency of insight is often considered a key indicator of mental illness. Some young individuals with OCD may recognize the excessive nature of their obsessions and compulsions but still deny this reality, preventing them from overcoming experiences such as disgust. Studies estimate poor or absent insight in youth with OCD at 20–45%, while the prevalence of poor insight in OCD patients overall is reported to be around 15–36% (Gan et al., 2022). The level of insight a patient has regarding the exaggerated nature of their concerns and the unnecessary nature of their compulsions is a determining factor in characterizing OCD patients. Poor insight is frequently associated with more severe OCD symptoms. Insight plays a critical role in the inability to control and suppress obsessive-compulsive problems and in becoming aware of their irrationality.

The limitations of this study include the use of cluster sampling and self-report questionnaires, which may reduce the generalizability of the findings. This research was conducted among female undergraduate students at the University of Guilan, so caution should be exercised when generalizing the results to other populations. Future studies are recommended to use random sampling and DSM-5-TR-based clinical interviews for

greater accuracy. Conducting similar studies across other educational levels, age groups, and cities could also enhance generalizability. Due to the correlational nature of the study, longitudinal designs are suggested to clarify causal relationships. Additionally, designing interventions to improve insight and reduce self-loathing in managing OCD symptoms is recommended.

Conclusion

Based on the results of this study, existential concerns, incompleteness, and insight are associated with mental health issues in students who exhibit OCD symptoms. Therefore, it seems essential for university counseling centers to assess the mental health of students, especially during their early university years. For students struggling with existential concerns, incompleteness, or poor insight into their mental health issues, training, prognosis, and treatment programs can be implemented.

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