

Original Article

A comparison of alexithymia, responsibility, and suicidal ideation in individuals with and without obsessive-compulsive disorder

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Abstract

This study aimed to compare alexithymia, responsibility, and suicidal ideation between individuals with and without Obsessive-Compulsive Disorder (OCD). A causal-comparative research method was employed. The study population included individuals with OCD and those without the disorder residing in Ardabil in 2021 who had visited psychiatric clinics. Fifty-five individuals diagnosed with OCD by psychiatrists in Ardabil were selected as the patient group, while the healthy group, consisting of companions and friends of the patients, was matched to the OCD group based on demographic characteristics. Data were collected using the Toronto Alexithymia Scale (TAS-20), the Salkovskis Responsibility Attitude Scale (SRAS), the Yale-Brown Obsessive-Compulsive Disorder Scale (YBOCS), and the Beck Scale for Suicidal Ideation (BSSI). Data were analyzed using Multivariate Analysis of Variance (MANOVA) with SPSS 26 software. The results showed that the mean scores for alexithymia, responsibility, and suicidal ideation were significantly higher in individuals with OCD compared to those without the disorder (Wilks' Lambda = 0.553, $p < 0.0001$). Alexithymia, responsibility, and suicidal ideation are interconnected factors that play a key role in the exacerbation and persistence of OCD, highlighting the importance of addressing these variables in both research and the treatment of OCD symptoms.

Keywords

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Introduction

Obsessive-Compulsive Disorder (OCD) is marked by compulsions, obsessions, and inhibited behaviours. Obsessions stem from intrusive, anxiety-provoking thoughts, while compulsions are performed to alleviate this anxiety (Sheykhangafshe et al., 2023). OCD is a time-consuming disorder that significantly disrupts family life, education (Gamoran & Doron, 2023), social interactions, work, and other areas of daily functioning (Tulacı & Kasal, 2023). The fears and worries associated with OCD are often more irrational and disruptive than those found in anxiety disorders triggered by specific stimuli, leading individuals with OCD to recognize their obsessions as irrational (Fitzgerald et al., 2021). Consequently, emotional reactivity and the prevalence of negative emotions are more common in these individuals (Salamon et al., 2023). Research also shows that people with OCD experience higher levels of depression and anxiety compared to the general population (Jahangard et al., 2018; Nikmehr et al.,

2021).

Emotional regulation deficits are a significant challenge for individuals with OCD (Nargesi et al., 2018). The inability to effectively manage emotions is linked to the development of repetitive behaviors, which serve as attempts to avoid or escape unwanted feelings (Mikonowicz & Tull, 2023). Emotional regulation involves a broad spectrum of cognitive, behavioral, emotional, and physiological responses and is crucial for understanding emotional dynamics, behavior, stress, and negative emotional states (Hassani et al., 2024). Robinson et al. (2014) found that individuals with OCD often struggle more to comprehend and tolerate their emotional states (Robinson & Freeston, 2014).

Alexithymia refers to the inability to process and regulate emotions (Yousefi & Monirpoor, 2022). Individuals with this condition struggle with emotional awareness and cognitive processing, making it difficult for them to identify, understand, or describe their emotions. As a result, they tend to have limited adaptability in stressful

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situations. Studies have shown a strong positive relationship between alexithymia and OCD, with 20 to 40 percent of OCD patients exhibiting this trait (Heshmati et al., 1397). Because of this, alexithymia is considered a key factor in the clinical symptoms of OCD (Pour et al., 2022). The inability to recognize and label emotions in individuals with alexithymia (Kim et al., 2016) affects how they interpret the emotional intensity they experience, leading to an obsessive focus on specific topics and reinforcing compulsive behaviors. This happens because individuals with alexithymia have limited awareness of their internal emotional states (Bozorg et al., 2021). Research by (Khosravani et al., 2017) indicates that individuals with OCD score higher on measures of alexithymia (Khosravani et al., 2017).

On the other hand, OCD is recognized as a risk factor for increased suicidal behavior and ideation (Mikonowicz & Tull, 2023). In a study of suicidal ideation and behaviors among OCD patients, Pellegrini et al. (2020) found that 13.5% of OCD patients had attempted suicide at some point in their lives (Pellegrini et al., 2020). The prevalence of current and lifetime suicidal ideation was 27.3% and 47.3%, respectively. Suicidal ideation encompasses a range of thoughts or desires related to committing suicide (Avci et al., 2021), from fleeting thoughts of death and a sense of life's meaninglessness to detailed suicide plans and obsessive preoccupation with self-destruction (Kee et al., 2024). These thoughts are strong predictors of suicide (Avci et al., 2021).

In cognitive models of OCD, responsibility is seen as a key factor in maintaining the disorder. Responsibility refers to the belief that individuals can prevent negative outcomes by controlling their thoughts (De Berardis et al., 2015). Beck's cognitive theory suggests that people with OCD interpret intrusive thoughts, which are common, as excessive responsibility to prevent harm suggested by these thoughts (Abu-Hendy et al., 2025). Research into the role of alexithymia in OCD, especially concerning suicidal thoughts, shows that individuals with both OCD and alexithymia, even without depressive symptoms, tend to exhibit higher levels of suicidal ideation. This is often linked to lower self-awareness and a heightened sense of responsibility (Kim et al., 2016).

Considering that 1-3% of the global population suffers from OCD (Destrée et al., 2023), and that this complex disorder causes significant distress—such as fears of contamination, fear of self-harm, poor interpersonal relationships (like doubts regarding romantic partners), increased anxiety, worry (Littman et al., 2023), and feelings of guilt (Giacomantonio et al., 2024)—it severely impacts psychological well-being and daily functioning (Tibi et al., 2019). (Benatti et al., 2021) showed in their study that the risk of suicide in people with OCD is higher than in the general population (Benatti et al., 2021). Furthermore, (Brown et al., 2019) found a positive association between suicidal ideation and alexithymia in their systematic review (Brown et al., 2019). In addition, (Cludius et al., 2021) concluded in their study that there is a strong and positive association between responsibility and suicidal ideation in people with OCD (Cludius et al.,

2021). Given that people with OCD have little awareness of their internal states, and this factor can affect the integration of thought and action in these patients. on the other hand, alexithymia is also a stable personality trait in society that is closely related to suicidal thoughts and responsibility, so identifying effective factors in examining the findings of new research in this field can expand existing perspectives in the field of mental health, especially in patients with OCD. In addition, according to the studies conducted, it can be claimed that no study was found that compared these three variables in the population with OCD, so the present study was conducted with the aim of finding out whether alexithymia, responsibility, and suicidal ideation are different in people with OCD and without the disorder.

Method

Participants

The present causal-comparative study was conducted on patients with OCD and normal individuals in Ardabil, Iran, in 2021. The population of this study included all patients with OCD who had referred to psychiatric clinics in Ardabil. Finally, 55 patients (20 males and 35 females) were selected by convenience sampling method and entered the research process. Inclusion criteria included receiving a diagnosis of OCD by a psychiatrist and the subjects' score on the Yale-Brown Obsessive-Compulsive Disorder Questionnaire. Exclusion criteria included having comorbid disorders such as major depressive disorder, schizophrenia, obsessive-compulsive disorder, or bipolar disorder, and using antipsychotic drugs and substances. These cases were examined in an interview conducted by a trained clinical psychologist. Also, the second study group, i.e., individuals who did not suffer from OCD and any other psychological illness, was also selected by convenience method from among the friends and acquaintances of the patients who were age and gender matched to the patient group.

Instrument

Toronto Alexithymia Scale:

Initially developed by (Bagby et al., 1986) and later revised by (Bagby et al., 1994), this scale consists of 20 items divided into three subscales: Difficulty Identifying Feelings (7 items), Difficulty Describing Feelings (5 items), and Externally-Oriented Thinking (8 items). Responses are rated on a Likert scale (1 = strongly agree, 2 = agree, 3 = neutral, 4 = disagree, 5 = strongly disagree), with higher scores indicating greater levels of alexithymia (Ahmadi & Bolghan-Abadi, 2019). Besharat (2009) reported a Cronbach's alpha of 0.85 for the overall scale, with subscale coefficients of 0.82 for Difficulty Identifying Feelings, 0.75 for Difficulty Describing Feelings, and 0.72 for Externally-Oriented Thinking. Test-retest reliability, conducted with a sample of 67 individuals over a 4-week interval, showed coefficients ranging from 0.80 to 0.87 for the total alexithymia score and its subscales. The scale's concurrent validity demonstrated significant correlations

between total alexithymia scores and emotional intelligence ($r = -0.07$, $P < 0.001$), psychological well-being ($r = -0.68$, $P < 0.001$), and psychological distress ($r = 0.44$, $P < 0.001$) (Besharat, 2009). The reliability of the scale in the present study using Cronbach's alpha is 0.76.

Responsibility Attitude Scale:

Developed by Salkovskis et al., (2000), this questionnaire consists of 26 self-report items that assess an individual's beliefs about responsibility. Items are scored on a 7-point Likert scale, ranging from 7 (strongly agree) to 1 (strongly disagree). According to Salkovskis and colleagues, the reliability coefficient of this scale is 0.86, and its concurrent validity with the Padua Inventory is reported to be 0.55. The reliability of the scale in the present study using Cronbach's alpha is 0.93.

Beck's Suicidal Ideation Scale:

Developed by Beck, this scale comprises 19 items that measure three dimensions of suicidal thoughts: the desire for death (items 1-5), readiness for suicide (items 6-12), and active suicidal intent (items 13-17). The total score ranges from 0 to 38. The reliability of the scale, measured using Cronbach's alpha, ranges from 0.87 to 0.97, with a test-retest reliability of 0.54. In Iran, the scale was validated by Jafar et al., (2005) on soldiers, showing a concurrent validity of 0.76 and a reliability coefficient of 0.95 using Cronbach's alpha (Jafar et al., 2005). The reliability of the scale in the present study using Cronbach's alpha is 0.93.

Yale-Brown Obsessive-Compulsive Disorder Scale:

This scale was developed in 1989 by Goodman et al. (Gandaharizadeh et al., 2018). The scale consists of 10 items that assess the severity of obsessive symptoms and recovery in patients with obsessive-compulsive disorder. The items are scored on a 4-point Likert scale from 0 to 4, with a maximum score of 40. The cutoff point in this scale is 7, meaning that a score of 7 or less indicates no obsessions, and scores of 8 to 15 indicate mild obsessions, 16 to 23 moderate, 24 to 31 severe, and 32 to 40 very severe obsessions (Rathore, 2018). The reliability of this

scale was 0.88 with a one-week test-retest interval, and the Cronbach's alpha coefficient was 0.8. In Iran, Cronbach's alpha was 0.95, split-half reliability was 0.89, and test-retest reliability was 0.99 (Ebrahimi Moghadam, 2019). Also, its diagnostic validity was obtained with Beck Depression Inventory and Hamilton Anxiety Rating Scale as ($r=0.64$) and ($r=0.59$), respectively. The reliability of the scale in the present study using Cronbach's alpha was 0.73.

Procedure

Method of implementation: The data collection method in this study was as follows: after obtaining permission from the university and referring to two mental health treatment and care centers (Esar Psychiatric Hospital and Fatemi Hospital Psychiatric Clinic), a list of patients with OCD was prepared. A total of 55 healthy individuals (both men and women) were selected using the convenience sampling method. In the second stage of the study, 55 patients who were diagnosed with obsessive-compulsive disorder based on the psychiatrist's diagnosis and their score on the Yale-Brown Questionnaire were selected using the purposive sampling method, and both groups responded to the research questionnaires. The participants in this study included 55 male and female patients with obsessive-compulsive disorder and 55 healthy male (13) and female (41) controls who were matched with the healthy group in terms of age, education, and marital status. The assessment process took 30 to 45 minutes. To analyze the data, multivariate analysis of variance (MANOVA) was performed using SPSS software version 26. Before using multiple analysis of variance, Box and Loewen tests were used.

Results

The current study examined alexithymia, responsibility, and suicidal ideation among adults with Obsessive-Compulsive Disorder ($N = 55$, M age = 30.71) and a comparison group of healthy adults ($N = 55$, M age = 29.82). In the OCD group, there were 35 females (63.6%) and 20 males (36.4%), while the healthy group consisted of 40 females (72.7%) and 15 males (27.3%). There were no significant differences between the two groups in terms of gender (chi-square test: $\chi^2 = 1.83$, $p = 0.23$) or age ($t = 1.13$, $p = 0.32$).

Table 1. Means and Standard Deviations for Alexithymia, Responsibility, and Suicidal Ideation for Both Groups

Group	Variables	Mean	SD
Obsessive-Compulsive	Alexithymia	18.68	4.46
	Responsibility	165.08	27.55
	Suicidal Ideation	22.15	2.64
Healthy	Alexithymia	20.8	4.03
	Responsibility	182.40	22.79
	Suicidal Ideation	7.24	4.04

Table 1 shows the mean and standard deviation of the variables studied. As shown in the descriptive statistics, the mean scores for all variables were higher in the OCD group compared to the healthy group. To compare alexithymia, responsibility, and suicidal ideation between the two groups, a Multivariate Analysis of Variance (MANOVA) was conducted. Before applying MANOVA,

the assumptions of the test were checked. Box's M test was used to verify the homogeneity of variance-covariance matrices between groups, and the results indicated that this assumption was met ($F = 1.368$, M Box = 10.724, $p = 0.109$). Levene's test was also used to assess the equality of error variances across groups for the variables (alexithymia: $F = 0.025$, $p = 0.873$; responsibility: $F =$

0.109, $p = 0.74$; suicidal ideation: $F = 0.057$, $p = 0.81$), confirming that MANOVA was appropriate. The results of MANOVA, presented in Tables 2 and 3, revealed significant differences between the two groups across the combined variables (Wilks' Lambda = 0.553, $p < 0.0001$). As indicated in Table 2, the significance levels

supported the use of MANOVA. The results of the multivariate analysis in Table 3 show significant differences in alexithymia, responsibility, and suicidal ideation between the two groups. Compared to the healthy group, adults with OCD exhibited higher levels of alexithymia, responsibility, and suicidal ideation.

Table 2. Results of the Significance Test for Multivariate Analysis of Variance (MANOVA) for Alexithymia, Responsibility, and Suicidal Ideation Scores

Test Name	Value	F	Significance Level	Eta Squared
Pillai's Trace	0.135	5.441	0.002	0.930.72
Wilks' Lambda	0.865	5.441	0.002	0.93
Hotelling's Trace	0.155	5.441	0.002	0.93
Roy's Largest Root	0.155	5.441	0.002	0.93

The findings in Table 2 show a significant difference in the studied variables (alexithymia, responsibility, and suicidal ideation) between individuals with Obsessive-Compulsive Disorder (OCD) and those without. Additionally, the Eta squared value indicates that 0.93% of the variance between

the two groups can be attributed to the influence of the dependent variables. To further explore these differences, the results of the univariate analysis of variance (MANOVA) are presented in Table 3.

Table 3. Univariate Analysis of Variance (MANOVA) for Alexithymia, Responsibility, and Suicidal Ideation in the Two Study Groups

	Variable	Sum of Squares	df	Mean Square	F	Significance Level
Group	Alexithymia	1832.136	1	1832.136	14.193	0.000
	Responsibility	3350.879	1	3350.879	5.234	0.024
	Suicidal Ideation	27.413	1	27.413	2.583	0.040
Error	Alexithymia	852.17	52	5.48		
	Responsibility	271.65	52	5.22		
	Suicidal Ideation	11.22	52	0.21		

As shown in Table 3, there are significant differences between the study groups across all research variables. In other words, individuals with OCD display higher levels of alexithymia, responsibility, and suicidal ideation compared to those without the disorder.

Discussion

The aim of this study was to compare alexithymia, responsibility, and suicidal thoughts between individuals with Obsessive-Compulsive Disorder (OCD) and those without the disorder. The results showed that individuals with OCD exhibited higher levels of alexithymia compared to those without the disorder. This finding is consistent with studies by [Bozorg et al. \(2021\)](#), [Khosravani et al. \(2017\)](#), and [Kim et al., \(2016\)](#).

One explanation for this finding is that alexithymia worsens OCD symptoms ([Tapanci et al., 2018](#)) because individuals with alexithymia use obsessive behaviors as compensatory strategies to cope with their negative emotions. In fact, OCD serves as a way for these individuals to experience discomfort and negative internal emotions, which they are often unaware of. An individual with both alexithymia and OCD may struggle to distinguish between mental images and reality ([Bozorg et al., 2021](#)). As a result, intrusive thoughts may be perceived as equivalent to actual events, heightening the distress caused by unpleasant thoughts. This can lead the individual to believe that their thoughts are directly connected to reality. Consequently, alexithymia has been found to be significantly more prevalent in individuals with OCD compared to those without the disorder ([Tapanci et al.,](#)

2018).

The findings also revealed that individuals with OCD exhibited higher levels of responsibility compared to those without the disorder. This result aligns with the studies conducted by ([Kim et al., 2016](#)) and ([De Berardis et al., 2015](#))

Undoubtedly, the most comprehensive cognitive theory regarding responsibility in OCD research is that of ([Salkovskis, 1985](#)). Salkovskis argues that distorted cognitive appraisals of danger and responsibility for harm are what differentiate ordinary intrusive thoughts from those characteristic of OCD. Interpreting intrusive thoughts as personal responsibility for preventing harm to oneself or others intensifies these thoughts and leads to neutralizing behaviors, or compulsions, as a way to counteract them ([Bucarelli & Purdon, 2016](#)).

From a cognitive-behavioral perspective, obsessions and compulsions arise from the individual's perceived central role in either causing or preventing mentally significant consequences ([Radomsky et al., 2022](#)). Since OCD is characterized by the compulsion to repeat specific actions, obsessive thoughts are not dismissed as mere mental noise but are interpreted as indicators of danger, leading to distress ([Bucarelli & Purdon, 2016](#)). Compulsions-repetitive behaviors, whether overt or covert-are performed to reduce the distress caused by intrusive thoughts by preventing perceived negative outcomes ([Radomsky et al., 2022](#)). Responsibility for perceived threats is a key trigger for reassurance-seeking behaviors in OCD, which temporarily alleviates the anxiety caused by obsessive thoughts ([Champion & Grisham, 2022](#)). Therefore, it can

be concluded that individuals with OCD experience a heightened sense of responsibility. Another finding of the study indicates that individuals with OCD exhibit higher levels of suicidal ideation compared to those without the disorder. This result aligns with studies conducted by Benatti et al. (2021) and Pellegrini et al. (2020). Traditionally, OCD was not believed to be associated with suicide. However, research now shows that individuals with OCD experience more suicidal thoughts and are more likely to attempt suicide compared to the general population (Pellegrini et al., 2020). Suicidal ideation itself can cause significant distress (Basharpoor, et al., 2016; Teismann et al., 2024). Individuals with OCD frequently report persistent and distressing obsessive thoughts, images, or impulses. These obsessions are often accompanied by repetitive behaviors aimed at reducing or preventing discomfort. The distress caused by intrusive thoughts and their accompanying evaluations leads to anxiety, which in turn triggers compulsive behaviors (Mantz & Abbott, 2017; Teymoori et al., 2022) (Benster et al., 2022) demonstrated that the frequency of compulsive behaviors is directly related to the risk of suicidal ideation. Additionally, there is a significant correlation between OCD symptoms and distress, increasing the likelihood of experiencing suicidal thoughts (Benster et al., 2022). Thus, it can be concluded that suicidal ideation has a direct and significant relationship with OCD.

Conclusion

In conclusion, in explaining the findings of the present study, it can be said that there is a significant difference between the two groups of people with OCD and normal people in the variables of emotional alexithymia, responsibility, and suicidal thoughts, and it is likely that the clinical characteristics of people with OCD, such as their different perception of emotion, intrusive thoughts, dysfunctional beliefs, rumination, excessive attention to threat, intolerance of distress, and problems with emotion regulation in different situations, are related. Among the limitations of the present study, we can mention the difficulty in collecting data (due to the patients' mood fluctuations), limitations in interpreting the results (due to the use of only one tool/questionnaire), lack of control over confounding variables and socio-cultural differences, and collecting data from only one geographical region. To improve the limitations of the study, it is suggested that in future research, in addition to the questionnaire, a larger sample size and more psychological measurement tools (such as clinical interviews) should be used. Other discriminating variables associated with OCD disorder in different cultures and ethnicities should be investigated in future research.

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