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Investigating the Levels of Obsessiveness of Selected Filipino Students in the Aftermath of the COVID-19 Pandemic

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ABSTRACT

Numerous studies have revealed that the mental health of people around the world, and especially of students suffered in various ways due to the COVID-19 pandemic. An in-depth review of published literature revealed that there is a dearth of studies concerning obsessive-compulsive symptoms among Filipinos especially during or after the decline of the COVID-19 pandemic. In view of the foregoing, this study attempted to explore the obsessive-compulsive levels of selected adult students in the Philippines. 85 students were conveniently sampled from various schools. The Obsessive-Compulsive Inventory short version or OCI-R was administered on the respondents. When the respondents are grouped according to sex or presence of a romantic commitment, no significant differences were found. This implies that for the respondents of the study, sex and presence of romantic commitment do not influence their obsessiveness self-report scores. However, the author of the OCI-R had set an individual score of above 20 as the cut off for recommending that a person seek further professional testing and diagnosis. 73 or 85.88% of the respondents obtained scores of 21 and above. This means that as recommended by the author of the OCI-R, the vast majority of the respondents who obtained such scores should undergo further testing by a mental health professional.

Keywords: *Obsession, compulsion, obsessive-compulsive, OCI-R, OCD*

INTRODUCTION

Obsessive-compulsive disorder (OCD) is a mental illness characterized by recurrent thoughts (obsessions) and behaviors (compulsions). They obstruct one's life, yet the individual has no power to stop or control them. People who have a first-degree relative who has OCD, such as a parent, sibling, or kid, are at a higher risk. This is particularly valid if the relative experienced OCD as a young kid or adolescent. According to imaging studies, the brains of OCD sufferers differ in a few specific areas. OCD and childhood abuse or trauma have also been linked in several researches[1].

Obsessions with OCD are intrusive, recurrent, unwelcome thoughts, desires, or visions that are distressing or anxious. Obsessional symptoms and signs include, for instance, the following: (1) apprehension about touching objects that others have touched; (2) uncertainty that the door is locked or the stove is off; (3) extreme stress when things aren't in their proper places or facing the right direction; (4) visions of ramming your car into a crowd of people; (5) thoughts of shouting obscenities or acting inappropriately in public; (6) unpleasant sexual images; and (7) avoidance of situations that can set off obsessions[2].

Compulsions consist of a strong need to engage in repetitive behavior, which becomes regular, and time-consuming for someone with OCD. The actions could start to resemble rituals. Examples include: (1) washing and cleaning, including handwashing; (2) keeping an eye on bodily symptoms; (3) repeating daily tasks, such getting up from a chair; and (4) mental compulsions, like constantly thinking about an incident[3].

Another study was conducted during the COVID-19 pandemic among medical students to see if anxiety of unfavorable events affected their Yale-Brown Obsessive-Compulsive Scale scores. The results show that dread of the COVID-19 pandemic was linked to a higher Y-BOCS score, indicating that an interaction between the environment (the COVID-19 pandemic) and psychology (fear and/or anxiety) may be implicated in OCD and that a fear of bad things may contribute to the etiology of OCD[4].

A study involving 804 university students in Turkey was conducted to determine the prevalence and associated factors of OCD. The findings revealed that the incidence of OCD was higher among the university students than in studies conducted in other social sectors or communities in Turkish society. It further suggests that sociodemographic and environmental stress factors played a role in the higher incidence of OCD[5].

The Maudsley Inventory responses from 692 university students in an Iranian study revealed that 34.2% had results that might indicate OCD. Obsessive-review OCD (11.4%), obsessive-washing OCD (10.1%), and uncertainty OCD (27.5%) were the three kinds of OCD with the highest rankings[6].

In 2020, a cross-sectional analytical study was carried out among Iraqi medical students. The information was gathered through the use of an online, anonymous, voluntary, and self-administered questionnaire based on the OCI-R's 18 items. 707 people (43%) show possible OCD symptoms that require

additional evaluation. With 51.8% of cases, unpleasant thoughts were the most common symptom. Unexpectedly, the washing and contamination scales were low (14% and 19.4%, respectively), while repeating certain numbers was the least common (8%). Significant correlations were found between OCD symptoms and younger age and earlier study years[7].

6784 students from 58 colleges participated in a study that was done in India. OCD was present in 3.3% of people (men 3.5%, women 3.2%). 8.5% of students (men = 9.9%; women = 7.7%) met the subthreshold OCD criteria. The most prevalent symptoms among OCD individuals were taboo thoughts (67.1%) and mental rituals (57.4%). Those with OCD and subthreshold OCD were more likely to have higher attention-deficit/hyperactivity disorder symptom ratings, higher lifetime alcohol and tobacco use, psychological distress, suicidality, and sexual abuse than those without obsessive-compulsive symptoms[8].

In order to determine the prevalence of OCD in Egyptian adolescent populations as well as its contributing factors, a study was conducted. 1574 Egyptian students were the subject of a cross-sectional study and a case-control research. The Yale-Brown Obsessive-Compulsive Scale (YBOC) was used to determine OCD symptoms while the Wechsler Adult intellect Scale-IV in Arabic was employed to gauge intellect and cognitive abilities. Adolescents were shown to have a high prevalence of OCD. OCD was highly correlated with urban residency, high socioeconomic level, a favorable family history, the absence of close friends, and low performance IQ[9].

The potential link between obsessive-compulsive symptoms (OCS) and the risk of suicide among college students was examined in a study involving 474 college students. When correcting for depressive symptoms, the presence of one or more OCS was no longer a significant risk factor for suicide, with the odds ratio of suicide risk falling to about 2.4. Only obsessions with speaking or behaving violently continued to be an independent risk factor for suicidality over and above depression of the OCS evaluated[10].

A diligent search of published researches revealed that studies involving OCD among Philippine college students during or after the decline of the COVID-19 pandemic are practically non-existent. This has prompted the researcher to investigate the prevalence of OCD symptoms as another mental health issue that could be affecting Filipino students.

This study made use of the Obsessive-Compulsive Inventory short version or OCI-R[11], which was administered on the respondent students.

Specifically, this study sought to address the following research questions:

1.   What are the OCI-R obsessiveness self-report scores of the respondents when grouped according to

   1.1   sex

   1.2   with or without romantic commitment?

2.   Are there significant differences between the OCI-R obsessiveness self-report scores of the respondents when grouped according to

   2.1   sex

   2.2   with or without romantic commitment?

3.   What is the percentage of the respondents whose OCI-R obsessiveness self-report scores that are above the instrument's cutoff score of 20 and are recommended for further professional testing and diagnosis?

METHODOLOGY

Through convenience sampling, 85 adult Filipino students from various schools both public and private volunteered as respondents of this study. Their mean age was 20.67 years old. This study utilized the Obsessive-Compulsive Inventory short version or OCI-R, which consists of 18 items and uses a 5-point Likert scale. Through the OCI-R, an individual may get a score between 0 to 72. According to the author of the instrument, many OCI-R features were carried over from the original OCI. Its test-retest reliability, convergent validity, and internal consistency were all judged to be good to excellent. Furthermore, the author of OCI-R found that people with OCD often yield obsessiveness self-report scores above 20[11].

RESULTS

The following tables present the data gathered and the statistical treatments it underwent.

Table 1: Item weighted mean scale

Item weighted mean range	Verbal Interpretation
0.000 – 0.800	Not at all
0.801 – 1.600	A little
1.601 – 2.400	Moderately
2.401 – 3.200	A lot
3.201 – 4.000	Extremely

Table 2: Respondents' OCI-R obsessiveness self-report score item weighted means when grouped according to sex

	Male *N=44* Item weighted mean	Female *N=41* Item weighted mean
1. I have saved up (collected and kept) so many things that they get in the way.	1.705 Moderately	1.707 Moderately
2. I check things more often than necessary.	1.977 Moderately	2.220 Moderately
3. I get upset if objects are not arranged properly.	1.977 Moderately	2.317 Moderately
4. I feel compelled to count while I am doing things.	1.432 A little	1.561 A little
5. I find it difficult to touch an object when I know it has been touched by strangers or certain people.	1.364 A little	1.488 A little
6. I find it difficult to control my own thoughts.	1.477 A little	1.976 Moderately
7. I collect things I don't need.	1.591 A little	1.463 A little
8. I repeatedly check doors, windows, drawers, etc.	1.727 Moderately	1.634 Moderately
9. I get upset if others change the way I have arranged things.	1.818 Moderately	2.268 Moderately
10. I feel I have to repeat certain numbers.	1.546 A little	1.537 A little
11. I sometimes have to wash or clean myself simply because I feel contaminated.	2.159 Moderately	1.829 Moderately
12. I am upset by unpleasant thoughts that come into my mind against my will.	1.864 Moderately	2.146 Moderately
13. I avoid throwing things away because I am afraid I might need them later.	2.409 A lot	2.171 Moderately
14. I repeatedly check (faucets) and light switches after turning them off.	1.636 Moderately	1.440 A little
15. I need things to be arranged in a particular way.	1.955 Moderately	2.293 Moderately
16. I feel that there are good and bad numbers.	1.227 A little	1.415 A little
17. I wash my hands more often and longer than necessary.	1.796 Moderately	1.634 Moderately
18. I frequently get nasty thoughts and have difficulty in getting rid of them.	1.546 A little	1.122 A little

Table 3: Difference of the respondents' OCI-R obsessiveness self-report scores when grouped according to sex

Welch's T-test computation		
Group	Male	Female
Mean	31.20	32.22
SD	12.25	12.32
SEM	1.85	1.92
N	44	41
Intermediate values used in calculations: t = 0.3807 df = 82 standard error of difference = 2.666		
P value and statistical significance: The two-tailed P value equals 0.7044 By conventional criteria, this difference is considered to be not statistically significant.		
Confidence interval: The mean of Male minus Female equals -1.01		

95% confidence interval of this difference: From -6.32 to 4.29

Table 4: Respondents' OCI-R obsessiveness self-report score item weighted means when grouped according to presence of romantic involvement

	Without committed romantic involvement *N=44* Item weighted mean	With committed romantic involvement *N=41* Item weighted mean
1. I have saved up (collected and kept) so many things that they get in the way.	1.568 A little	1.854 Moderately
2. I check things more often than necessary.	2.046 Moderately	2.146 Moderately
3. I get upset if objects are not arranged properly.	2.114 Moderately	2.171 Moderately
4. I feel compelled to count while I am doing things.	1.409 A little	1.585 A little
5. I find it difficult to touch an object when I know it has been touched by strangers or certain people.	1.318 A little	1.537 A little
6. I find it difficult to control my own thoughts.	1.523 A little	1.927 Moderately
7. I collect things I don't need.	1.591 A little	1.463 A little
8. I repeatedly check doors, windows, drawers, etc.	1.568 A little	1.805 Moderately
9. I get upset if others change the way I have arranged things.	1.705 Moderately	2.390 Moderately
10. I feel I have to repeat certain numbers.	1.500 A little	1.585 A little
11. I sometimes have to wash or clean myself simply because I feel contaminated.	1.773 Moderately	2.244 Moderately
12. I am upset by unpleasant thoughts that come into my mind against my will.	1.727 Moderately	2.293 Moderately
13. I avoid throwing things away because I am afraid I might need them later.	2.227 Moderately	2.366 Moderately
14. I repeatedly check (faucets) and light switches after turning them off.	1.386 A little	1.707 Moderately
15. I need things to be arranged in a particular way.	1.977 Moderately	2.268 Moderately
16. I feel that there are good and bad numbers.	1.250 A little	1.390 A little
17. I wash my hands more often and longer than necessary.	1.660 Moderately	1.781 Moderately
18. I frequently get nasty thoughts and have difficulty in getting rid of them.	1.136 A little	1.561 A little

Table 5: Difference of the respondents' OCI-R obsessiveness self-report scores when grouped according to presence of romantic involvement

Welch's T-test computation		
Group	Without Romantic Commitment	With Romantic Commitment
Mean	29.48	34.07
SD	13.04	10.93
SEM	1.97	1.71
N	44	41
Intermediate values used in calculations: $t = 1.7651$ $df = 82$ standard error of difference = 2.604		

P value and statistical significance:

The two-tailed P value equals 0.0813

By conventional criteria, this difference is considered to be not quite statistically significant.

Confidence interval:

The mean of Without Romantic Commitment minus With Romantic Commitment equals -4.60

95% confidence interval of this difference: From -9.78 to 0.58

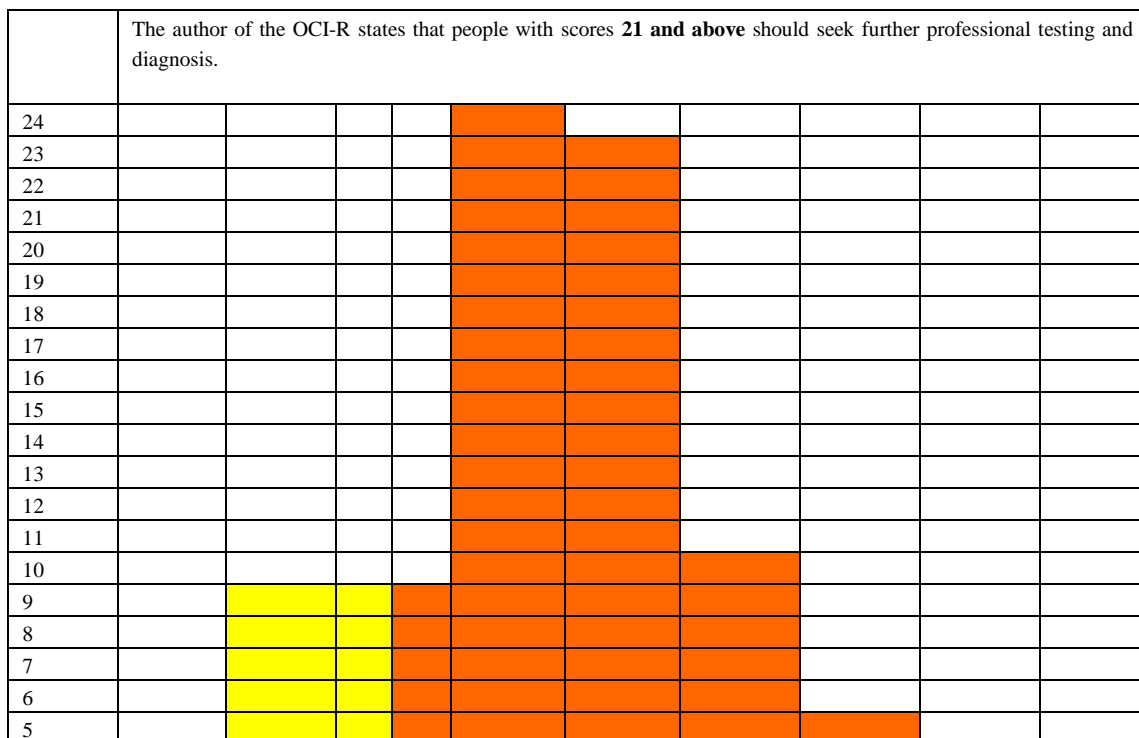Table 6: Combined respondents' OCI-R obsessiveness self-report score item weighted means

	Combined *N=85* Item weighted mean
1. I have saved up (collected and kept) so many things that they get in the way.	1.706 Moderately
2. I check things more often than necessary.	2.094 Moderately
3. I get upset if objects are not arranged properly.	2.141 Moderately
4. I feel compelled to count while I am doing things.	1.494 A little
5. I find it difficult to touch an object when I know it has been touched by strangers or certain people.	1.424 A little
6. I find it difficult to control my own thoughts.	1.718 Moderately
7. I collect things I don't need.	1.529 A little
8. I repeatedly check doors, windows, drawers, etc.	1.682 Moderately
9. I get upset if others change the way I have arranged things.	2.035 Moderately
10. I feel I have to repeat certain numbers.	1.541 A little
11. I sometimes have to wash or clean myself simply because I feel contaminated.	2.000 Moderately
12. I am upset by unpleasant thoughts that come into my mind against my will.	2.000 Moderately
13. I avoid throwing things away because I am afraid I might need them later.	2.294 Moderately
14. I repeatedly check (faucets) and light switches after turning them off.	1.541 A little
15. I need things to be arranged in a particular way.	2.118 Moderately
16. I feel that there are good and bad numbers.	1.318 A little
17. I wash my hands more often and longer than necessary.	1.718 Moderately
18. I frequently get nasty thoughts and have difficulty in getting rid of them.	1.341 A little

Table 7: Ranking of items according to weighted mean

	Combined *N=85* Item weighted mean	Rank
13. I avoid throwing things away because I am afraid I might need them later.	2.294 Moderately	1
3. I get upset if objects are not arranged properly.	2.141 Moderately	2

15. I need things to be arranged in a particular way.	2.118 Moderately	3
2. I check things more often than necessary.	2.094 Moderately	4
9. I get upset if others change the way I have arranged things.	2.035 Moderately	5
11. I sometimes have to wash or clean myself simply because I feel contaminated.	2.000 Moderately	6
12. I am upset by unpleasant thoughts that come into my mind against my will.	2.000 Moderately	6
6. I find it difficult to control my own thoughts.	1.718 Moderately	7
17. I wash my hands more often and longer than necessary.	1.718 Moderately	7
1. I have saved up (collected and kept) so many things that they get in the way.	1.706 Moderately	8
8. I repeatedly check doors, windows, drawers, etc.	1.682 Moderately	9
7. I collect things I don't need.	1.529 A little	10
10. I feel I have to repeat certain numbers.	1.541 A little	11
14. I repeatedly check (faucets) and light switches after turning them off.	1.541 A little	11
4. I feel compelled to count while I am doing things.	1.494 A little	12
5. I find it difficult to touch an object when I know it has been touched by strangers or certain people.	1.424 A little	13
18. I frequently get nasty thoughts and have difficulty in getting rid of them.	1.341 A little	14
16. I feel that there are good and bad numbers.	1.318 A little	15

Table 8: Bar Graph of the frequency of obsessiveness scores according to score range

	0-7	8-16	17-24	25-32	33-40	41-48	49-56	57-64	65-72
4		yellow	yellow	orange	orange	orange	orange		
3	yellow	yellow	yellow	orange	orange	orange	orange		
2	yellow	yellow	yellow	orange	orange	orange	orange	orange	
1	yellow	yellow	yellow	orange	orange	orange	orange	orange	
0	yellow	yellow	yellow	orange	orange	orange	orange	orange	

DISCUSSION

Looking at Table 2, it can be observed that in ten (10) out of eighteen (18) items, the female respondents have higher weighted means than the male respondents. However, it can be seen in Table 3 that the Welch's computation resulted in a non-statistically significant difference between the scores of the male and female respondents.

Looking at Table 4, it can be seen that in seventeen (17) out of eighteen (18) items, the respondents with romantic commitment have higher weighted means than the respondents without romantic commitment. But then again, it can be observed in Table 5 that the Welch's t-test resulted in a non-statistically significant difference between the scores of the respondents with and without romantic commitment.

In Table 6, which presents the combined results, eleven (11) out of eighteen (18) items had verbal interpretations of *moderately*, while seven (7) had verbal interpretations of *a little*.

Table 7 presents the ranking of the items according to the weighted means of the responses of all the respondents combined. It can be observed that "I avoid throwing things away because I am afraid I might need them later," has the highest weighted mean of 2.294 with a verbal interpretation of *moderately*. On the other hand, the item with the least weighted mean is "I feel that there are good and bad numbers," with a weighted mean of 1.318 and has a verbal interpretation of *a little*.

Table 8 reveals that 73 or 85.88% of the respondents had scores that were above the cutoff score of 20 as established by the author of the OCI-R.

Conclusions

The obsessiveness self-report scores of all 85 respondents revealed that eleven (11) out of eighteen (18) items had verbal interpretations of *moderately*, while seven (7) had verbal interpretations of *a little*.

No statistically significant differences were found between the scores of the male and female respondents as well as between the scores of the respondents with and without romantic commitment.

73 or 85.88% of the respondents had scores that were above the cutoff score of 20 as established by the author of the OCI-R. This implies that a vast majority of the respondents have obsessiveness self-report scores that may necessitate further professional testing and diagnosis.

Recommendations

Due to the vast majority who obtained obsessiveness self-report scores above the cutoff set by the author of the OCI-R, the results obtained from the respondents of this study are alarming. Steps should be taken by government agencies concerned, mental health advocacy organizations and schools to increase mental health awareness and to make resources readily available to students in order that they may freely and safely seek guidance and professional help.

This study is limited by the sample size and sampling method. Further research on a larger and more random sample should be undertaken to establish the true extent of obsessive-compulsive signs among adult Filipino students.

Ethical Declaration

The researcher declares that this study strictly adhered to the ethics of research. Informed consent was obtained, freedom to withdraw at any time from the study was made known to the participants, their identities were anonymized, the participants were not exposed to any physical, psychological or social harm and the results were used for research purposes only. The researcher further ensured steps to prevent bias in the interpretation of the data. Lastly, there was no conflict of interest in the conduct of the study.

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