The Relationship between Perceived Parenting Behaviors, Adult Attachment Styles, Fear of Self, and Severity of Obsessive-Compulsive Disorder

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Abstract

Background: Obsessive-compulsive disorder OCD is a serious psychiatric condition characterized by obsessions and repetitive compulsions. Nurses have a challenge to provide evidence-based care by identifying risk factors that exacerbate the symptoms and severity of OCD. There has been a significant emphasis in recent years on examining psychological and interpersonal aspects, such as parental behaviors, adult attachment styles, and fear of self, among those with OCD. **Aim:** To examine the relationship between perceived parenting behaviors, adult attachment styles, fear of self, and severity of OCD. **Design:** A descriptive correlational design was utilized in this study. **Sample:** A purposive sample of 86 OCD patients were recruited from the outpatient clinics at El Kasr El Ainy Psychiatric and Addiction Hospital. **Tools of data collection**: A Sociodemographic and Medial data sheet, Yale-Brown Obsessive-Compulsive Scale, Parenting Authority Questionnaire, Yarmouk Scale of Adult Attachment Styles, and Fear of self-questionnaire. **Result:** Anxious attachment style had a strong statistically significant positive correlation with authoritarian, permissive parenting behavior, and severity of OCD. Moreover, fear of self had a statistically significant positive correlation with anxious and avoidant attachment styles, and negative significant correlation with secure attachment style. As well, there was statistically significant impact of authoritarian, permissive parenting behaviors, and anxious attachment style on the severity of OCD symptoms. **Conclusion**: Parenting behaviors, adult attachment styles, and fear of self are strongly associated with OCD. Counseling interventions are necessary to assist these patients in transcending their emotional challenges.

Keywords: Obsessive-compulsive disorder, parenting behaviors, adult attachment styles, and Fear of self

Introduction

Obsessive-compulsive disorder OCD is a highly diverse, unbearable, and unique disorder characterized by excessive obsessions and repetitive compulsions. Obsessions are characterized by recurring, undesirable thoughts that elicit anxiety, whereas compulsions are described as behavior that follow an obsessive thought **(Linde, Varga & Clotworthy, 2022)**. OCD symptoms can be divided into four subtypes: Fears of contamination and excessive cleaning; worries regarding harm and repetitive routines of checking; obsessions with symmetry and order; and obsessions with hoarding and gathering worthless items. There is conflicting empirical evidence for a pure obsessional subtype with undesirable thoughts about blasphemy, violence, and sex. Recently, hoarding compulsivity - which affects thirty percent of OCD patients - may have a different etiology than other subtypes **(Jalal, Chamberlain, & Sahakian, 2023).**

The etiology of OCD is predominantly unknown; however, it is likely to include an intricate interplay of genetic, biochemical, and environmental factors **(Pozza, Mucci, & Marazziti, 2020)**. Common risk factors associated with the development or exacerbation of OCD include significant life stressors, co-occurring mental health conditions, a familial predisposition to OCD, and specific personality qualities such as perfectionism, intolerance of uncertainty, and overestimation of threats **(Banerjee, 2020).**

Parents' behaviors shape their offspring's thinking and behavior as they steer their development. The study found that Children who experience powerlessness, inferiority, emotional despair, poor self-worth, and other defiant psychological difficulties because of their parents'

opposition, denial, and excessive involvement are more prone to hypochondriasis, depression, psychopathy, mental health issues, and other personality disorders. Common mental problems may arise later in life because of poor parenting, which affects psychological development and personality features **(Cui, Zhu, Wen, Nie, & Wang, 2023).**

Different parenting behaviors, ranging from severe authoritarian parenting to loosen permissive parenting, have been recognized and described in psychology and child development literature. Existing literature demonstrates that the effects and results of parental child upbringing approaches vary significantly. Nevertheless, there is a scarcity of research that definitely investigates the relationship between parental behaviors and the development of OCD symptoms **(Goli, Abdekhodaie, Mashhadi, & Bigdeli, 2020).**

Another significant issue associated with parental conduct is its impact on the emotional pathway and later development of secondary attachment styles. The adult attachment style, whether secure or insecure, is determined by the quality of parents rearing behaviors. Insecure attachment includes two distinct dimensions: attachment anxiety and attachment avoidance. Attachment anxiety is a persistent concern about the unavailability of significant individuals and a profound dread of being abandoned. Attachment avoidance, conversely, is distinguished by a prevailing apprehension of emotional proximity and an unwillingness to engage in intimate relationships due to a need for personal control and independence. In this context, when faced with stressful conditions, the attachment system becomes deactivated, leading to the over-regulation or suppression of unpleasant emotions and social disengagement **(Van Leeuwen, Van Wingen, Luyten, Denys, & Van Marle, 2020; Tibi et al., 2020).**

In an attempt to comprehend the psychopathology that underlies OCD more thoroughly, there has been a growing focus on the concept known as the "fear of self" in recent years. When an OCD sufferer has intrusive unpleasant thoughts about violence, immorality, or sex, they frequently worry that these thoughts reflect something awful and hidden about them. They frequently have mistrust for themselves, doubt their own motives, and wrongly identify their own shortcomings and bad intentions. This then leads to perceived unpleasant intrusions, which are interpreted as proof of a seriously defective character **(Aardema, Wong, Audet, Melli, & Baraby, 2019).**

While dysfunctional responses to unwanted intrusive obsessions are more likely to be worsened by a feared self, it is unlikely that all individuals who experience intrusive obsessions will be inundated with negative self-evaluations and dysfunctional beliefs. Distress regulation mechanisms are activated by many individuals in response to distress caused by the misinterpretation of unwanted intrusions, asserting the questioned self once more and regaining emotional balance. Research has shown that during adulthood, the adult attachment system serves as a mechanism for controlling emotions. Therefore, secure attachment may inhibit the aggravation of "feared self" cognitions and the chain reaction of odd beliefs that lead to OCD symptoms **(Doron, 2020).**

Significance of the Study

OCD is linked to a variety of comorbid mental diseases, and severe OCD increases the chance of self-harm attempts. The estimated worldwide prevalence of OCD is 1.9-2.5%. Minor symptoms have been found in 14-29% of populations, implying that a significant percentage of people would have symptoms during their lifetime **(Zheng, Xiao, Xie, Wang, & Wang, 2020).**

According to Ansari, Mishra, Tripathi, Kar, and Dalal. (2020), OCD is the fourth most common mental disorder in Egypt. OCD prevalence varies with age and geography. However, the lifetime prevalence of OCD in Egypt is estimated to be 2.3%, with a range of 1.1 to 3.3%. There have been conflicting reports from research studies regarding the prevalence of OCD in women compared to men. Prevalence rates in community samples of children and adolescents in several epidemiological Egyptian research ranged from 0.1% to 4% **(Gabr, Elhadad, Raouf, & El Sheikh, 2021).** According to the previous authors, OCD usually starts in infancy or adolescence and can develop into a chronic illness.

Currently, the risk and protective factors of OCD remain mostly unidentified, although recent research studies have helped in recognizing the role of certain factors in the development of the

disorder. Hence, it is imperative to allocate greater focus to these factors since theoretical advancements and research have established that parenting behaviors, attachment styles, and fear of self are the foremost psychological and interpersonal variables that might potentially be associated with OCD. It is now necessary to conduct studies to combine these concepts at all.

The responsibility of providing evidence-based holistic nursing assessment and interventions for patients with OCD presents a challenge for the nurses. Moreover, such studies are sadly insufficient in the Egyptian context. So, the present study tried to show how various parenting behaviors lead to different attachment styles and consequently affect the fear of self and the severity of OC symptoms. This study can provide a worthy understanding of the mental health challenges faced by such individuals.

Aim of the study

The aim of this was to examine the relationship between perceived parenting behaviors, adult attachment styles, fear of self, and severity of obsessive-compulsive disorder.

Research Questions:

RQ1: What is the prevalent parenting behavior as perceived by the studied sample?

RQ2: What is the prevalent adult attachment style among the studied sample?

RQ3: What is the level of the symptoms' severity, and fear of self among the studied sample?

RQ4: What are the relationships between parenting behaviors, adult attachment styles, fear of self, and symptoms severity among the studied sample?

RQ5: what is the impact of parenting behaviors, adult attachment styles, fear of self on the severity of OCD symptoms?

Research Design

This study was conducted using a descriptive correlational design.

Sample

A purposive sample of 86 patients with OCD was chosen according to sample size equation which takes into account a level of significance of 5%, and power of study of 80%, and based on findings from the literature, the sample size was calculated using the following formula:

$$n = \frac{(Z1-\alpha/2)^2.SD^2}{d^2} = 86 \text{ participants}$$

Where, Z1-α/2 = is the standard normal variate, at 5% type 1 error it is 1.96, SD = standard deviation of variable, and d = absolute error or precision. The sample was selected with the following inclusion criteria:

1. Aged between 18 -55 years old.
2. Diagnosed with OCD according to the DSM-V.

Exclusion criteria:

1. Current or history of pervasive developmental disorders
2. Current or history of medical or neurological and organic disorders (e.g., seizures, CNS tumors, dementia, Alzheimer disease)
3. Comorbid psychiatric disorders (for instance; eating disorders, psychotic symptoms, or bipolar disorder)
4. Patients who receive psychotherapy before being recruited in the study.

Setting

The study was conducted in outpatients' clinics at El kasr El Ainy Psychiatric and Addiction hospital.

Data Collection Tools

In this study, five data gathering instruments were employed.

A. **Sociodemographic and Medial data sheet** was developed by the researchers. It included sociodemographic data about age, gender, marital status, educational level, working status, income, place of residence, parents' educational level, and their job status. While medical data included duration of illness, family history of psychiatric disorders, history of substance abuse and violence history.

B. **Yale-Brown Obsessive-Compulsive Scale (Y-BOCS):** The scale was first developed by Goodman et al. (1989) and then translated into Arabic by Abdel-Khalek (1998). It was especially used to assess the specific domains and intensity of symptoms associated with OCD. The measure consists of five items measuring obsessions and five items measuring compulsions. Scores on the scale

range from 0 to 4, with 0 indicating the absence of symptoms, 1 (mild), 2 (moderate), 3 (severe), and 4 (extreme symptoms). The highest possible cumulative score is 40. The scores for the severity of obsession and compulsion fall within the following ranges: 0–7 is considered subclinical (normal), 8–15 is classified as mild, 16–23 is categorized as moderate, 24–31 is considered severe, and 32–40 is classified as excessive. The threshold for figuring out clinically significant symptoms is set at a score of 16. The reliability of the Arabic version was 0.85.

C. **Parenting Authority Questionnaire:** For assessing an individual's perception of their parent's rearing behavior, Buri (1991) developed this questionnaire. It consists of 30 items, divided into three subscales of 10 items each, assessed authoritarian, authoritative, and permissive parenting behaviors. Authoritarian parenting is distinguished by a heightened degree of control and rigorous punishment. Authoritarian parents typically have elevated expectations of their children and may exert excessive control over all aspects of their children's life. Authoritative or democratic parenting is a parenting style that strikes a balance between exerting acceptable control over their child and providing emotional support and open communication. Permissive parenting is characterized by a lack of control and unclear limits. Permissive Parents may exhibit greater flexibility in granting their children autonomy. This questionnaire is a five-point Likert scale that ranges from 1 (strongly disagree) to 5 (strongly agree). The scoring for each subscale falls within the range of 10 to 50. In the current study, the obtained value for the Alpha coefficient was 0.76.

D. **Yarmouk Scale of Adult Attachment Styles (Y-SAAS):** Ghazal, and Jaradat (2009) designed it to measure adult attachment styles. It consists of 20 questions on a six-point Likert scale. Scores extend from 0 (Not applicable at all) to 5 (perfectly apply). The scale is divided into three subscales, a) secure attachment style. This style includes six items such as "It's easy for me to get close to other people" and "I know I'll find someone to help me when I need it." Scores are from 0 to 30.; b) anxious attachment style. This style includes seven items such as "I feel like I love other people more than they love me" or "Others don't value or respect me as much as I do.". Scores range from 0 to 35.; c) The avoidant attachment style and has seven items, like "It's important for me to be independent of other people" and "I don't worry when I'm by myself because I don't need other people." Scores are between 0 and 35. This scale was found to be reliable with an alpha coefficient of.71.

E. **Fear of Self Questionnaire** is a 20-items questionnaire designed by Aardema et al., (2018) for measuring feared-self perceptions which refers to the person they fear they might be or become. This includes specific concerns related to hidden defects and problems in one’s own character, morals, and sanity. This tool is rated on six rating scale ranging from 1 (strongly disagree) to 6 (strongly agree) and total scores ranging from 20 to 120 scoring divided in three levels. mild level from (20-40) , moderate level from (41to 80) and severe level from (81 to 120). The reliability of this tool was done using Cronbach’s alpha test and equals 0.91.

Pilot Study

The purpose of the pilot study was to determine how long it would take to complete the tools and to make sure that they were clear and easy to understand. It was carried out on a sample of 10 patients with OCD indicating more than 10 % of the sample. Since no adjustments to the instruments were necessary, the patients from the pilot research remained in the original sample size.

Ethical Considerations

The feasibility assessment of the research tools and study was approved by the research ethics committee of Faculty of Nursing, Cairo University. After being fully informed about the nature and goal of the study, the patients signed their informed consent. Confidentiality and anonymity were assured. They were additionally informed that they could opt out of the study at any time and that participation in it is entirely voluntary.

Procedure

A comprehensive review of the existing literature was conducted to explore various facets of the research problem. This included reviewing a range of sources, such as books, papers,

magazines, periodicals, and online researches to become familiar with the research problem and identify relevant study instruments. The researchers employed and adhered to the translation approach to validate the translation of the Fear of Self Questionnaire and the Parenting Authority Questionnaire. The procedure involved the translation of the instruments from English to Arabic, verification of the translation by bilingual experts, back-translation of the resulting versions into English by other bilingual experts and making necessary modifications to address minor incongruities in the content.

An indorsed agreement was settled after the researchers presented the documented papers allotted from the Faculty of Nursing, Cairo University, including the title of the research and its objectives, content, and procedures, which were discussed with the supervisor of the outpatient clinic and administrative personnel before the data collection procedure. Then, the studied patients were recruited from outpatient clinics at El Kasr El Ainy Psychiatric and Addiction Hospital. Patients voluntarily chose whether to take part or not, and they were quite free to decline if they were unwilling to join for some reason. Written informed consents were obtained, then Participants were notified to fill out the questionnaires. In this study, the interview time ranged from 30 to 45 minutes for each patient. The data collection took place in the period from the beginning of March 2023 until the half of February 2024.

Statistical analysis

Statistical analysis of data was performed using the Statistical Package for Social Science (SPSS) version 22. The data of the current study was normally distributed. As a result, parametric inferential statistics were employed. Numerical data was presented as mean and standard and qualitative data as a frequency and percentage. Furthermore, regression analysis was done to investigate the impact of perceived parental behaviors, adult attachment patterns, and fear of self on severity of OCD symptoms. The Pearson correlation test was performed to assess the relationship between the study variables. Significance (p-value) less than 0.05 was deemed significant, while less than 0.001 was regarded as high significant.

Results

Table (1) illustrates that the mean age of the studied sample was 27.9 years old with SD± 5.9. Over two-thirds of the sample (64%) were female. As regards the education level, 34.9% of the studied sample had an intermediate education (secondary school) as well as 34.9% had a bachelor's degree. More than half of the sample was not working. Concerning the marital status, 67.4 % of the studied sample was single. As well, over three-thirds (93%) were living in urban areas of Egypt and 77.9% had sufficient income. Table (2) reveals that, (81.4%) of the studied sample had OCD illness duration for less than ten years. About three - quarters of the studied sample were exposed to distinct types of violence and had a family history of psychiatric disorders. 27.9% of studied sample had history of substance abuse.

As presented in figure (1), 29% of the studied sample displayed moderate and severe OCD symptoms, 18.6%, 7% had mild, and severe OCD symptoms, respectively. While 16.3% displayed no OCD symptoms. Also, figure (2) shows that 55%, 44% of the studied sample had severe, and moderate levels of feared self respectively.

Table (3) shows that the most common parenting behavior perceived by the studied sample was authoritarian behavior (32.55± 4.93) followed by authoritative behavior (30.13± 7.48) then permissive behavior with (24.78± 7.70). The table also reveals that the most prevalent attachment style was anxious attachment (20.3±6.15) followed by avoidant attachment (18.19± 3.90) then secure attachment (14.23±5.06). Moreover, the Feared self was severe among the studied sample (85.13±16.95).

Regarding the correlation between the study variables, table (4) reveals that, the anxious attachment style had a strong statistically significant positive correlation with authoritarian and permissive parenting behavior (0.4, 0.42, p<0.01), severity of OCD (0.22, p<0.05), and fear of self (0.47, p<0.01). Moreover, fear of self had a strong statistically significant positive correlation avoidant attachment style (0.36, p<0.01), and negative strong significant correlation with secure attachment style (-0.29, p<0.01).

Furthermore, severity of OCD symptoms had a strong statistically significant correlation with authoritarian, and permissive parenting behavior

(0.63, 0.2, p<0.01). However, the severity of OCD symptoms had no statistical correlation with authoritative parenting behavior, fear of self, avoidant and secure attachment styles. Surprisingly, there was no statistically significant correlation between authoritative parenting behavior and all the study variables. As well, avoidant, and secure attachment styles had no statistically significant correlation with parenting behaviors.

Table (5) shows a statistically significant impact for authoritarian parenting behaviors, Permissive parenting behavior, and anxious attachment style on the severity of OCD symptoms scale at (p<0.00, 0.006, and 0.04) respectively.

Table (1): Distribution of the studied sample according to Socio-demographic characteristics (n=86)

Socio-Demographic Data	No (%)	Socio-Demographic Data	No (%)
Age		**Order in family**	
15-20	11(12.8)	First born	44 (51.2)
21-25	20 (23.3)	Second born	17 (19.8)
26-30	29 (33.7)	Third born	9 (10.5)
31-35	14 (16.3)	Middle born	2 (2.3)
36-40	12 (14)	Forth born	4 (4.7)
Mean ± SD =27.9±5.9		Last born	10 (11.6)
Gender		**Income**	
Male	31 (36)	enough	67 (77.9)
Female	55 (64)	Not enough	19 (22.1)
Educational level		**Marital status**	
Primary	12 (14)	single	58 (67.4)
Secondary	30 (34.9)	married	23 (26.7)
Bachelor	30 (34.9)	divorced	5 (5.8)
Postgraduate	14 (16.3)	Widowed	0
Working Status		**Residence place**	
Work	39 (45.3)	Rural	6 (7)
No work	47 (54.7)	urban	80 (93)
Father education		**Mother education**	
Illiterate	2 (2.3%)	Illiterate	4 (4.7)
Read and write	4 (4.7)	Read and write	5 (5.8)
Primary	8 (9.3)	Primary	5 (5.8)
Secondary	20 (23.3)	Secondary	28 (32.6)
Bachelor	38 (44.2)	Bachelor	34 (39.5)
Postgraduate	14 (16.3)	Postgraduate	10 (11.6)
Father job status		**Mother job status**	
Desk jobs	70(81.4)	Housewife	60(69.8)
Free work	18(20.9)	Desk job	26(30.2)

Table (2): Frequency Distribution of the studied sample according to their medical data (n=86)

Medical data	No.	%
Duration of psychiatric illness		
Less than one year - 10	62	81.4
10+	24	20.9
Family history of psychiatric disorders		
Yes	67	77.9
No	19	22.1
Violence history		
Yes	64	74.5
No	22	25.5
Type of violence history for whom exposed to (n=64)		
Physical	18	20.9
Psychological (blaming, and verbal aggression)	32	37.2
Sexual	13	15.1
More than one type	1	1.1
History of substance abuse		
Yes	24	27.9
No	62	72.1

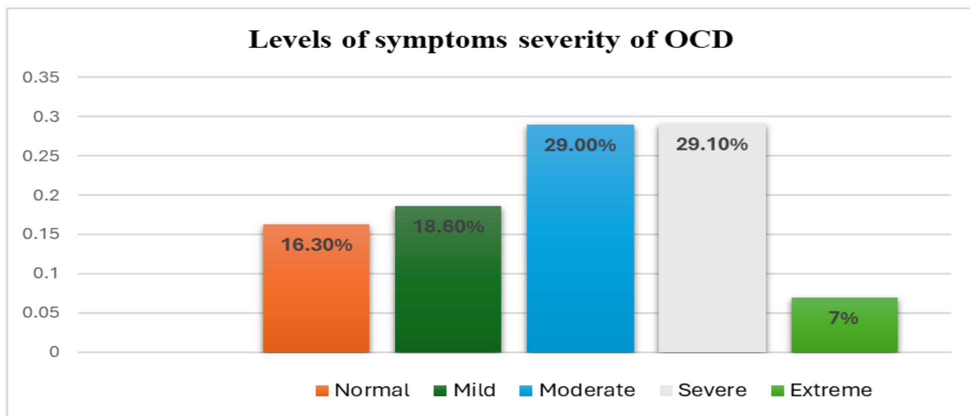

Figure (1): Levels of symptoms' severity of OCD among the studied sample (n=86)

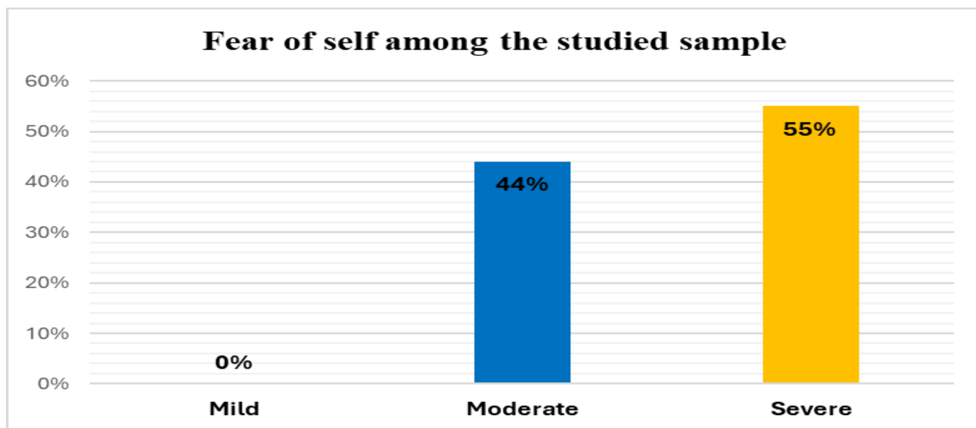

Figure (2): levels of fear of self among the studied sample (n=86)

Table (3): Descriptive statistics of perceived parenting behaviors, adult attachment styles, and fear of self (n=86)

Study variables	Mean	SD	Range	
			Minimum	Maximum
1- perceived parenting behaviors				
Authoritarian behavior	32.55	4.93	20	40
Authoritative behavior	30.13	7.48	10	47
Permissive behavior	24.78	7.70	7	39
2- Adult Attachment styles				
Anxious	20.03	6.15	4	34
Avoidant	18.19	3.90	12	27
Secure	14.23	5.06	6	23
3- Fear of self	85.13	16.95	46	120

Table (4): correlations between the study variables (n=86)

Study variables	Perceived parenting behaviors						Fear of self		Severity of symptoms	
	Authoritarian behavior		authoritative behavior		Permissive behavior					
	r	p	r	p	r	p	r	p	r	p
Adult attachment										
Anxious	0.4	0.00**	0.11	0.27	0.42	0.00*	0.47	0.00**	0.22	0.04*
Avoidant	0.05	0.59	0.2	0.06	0.05	0.64	0.36	0.001**	-0.18	0.09
Secure	0.006	0.95	0.13	0.22	0.18	0.08	-0.29	0.005**	0.15	0.16
Severity of OCD	0.63	0.00**	0.13	0.2	0.2	0.006**	0.2	0.06	-	-
Fear of self	0.36	0.00*	-0.07	0.49	0.03	0.74	-	-	-	-

*Significant at p-value<0.05 ** Highly significant at p < 0.01

Table (5): Regression analysis for the impact of perceived parenting behaviors, adult attachment styles, and fear of self on the severity of OCD symptoms among the studied sample (n = 86)

Predictors	Severity of OCD symptoms			
	Regression coefficient	S. E	t	p
Perceived parenting behaviors				
Authoritarian behavior	0.77	0.1	7.4	0.00**
authoritative behavior	0.24	0.2	1.2	0.22
Permissive behavior	0.35	0.12	2.8	0.006**
Adult attachment styles				
Anxious stye	0.32	0.15	2.1	0.04*
Avoidant style	-0.42	0.25	-1.6	0.09
Secure style	0.27	0.19	1.3	0.16
Fear of self	0.11	0.05	1.9	0.06

*Significant at p-value<0.05 ** Highly significant at p ≤ 0.01

Discussion

The current study aimed to examine the relationship between perceived parenting behaviors, adult attachment styles, fear of self, and the severity of obsessive-compulsive disorder. It focused on examining the interpersonal factors (parenting behaviors, and adult attachment styles) as well as psychological factors (fear of self) in predicting the severity of OCD symptoms.

The average age of the studied OCD patients was 27.9 years, and they suffered from the disease for less than ten years. In addition, more than two-thirds of the sample were female. Also, the most prevalent education level among the studied sample were intermediate education (secondary school) and bachelor's degrees. More than half of the sample was not working. Concerning marital status, nearly seventy percent were single. In addition, over three-thirds of them lived in urban areas. The current study is in agreement with

Solmi et al.'s (2022), who concluded that OCD often begins in adolescence and late teens, with a median age of 19–20 years. High school and university students need screening for OCD and related symptoms. Research shows that university students are twice as likely to have OCD as the general population. Researchers have linked OCD comorbidities to an increased risk of drug abuse and suicide attempts within this age group.

The current study's findings are consistent with those of **Ziegler, Bednasch, Baldofski, and Rummel-Kluge (2021)** who found that OCD onset begins in adolescence or early adulthood, but the duration between the onset and being diagnosed can reach over ten years. This is mostly due to the difficulty of diagnosing it, not merely because of overlapping symptoms with other psychiatric illnesses and diseases. However, many patients deny and do not corroborate the symptoms and ill behaviors they have seen for a variety of reasons, including the stigma associated with such mental illnesses. This enhances the necessity for screening for OCD symptoms among risky populations, such as adolescents, and university students.

Roughly three-quarters of the study sample encountered different types of violence and had a familial history of psychiatric disorders. Approximately one third of them had a previous history of substance misuse. The results align with **Murayama et al. (2020),** who found that individuals with OCD experienced comparable conditions from the beginning of their lives, such as childhood trauma and stressful life events. For instance, familial issues and disturbances resulting from domestic violence and sexual abuse.

In addition, the most prevalent perceived parenting behavior was authoritarian. This finding aligns with prior research that has shown higher levels of parental control, punishment, and dictatorship among individuals with OCD compared to healthy individuals **(Mathieu, Conlon, Water, & Farrell, 2020; Cui et al., 2023; Xu & Zhu, 2023; Hu, Liang, Liu, Ouyang, & Wang, 2023).** The current study findings can be attributed to the characteristics of authoritarian parents, who commonly display traits such as excessive protection, excessive punishment, imposition of inflexible rules, and hard demands. Children may develop perfectionism, self-criticism, a sense of humiliation, and even guilt as a result of not achieving their parents' expectations. This can contribute to the development or worsening of symptoms of OCD.

Concerning the adult attachment styles, the current study findings reported that attachment insecurity was prevalent among the studied sample (anxious attachment followed by avoidant attachment), while secure attachment was not prevalent among the studied sample. Consistent with multiple studies, research conducted by **Pozza et al. (2021)** revealed that individuals with OCD exhibited elevated levels of attachment insecurity, characterized by both anxious and avoidant attachment styles, as well as lower levels of attachment security compared to healthy individuals. In addition, **Yadav's (2021)** study revealed markedly elevated scores in attachment anxiety and attachment avoidance compared to the control group. Previous research reported that individuals with OCD had only prevalent attachment anxiety. This was observed in a study conducted by **Tibi et al. (2020).**

Alternatively, the findings of the current study were inconsistent with those of **Yazdani and Behdost (2020)** who found that the secure attachment style was predominant among women with OCD. This may be due to the participants in their study being recruited from counseling centers, and the sample was gender-wise. It is possible that the current study findings may be due to several reasons; (1) early childhood trauma (2) harsh parenting rearing style because insecure attachment may arise during the early bonds of children with their parents; (3) feelings of unease and agitation that can emerge due to contamination fears, as stated **by Laving, Foroni, Ferrari, Turner, and Yap (2023).**

Concerning fear of self, the current study findings revealed that all the studied sample suffered from severe-to-moderate levels of fear of self. This complies with a meta-analysis conducted by **Godwin, Godwin, and Simonds (2020),** which revealed a substantial association between fear of self and individuals diagnosed with OCD. A study conducted by **Aardema, et al., (2021)** found that the fear of self is a fundamental concept in OCD. In a recent study by **Llorens Aguilar, Arnáez, Aardema, and García Soriano (2022),** it was found that individuals with OCD experienced a notable fear of self. Specifically,

they exhibited fear of displaying selfishness, aggression, dishonesty, cowardice, insecurity, and arrogance.

This result can be elucidated based on the perspective contributed by **Aardema, et al. (2021),** who suggested that the perception of a feared self was associated with particular obsessions, specifically those that involve moral sensitivity, such as blasphemous, sexual, and aggressive obsessions. Aardema and his colleagues observed that individuals with OCD are inclined to have heightened moral sensitivity. This moral sensitivity may occur because OCD patients adhere to moral norms more strictly, and they have unwanted, immoral, and unacceptable intrusive thoughts that contradict the morality they were previously taught, which heightened their feared selves.

Moreover, fear of self showed a strong statistically significant positive relationship with anxious and avoidant attachment styles and a strong negative significant relationship with secure attachment style. This is in line with that of **Doron (2020),** who found that individuals with high fear of self reported higher attachment anxiety. Another study clarified that secure attachment protects against the exacerbation of feared self-perceptions **(Kulaityte, Gutparakyte, & Steibliene, 2023).**

The current study findings showed that the levels of OCD symptoms' severity among more than half of the sample ranged from moderate to severe. Furthermore, the severity of OCD symptoms had a strong positive statistically significant correlation with the negative parenting behaviors (authoritarian, and permissive parenting behaviors). It means that the more negative parenting, the more severe the obsessive-compulsive symptoms. However, the severity of OCD symptoms had no statistical correlation with authoritative parenting behavior.

The current results are partially consistent with **Navarro (2023),** who found that participants who had been raised by both an authoritarian mother and father reported a higher level of severity in their obsessive-compulsive symptoms compared to participants who were reared by either authoritative or permissive parents. These differences were shown to be statistically significant. In contrast, a study conducted by **Kumar, Wesley, and Kishor (2022)** revealed that there was no statistically significant correlation between symptoms of OCD and various parenting behaviors. Kumar and his colleagues attributed their findings to the discrepancies in family dynamics within the sample itself.

Similar findings have been reported by **Mathieu, et al. (2020),** who concluded that there is a positive correlation between the severity of OCD and the perception of harsh parental behaviors among children. In their study, **Cui et al. (2023)** discovered a positive correlation between detrimental parenting behaviors and an increased susceptibility to developing OCD. In addition, **Hu et al. (2023)** discovered a robust positive association between unfavorable parenting methods and symptoms of OCD. Parenting actions exert a substantial influence on the mental well-being and emotional self-regulation of their children, given that parents hold the highest level of influence in their life.

Moreover, the current study revealed a robust and statistically significant positive correlation between anxious attachment style and the severity of OCD symptoms. There was no statistically significant correlation observed with secure and avoidant attachments. These results align with the recent study conducted by **Trak and Inozu (2019),** which showed a strong correlation between attachment anxiety and the severity of OCD symptoms. Moreover, a recent study disclosed that attachment anxiety had a stronger correlation with OCD and led to a suboptimal response to therapy (**Hodny, Prasko, Ociskova, Vanek, and Holubova, 2021).** Nevertheless, the current study results partially align with a meta-analysis conducted by Van **Leeuwen et al. (2020),** which reported a significant correlation of moderate to substantial magnitude between OCD and attachment anxiety, as well as a significant correlation of moderate magnitude between OCD and avoidant attachment.

Contrary to our expectations, the current study found that fear of self was not linked to the intensity of OCD symptoms and did not impact the severity of OCD. However, the current study finding was inconsistent with numerous studies which discovered that fear of self was able to significantly predict OCD symptom severity, such as **Sauvageau, O'Connor, Dupuis, & Aardema, 2020; Doron, 2020; Fernandez, Sevil, and Moulding, 2021; Jaeger et al., 2021**. This result

suggests the importance of conducting further research studies to investigate if there are any mediating or moderating factors between fear of self and OC symptoms' severity, such as a study by **Doron (2020),** who found that attachment security moderated the link between fear of self and OC symptoms.

Conclusion

The current study concluded that authoritarian parenting behavior, and adult attachment insecurities were predominant among the studied OCD patients. Additionally, fear of self was a highly characteristic among the studied OCD patients. Furthermore, fear of self was linked positively and strongly with authoritarian parenting behavior, attachment insecurities (anxious and avoidant), and negatively with secure attachment. While there was no relationship between fear of self and the severity of OC symptoms, moreover, negative parenting behaviors and an anxious attachment style can predict the severity of OC symptoms.

Limitations

It is important to acknowledge, nonetheless, that the current study possesses several limitations. To begin, there is a limited sample size. Secondly, the questionnaires utilized in this research may have been subject to recall bias due to the influence of subjective factors. Furthermore, the sample exclusively comprised participants from Egypt. Therefore, due to the constituents of the sample, caution must be employed when generalizing the findings to different cultures.

Recommendations

In terms of future study directions, it would be intriguing to

1) Explore the relationship between sociodemographic variables and the severity of obsessive-compulsive symptoms.
2) The current research findings revealed that violence history was prevalent among the studied sample. So, the impact of childhood trauma and abuse among the patients with OCD should be studied.
3) Despite the considerable challenge involved, longitudinal research may provide greater reliability.
4) Counseling interventions are necessary to be employed to assist these patients in transcending their emotional challenges.

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