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The Relationship Between Parental Reports of Their Children's Obsessive-Compulsive Symptoms and Thought-Action Fusion With the Parent-Child Relationship Structure in Adolescents With Obsessive-Compulsive Disorder

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A B S T R A C T

Purpose: This study aimed to examine the relationship between parental reports of their children's obsessive-compulsive symptoms and thought-action fusion with the structure of the parent-child relationship in adolescents diagnosed with obsessive-compulsive disorder (OCD).

Methodology: This descriptive-correlational study was conducted on 83 adolescents diagnosed with OCD and their parents. Participants were selected through a multi-stage process, beginning with the screening of 400 middle school students in Ardabil, followed by diagnostic interviews based on DSM-5 criteria. The final sample consisted of 83 adolescents and 83 parents. Data collection tools included the Obsessive-Compulsive Inventory-Child Version (OCI-CV), the Yale-Brown Obsessive-Compulsive Scale for Children—Parent Report, the Parent-Child Relationship Questionnaire, and the Thought-Action Fusion Questionnaire. Data were analyzed using Pearson's correlation coefficient and multiple regression analysis in SPSS-26.

Findings: The results indicated a significant negative correlation between parental reports of OCD symptoms and the quality of the parent-child relationship ($r = -0.27$, $p = 0.041$), suggesting that higher parental reports of obsessive-compulsive symptoms were associated with a more dysfunctional parent-child relationship. Regression analysis revealed that parental reports of OCD symptoms significantly predicted the parent-child relationship structure ($B = -0.08$, $p = 0.02$), whereas thought-action fusion did not emerge as a significant predictor ($B = 0.07$, $p = 0.06$). The two predictor variables accounted for 11% of the variance in the parent-child relationship structure ($R^2 = 0.11$).

Conclusion: The findings highlight the significant role of parental perceptions in shaping the parent-child relationship in adolescents with OCD. Higher parental reports of their children's symptoms were associated with poorer relational dynamics, emphasizing the need for family-based interventions that address parental responses to OCD symptoms and promote adaptive communication patterns.

Keywords: *Obsessive-compulsive disorder, thought-action fusion, parent-child relationship, parental perception, adolescent OCD, family dynamics*

1. Introduction

Obsessive-compulsive disorder (OCD) is a chronic and debilitating condition characterized by intrusive thoughts and repetitive behaviors aimed at reducing distress. Among adolescents, OCD manifests in various forms, often interfering with daily functioning, academic performance, and social relationships (Murphy & Flessner, 2015). The disorder is influenced by a complex interplay of genetic, neurobiological, cognitive, and environmental factors. One of the key psychological constructs associated with OCD is thought-action fusion (TAF), a cognitive distortion in which individuals equate thoughts with real-world consequences, leading to heightened anxiety and compulsive behaviors (Evans et al., 2010; Kim & Lee, 2020). The parent-child relationship is another significant factor in the development and maintenance of OCD symptoms, as familial dynamics play a crucial role in shaping an adolescent's cognitive and emotional responses to intrusive thoughts (Shahla et al., 2022; Wang, 2024).

TAF has been extensively studied as a cognitive bias in OCD, wherein individuals believe that thinking about an event increases its likelihood of occurring or is morally equivalent to committing the act (Lee & Lee, 2022). Research suggests that individuals with OCD experience TAF more intensely than non-clinical populations, reinforcing compulsive rituals aimed at neutralizing distressing thoughts (Bailey et al., 2014). In children and adolescents, TAF has been linked to heightened anxiety, excessive guilt, and difficulty distinguishing between thoughts and reality (Evans et al., 2010). Studies indicate that TAF is a significant predictor of obsessive-compulsive symptom dimensions, such as contamination fears, checking behaviors, and intrusive thoughts (Kim & Lee, 2020). Furthermore, TAF is often exacerbated by underlying cognitive fusion, a psychological process in which individuals rigidly identify with their thoughts and struggle to adopt a more flexible mindset (Reuman et al., 2017).

The impact of TAF is not limited to the individual but extends to family interactions and parental perceptions. Parents of children with OCD often exhibit heightened sensitivity to their child's distress, reinforcing avoidance behaviors and compulsions (Murphy & Flessner, 2015). In some cases, parents with rigid cognitive styles themselves may contribute to the development of TAF in their children, either through modeling or by overemphasizing the significance of intrusive thoughts (Kim & Lee, 2020). The transmission of cognitive distortions between parents and children underscores the importance of examining familial influences in OCD research.

The parent-child relationship plays a crucial role in shaping the psychological well-being of adolescents with OCD. Studies have demonstrated that insecure attachment styles, particularly anxious and avoidant attachment, are more prevalent in individuals with OCD than in non-clinical populations (Danaei Sij et al., 2018). Attachment insecurity can exacerbate OCD symptoms by fostering excessive reassurance-seeking, fear of abandonment, and difficulty managing intrusive thoughts independently (Aaronson et al., 2006).

In addition to attachment styles, parental behaviors such as overprotection, excessive control, and emotional invalidation have been identified as risk factors for OCD symptom severity (Shahla et al., 2022). Overcontrolling parenting styles may limit a child's ability to develop adaptive coping strategies, reinforcing dependence on compulsions as a means of emotional regulation (Pyszkowska et al., 2021). Conversely, warm and responsive parenting has been associated with better psychological outcomes, including reduced OCD severity and greater cognitive flexibility (Blum et al., 2022). The mediating role of the parent-child relationship in OCD highlights the need to consider both cognitive and familial factors in understanding symptom presentation.

Research suggests that parental reports of OCD symptoms in their children are influenced by both objective symptom severity and subjective interpretations of the child's behavior (Levy et al., 2020). Parents with heightened anxiety or maladaptive cognitive patterns may perceive their child's OCD symptoms as more distressing, leading to increased family conflict and emotional strain (Murphy & Flessner, 2015). Conversely, parents who maintain a balanced perspective and encourage autonomy may foster more adaptive responses to OCD-related distress (Torabi Goodarzi et al., 2024). Understanding the interplay between parental perceptions and OCD symptomatology is essential for developing effective family-based interventions.

The relationship between TAF and the parent-child relationship is bidirectional, with each factor influencing the other in significant ways. Adolescents with high TAF tendencies may be more likely to seek reassurance from their parents, reinforcing dependency and compulsive behaviors (Reuman et al., 2017). At the same time, parental responses to OCD symptoms can either exacerbate or mitigate TAF, depending on the level of accommodation and emotional support provided (Azad et al., 2019). Research has shown

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that parental accommodation of OCD symptoms, such as participating in rituals or modifying family routines to reduce the child's anxiety, is associated with increased symptom severity and greater functional impairment (Murphy & Flessner, 2015).

Studies examining the intergenerational transmission of cognitive biases suggest that parents with a strong tendency toward TAF may inadvertently reinforce similar cognitive distortions in their children (Malehmir et al., 2021). This process may occur through direct verbal messages, implicit modeling, or family discussions that emphasize the importance of controlling one's thoughts to prevent negative outcomes (Williams et al., 2013). Additionally, children who grow up in environments characterized by rigid moral or religious beliefs may develop heightened TAF due to external reinforcement of the notion that thoughts carry inherent consequences (Karadayı Kaynak & Mısırlı, 2023).

The present study aims to examine the relationship between parental reports of their children's OCD symptoms, TAF, and the parent-child relationship structure in adolescents diagnosed with OCD. Based on existing literature, it is hypothesized that parental reports of OCD symptoms will be negatively correlated with the quality of the parent-child relationship, suggesting that greater symptom severity is associated with less adaptive familial interactions. Additionally, it is expected that TAF will mediate this relationship, with higher levels of cognitive distortion predicting poorer parent-child relationships. Methods and Materials

1.1. Study Design and Participants

This study was an applied research in terms of its objective and a descriptive-correlational study in terms of data collection. The parent-child relationship structure was considered the independent variable, while thought-action fusion and parental reports of obsessive-compulsive symptoms were treated as the dependent variables. Initially, three middle schools in Ardabil County were selected. Adolescents with obsessive-compulsive disorder (OCD) were identified, and participants were selected from among them. The target population initially included all middle school students in Ardabil during the academic year 2015–2016. After collecting preliminary data from a number of schools to identify adolescents suspected of having OCD, the estimated sample size was reduced to 120 students. Following diagnostic interviews based on DSM-5 criteria, the final sample consisted of 83 adolescents diagnosed with OCD. Additionally, 83 parents of these adolescents participated in the study. Although a minimum sample size of 30 is generally considered sufficient for correlation studies, a sample of 83 was chosen to enhance the external validity of the research.

At the beginning of the study, 400 middle school students were selected using convenience sampling to complete the Obsessive-Compulsive Inventory-Child Version (OCI-CV). Based on the questionnaire's cutoff score ($x \geq 20$), approximately 120 students were identified as potential OCD cases. In the next stage, these 120 students underwent diagnostic and differential interviews using DSM-5 criteria. A total of 83 students met both the questionnaire criteria and diagnostic criteria and were thus included in the study. Subsequently, the Parent-Child Relationship Questionnaire and the Parental Report of Obsessive-Compulsive Symptoms were provided to the parents, while the adolescents diagnosed with OCD completed the Thought-Action Fusion Questionnaire. The students returned their completed questionnaires to school the following day.

1.2. Measures

The Obsessive-Compulsive Inventory-Child Version (OCI-CV) was used to assess obsessive-compulsive symptoms in adolescents. This self-report questionnaire consists of six subscales: checking/doubting, obsession, hoarding, washing, orderliness, and neutralization. It includes 21 items and was developed by Foa et al. (2010) based on the adult version of the OCI. This tool is designed for individuals aged 7 to 17 and has demonstrated good reliability, with test-retest results yielding consistent scores within a one-and-a-half-week interval. The reliability and validity of the questionnaire were reported by its developers as 0.77 and 0.64, respectively (Azad et al., 2019; Levy et al., 2020).

The Parent-Child Relationship Questionnaire was used to evaluate the structure of parent-child relationships. This questionnaire contains 73 items, with 26 positively framed and 47 negatively framed statements. It was developed by Gerard et al. (1994) and measures nine subscales: parental support, parental satisfaction, involvement, communication, restriction, independence, parental role orientation, social tendencies, and inconsistency. The reliability and validity of this questionnaire were reported as 0.82 and 0.81, respectively. An additional advantage of this tool is that it can be used with caregivers other than the biological parents of the child (Shadanloo et al., 2023).

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The Yale-Brown Obsessive-Compulsive Scale for Children—Parent Report was used to assess parental reports of their children's OCD symptoms. This questionnaire is designed for parents of children aged 4 to 18 who exhibit obsessive-compulsive symptoms. It consists of 10 items that evaluate the severity and presence of OCD symptoms as perceived by parents. Developed by Goodman et al. (1997), this tool has demonstrated high reliability and internal consistency, with reliability and validity scores reported as 0.84 and 0.91, respectively (Azad et al., 2019; Blum et al., 2022; Levy et al., 2020; Shahla et al., 2022).

The Thought-Action Fusion Questionnaire was administered to measure the extent to which adolescents equate their thoughts with corresponding actions. This questionnaire, developed by Shafran in 1996, consists of 19 items and assesses an individual's tendency to view their thoughts as equivalent to performing the corresponding action. The questionnaire has been tested in children and adolescents, with satisfactory reliability and validity scores of 0.75 and 0.96, respectively (Azad et al., 2019; Jeshvaghani et al., 2012).

1.3. Data Analysis

The collected data were analyzed using SPSS-26 software. Descriptive statistics, including mean and standard deviation, were used to summarize the data. Pearson's correlation coefficient and regression analysis were conducted to test the study hypotheses and examine the relationships among the variables.

2. Findings and Results

The demographic characteristics of the study sample indicated that out of 83 adolescents diagnosed with obsessive-compulsive disorder (OCD), 70 participants (83.4%) were female, and 13 participants (16.6%) were male. In terms of age distribution, the majority of participants, 77 individuals (93.2%), were between 13 and 15 years old, while only 3 participants (3.4%) were in the younger age group of 8 to 12 years, and another 3 participants (3.4%) were in the older age group of 16 to 18 years. Regarding parental figures participating in the study, 67 respondents (80%) were mothers, while none of the fathers participated, and 16 respondents (20%) were other caregivers. The age distribution of the parental respondents showed that 35 individuals (42.17%) were between 30 and 35 years old, 25 individuals (30.12%) were between 35 and 40 years old, and 23 individuals (27.71%) were 40 years or older.

The descriptive statistics for the study variables, including thought-action fusion, parental reports of obsessive-compulsive symptoms, and parent-child relationship structure, are presented in Table 1. The mean and standard deviation for each variable provide an overview of the distribution of scores within the sample.

Table 1

Mean, Standard Deviation, and Sample Size

Statistical Indicators	Mean	Standard Deviation	Sample Size
Thought-Action Fusion	37.02	13.08	83
Parental Report of OCD Symptoms	11.61	5.02	83
Parent-Child Relationship Structure	124.35	14.17	83

The findings in Table 1 indicate that the mean and standard deviation for thought-action fusion were 37.02 and 13.08, respectively. This suggests that there was a moderate variation in the extent to which adolescents equated their thoughts with actions. The parental report of obsessive-compulsive symptoms had a mean score of 11.61, with a standard deviation of 5.02, indicating some variability in how parents perceived their children's OCD symptoms. The parent-child relationship structure had a mean score of 124.35 and a standard deviation of 14.17, reflecting differences in parental involvement, communication, and control across participants. These descriptive statistics provide a foundational understanding of the key variables in the study, highlighting variations in cognitive distortions, parental perceptions, and relational structures among adolescents with OCD.

The inferential statistical analyses examined the relationships among parental reports of obsessive-compulsive symptoms in their children, thought-action fusion, and the parent-child relationship structure. To test the study hypotheses, Pearson's correlation coefficient was used for two hypotheses, while multiple regression analysis was conducted to examine the predictive power of the

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independent variables on the parent-child relationship structure.

Table 2

Correlation Test

Variable Relationship	Correlation Coefficient (r)	Significance Level (p)	Coefficient of Determination (R^2)
Parental Reports of OCD Symptoms – Parent-Child Relationship Structure	-0.27	0.041	0.07
Thought-Action Fusion – Parent-Child Relationship Structure	-0.14	0.28	0.01

The results of Pearson's correlation analysis, as shown in the table, indicate a significant negative correlation between parental reports of obsessive-compulsive symptoms and the parent-child relationship structure ($r = -0.27$, $p = 0.041$). This finding suggests that higher parental reports of OCD symptoms in their children were associated with a less favorable parent-child relationship structure. The coefficient of determination ($R^2 = 0.07$) indicates that parental reports explained approximately 7% of the variance in the parent-child relationship structure. However, the relationship between thought-action fusion and the parent-child relationship structure was not significant ($r = -0.14$, $p = 0.28$), suggesting no meaningful association between these variables (Table 2).

To further investigate the predictive power of thought-action fusion and parental reports of OCD symptoms on the parent-child relationship structure, multiple regression analysis was conducted (Table 3).

Table 3

Regression Analysis

Source	B	Standard Error	Beta	t	p
Constant	19.57	5.12	-	3.81	0.001
Thought-Action Fusion	0.07	0.04	0.20	1.89	0.06
Parental Reports of OCD Symptoms	-0.08	0.03	-0.24	-2.32	0.02

The multiple regression results indicate that among the two predictor variables, thought-action fusion did not significantly predict the parent-child relationship structure ($B = 0.07$, $p = 0.06$), as its significance level was above the 0.05 threshold. However, parental reports of OCD symptoms significantly predicted the parent-child relationship structure ($B = -0.08$, $p = 0.02$), indicating that lower parental reports of OCD symptoms were associated with a better parent-child relationship structure.

Table 4

Summary of Regression Model

Model	R	Adjusted R^2	R^2	Standard Error
1	0.33	0.09	0.11	4.78

The model summary in Table 4 shows that the combination of thought-action fusion and parental reports of OCD symptoms accounted for 11% of the variance in the parent-child relationship structure ($R^2 = 0.11$). The overall correlation coefficient ($R = 0.33$) suggests a moderate relationship between the predictors and the dependent variable. Notably, only parental reports of OCD symptoms significantly contributed to predicting the parent-child relationship structure.

3. Discussion and Conclusion

The findings of the present study revealed a significant negative relationship between parental reports of their children's obsessive-compulsive symptoms and the quality of the parent-child relationship structure. Specifically, higher parental reports of OCD symptoms were associated with a more dysfunctional parent-child relationship.

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Regression analysis further indicated that parental reports of OCD symptoms significantly predicted the quality of parent-child relationships, whereas thought-action fusion (TAF) did not serve as a significant predictor. These findings suggest that the way parents perceive and report their children's OCD symptoms plays a critical role in shaping family interactions and relationship quality. Furthermore, the results indicate that adolescents whose parents perceived higher levels of obsessive-compulsive symptoms exhibited weaker parent-child relationships, likely due to increased parental control, overprotection, and distress associated with managing the child's symptoms.

The observed negative association between parental reports of OCD symptoms and the quality of the parent-child relationship aligns with previous research emphasizing the role of family dynamics in the development and maintenance of OCD. Studies have shown that excessive parental involvement, overprotectiveness, and heightened accommodation of OCD symptoms contribute to maladaptive parent-child interactions, reinforcing compulsive behaviors and increasing family conflict (Murphy & Flessner, 2015). Similarly, Shahla et al. (2022) found that dysfunctional parent-child relationships were associated with greater symptom severity in adolescents with OCD, suggesting that parental stress and anxiety regarding their child's symptoms may exacerbate relational difficulties (Shahla et al., 2022). These findings highlight the importance of considering both cognitive and familial factors when assessing the impact of OCD on adolescents.

The significant predictive role of parental reports of OCD symptoms in parent-child relationships is also supported by previous research demonstrating the reciprocal influence between symptom perception and family interactions. Blum et al. (2022) conducted a longitudinal study examining the impact of postpartum OCD symptoms on child development and found that maternal OCD symptoms negatively affected parent-child bonding, leading to increased emotional and behavioral difficulties in children (Blum et al., 2022). Similarly, Levy et al. (2020) reported that parents with heightened self-vulnerabilities related to parenting exhibited more distress in response to their children's OCD symptoms, which, in turn, contributed to increased relational difficulties (Levy et al., 2020). These findings suggest that parents who perceive their children's symptoms as more severe may engage in maladaptive parenting behaviors, such as excessive reassurance-seeking, criticism, or avoidance, which can further disrupt the parent-child relationship.

Interestingly, the results of the present study did not support the hypothesis that TAF would significantly predict the parent-child relationship structure. While prior research has identified TAF as a core cognitive distortion associated with OCD, its direct role in shaping parent-child dynamics appears to be less pronounced. Bailey et al. (2014) found that TAF was strongly related to obsessive-compulsive symptom severity, but its influence on interpersonal relationships was mediated by other factors, such as cognitive rigidity and intolerance of uncertainty (Bailey et al., 2014). Similarly, Azad et al. (2019) demonstrated that cognitive interventions targeting TAF reduced OCD symptoms but had a limited impact on broader family dynamics (Azad et al., 2019). The present study's findings suggest that while TAF may be a critical cognitive feature of OCD, it does not independently determine the quality of parent-child relationships, highlighting the need to consider additional psychological and environmental variables.

The lack of a significant relationship between TAF and parent-child relationships may also be explained by the role of attachment styles and family functioning in shaping cognitive biases. Pozza et al. (2021) reported that individuals with OCD who exhibited high levels of TAF often had insecure attachment styles, particularly anxious attachment, which contributed to excessive reassurance-seeking and dependence on caregivers (Pozza et al., 2021). However, these effects were more pronounced in clinical settings with severe OCD cases. In contrast, the present study's sample consisted of adolescents with varying degrees of OCD symptom severity, which may have influenced the findings. Additionally, previous research has suggested that parental modeling of cognitive distortions, rather than TAF itself, may play a more significant role in the development of maladaptive parent-child interactions (Williams et al., 2013).

These findings have important implications for understanding the complex interplay between cognitive and familial factors in adolescent OCD. While cognitive distortions such as TAF are central to the disorder, they do not operate in isolation but rather interact with broader relational patterns within the family. The present study underscores the importance of considering parental perceptions and responses to OCD symptoms when assessing family dynamics. Parental stress, emotional regulation, and coping strategies all contribute to the way symptoms are perceived and managed within the household, ultimately shaping the quality of parent-child interactions (Karadayı Kaynak & Mısırlı, 2023).

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The study's findings also contribute to the growing body of literature examining the intergenerational transmission of cognitive biases and mental health difficulties. Research has shown that parental beliefs about thoughts and behaviors can influence children's cognitive development, particularly in families with a history of anxiety disorders (Reuman et al., 2017). Pyszkowska et al. (2021) found that parents of children with autism spectrum disorder exhibited higher levels of cognitive fusion, which in turn affected their emotional responses to their children's symptoms (Pyszkowska et al., 2021). Similarly, Malehmir et al. (2021) reported that individuals with OCD and their family members often shared similar cognitive distortions, suggesting that certain thought patterns may be reinforced within the family environment (Malehmir et al., 2021).

The results of this study emphasize the need for a comprehensive approach to OCD treatment that addresses both cognitive and familial factors. Family-based interventions that focus on modifying parental responses to OCD symptoms, reducing accommodation behaviors, and fostering adaptive communication may be particularly beneficial. Given the significant role of parental perceptions in shaping the parent-child relationship, interventions that target parental cognitive biases and emotional regulation strategies could help improve relational outcomes for adolescents with OCD.

Despite the valuable contributions of this study, several limitations must be acknowledged. First, the study relied on self-report measures for assessing parent-child relationships and OCD symptoms, which may be subject to response biases and social desirability effects. Future research could benefit from incorporating observational methods or clinician-administered assessments to obtain a more objective evaluation of family interactions. Second, the study utilized a cross-sectional design, limiting the ability to draw causal conclusions about the relationship between parental reports of OCD symptoms and family dynamics. Longitudinal studies are needed to examine how these relationships evolve over time. Third, the sample consisted of adolescents diagnosed with OCD, but the severity of symptoms varied. Future studies could explore whether the observed relationships differ based on symptom severity or comorbid conditions, such as anxiety or depression.

Future research should explore additional mediating and moderating variables that may influence the relationship between parental perceptions of OCD symptoms and parent-child relationships. Factors such as parental stress, coping strategies, and cultural differences in parenting styles could provide further insight into the observed associations. Additionally, research examining the role of parental cognitive biases beyond TAF, such as intolerance of uncertainty or perfectionism, may yield valuable findings. Future studies should also investigate the impact of different types of parental accommodation on adolescent OCD symptoms to determine which specific behaviors contribute to dysfunctional family dynamics. Expanding research to include diverse cultural contexts and familial structures would enhance the generalizability of findings and inform more culturally sensitive interventions.

The findings of this study highlight the importance of incorporating family-based interventions in the treatment of adolescent OCD. Clinicians should assess not only the severity of the child's OCD symptoms but also the parent's perception of these symptoms and their impact on family relationships. Interventions should aim to educate parents about the role of cognitive distortions in OCD and provide strategies for responding to their child's symptoms in a way that promotes autonomy rather than dependence. Psychoeducation programs focusing on parental emotional regulation and stress management may help reduce maladaptive responses to OCD-related distress. Furthermore, therapists working with adolescents with OCD should consider implementing family therapy sessions to improve communication patterns and address relational conflicts. By integrating cognitive and family-focused approaches, mental health professionals can develop more comprehensive and effective treatment strategies for adolescents with OCD.

Authors' Contributions

All authors significantly contributed to this study.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the interview and participated in the research with informed consent. This study has received the ethical code IR.IAU.R.REC.1402.050 from the Islamic Azad University, Roudehen Branch.

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