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Indecisiveness as a predictor of quality of life in individuals with obsessive and compulsive traits

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ABSTRACT

It is well established that individuals with symptoms of obsessive-compulsive disorder (OCD) may experience compromised quality of life (QOL). For example, Jacoby et al. (2014) found that depression was the most significant predictor of QOL among treatment-seeking OCD patients, beyond OCD-related cognitions, symptoms, and anxiety. Despite previous research indicating that indecisiveness is an important construct relevant to OCD, however, indecisiveness is often not measured in studies examining predictors of QOL. Accordingly, the current study sought to extend this literature in a sample of 88 nonclinical participants varying in OCD symptoms. We addressed two questions: whether indecisiveness would predict QOL beyond other measures, and whether the relationship between indecisiveness and QOL was stronger in those with more OCD symptoms. Findings revealed that indecisiveness significantly predicted QOL when other variables were controlled, but OCD symptoms did not moderate the relationship between IS and QOL. Taken together, the findings suggest that indecisiveness could be an important construct with implications for QOL in nonclinical individuals. Future studies should examine the link between QOL and indecisiveness in OCD patients and the underlying mechanisms that may contribute to this relationship.

1. Introduction

Obsessive-compulsive disorder (OCD) is a chronic psychiatric condition that affects approximately 2–3% of the population (Ruscio, Stein, Chiu, & Kessler, 2010; Weissman et al., 1994). OCD is defined by obsessions (i.e., intrusive thoughts, images or impulses that the individual is unable to suppress), and/or compulsions (i.e., repetitive behaviours or mental acts which cause significant distress and impair functioning), (American Psychiatric Association [APA], 2013). It is associated with significant morbidity, accounting for approximately $8.4 billion in economic losses yearly in the United States (DuPont, Rice, Shiraki, & Rowland, 1995), leading the World Health Organization to classify OCD as one of the top ten most disabling medical conditions (Brundtland, 2000).

Examination of quality of life (QOL) in OCD reveals significant impairment. A British epidemiological investigation determined that, compared to control participants or those with other psychological conditions such as generalized anxiety disorder, depressive episodes, and panic, individuals with OCD had higher levels of unemployment, lower occupational and social status, lower income, and were less likely to be married, despite the fact that participants did not differ in terms of education level (Torres et al., 2006). Comparison of QOL between OCD and schizophrenia reveals comparable deficits in QOL, with some studies indicating individuals with OCD may be more impaired (Bobes et al., 2001; Bystritsky et al., 2001). Similar findings have emerged from a Dutch epidemiological sample, in which 77.2% of individuals with OCD indicated that their ability to work was impeded (Sorensen, Kirkeby, & Thomsen, 2004). Even individuals with subthreshold OCD symptoms report impaired quality of life (Goracci et al., 2007).

Despite the importance of examining predictors of QOL and functional impairment in OCD, research thus far has been limited. Nonetheless, a few predictors have emerged including symptom severity (e.g., Bobes et al., 2001; Kugler et al., 2013; Rapaport, Clary, Fayyad, & Endicott, 2005; Srivastava, Bhatia, Thawani, & Rhanjee, 2011; Storch, Abramowitz, & Keeley, 2009) and the presence of comorbid depressive and anxious symptoms (Angst et al., 2005; Eisen et al., 2006; Storch et al., 2009). A recent examination of predictors of QOL (Jacoby, Leonard, Riemann, & Abramowitz, 2014) found that when all predictors were entered into a regression, depression emerged as the only significant unique predictor of QOL, above and beyond OCD symptom dimensions, anxious symptoms, and OCD-related cognitions. Indecisiveness, however, was not measured.

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Indecisiveness is "the general tendency to experience decision difficulties" (Rassin, 2007, p. 11). Indecisiveness (for a review, see Rassin, 2007) has a hypothesized importance in OCD, based on both self-reported indecisiveness as a clinical symptom, and the shared cognitive capacity of executive functioning, which is necessary for decision-making, and is thought to be impaired in OCD (Cavedini, Riboldi, Keller, D'Annucci, & Bellodi, 2002; Dittrich & Johansen, 2013). More specifically, Sachdev and Malhi (2005) highlighted the substantial overlap between the neurological circuitry required for cognitive performance and decision making, and the neurological circuitry implicated in OCD. Specifically, components within the prefrontal cortex (PFC), including the orbitofrontal cortex (OFC) and the anterior cingulate cortex (ACC), facilitate decision making, information processing, and evaluations; these components tend to exhibit hyperactivity in those with OCD (Prabhakaran, Narayanan, Zhao, & Gabrieli, 2000; Sachdev & Malhi, 2005).

Both clinical and empirical findings indicate that individuals with OCD may be characterized by problematic decision-making. For example, an OCD patient with a checking compulsion might repeatedly turn the doorknob to his or her home in order to reach a decision that the door was locked (e.g., Rachman, 2002). In lab-based studies, research thus far has established that compared to controls, individuals with OCD require more time and information before making decisions (Dittrich & Johansen, 2013; Stern et al., 2013). Moreover, additional research suggests that those with OCD have elevated evidence requirements compared to those without OCD when deciding the point at which a behavior (e.g., handwashing) will be stopped (Wahl, Salkovskis, & Cotter, 2008). In line with these findings, some researchers suggest that OCD is a condition primarily involving deficits in decision making (Sachdev & Malhi, 2005). As such, indecisiveness has also been implicated as a potential predictor of treatment outcome (Cavedini, Gorini, & Bellodi, 2006; Olley, Malhi, & Sachdev, 2007; Vandenbroucke & Gabriels, 2012).

There are different ways to operationalize indecisiveness, including neuropsychological measures (e.g., Iowa Gambling Task; Bechara, Damasio, Tranel, & Damasio, 2005) and behavioral measures, such as the time required for decisions after being given a scenario (e.g., which outfit to wear) with two alternatives (Frost & Shows, 1993). Our focus here is on self-reported indecisiveness (IS) as assessed by a validated self-report measure of indecisiveness (Frost & Shows, 1993). This type of IS has received little attention in OCD patients (Rassin, 2007), but has been a focus of research in nonclinical samples. Findings from these investigations suggest that IS may be a threat to effective daily functioning in individuals without psychopathology, although research is limited (Rassin & Muris, 2005). For example, Germeijs and Verschueren (2011) found that high IS predicted post-decisional problems regarding the choice of major in higher education. In addition to affecting choice stability, IS in nonclinical samples is associated with other measures of less adaptive psychological functioning, including trait anxiety (Germeijs & Verschueren, 2011) and maladaptive aspects of perfectionism (e.g., concern over mistakes; Frost & Shows, 1993). IS in nonclinical samples also correlates with specific aspects of OCD symptoms such as checking (e.g., Frost & Shows, 1993) or in some studies with total OCD symptoms (e.g., Gayton, Calvin, Calvin, & Broida, 1994; Rassin & Muris, 2005). That noted, IS has not correlated with the total score on measures of obsessive-compulsive symptoms in other investigations (perhaps due to the use of different measures of OCD symptoms); for example, the correlation between IS and the total score on the Maudsley Obsessive Compulsive Inventory (MOCI; Rachman & Hodgson, 1980) was .07 (Frost & Shows, 1993).

Additional findings from nonclinical samples indicate that higher IS predicts lower life satisfaction with a moderate effect size ($r = -.31$; Rassin & Muris, 2005); to the best of our knowledge, the relationship between IS and QOL in people with OCD has not received scrutiny. However, as aforementioned, IS is associated with other less adaptive psychological characteristics (e.g., trait anxiety) not addressed in Rassin and Muris' (2005) Pearson correlations. Thus, the extent to which IS itself predicts quality of life beyond these other factors is an important question. Addressing this issue in the educational domain, Germeijs and Verschueren (2011) presented compelling evidence that IS was significantly associated with students' post-decisional concern over their major, even when trait anxiety was controlled. In one aim of this paper, we likewise sought to determine the specificity of IS in predicting QOL above and beyond other measures of OCD symptoms, OCD-related cognitions, anxiety, and depression.

In a second aim of this study, we sought to determine whether the relationship between IS and QOL is stronger for people with more OCD symptoms, relative to those with fewer OCD symptoms. That this might be so was suggested by Rassin and Muris (2005, p. 1176), who mentioned that IS may be problematic for people without psychopathology but actually "handicapping" for those with OCD. This idea implies that the degree of OCD symptoms may moderate the relationship between IS and QOL, such that IS would be especially strongly correlated with QOL in those with high OCD symptoms, and lesser correlated with QOL in those with fewer OCD symptoms. However, this statement has not been tested empirically, to the best of our knowledge, prior to the current study.

To address these two aims, the current study used an analogue sample of nonclinical participants varying in their OCD symptoms. Analogue samples have recently garnered additional support, based on the prevalence of symptoms in non-clinical samples (e.g., Purdon & Clark, 1992; Rachman & de Silva, 1978), the dimensionality of OCD symptoms (e.g., Abramowitz et al., 2010; Olatunji, Williams, Haslam, Abramowitz, & Tolin, 2008; Watson & Wu, 2005), the similarities in thematic content and structure in obsessions/compulsions between clinical and non-clinical participants (e.g., Flament et al., 1988; Purdon & Clark, 1992; Rachman & de Silva, 1978), and similar development and maintenance factors (for a review see Abramowitz et al., 2014). Numerous researchers contend that symptoms of OCD lie on a continuum (Abramowitz, Dar, Hermesh, & Schweiger, 2012; Haslam, Williams, Kyrios, McKay, & Taylor, 2005; Olatunji et al., 2008; Radomsky & Taylor, 2005). Thus, analogue populations may be useful in garnering important information from individuals with a wide range of OCD symptoms, in addition to their obvious practical benefit of being more easily obtainable.

A further benefit of the use of analogue samples can be (depending on the research question) the presence of less comorbidity (Abramowitz et al., 2014). Specifically, here we sought a sample that was less characterized by depression than the treatment-seeking OCD patients of Jacoby et al. (2014). Indeed, the lifetime prevalence of major depressive disorder (MDD) among OCD patients is approximately 50% (Crino & Andrews, 1996). IS is a symptom of a major depressive episode (APA, 2013) and is also closely associated with nonclinical depression (Di Schiena, Luminet, Chang, & Philippot, 2013; Leykin, Roberts, & DeRubeis, 2011). As such, the pathways in which IS may affect QOL in treatment-seeking OCD populations (e.g., Jacoby et al., 2014) may be further complicated by depression.

We had two hypotheses in this study. First, examining the predictors of QOL by using many of the same measures assessed in Jacoby et al.'s (2014) treatment-seeking OCD patients, we predicted that IS would be a predictor of QOL even when these other variables (depression, anxiety, OCD symptoms and OCD-related cognitions) were included in the model. This prediction was based on correlational evidence connecting IS to lowered life satisfaction