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The Impact of Women's OCD Symptoms and Automatic Thoughts on Marital Quality of Life

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A r t i c l e   I n f o

A B S T R A C T

Objective: The primary objective of this study was to examine the impact of women's obsessive-compulsive disorder (OCD) symptoms and automatic thoughts on marital quality of life.

Methods and Materials: This cross-sectional study included 200 married women residing in District 7 of Tehran. The sample size was determined based on the Morgan and Krejcie table. Data were collected using three standardized tools: the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) for OCD symptoms, the Automatic Thoughts Questionnaire (ATQ), and the Quality of Marriage Index (QMI) for marital quality of life. Pearson correlation analysis and multiple linear regression were performed using SPSS-27 to assess the relationships between the independent variables (OCD symptoms and automatic thoughts) and the dependent variable (marital quality of life). Statistical significance was set at $p < 0.05$.

Findings: The results revealed a significant negative correlation between OCD symptoms and marital quality of life ($r = -0.56$, $p = 0.003$) and between automatic thoughts and marital quality of life ($r = -0.62$, $p = 0.001$). Multivariate regression analysis showed that both OCD symptoms ($B = -0.42$, $p = 0.0002$) and automatic thoughts ($B = -0.56$, $p = 0.0001$) were significant predictors of marital quality of life, accounting for 38% of the variance ($R^2 = 0.38$).

Conclusion: The findings indicate that OCD symptoms and negative automatic thoughts have a significant detrimental effect on marital quality of life. Automatic thoughts demonstrated a stronger negative influence than OCD symptoms. These results underscore the importance of addressing cognitive and psychological factors in therapeutic interventions aimed at improving marital satisfaction among women.

Keywords: Marital quality of life, OCD symptoms, automatic thoughts, cognitive distortions, women's mental health.

1. Introduction

Marriage plays a central role in the well-being of individuals, shaping not only emotional health but also overall life satisfaction. The quality of marital life is a multifaceted concept, influenced by psychological, emotional, and behavioral factors. Research has shown that psychological disorders such as obsessive-compulsive disorder (OCD) and cognitive distortions such as automatic negative thoughts can significantly impact the quality of marital relationships. Marital satisfaction is influenced by a variety of internal and external factors. Psychological disorders, including anxiety, depression, and OCD, have been found to be critical contributors to marital distress (Al-Krenawi & Bell, 2022; Baniadam et al., 2017; Sroosh et al., 2023). For instance, Fischer et al. (2023) examined the interpersonal emotional dynamics of individuals with OCD and their spouses, revealing that symptom severity and emotional accommodation significantly affect marital relationships. These findings suggest that OCD, often characterized by intrusive thoughts and compulsive behaviors, can negatively influence the emotional and relational aspects of marriage (Fischer et al., 2023).

Cognitive distortions, particularly automatic negative thoughts, also play a pivotal role in shaping marital quality. Automatic thoughts are spontaneous, often subconscious, interpretations of everyday events, and they can be either positive or negative. Negative automatic thoughts, such as self-criticism and rumination, have been shown to exacerbate marital dissatisfaction (Valitabar & Hossein Sabet, 2017). Studies such as those conducted by Falahati and Mohammadi (2020) have demonstrated that individuals who frequently engage in automatic negative thinking are more likely to experience marital burnout (Falahati & Mohammadi, 2020). Similarly, Baniadam et al. (2017) found that schema therapy, which addresses deep-seated cognitive distortions, significantly improved both OCD symptoms and marital satisfaction in married women, highlighting the strong relationship between cognitive processes and marital outcomes (Baniadam et al., 2017).

The relationship between psychological disorders and marital dissatisfaction is complex and multifaceted. For example, Sroosh et al. (2023) compared the effectiveness of integrative-behavioral and emotion-focused couple therapies on marital adjustment in couples with OCD, finding that both therapeutic approaches were effective in improving marital satisfaction. Their research points to the importance of addressing both emotional and cognitive factors in treating marital issues, particularly in couples where one partner is affected by OCD (Sroosh et al., 2023).

In addition to mental health disorders, broader psychological and emotional factors can affect marital quality of life. Studies have shown that marital burnout, which is often exacerbated by unresolved conflicts and cognitive distortions, can lead to emotional disengagement and reduced marital satisfaction (Kazemi & Zanganeh, 2021). Abedi et al. (2024) explored the effectiveness of group marital conflict resolution training based on choice theory in improving emotional divorce and hope for life in married women, illustrating the significant impact that emotional factors have on marital outcomes. Women's sexual function and its relationship with cognitive and emotional factors also contribute to the dynamics of marital satisfaction (Abedi et al., 2024). Research by Moura et al. (2020) demonstrated that cognitive-affective factors such as automatic thoughts and self-esteem play a crucial role in sexual function and satisfaction. This study emphasized that cognitive processing, particularly in relation to body image and self-worth, affects women's overall sexual satisfaction and, consequently, their marital quality of life (Moura et al., 2020). Sexual dissatisfaction, often intertwined with marital dissatisfaction, can further compound the emotional distance between partners (Tavares et al., 2020). Gender differences in psychological and marital satisfaction have also been observed in various cultural contexts. Al-Krenawi and Bell (2022) examined gender differences in marital satisfaction among Syrian refugees in Jordan and found that women reported lower levels of marital satisfaction and psychological well-being compared to men. These findings suggest that women may experience more profound psychological and marital challenges, often exacerbated by external stressors such as displacement and trauma (Al-Krenawi & Bell, 2022). In terms of therapeutic interventions, various approaches have been explored to address marital dissatisfaction linked to psychological disorders and cognitive distortions. Bayat et al. (2022) found that cognitive-behavioral stress management was effective in reducing rumination and psychological distress in women experiencing marital infidelity (Bayat et al., 2022). Similarly, cognitive-behavioral therapy (CBT) has been shown to alleviate depression and marital dissatisfaction in women affected by their husbands' betrayal (Babolhavaeji et al., 2018). These studies underline the importance of addressing cognitive and emotional factors in therapeutic settings to improve marital satisfaction.

Another factor that plays a role in marital quality is emotional regulation, particularly in response to infidelity and other marital stressors. Teymouri et al. (2020) examined the effectiveness of emotionally focused couple therapy on improving emotion regulation and marital intimacy in women affected by spousal infidelity, showing that interventions targeting emotional regulation can significantly enhance marital quality (Teymouri et al., 2020). Furthermore, research has demonstrated that effective emotional regulation can buffer the negative effects of stress and cognitive distortions on marital satisfaction (Sadeghi et al., 2018). The impact of cognitive distortions on marital quality is further highlighted in studies examining the role of rumination and negative automatic thoughts. For example, Chung (2014) investigated the pathways between attachment and marital satisfaction, finding that rumination, empathy, and forgiveness serve as mediating factors. These cognitive and emotional processes, when maladaptive, can lead to increased marital dissatisfaction, underscoring the importance of addressing these factors in therapy.

In summary, the literature highlights the critical role that psychological disorders such as OCD and cognitive distortions like automatic thoughts play in shaping marital quality of life. These factors not only contribute to marital dissatisfaction but also exacerbate emotional and psychological distress within relationships. The present study builds on this body of research by examining the specific impact of OCD symptoms and automatic thoughts on marital quality of life in women. Previous studies have established the detrimental effects of these psychological and cognitive factors on marital satisfaction (Babaei et al., 2024; Kazemi & Zanganeh, 2021). However, there is still a need to explore the relationship between these variables in a more focused context, particularly among women in specific cultural settings like Iran. The present study seeks to explore the effects of women's OCD symptoms and automatic thoughts on marital quality of life, contributing to the broader understanding of how mental health issues shape marital satisfaction and functioning.

2.   Methods and Materials

2.1.   Study design and Participant

This study employs a cross-sectional design to investigate the impact of women's OCD symptoms and automatic thoughts on marital quality of life. The sample size was determined using the Morgan and Krejcie table, resulting in a total of 200 participants. All participants were women residing in District 7 of Tehran, selected through convenience sampling. Inclusion criteria required participants to be married and to have experienced symptoms of obsessive-compulsive disorder (OCD) or negative automatic thoughts. The study aimed to explore the relationship between OCD symptoms, automatic thoughts, and marital quality of life, using validated tools for data collection.

2.2.   Measures

2.2.1.   OCD Symptoms

For assessing OCD symptoms, the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS), developed by Goodman et al. in 1989, is a widely accepted standard tool. The Y-BOCS contains 10 items divided into two subscales: obsessions and compulsions. Each item is rated on a scale from 0 to 4, resulting in a total score range of 0 to 40, with higher scores indicating more severe OCD symptoms. The tool is known for its high reliability, with a test-retest reliability of 0.98 and a Cronbach's alpha of 0.91 for internal consistency. Its validity has also been established in numerous studies, making it a reliable tool for clinical and research purposes (Sheykhangafshe et al., 2023).

2.2.2.   Automatic Thoughts

The Automatic Thoughts Questionnaire (ATQ), developed by Hollon and Kendall in 1980, is used to assess the frequency of negative automatic thoughts. The ATQ contains 30 items, rated on a 5-point Likert scale ranging from 1 (not at all) to 5 (all the time), with higher scores reflecting a higher frequency of negative thoughts. The ATQ focuses on themes such as personal failure, self-criticism, and hopelessness. It has excellent psychometric properties, with a Cronbach's alpha of 0.96, indicating high reliability. The validity of the ATQ has been confirmed through its strong correlation with measures of depression and anxiety, making it a trusted tool for cognitive assessments (Takeda, 2024; Tanrıverdi, 2024).

2.2.3.   Marital Relationship Quality

To measure marital quality of life, the Quality of Marriage Index (QMI), developed by Norton in 1983, is a standard and widely used tool. The QMI consists of 6 items that assess the overall quality and satisfaction within the marriage. It uses a Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree), where higher scores indicate

higher marital satisfaction. The tool has a single overall score without subscales. The QMI has demonstrated high internal consistency with a Cronbach's alpha above 0.90 in various studies, confirming its reliability. Additionally, its validity has been supported in numerous studies across different cultural contexts (Saadati & Parsakia, 2023).

2.3. Data Analysis

Data were analyzed using SPSS-27 software. Pearson correlation analysis was conducted to assess the relationship between the dependent variable (marital quality of life) and each independent variable (OCD symptoms and automatic thoughts) separately. To further explore the predictive power of the independent variables, a linear regression analysis was performed. In this model, marital quality of life served as the dependent variable, while OCD symptoms and automatic thoughts were included as the independent variables.

Statistical significance was set at $p < 0.05$ for all tests, ensuring that any significant relationships or effects were properly highlighted.

3. Findings and Results

The demographic characteristics of the participants were as follows: Of the 200 women included in the study, 65.5% (n = 131) were between the ages of 30 and 40 years, while 24.3% (n = 49) were aged 41 to 50 years, and 10.2% (n = 20) were older than 50 years. In terms of education, 47.8% (n = 96) had a bachelor's degree, 33.1% (n = 66) had a master's degree, and 19.1% (n = 38) had a doctoral degree. Regarding employment status, 58.2% (n = 116) were employed, while 41.8% (n = 84) were not employed at the time of the study. Additionally, 72.6% (n = 145) of participants had been married for more than 10 years, while the remaining 27.4% (n = 55) had been married for 10 years or less.

Table 1

Descriptive Statistics

Variable	Mean	Standard Deviation
Marital Quality of Life	58.32	12.47
OCD Symptoms	34.56	8.62
Automatic Thoughts	40.78	9.32

The descriptive statistics in Table 1 indicate that the average score for marital quality of life among participants was 58.32 (SD = 12.47). OCD symptoms had a mean score of 34.56 (SD = 8.62), while automatic thoughts had a mean score of 40.78 (SD = 9.32). These values show moderate variability across all variables, with automatic thoughts displaying slightly higher levels of dispersion compared to OCD symptoms.

Before conducting the primary analyses, the assumptions of normality, linearity, homoscedasticity, and multicollinearity were checked and confirmed. Normality was assessed using the Shapiro-Wilk test, which showed that

the data for marital quality of life (p = 0.214), OCD symptoms (p = 0.178), and automatic thoughts (p = 0.095) were normally distributed. Linearity was verified through scatterplots, indicating a linear relationship between the independent variables and the dependent variable. Homoscedasticity was confirmed using Levene's test, with non-significant results ($p > 0.05$), suggesting equal variance across the regression line. Multicollinearity was assessed by calculating the variance inflation factor (VIF), which was below 2 for both independent variables, indicating no multicollinearity issues. Therefore, all assumptions for Pearson correlation and linear regression analyses were met.

Table 2

Correlation Test Results

Variable	Pearson Correlation (r)	p-value
Marital Quality of Life & OCD Symptoms	-0.56	0.003
Marital Quality of Life & Automatic Thoughts	-0.62	0.001

The Pearson correlation analysis in Table 2 shows a significant negative correlation between marital quality of life and OCD symptoms (r = -0.56, p = 0.003). Similarly, there is a significant negative correlation between marital

quality of life and automatic thoughts (r = -0.62, p = 0.001). These results suggest that as OCD symptoms and automatic negative thoughts increase, marital quality of life decreases

Table 3

Summary of Regression Results

Source	Sum of Squares	Degrees of Freedom	Mean Squares	R	R²	R²adj	F	p
Regression	1543.28	2	771.64	0.62	0.38	0.37	15.39	0.0001
Residual	9876.34	197	50.14					
Total	11419.62	199						

The regression analysis in Table 3 revealed that OCD symptoms and automatic thoughts together accounted for 38% of the variance in marital quality of life (R^2 = 0.38, R^2adj = 0.37). The model was significant with $F_{(2, 197)}$ = 15.39, p = 0.0001, indicating that the predictors explain a substantial portion of the variability in marital quality of life.

Table 4

Results of Multivariate Regression

Predictor	B	Standard Error	β	t	p
Constant	82.31	6.23		13.21	0.0001
OCD Symptoms	-0.42	0.11	-0.45	-3.82	0.0002
Automatic Thoughts	-0.56	0.14	-0.50	-4.00	0.0001

In the multivariate regression analysis, OCD symptoms were a significant predictor of marital quality of life (B = -0.42, SE = 0.11, β = -0.45, t = -3.82, p = 0.0002). Similarly, automatic thoughts were also a significant predictor (B = -0.56, SE = 0.14, β = -0.50, t = -4.00, p = 0.0001). Both variables contributed to the decline in marital quality of life, with automatic thoughts showing a slightly stronger effect than OCD symptoms.

4. Discussion and Conclusion

The findings of this study highlight the significant impact that OCD symptoms and automatic thoughts have on the marital quality of life among women. Specifically, the results indicated a negative correlation between marital quality of life and both OCD symptoms and automatic thoughts. The multivariate regression analysis further confirmed that both independent variables were significant predictors of marital quality of life, with automatic thoughts showing a slightly stronger negative influence than OCD symptoms. These findings underscore the detrimental effect that psychological and cognitive factors can have on relationships, particularly on the emotional and relational satisfaction experienced within marriage.

The negative association between OCD symptoms and marital quality of life aligns with previous research that has emphasized the challenges faced by couples when one partner suffers from OCD. Fischer et al. (2023) explored interpersonal emotion dynamics in couples where one partner has OCD and found that symptom severity,

emotional accommodation, and treatment outcomes play pivotal roles in determining marital satisfaction. The current study's findings echo this sentiment, as higher levels of OCD symptoms were associated with lower marital quality of life in women. These results suggest that the compulsive behaviors and intrusive thoughts characteristic of OCD may contribute to marital distress by increasing emotional strain and reducing the quality of interpersonal interactions between spouses.

Similarly, the negative correlation between automatic thoughts and marital quality of life is consistent with existing research that has examined the role of cognitive distortions in relationship satisfaction. Falahati and Mohammadi (2020) found that automatic negative thoughts were significant predictors of marital burnout among couples, and the present study supports this conclusion by showing a strong inverse relationship between automatic thoughts and marital quality of life (Falahati & Mohammadi, 2020). As automatic negative thoughts increase, they may fuel feelings of hopelessness, self-criticism, and dissatisfaction, which in turn negatively affect the relationship dynamics within a marriage. These cognitive distortions are likely to interfere with constructive communication, emotional intimacy, and mutual support, further exacerbating marital dissatisfaction.

In line with previous studies, the regression analysis revealed that both OCD symptoms and automatic thoughts were significant predictors of marital quality of life, with automatic thoughts showing a slightly stronger effect than OCD symptoms. This finding is consistent with the work of

Baniadam et al. (2017), who found that cognitive therapy targeting schema distortions significantly improved marital satisfaction in women with OCD (Baniadam et al., 2017). The current study extends this body of research by demonstrating that automatic negative thoughts, a specific type of cognitive distortion, exert a considerable impact on marital outcomes. Negative automatic thoughts may intensify feelings of emotional disconnect, frustration, and dissatisfaction, making it challenging for women to engage fully in their relationships.

These findings align with other research focusing on the emotional and cognitive contributors to marital quality. Kazemi and Zanganeh (2021) showed that cognitive factors such as rumination and negative automatic thoughts were significant predictors of marital dissatisfaction, while emotional resilience and commitment buffered these effects (Kazemi & Zanganeh, 2021). Similarly, the present study highlights the critical role that negative cognitive processes play in determining marital satisfaction. By examining the interplay between OCD symptoms and automatic thoughts, this study sheds light on how these two variables work together to shape the overall quality of a woman's marital experience.

The study's results are also consistent with research that examines the broader psychological and emotional factors that affect marital satisfaction. Moura et al. (2020) explored how cognitive-affective factors influence sexual function and marital satisfaction, demonstrating that negative cognitive processes can impair emotional intimacy and reduce overall relationship satisfaction (Moura et al., 2020). This supports the findings of the current study, where automatic thoughts and OCD symptoms were both shown to detract from marital quality of life. Moreover, automatic thoughts, characterized by rumination and self-critical thinking, may undermine efforts to resolve conflicts and communicate effectively within the marriage, contributing to further deterioration of marital satisfaction.

The study also aligns with research on therapeutic interventions targeting cognitive and emotional contributors to marital distress. Babolhavaeji et al. (2018) found that cognitive-behavioral therapy significantly alleviated depression and improved marital satisfaction in women who had experienced marital betrayal (Babolhavaeji et al., 2018). Similarly, Bayat et al. (2022) demonstrated the efficacy of cognitive-behavioral stress management in reducing psychological distress and improving marital satisfaction in women affected by infidelity (Bayat et al., 2022). These studies highlight the potential of therapeutic interventions

focused on addressing cognitive distortions and emotional dysregulation to enhance marital quality, particularly in women experiencing psychological challenges such as OCD and negative automatic thoughts.

In terms of gender differences, the current study's focus on women aligns with previous research that has explored the unique psychological challenges faced by women in marriage. Al-Krenawi and Bell (2022) found that women, particularly those experiencing psychological distress, reported lower levels of marital satisfaction compared to men. This gender disparity underscores the importance of focusing on women's mental health and cognitive processes when examining marital satisfaction (Al-Krenawi & Bell, 2022). The findings of the present study support this emphasis by demonstrating that women's OCD symptoms and automatic thoughts play significant roles in shaping their marital experiences.

Overall, the findings of this study contribute to a growing body of literature that underscores the importance of psychological and cognitive factors in determining marital satisfaction. By examining the relationship between OCD symptoms, automatic thoughts, and marital quality of life, this study provides valuable insights into the ways in which mental health issues and cognitive distortions affect the dynamics of marital relationships. The strong predictive power of automatic thoughts in particular highlights the need for interventions that target negative cognitive processes in order to improve marital outcomes.

5.   Limitations and Suggestions

Despite the valuable insights provided by this study, several limitations must be acknowledged. First, the cross-sectional design limits the ability to infer causal relationships between OCD symptoms, automatic thoughts, and marital quality of life. While the findings suggest significant associations, it is unclear whether the independent variables directly cause changes in marital satisfaction, or whether other unmeasured variables might contribute to the observed relationships. Future research employing longitudinal designs would help clarify the directionality of these associations.

Second, the sample was limited to women residing in District 7 of Tehran, which may limit the generalizability of the findings to other populations or cultural contexts. Women in different regions or countries may experience different levels of marital satisfaction and may face distinct psychological challenges. Therefore, caution should be

exercised when generalizing these results to broader populations, and future research should aim to replicate these findings in diverse cultural settings.

Third, the reliance on self-reported measures of OCD symptoms, automatic thoughts, and marital quality of life introduces the possibility of response bias. Participants may have underreported or overreported their symptoms and experiences due to social desirability or other factors. Future studies could incorporate additional data collection methods, such as interviews or observations, to provide a more comprehensive assessment of the variables under investigation.

Future research should focus on addressing the limitations of the current study and expanding upon its findings. First, longitudinal studies are needed to explore the long-term effects of OCD symptoms and automatic thoughts on marital quality of life. Such studies would provide a clearer understanding of how these psychological and cognitive factors evolve over time and how they interact to influence marital satisfaction. Longitudinal research could also help identify potential mediators or moderators of the relationship between mental health and marital outcomes.

Second, future research should explore the role of additional psychological and emotional variables in shaping marital quality of life. While this study focused on OCD symptoms and automatic thoughts, other factors such as anxiety, depression, and emotional regulation may also play significant roles in marital satisfaction. Investigating the combined effects of these variables could provide a more comprehensive understanding of the psychological contributors to marital quality.

Finally, future studies should aim to replicate these findings in diverse cultural settings. Given that this study was conducted in a specific region of Tehran, there is a need for cross-cultural research that examines how psychological and cognitive factors influence marital satisfaction in different cultural contexts. Such research would help determine whether the associations observed in this study are universal or whether they vary across different populations.

Based on the findings of this study, several practical recommendations can be made to improve marital quality of life among women affected by OCD symptoms and negative automatic thoughts. First, mental health professionals working with married women should incorporate cognitive-behavioral interventions that specifically target automatic negative thoughts. By helping women challenge and reframe their negative thinking patterns, therapists can reduce the detrimental effects of cognitive distortions on marital satisfaction.

Second, marital therapy should also focus on addressing the emotional and relational consequences of OCD symptoms. Couples therapy that integrates strategies for managing intrusive thoughts and compulsive behaviors may help improve communication and emotional intimacy within the marriage. Interventions that promote emotional accommodation and mutual support can be particularly beneficial for couples dealing with OCD-related challenges.

Finally, promoting mental health awareness and providing resources for early intervention could prevent the development of more severe marital dissatisfaction. Community-based programs that educate women on the impact of cognitive and emotional factors on relationships may empower them to seek help early and improve their overall marital quality of life. By addressing psychological challenges in a timely manner, these programs can contribute to more satisfying and fulfilling marriages.

Authors' Contributions

Authors contributed equally to this article.

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

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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