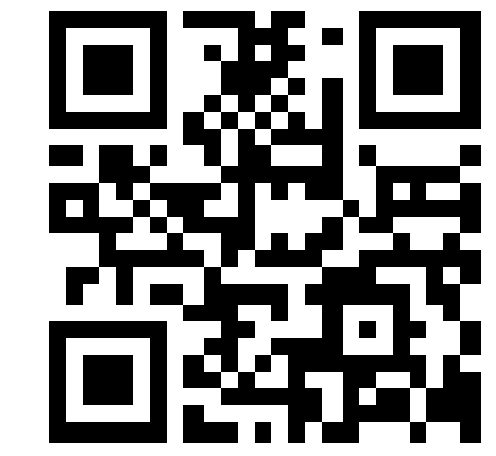




# “Not just right experiences”: Relationships with Obsessive-Compulsive Symptoms and Obsessive Beliefs in a Clinical Sample

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## Introduction

- Individuals with OCD frequently feel compelled to repeat actions (e.g., locking the door) until they feel “just right.”
- Research has connected these “not just right experiences” (NJREs) with OCD symptom dimensions (e.g., ordering, checking) and cognitions (e.g., perfectionism, responsibility), more so than with symptoms of anxiety, worry, and depression (Coles et al., 2003, 2005; Ghisi et al., 2010).
- NJRE severity also discriminates OCD patients from with other anxiety disorders and depression (Ghisi et al., 2010)
- Most previous studies, however, have used subclinical samples
- Thus, the current study examined how NJREs relate to OC symptoms dimensions and cognitions in treatment-seeking OCD patients

## Method

### Participants

- 118 OCD patients at Rogers Memorial Hospital’s OCD Center
- 53% female, 92% Caucasian, *M* age = 30.82 years (*SD* = 11.94)

### Self-Report Measures

- **Not Just Right Experiences Questionnaire (NJRE-Q-R):** frequency, intensity, immediate distress, delayed distress, rumination, urge to respond, and sense of responsibility associated with most recent NJRE
- **Dimensional Obsessive-Compulsive Scale (DOCS)** - 4 dimensions: (1) Germs / Contamination, (2) Responsibility for Harm, Injury, or Bad Luck, (3) Unacceptable Thoughts, and (4) Symmetry, Completeness, and Need for Things to be “Just right”
- **Obsessive Beliefs Questionnaire (OBQ-44)** - 3 subscales: (1) Responsibility / Threat Estimation (RT), (2) Perfectionism / Certainty (PC), and (3) Importance / Control of Thoughts (ICT)
- **Beck Depression Inventory-II (BDI-II)**

### Statistical Analyses

- Hierarchical regression with BDI-II (Step 1) and DOCS symptom dimensions (Step 2) predicting the NJRE-Q-R
  - **Hypothesis 1:** DOCS Harm and Symmetry symptom dimensions will contribute significant additional variance
- Hierarchical regression with BDI-II (Step 1) and OBQ-44 subscales (Step 2) predicting the NJRE-Q-R
  - **Hypothesis 2:** OBQ-44 Responsibility / Threat Estimation and Perfectionism / Certainty will contribute significant additional variance

## Results

### Prevalence and Nature of NJREs

- 95% endorsed experiencing at least one NJRE in the past month (*M* = 4.14, *SD* = 2.76)
- 48% said the most recent NJRE occurred in the last few hours

**Table 1.** Frequency of NJREs

NJRE	Experienced in the past month (%)	Occurred most recently (%)
Getting dressed	42	5
Placing a book onto the shelf	30	0
Locking the door	37	5
Folding my clothes	41	2
Writing something down	54	16
Talking to people	55	25
Organizing my desk	43	4
Putting a bill/letter into a mailbox	30	1
Washing my hands	53	40
Hanging a picture on the wall	29	1

**Table 2.** Group mean scores on study measures

Measure	M (SD)
<b>DOCS</b>	
Contamination	8.25 (6.93)
Harm	7.27 (6.01)
Unacceptable Thoughts	10.26 (6.24)
Symmetry	6.53 (5.66)
<b>OBQ-44</b>	
Responsibility / Threat	61.81 (25.46)
Perfectionism / Certainty	68.63 (25.99)
Importance / Control of Thoughts	39.13 (18.74)
<b>BDI-II</b>	
	27.00 (13.80)
<b>NJRE-Q-R</b>	
Frequency	6.24 (1.38)
Intensity	4.49 (1.75)
Immediate Distress	4.28 (1.77)
Delayed Distress	2.88 (1.79)
Rumination	3.41 (2.01)
Urge to Respond	4.56 (2.05)
Felt sense of responsibility	4.11 (2.08)

### Regression Analyses Predicting NJRE-Q-R

- The BDI-II (Step 1) accounted for 5% of the variance (*p* = .01).
- When the DOCS subscales were added (Step 2), they collectively explained an additional 19% of the variance, which was significant. Contamination dimension accounted for significant unique variance.
- When the OBQ-44 subscales were added (Step 2), they collectively accounted for an additional 13% of the variance, which was significant. Perfectionism/Certainty subscale accounted for significant unique variance.

**Table 2.** Predicting NJRE-Q-R from OCD symptoms and cognitions

Predicting NJRE-Q-R	$\Delta R^2$	$\beta$	<i>t</i>	<i>p</i>
<b>Step 1: BDI-II</b>	<b>.05</b>			<b>.01</b>
<b>Step 2: DOCS</b>	<b>.19</b>			<b>&lt; .001</b>
Contamination		.31	3.47	.001
Harm		.14	1.50	.14
Unacceptable Thoughts		-.03	-0.29	.77
Symmetry		.15	1.66	.10
<b>Step 2: OBQ-44</b>	<b>.13</b>			<b>.001</b>
Responsibility / Threat		.17	1.35	.18
Perfectionism / Certainty		.30	2.61	.01
Importance / Control of Thoughts		-.07	-0.63	.53

## Discussion

- Our first hypothesis was not supported. First, we did not find the Symmetry, Completeness, and Need for Things to be “Just right” OCD symptom dimension to be uniquely related to NJRE severity. This is in contrast to previous findings that NJREs are associated with ordering symptoms, and raises some questions as to the construct validity of the NJRE-Q-R in this sample.
- Second, although previous research has found relationships between NJREs and checking symptoms, the Responsibility for Harm, Injury, or Bad Luck dimension (which includes checking) also did not emerge as a significant unique predictor of NJREs.
- Instead, the Germs / Contamination dimension was unexpectedly uniquely related to NJREs. This could be because 40% of participants were rating a recent NJRE related to hand washing.
- Our second hypothesis was partially supported. A cognitive bias of Perfectionism / Certainty was uniquely related to NJREs, which is in line with previous findings; Responsibility / Threat Estimation, however, was not a unique predictor.
- Future research should examine the specific experiences and feared consequences patients are rating when using this self-report questionnaire to ensure consistency with the NJRE definition.