

The Relationship Between Inflated Responsibility Attitude and Thought-Action Fusion in Young Adults

Genç Yetişkinlerde Abartılmış Sorumluluk Tutumu ile Düşünce Eylem Kaynaşması Arasındaki İlişki

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ABSTRACT

Objectives: This study aims to examine the relationship between inflated responsibility attitude and thought-action fusion in young adults.

Materials and Methods: The study employed a correlational survey design. The study sample consisted of 263 young adults selected through purposive sampling. The relationship between thought-action fusion and responsibility attitude was examined using multiple linear regression analysis with the backward elimination method.

Results: A one-unit increase in responsibility attitudes was associated with increases of 0.415, 0.194, and 0.439 units in total, likelihood, and moral thought-action fusion levels, respectively ($p < 0.01$). Additionally, males had a 0.159-unit lower likelihood of thought-action fusion compared to females ($p < 0.01$).

Conclusion: The findings indicate that responsibility attitudes are a significant factor in increasing levels of thought-action fusion and that gender is associated with differences, particularly in the likelihood dimension of thought-action fusion. Based on these findings, cognitive restructuring-based psychoeducational programs should be developed and implemented to help young adults modify rigid responsibility beliefs. Interventions should be gender-sensitive.

Keywords: Young adult, inflated responsibility attitude, thought-action fusion

ÖZ

Amaç: Bu çalışma, genç yetişkinlerde abartılmış sorumluluk tutumu ile düşünce eylem kaynaşması arasındaki ilişkiyi incelemeyi amaçlamaktadır.

Gereç ve Yöntem: Araştırmanın tasarımı ilişkisel tarama modelidir. Araştırmanın örneklemini 263 genç yetişkin oluşturmuş olup araştırmada amaçlı örnekleme yöntemi kullanılmıştır. Düşünce eylem kaynaşması ile sorumluluk tutumu arasındaki ilişki geriye doğru eleme yöntemi kullanılarak çok değişkenli doğrusal regresyon analiziyle incelenmiştir.

Bulgular: Sorumluluk tutumları düzeyindeki 1 birimlik artışın, toplam düşünce eylem kaynaşması, olasılık düşünce eylem kaynaşması ve ahlaki düşünce eylem kaynaşması düzeyini sırasıyla 0,415, 0,194 ve 0,439 birim artırdığı belirlenmiştir ($p < 0,01$). Erkeklerin olasılık düşünce eylem kaynaşması düzeyinin kadınlara kıyasla 0,159 birim daha düşük olduğu saptanmıştır ($p < 0,01$).

Sonuç: Çalışmanın sonuçları, sorumluluk tutumlarının düşünce eylem kaynaşması düzeylerini artırmada önemli bir faktör olduğunu ve cinsiyetin özellikle olasılık düşünce eylem kaynaşması düzeyinde farklılaşmalara yol açtığını göstermektedir. Bu bulgular doğrultusunda, gençlerin katı sorumluluk inançlarını esnetmeye yönelik bilişsel yeniden yapılandırma temelli psikoeğitim programları geliştirilmeli ve uygulanmalıdır. Müdahaleler cinsiyete duyarlı olmalıdır.

Anahtar Kelimeler: Genç yetişkin, abartılmış sorumluluk tutumu, düşünce eylem kaynaşması

Introduction

Young adulthood is a critical developmental stage during which individuals strive to complete their identity development, assume academic and professional responsibilities, and shape their social relationships, all while undergoing various cognitive

and emotional processes in response to internal and external pressures.^{1,2} Specifically, an inflated sense of responsibility can lead individuals to feel overwhelmed and to develop erroneous beliefs.³ An inflated-responsibility attitude is defined as an individual's perception of being more responsible than necessary,

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to the point of holding themselves accountable for events they cannot control.⁴ This cognitive distortion leads individuals to believe they have excessive influence over the safety, happiness, or overall well-being of others and is often associated with psychological issues such as anxiety disorders, obsessive-compulsive disorder (OCD), perfectionism, and depression.^{5,6} Even when an individual cannot directly influence the course of events, they may take responsibility for potential negative outcomes, which can lead to intense anxiety. For instance, a person may be excessively cautious to avoid saying something that could upset a friend, or they may blame themselves, believing that a mistake would have serious consequences for others.³

One of the beliefs associated with an inflated responsibility attitude is thought-action fusion (TAF), the conviction that one's thoughts are directly linked to actions or reality.⁷ TAF is a cognitive distortion strongly associated with OCD and can provoke guilt, avoidance behaviors, and persistent rumination.⁸ Moreover, as young adults face mounting academic, social, and professional demands, their heightened sense of responsibility may exacerbate these distortions—highlighting the importance of early coping strategies and resilience training.^{2,9} In this context, examining the relationship between inflated responsibility attitude and TAF in young adults is important. These cognitive distortions can negatively affect individuals' psychological well-being, contributing to the development of anxiety disorders, depression, and obsessive-compulsive symptoms.^{9,10}

In the psychology literature, the inflated-responsibility attitude is defined as a thought pattern in which an individual feels excessively responsible, even for situations beyond their control.⁴ Such perceptions of responsibility are particularly common among individuals diagnosed with OCD. Patients with OCD tend to assume responsibility for negative events and may engage in repetitive thoughts and behaviors to prevent potential negative outcomes.³ Similarly, TAF leads an individual to believe that the mere presence of a thought increases the likelihood of the associated action occurring. This concept, developed by Rachman⁸ can manifest in two different forms: likelihood fusion and moral fusion. Likelihood fusion refers to the belief that a negative thought entering one's mind increases the probability that the corresponding event will occur.^{3,8} Such a belief can heighten an individual's anxiety and lead them to fear their thoughts. For example, if a person anticipates that something bad will happen to their loved ones, they may be convinced that it will occur.³ In this case, the individual may believe that merely having such thoughts could trigger negative events. This can lead the person to avoid bringing certain thoughts to mind or to attempt to suppress them. However, the effort to suppress thoughts often results in them occurring more frequently and intensely.¹¹ Moral fusion, on the other hand, is the belief that having a thought is equivalent to acting upon that thought. This belief can lead the individual to feel unnecessarily guilty.^{3,8} For example, when a person thinks about harming someone else, instead of viewing it merely as a thought, they may see themselves as a bad person.³ If they perceive their thoughts as a reflection of their character or moral values, they

may experience guilt or shame. This can lead an individual to constantly judge themselves and to become overly sensitive to negative thoughts.¹¹ While likelihood fusion can increase anxiety, leading to constant checking and preventive behaviors, moral fusion can cause individuals to continuously judge themselves and to feel guilty. In both cases, individuals believe they have greater control over their thoughts than they actually do and may experience increased anxiety when attempting to manage them.^{9,11,12}

Studies have shown that TAF is particularly associated with perfectionism, moral rigidity, and anxiety disorders.^{9,10} Previous studies have shown that an inflated-responsibility attitude and TAF are particularly associated with obsessive-compulsive symptoms.^{3,10,13,14} However, studies examining the direct relationship between these two variables are limited. Additionally, how this relationship develops in young adults and which factors influence it remain insufficiently explored. Although the existing literature provides valuable insights into how inflated-responsibility attitudes and TAF function as independent variables, a significant gap remains in understanding how these constructs interact to constitute a risk factor for young adults. A large proportion of studies have focused on individuals with OCD.^{12,13} However, few studies have examined how these cognitive distortions emerge in young adults who do not exhibit clinical levels of psychopathology, and how they affect their daily lives. As young adults shape their futures, they may be more influenced by such cognitive processes. Furthermore, most of the existing studies are limited to clinical populations. However, inflated-responsibility attitudes and TAF are not limited to clinical groups and are commonly observed across the general population.^{3,9} Although the relationship between these two variables has been addressed in the literature, more studies are needed to understand how they interact in young adults and the direction of this relationship. Therefore, this study aims to fill this gap in the literature by examining the relationship between the inflated-responsibility attitude and TAF in young adults.

The findings of this study may enhance the understanding of how inflated-responsibility attitudes and TAF interact in young adults by clarifying the cognitive mechanisms underlying this relationship. Such insights could contribute to theoretical frameworks explaining how cognitive distortions develop and how individuals assign meaning to their thoughts. Moreover, a clearer understanding of this interaction may support the development of early intervention strategies targeting maladaptive cognitive patterns. Ultimately, the study aims to provide a more comprehensive perspective on the structure of cognitive processes in young adults, taking into account individual differences and non-clinical manifestations.

Materials and Methods

Type of the Study

The study design is based on a cross-sectional correlational survey model.

Study Questions

1. Is there a relationship between young adults' responsibility attitudes and the overall level of TAF?
2. Is there a relationship between young adults' responsibility attitudes and the likelihood TAF level?
3. Is there a relationship between young adults' responsibility attitudes and the moral TAF level?

Population and Sample

The study population consisted of young adults residing in Türkiye. The sample size was determined using the G*Power 3.1.9.2 program (Heinrich-Heine-Universität Düsseldorf, Germany). Based on a 95% confidence interval, 95% statistical power, and a correlation coefficient of $p=0.530$ between moral TAF and responsibility attitudes¹², the required sample size was calculated to be at least 194 participants. This correlation coefficient ($p=0.530$) was derived from the findings of Altın and Gençöz¹² who reported a significant positive correlation between moral TAF and responsibility attitudes in a non-clinical sample. As the current study also targeted a similar population, this value was considered an appropriate estimate for the power analysis. The study included 263 young adults. In the current study, the correlation coefficient between responsibility attitudes and moral TAF was found to be $p=0.439$. Based on this result, the post-hoc analysis showed that, with a 95% confidence interval and a sample size of 263 participants, the power of the test was 98%. The study employed a non-probability sampling method, specifically the convenience sampling technique. Participants were recruited through social media platforms such as WhatsApp, Instagram, and Facebook. The online survey was shared in various student and youth community groups; however, no systematic control over regional representation was applied. Therefore, the geographic distribution of participants across Türkiye's regions could not be precisely determined. Eight participants were excluded from the study because of missing data. The inclusion criteria for the study were age 18-25 (young adulthood) and willingness to participate.

Data Collection Tools

Information Form

The form prepared by the researchers contains 8 questions, based on the review of previous studies.^{9,12}

The Responsibility Attitudes Scale (RAS) is a self-report scale developed to assess individuals' beliefs and attitudes about responsibility. This scale aims to measure people's perceptions of responsibility and the importance they attach to their responsibilities. It specifically focuses on identifying individuals' attitudes toward thoughts of harming themselves or others and their efforts to prevent such harm. The scale was developed by Salkovskis et al.⁴ It consists of 26 items and uses a 7-point Likert-type scale. Participants indicated their level of agreement with the items by selecting an option ranging

from "strongly disagree" (1) to "strongly agree" (7). The scale is generally considered to have a unidimensional structure. There is no cut-off point. The score that can be obtained from the scale varies between 1 and 7. Higher scores indicate an exaggerated, rigid, or maladaptive sense of responsibility, while lower scores reflect a more flexible and adaptive sense of responsibility. The scale does not include reverse-scored items, so all items are evaluated in the same direction. Yorulmaz et al.³ who conducted the Turkish standardization of the scale, calculated the test-retest reliability to be 0.94 and the internal consistency to be 0.92. In this study, Cronbach's alpha, an internal consistency coefficient, was 0.93.

Thought-Action Fusion Scale: The scale developed by Shafran⁷ consists of 19 items using a five-point Likert-type scale (0-4). The Turkish standardization of the scale was conducted by Yorulmaz et al.¹⁵ in 2004, and the sub-dimensions TAF-likelihood (7 items) and TAF-others (12 items) were examined. When the scale was first developed, Shafran⁷ examined the scale under three subcategories: TAF-likelihood-self, TAF-likelihood-others, and TAF-moral. The TAF Scale is a self-report tool developed to measure how individuals assess the relationship between thoughts and actions, and the psychological effects of this perception. TAF refers to the tendency to believe that an intrusive thought increases the likelihood that it will occur or that the thought is morally unacceptable. The Cronbach's alpha reliability coefficients of the scale were calculated as 0.92 for the TAF-likelihood subdimension and 0.88 for the TAF-moral subdimension.¹⁵ The likelihood sub-dimension consists of items 2, 3, 8, 10, 13, 16, and 17. The moral sub-dimension includes items 1, 4, 5, 6, 7, 9, 11, 12, 14, 15, 18, and 19. The likelihood sub-dimension evaluates the tendency to believe that an intrusive thought increases the probability of it occurring, while the TAF-moral sub-dimension measures the tendency to believe that negative thoughts are as morally wrong as harmful actions. Sub-dimension scores can be calculated separately. The score ranges for the likelihood and moral sub-dimensions are 0-28 and 0-48, respectively. The total score of all items ranges from 0 to 76, with higher scores indicating a stronger tendency for TAF. The scale does not include reverse-scored items; all items are evaluated in the same direction. There is no specific cutoff point for the scale.¹⁵ In the current study, the Cronbach's alpha reliability coefficients for total TAF, likelihood TAF, and moral TAF were calculated as 0.91, 0.94, and 0.91, respectively.

Statistical Analysis

The data were analyzed using SPSS 23.0 software (IBM Corp., Armonk, NY, USA). An independent samples t-test was used to compare mean TAF scores for variables with two groups, while a one-way ANOVA was applied to variables with more than two groups. Tukey's B and Dunnett's C tests were used for post-hoc analyses. Relationships among continuous variables were examined using Pearson correlation analysis, and the effects on total TAF, likelihood TAF, and moral TAF were investigated using backward multiple linear regression analysis. The significance was set at $p<0.05$.

Ethical Considerations

Ethical approval for study was obtained from the Bandırma Onyedi Eylül University Health Sciences Non-Interventional Research Ethics Committee on 27.02.2025, with approval number 2025-19. Since the study data were collected through online platforms, institutional permission was not required. The aim and process of the study were explained in writing to the young adults, and written consent for participation was obtained through an online form. The study was conducted in accordance with the Declaration of Helsinki.

Results

The young adults had a mean age of 22.60 ± 1.62 years (min: 20, max: 25); 75.7% were female, 91.6% were single, 89.7% had a bachelor's degree, and 72.6% perceived their income level as average. Additionally, 87.8% were not employed, 77.9% had no chronic illnesses, and 73% perceived that they had an adequate level of social support (Table 1). The mean score for the likelihood subdimension in males was lower than in females, whereas the mean score for the moral subdimension was higher ($p < 0.05$). Young adults who reported having a bachelor's degree had significantly lower mean scores for total TAF and for the moral sub-dimension than those who reported having a high school or vocational education ($p < 0.01$). The mean moral sub-dimension score of working participants was higher than that of non-working participants ($p < 0.05$). No significant differences

were found between the total TAF score, sub-dimension average scores, and other variables ($p > 0.05$) (Table 1).

The mean total RAS score for young adults was 3.93 ± 1.12 . The mean total TAF score was 24.74 ± 15.40 . The average scores of the likelihood and moral TAF sub-dimensions were 4.61 ± 6.33 and 20.12 ± 12.12 , respectively (Table 2).

A moderate, positive, and statistically significant relationship was found between the total RAS score and the total TAF score ($r = 0.415$, $p < 0.001$). Similarly, a positive, statistically significant relationship of small-to-moderate magnitude was found between the total RAS score and the likelihood TAF ($r = 0.168$, $p < 0.001$) and moral TAF ($r = 0.439$, $p < 0.001$) sub-dimension scores. No significant relationships were found between age and the total TAF and RAS scores ($p > 0.05$) (Table 3).

The results of the regression analysis identifying the factors affecting the total TAF level and its sub-dimensions are shown in Table 4. The variables included in the model explained 16.9%, 4.5%, and 19% of the total variance in the total, likelihood, and moral TAF levels, respectively (total adjusted $R^2 = 0.169$; likelihood adjusted $R^2 = 0.045$; moral adjusted $R^2 = 0.190$; $p < 0.001$). A 1-unit increase in responsibility attitudes increased total, likelihood, and moral TAF levels by 0.415, 0.194, and 0.439 units, respectively ($p < 0.01$) (Table 4). It was found that the TAF level in men was 0.159 units lower than in women ($p < 0.01$) (Table 4).

Table 1. Distribution of individual characteristics and comparison of thought-action fusion mean scores in young adults (n=263)

Variables	Number (n)	Percentage (%)	Total		Likelihood		Moral	
			$\bar{x}$	$\pm SD$	$\bar{x}$	$\pm SD$	$\bar{x}$	$\pm SD$
Age			22.60	1.62				
Marital status								
Married	22	8.4	28.13	18.67	4.95	8.07	23.18	12.41
Single	241	91.6	24.43	15.08	4.58	6.16	19.84	12.08
t/F			t=1.080		t=0.261		t=1.208	
p			p=0.281		p=0.209		p=0.238	
Gender								
Female	199	75.7	24.33	15.90	5.07	6.70	19.26	11.98
Male	64	24.3	26.01	13.77	3.20	4.77	22.81	12.26
t/F			t=-0.760		t=2.446		t=-2.050	
p			p=0.448		p=0.01		p=0.041	
Education level								
High school ^c	11	4.2	33.81	22.34	6.18	8.62	27.63	17.56
Associate's degree ^b	16	6.1	33.06	16.63	6.31	7.98	26.75	11.01
Bachelor's degree ^a	236	89.7	23.75	14.70	4.42	6.09	19.32	11.69
t/F			F=4.866		F=1.014		F=5.168	
p			p=0.008^{a<b,c}		p=0.364		p=0.006^{a<b,c}	

Table 1. Continued

			Total		Likelihood		Moral	
Perceived income level								
Poor ^a	37	14.1	22.29	14.39	4.62	6.14	17.67	11.41
Medium ^b	191	72.6	24.87	15.40	4.74	6.40	20.13	11.73
Good ^c	35	13.3	26.57	16.56	3.88	6.22	22.68	14.56
t/F			F=0.719		F=0.273		F=1.541	
P			p=0.488		p=0.761		p=0.216	
Employment status								
Employed	32	12.2	31.78	19.26	6.37	8.59	25.40	13.80
Unemployed	231	87.8	23.76	14.57	4.37	5.93	19.39	11.72
t/F			t=2.266		t=1.276		t=2.350	
P			p=0.030		p=0.210		p=0.024	
Presence of chronic disease								
Yes	58	22.1	26.81	17.83	5.03	7.65	21.77	13.31
No	205	77.9	24.15	14.64	4.49	5.92	19.65	11.76
t/F			t=1.038		t=0.494		t=1.175	
P			p=0.302		p=0.623		p=0.241	
Perceived social support								
Adequate ^a	192	73.0	23.90	15.13	4.19	6.18	19.70	12.15
Partially adequate ^b	14	5.3	24.42	20.71	5.00	7.66	19.42	15.94
Inadequate ^c	57	21.7	27.64	14.77	5.92	6.42	21.71	11.05
t/F			F=1.307		F=1.679		F=0.630	
P			p=0.273		p=0.189		p=0.533	

Superscripts ^a, ^b, and ^c indicate category labels under the corresponding variables and do not denote statistical significance. Any significant results, if present, are reported in the "p" row. F: One-way ANOVA test, t: Independent sample t-test, *: p<0.05, **: p<0.001, SD: Standard deviation

Table 2. The mean scores obtained from the scales by young adults (n=263)

Scales	X	±SD	Minimum	Maximum	Score range obtainable from the scale
RAS total*	3.93	1.12	1	7	1-7
TAF total**	24.74	15.40	0	74	0-76
Likelihood	4.61	6.33	0	28	0-28
Moral	20.12	12.12	0	48	0-48

*RAS total: Responsibility Attitude Scale total **TAF total: Thought-action fusion total, SD: Standard deviation

Table 3. The relationship between thought-action fusion, responsibility attitudes, and age in young adults (n=263)

Variables	Responsibility Attitude Scale		Age
Thought-action fusion total	r	0.415	-0.019
	p	0.000**	0.761
Likelihood	r	0.168	-0.087
	p	0.006*	0.159
Moral	r	0.439	0.021
	p	0.000**	0.729

r: Pearson's correlation coefficient. *: p<0.05, **: p<0.001

Table 4. Factors affecting thought-action fusion in young adults (n=263)

Variables	Unstandardized coefficient		Standardized coefficient	t	p	95% confidence interval	
	B	Standard error	Beta			Lower	Upper
Thought-action fusion total							
Constant	2.388	3.155		0.757	0.450	2.388	3.155
Responsibility attitudes	5.675	0.770	0.415	7.369	0.000	5.675	0.770
F (1, 261)=54.298, p<0.001; adjusted R²=0.169. Variables included in the regression model: responsibility attitudes, education level							
Likelihood							
Constant	0.887	1.390		0.639	0.524	0.887	1.390
Responsibility attitudes	1.091	0.344	0.194	3.172	0.002	1.091	0.344
Gender-male ^a	-2.336	0.901	-0.159	-2.592	0.010	-2.336	0.901
F (2, 260)=7.235, p<0.001; adjusted R²=0.045, ^a : Reference category: female. Variables included in the regression model: responsibility attitudes, gender							
Moral							
Constant	1.493	2.452		0.609	0.543	1.493	2.452
Responsibility attitudes	4.730	0.598	0.439	7.904	0.000	4.730	0.598
F (1, 261)=62.466, p<0.001; adjusted R²=0.190. Variables included in the regression model: responsibility attitudes, gender, education level							

Discussion

Results of the current study show that, as responsibility attitudes increase, total TAF level and its likelihood and moral subdimensions increase significantly. The findings indicate that a 1-unit increase in responsibility attitudes increases the total TAF level by 0.415 units, the likelihood sub-dimension by 0.194 units, and the moral sub-dimension by 0.439 units. This finding suggests that individuals with a higher sense of responsibility tend to associate their thoughts more closely with their actions. Compared with previous studies, these results are consistent with findings that cognitive distortions and moral evaluations can be influenced by individuals' perceptions of responsibility.^{3,13,14} The results of a study conducted by Smári and Hólmsteinn¹⁴ with a sample of university students, which aimed to examine the relationships between TAF, responsibility attitudes, unwanted thoughts, thought suppression, and obsessive-compulsive symptoms, showed that responsibility attitudes and thought suppression mediated the relationship between unwanted thoughts and obsessive-compulsive symptoms. Mediation analyses revealed that controlling for TAF produced results similar to those obtained when controlling for responsibility attitudes. This finding indicates that TAF is strongly associated with the perception of responsibility.¹⁴ Similar results were obtained in a structural equation modeling analysis conducted by Marino et al.¹³ Furthermore, a study by Altın and Gençöz¹² with Turkish university students found that individuals with high moral TAF levels tend to have a heightened sense of responsibility. Additionally, a study conducted by Zhu et al.⁹ in China with young adults reported that an increase in inflated responsibility attitude is associated with higher levels of both likelihood and moral TAF.

The relationship between responsibility attitudes and both likelihood TAF and moral TAF can be explained by cognitive

distortions and other psychological processes. Individuals with a high sense of responsibility tend to perceive their thoughts as events that must or should occur.¹¹ This can lead them to exaggerate the that their thoughts will occur likelihood. Likelihood TAF refers to an unrealistic overestimation of the probability that their thoughts will translate into actions.⁹ An individual with a high sense of responsibility not only perceives a bad thought as inevitable but also overestimates the likelihood of that thought occurring. This process increases anxiety and strengthens the belief that the thoughts will come true. This, in turn, generates the fear of being responsible for negative outcomes. In this context, as the attitude of responsibility increases, individuals are more likely to evaluate their thoughts as higher-risk and unlikely.^{12,13} Therefore, the relationship between responsibility attitudes and likelihood TAF explains how individuals' mental processes are guided by the fear that a thought will be transformed into action, thereby leading to increased stress and anxiety in their daily lives. However, in the multiple regression analyses conducted in this study, the variance explained by the likelihood TAF model was relatively low (adjusted R²=0.045). This indicates that the predictor variable—responsibility attitudes—accounts for only a small portion of the variance in this sub-dimension. Although the regression coefficient was statistically significant, the explanatory power of the model is limited. Therefore, the practical impact of this relationship should be interpreted with caution. It is also important to note that other potentially influential variables frequently emphasized in the literature—such as anxiety levels, religious beliefs, cognitive flexibility, and thought suppression—were not included in the current model. Including these variables in future research could increase the model's explanatory power and provide a more comprehensive understanding of the mechanisms underlying likelihood-based TAF in young adults.

The relationship between attitudes toward responsibility and moral TAF can be explained by individuals' tendency to associate their thoughts with moral responsibility. Individuals with a strong sense of responsibility not only view negative or unwanted thoughts as mere mental processes but also perceive them as moral responsibilities. In other words, they may evaluate a negative thought as a moral mistake or a source of guilt.¹¹ This situation may give rise to moral TAF. The individual, believing that the thought will have moral consequences, assigns greater significance to it and experiences anxiety about assuming moral responsibility if it comes true. In this context, individuals with a strong sense of responsibility, while experiencing moral TAF, reinforce the idea that the negative thoughts they have may lead to moral consequences. They not only see these thoughts as a personal responsibility, but also perceive them as a heavy societal and moral burden.^{9,11} For example, when a person experiences a negative thought, they may perceive it not only as a thought belonging to themselves, but also as a moral punishment imposed by society or by God. This can increase guilt and anxiety, thereby causing the individual to feel a greater sense of moral responsibility in their life. This relationship is further strengthened by cognitive distortions and moral evaluations. Individuals with a strong sense of responsibility, rather than avoiding their moral responsibilities, may experience greater guilt because they fear acting on their thoughts.¹³ Consequently, the relationship between attitudes toward responsibility and moral TAF may explain how individuals associate their thoughts with moral responsibility, thereby experiencing increased anxiety and guilt.

It was found that the likelihood TAF level in men was 0.159 units lower than in women. The results of a study conducted by Yavuz et al.¹⁶ in adolescents aged 11-17 showed no significant difference in TAF between genders. Similarly, in the study by Yorulmaz et al.¹⁵ which examined the psychometric properties of the scale, no significant differences were found between genders in terms of total TAF, likelihood TAF, and moral TAF. Apart from these two studies, no other studies have been identified that directly examine differences in TAF between genders. One possible explanation—though not directly assessed in this study—relates to gender roles. Prior research suggests that men may be more likely to suppress emotional expressions and to approach cognitive experiences more practically or logically.¹⁷ This could influence how they interpret the likelihood that their thoughts will translate into actions. However, these factors were not measured in the current study, and such interpretations should be treated with caution. Moreover, the sample exhibited an imbalanced gender distribution, which may have influenced the observed results and may limit the generalizability of gender-related findings.

Study Limitations

This study has some limitations. First, the study was conducted with a specific, and the generalizability of the findings to different populations or cultural contexts may be limited. Therefore, it is recommended that future studies examine larger and more diverse sample groups. Additionally, the data collection method

used in this study is self-report-based and relies on participants' assessments. This may partially limit the accuracy of the results, which could be influenced by factors such as social desirability bias. Furthermore, the study's cross-sectional design precludes definitive establishment of causal relationships between the variables. Future studies using longitudinal methods to explore these relationships in greater depth would be beneficial. Lastly, the study focused on specific variables and excluded other potential influencing factors related to the topic. Therefore, it is recommended that future research consider additional individual and environmental variables to provide a more comprehensive analysis. One of the limitations of this study is the use of a non-probability sampling method, specifically convenience sampling. Although this technique facilitated the rapid collection of data, it may limit the generalizability of the findings to the broader young adult population in Türkiye. Since the participants were not randomly selected, the sample may not fully represent the demographic and psychological diversity of the entire target population. Future studies are encouraged to employ probability-based sampling techniques to enhance representativeness and external validity. Because participants were recruited via online platforms without controlling for regional representation, the geographic distribution of the sample remains unclear, which may limit the generalizability of the findings to all young adults across Türkiye. Another limitation of the study is the difference between the estimated effect size used in the power analysis ($p=0.530$) and the actual effect size obtained ($p=0.439$). Although the achieved statistical power remained sufficient, this discrepancy should be taken into account when interpreting the results. Furthermore, the sample consisted predominantly of individuals aged 20-25 years who were either university students or closely affiliated with academic institutions in Türkiye. This homogeneity in age and sociocultural background limits the generalizability of the findings to the broader population of young adults, particularly those from different educational, regional, or cultural contexts. The unequal gender distribution in the sample may have influenced the observed gender differences and may limit the generalizability of these findings.

Conclusion

The findings of this study indicate that responsibility attitudes have a significant positive impact on total, likelihood, and moral TAF levels. As responsibility attitudes increase, individuals' TAF levels also rise. Additionally, when evaluated by gender, it was found that men's likelihood of TAF levels was lower than women's. This finding reveals that women have a higher likelihood of TAF. Overall, the results of the study suggest that responsibility attitudes are an important factor in increasing TAF levels and that gender leads to differences, especially in the likelihood of specific TAF levels.

The findings of this study indicate that young adults' attitudes toward responsibility are significantly associated with TAF. In this context, it is recommended that psychoeducational programs targeting young adults comprehensively address

responsibility beliefs and TAF. Specifically, individuals should be supported in developing awareness of their excessive sense of responsibility and of how this perception may distort the link they form between thoughts and actions. Mental health professionals—particularly those working in university counseling centers, community mental health services, or youth support units—could integrate assessments of TAF levels when evaluating responsibility-related cognitive patterns, as this relationship may serve as an important intervention point in understanding and addressing obsessive-compulsive symptoms. The study also found that women had higher TAF-likelihood levels than men, highlighting the importance of incorporating gender-sensitive components into intervention programs. Moreover, the finding that individuals with lower educational attainment (e.g., those with high school diplomas or associate degrees) exhibited higher levels of moral TAF suggests that psychoeducational content should be adapted to different educational backgrounds to enhance accessibility and effectiveness. Given that the sample consisted of young adults in Türkiye, these recommendations may be particularly relevant to Turkish universities, youth centers, and community mental health centers. Implementing preventive and protective practices in these settings—such as workshops or group-based cognitive restructuring sessions—could contribute to the early identification of maladaptive responsibility beliefs and promote healthier cognitive patterns within this specific population. Moreover, the relatively low explanatory power of the model suggests that other psychological and contextual variables not included in this study—such as anxiety symptoms, levels of religious belief, the tendency to suppress intrusive thoughts, and perfectionistic traits—may also play a role in shaping TAF, particularly in its likelihood dimension. Future research incorporating these additional variables could offer a more comprehensive understanding of the factors contributing to this cognitive distortion in young adults.

Ethics

Ethics Committee Approval: Ethical approval for study was obtained from the Bandırma Onyedi Eylül University Health Sciences Non-Interventional Research Ethics Committee on 27.02.2025, with approval number 2025-19.

Informed Consent: Written consent for participation was obtained through an online form.

Footnotes

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