

Research Article

THE INVESTIGATION OF PERFECTIONISM IN OBSESSIVE-COMPULSIVE PERSON COMPARE TO NORMAL PERSON

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ABSTRACT

The main aim of this paper is the investigation of perfectionism in Obsessive-Compulsive person in comparison with normal person. In this study, 100 patients (50 patients with obsessive - practical that has been referred to the Shiraz psychiatric clinics and 50 healthy subjects matched for age, sex, education, marital status) were selected by convenience sampling. The survey instrument consisted of a Maudsley Obsessive - Compulsive Inventory (MOCI) and questionnaires of inefficient approach to data that obtained from the questionnaire survey. According to the objectives, descriptive and inferential statistics (Kalmogorov Smiranov test (test data normality) t test and progressive regression) was used and the results were analyzed. The results showed that OCD patients compared to normal subjects are more perfectionism.

Keywords: *Obsessive-Compulsive Disorder, Perfectionism, Deficient Thoughts*

INTRODUCTION

Obsessive Compulsive Disorder (OCD) is a recurrent disease and a fourth common psychiatric disease in general population. The disorder makes about 10% of outpatients in clinics and psychiatric clinics constitute (Kaplan and Sadock, 1995). The main features of mental-practical obsessive disorder or so (obsessive-compulsive) are the obsession and practical sign that are sufficient for the persons inconvenience. Obsessive and compulsive disorders are time-consuming and significantly interfere with occupational functioning, social activities or relationships. Patients with OCD may be have mental obsessive, practical obsessive or both of them. Obsession is a thought, a feeling, a belief or an annoying sense and repetitive.

Compulsion is a conscious behavior, adjustment and repetitive such as counting or avoidance. Obsession increased anxiety while doing OCD, reduce anxiety. Anxiety have been increased when a person resistant against OCD. A person with this disorder usually understands your obsessive thoughts are irrational. Although compulsion may attempt to reduce the anxiety of OCD, but there is not always such a situation. Compulsion completion may not lead to anxiety removed and may be increased. Anxiety appears when the resistance against the obsessive act, too. Shafran *et al.*, (2002) researches showed perfectionism is associated with several psychiatric disorders. In cognitive theories of OCD is assumed that perfectionism is associated with specific types of obsessions. The researchers believe that perfectionism have special relationship with compulsory activity and doubt about the correctness of orders. Despite various attempts to provide the cognitive models of obsessive- compulsive Disorder and understanding the personality characteristics, convincing frame do not exist in this context and extensive research is needed. The present study aimed to examine perfectionism and compared it with normal subject. If obsessive and perfectionism have a relationship can be concluded that one of the characteristics of obsessive is perfectionism and change of their attitude can be effective in treating OCD. The following sections discuss shortly about obsession and perfectionism.

Based on cognitive perspective (Salkovskis, 1985) distressing thoughts is one of the main characteristics of Obsessive- Compulsive Disorder that the disorder is primarily a disorder of cognitive processing, therefore the different cognitive models has been proposed. The most comprehensive cognitive model of depression and anxiety, Beck has proposed. Based on this pattern, thought, imagination and common nuisance shocks lead to turbulence when there are important for person and have related with negative automatics thoughts (ATS). He also emphasized the separation of ATS and interfering thoughts.

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According to the Salkovskis is opinion, unwanted intrusive thoughts, are also automatic, negative and boring.

Other studies have shown that obsession and intrusive thoughts are normal that interpreted to a sign of risk for obsession patients. The origin of this interpretation is a general assumption that based on this, person attribute intrusive thoughts and damages responsible to himself and it has been found that assumption of own responsibility and persons interpretation, have the important role in persistence of obsessive –compulsive disorder (Salkovskis and Wore, 2009).

It has been shown that attempt to control of obsession lead to return of repressed thoughts with greater frequency. Wegener suggests that the obsessional thoughts may be caused by the failure of thoughts primary control and it also lead to excessive attempt in suppress thoughts that its result is thoughts amplification, therefore attempt to control of increasing and extreme effort cycle continues.

Perfectionism: in fact perfectionism is an irrational belief that people have about themselves and their environment. Perfectionists, argue that the environment has to be perfect and very effort in life should be without error (Flat *et al.*, 1991).

Characteristics of a Perfectionist

Ambitions: tendency to ambition and success with critical evaluation and lack of confidence is one of the characteristic of perfectionists.

Fear of losing: Perfectionists often considered failure and achievement of the purposes, equal to the loss of self- worth and value.

Fear of making mistakes: Perfectionists, often consider mistake is the same with failing and try to avoiding of mistakes. They lose opportunity of learning and promoting.

Fear of discontent: Perfectionists, while others observe their works flaws and defects, often because of fear of rejection by them, are panicking. In fact trying to perfection is a method to give support from others rather than criticism and rejection and dissatisfaction.

Think of all or nothing: perfectionist people rarely believe that at end of the work are still valuable. They are in trouble in seeing of situations perspective. Hopelessness: this may happen because they believe themselves incompetent persons and when they fail to achieve their goals or imagine that people without work and trying get the posts and status they will become discouraged. Strong emphasis on rules: Life of a perfectionist often is based on endless list of rules. They persist on having rules and rarely account on their wishes and dreams (Flat *et al.*, 1991).

Treatment of perfectionism: Cognitive –behavioral techniques are specially used for adjusting and treatment of perfectionism. In general these methods assume that the perfectionism arises from irrational beliefs, severe, inflexible and absolute convergence of opinion. In these methods the client learns that accepts himself and do not take the blame (Flat *et al.*, 1991).

Perfectionist shows the desire to achieve a high standard of performance on the one hand and critical evaluation of their performance on the other hand (Frost *et al.*, 1990). Shafran *et al.*, (2002) believe that perfectionism can be considered normal, positive or inefficient. The main difference between the two is that dysfunctional perfectionism despite conflicting evidence is still continuing to exist. Perfectionist people think that everything should be done carefully and everything is not accurate is not correct. Failure to achieve aims of perfectionism leads to negative emotions in them and not satisfied with their performance (Shafran *et al.*, 2002).

According to the Frost Vastkty's researches (1998), people with obsessive- compulsive attain high scores in perfectionism compare to anxious patients.

Rockman (1999) propose that perfectionism may be develop of obsessive - compulsive disorder is a necessary but not sufficient.

Montgomery (1999) in relation to people with obsessive-compulsive personality characteristics, said: These people are perfectionist, socially and have a routine life style, very organized and regulations. In the point of interpersonal relationships, obsessive behavior attract the attention in the form of flattering. They are polite and have honest appearance. In terms of cognitive, they are lacking creativity and careful and difficulties without clear answers for these people is bleak. They see themselves as very loyal and

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trustworthy and competent. Emotionally they are not calm and have tension and maintain their emotions under tight control.

Astky (1993) also pointed out that only some personality characteristics such as consciousness overly, high accuracy in matters of morality , excessive extrapolating details , rigidity , perfectionism , uncertainty in making different decision may be associated with obsessive-compulsive disorder symptoms and they detect personality traits that may be have a role in the pathogenesis of OCD. These traits include separation anxiety, resistance to change and novelty, risk avoidance, double- oriented, dedicated to working to the extreme, extreme moral and perfectionism.

Shams *et al.*, (2007) studies showed that the scale of responsibility , sense of threat, perfectionism and need for certainty, were evaluated only for OCD and anxiety ,while the scale of importance and mind control, only known for people with obsessive - compulsive. In Hassansahi (2003) studies, have shown the relationship between perfectionism and obsessive and Mohammadi researches (2007), illustrated responsiveness and perfectionism with obsessive - compulsive symptoms were linked, too.

MATERIALS AND METHODS

This study is a scientific - comparative research.

The study population includes all patients with obsessive - practical that are referred to Shiraz psychiatric clinics and the sample of interest, is including 100 persons (50 patients with obsessive- practical and 50 healthy subjects) who were selected by convenience sampling.

To obtain the sample, the first, people that had OCD based on psychiatric diagnosis filled out questionnaires. After that control group based on age, sex, marital status and education have were identical.

The Data Collection Tools

1- Maudsley Obsessive – Compulsive Inventory (MOCI):

The questionnaire consists of 30 correct and wrong questions which deal with various aspects of obsessive-compulsive symptoms.

The questionnaire has five subscales. These devices are sensitive to changes in therapy and their stability with retest of obsessive-compulsive symptoms in different aspects. The validity of the questionnaire have surveyed in Malaysia Hospital with 50 obsession patients and 50 neurotic patients.

In a study with 40 patients Rakman and Hodgson (1977) showed that the total score of the questionnaire is sensitive to changes in therapy.

It has been well established that the questionnaire is a suitable tool for therapists and researchers in relation to treatment outcome. It also is a good tool for studying the etiology, course and prognosis of different types of corn obsessive complaints and stability $R=0.8$ is a good percentage.

2- Inefficient attitudes questionnaire:

The questionnaire has 5 subscales including 40 phrases to determine the views and attitudes underlying depression which made based on Beck's cognitive theory and reliability and stability have estimated by using the samples included 2023 outpatients who were referred for cognitive therapy (Beck *et al.*, 1991).

In a study by using the test-retest method in a group of 30 people, have obtained stability of 0.72 for the Dysfunctional Attitude Scale in Iran (Gharaie, 1993).

RESULTS AND DISCUSSION

According to the dominant hypothesis (OCD patients compared to normal subjects are more perfectionism.) have used t test method to explore it.

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Table 1: Results demographic groups with respect to the norm, obsessive – compulsive and total

Groups	Statistics analysis	Obsessive – Compulsive Disorder		Normal group		Total	
		Frequen cy	Percent	Frequency	Percent	Frequency	Percent
Age groups	20 years and under	4	4.8	4	4.8	8	8.16
	21 to 30 years	25	25.51	25	25.51	50	51.012
	31 to 40 years	8	8.165	8	8.165	16	16.33
	More than 40 years	12	12.245	12	12.245	24	24.49
	Total	49	50	49	50	98	100
gender	Female	42	43.855	42	43.85	84	85.71
	Male	7	7.14	7	7.14	14	14.28
	Total	49	50	49	50	98	100
Marital status	Single	23	23.47	23	23.47	46	46.94
	Married	26	26.53	26	26.53	52	53.06
	Total	49	50	49	50	98	100
Education	Under Diploma	13	13.26	13	13.26	26	26.52
	Diploma	17	17.34	17	17.34	34	34.68
	Up Diploma	5	5.1	5	5.1	10	10.2
	Bachelor	12	12.24	12	12.24	24	24.48
	Total	49	50	49	50	98	100

Resource: calculation research

In table 1 have been examined the demographic participants characteristics according to age, sex, marital status and education is discussed. As the table shows that OCD and control groups were matched as closely as possible in terms of matching the variable.

Table 2: Results of t-test to compare two groups of normal subjects and obsessive – compulsive

		Test for equality of variance (Lunz)		Equality of means test (t test)		
		F. Statistic	Prob.	t. statistic	D.F	Prob.
Perfectionism	Homogeneity of variance	5.589	0.020	-4.739	96	0.001>
	Non- homogeneity of variance	-	-	-4.739	83.65	0.001>

Resource: calculation research

Due to the dominant hypothesis in this study which predicts the existence of perfectionism in OCD patients and the results of the t test (assuming unequal groups variances) and a significance level of the test (<0.001) perfectionism has different in the two groups. With respect to the values given in the table of descriptive statistics, the obsessive - practical in comparison with normal subjects are more perfectionism. The results are consistent with previous studies results. The results show that obsessive compulsive people suffer from their thinking and one of these dysfunctional ideas is perfectionism. Therefore, it seems that the thought control method can be effective in treating OCD and the use of psychological therapies is useful in the treatment of OCD.

Conclusion

In the present research were studied exploring and comparing the perfectionism in patients with obsessive compulsive disorder and normal subjects. For this purpose, 100 patients were studied in the Shiraz city (50 patients with obsessive- practical and 50 healthy subjects). The survey instrument consisted of a

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Maudsley Obsessive - Compulsive Inventory (MOCI) and questionnaires of inefficient approach to data that obtained from the questionnaire survey therefore, descriptive and inferential statistics (Kalmogorov Smirnov test (test data normality) t test and progressive regression) was used and the results were analyzed. The results showed that OCD patients compared to normal subjects are more perfectionism.

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