Indian Journal of Fundamental and Applied Life Sciences ISSN: 2231– 6345 (Online)
An Open Access, Online International Journal Available at www.cibtech.org/sp.ed/jls/2015/02/jls.htm
2015 Vol. 5 (S2), pp. 1879-1884/Mohammadi and Akbari
Research Article

EFFECTIVENESS OF LAZARUS MULTIMODAL THERAPY ON SELF-EFFICACY IN WOMEN WITH OBSESSIVE-COMPULSIVE DISORDER

***Mana Mohammadi[1] and Bahman Akbari[2]**
[1]Department of Psychology, Tonekabon Branch, Islamic Azad University, Tonekabon, Iran
[2]Department of Psychology, Rasht Branch, Islamic Azad University, Rasht, Iran
**Author for Correspondence*

ABSTRACT
Because of high outbreak of OCD syndrome in society and its negative impacts on the life of patients and according to the role of women in developing health in the society and family, this research investigate the effectiveness of Lazarus multimodal therapy on self-efficacy in women with obsessive-compulsive disorder. In this study, a treatment method of Multimodal Counselling Therapy as the independent variable and the variable of self-efficacy as dependent variables were considered. The statistical population of present study was including women OCD patients that referred to psychiatry clinics of Tehran city, and their OCD was endorsement by psychiatrists. In a 5 month survey, all of them population was 350 patients. Sample study was selected by purposeful method and 30 patients was selected based on acquire the higher score of OCD test. Those of the 30 people who meet the entry criteria were randomly selected in both experimental (n=15) and control (n=15) groups, respectively. For experimental group we used Multimodal Counselling Therapy protocol based on Corey (1991) in 10 sessions in 10 weeks and each session was 45 minutes, and control group no received any treatment. Our finding showed that effect of covariance variable is significance difference that related to intervention. Results showed significance difference between groups of experimental and control, in the other words, 63.7 percent of self-efficacy of OCD women is related to a period of Multimodal Counselling Therapy. Our findings showed that Multimodal Counselling Therapy can use for increase the self-efficacy in OCD women.

Keywords: *Multimodal Counselling Therapy, Self-Efficacy, OCD, Women*

INTRODUCTION
Obsessive-compulsive disorder (OCD) is a heterogeneous disorder characterized by the presence of obsessions and/or compulsions that consume time or significantly interfere with the subjects' daily routines, work, family or social life, causing marked distress (American Psychiatric Association, 2002). OCD affects around 2.5% of the general population. Its course is generally chronic, and the symptoms vary in intensity and, if not treated, may very often continue during lifetime. For several reasons, it is considered a severe mental disorder, as the symptoms start generally in the end of adolescence (many times still in childhood), being rare its onset after 40 years old. In nearly 10% of the cases its symptoms cause impairment and significantly compromise the quality of life of patients as compared to schizophrenic patients (Niederauer *et al.,* 2007). OCD, most times, highly interferes with the life of the family, which is obliged to adapt to its symptoms, alter its routines, restrict the use of spaces and objects, which is a reason for constant conflicts. Until recently, it was considered a difficult-to-treat disorder. This situation has radically changed in the last three decades with the introduction of effective treatment methods: exposure and response prevention (ERP) therapy, or cognitive-behavioral therapy (CBT) and the anti-obsessive medications. Up to the moment, the causes of OCD are not well known. As the symptoms are heterogeneous, it is not clear whether it is a unique disorder or a group of disorders with common characteristics (such as, for example, repetitive behaviors). In practical terms, the clinical presentations, the disease's onset, course, its neuropsychological and cognitive aspects, as well as the response to treatments, highly vary from individual to individual. Some of them present a quick response and within a few therapy sessions or with the use of medications obtain the complete remission of symptoms, while others are refractory to all approaches. There is strong evidence that biological factors and family incidence (genetics) make certain individuals more susceptible to develop the disorder. The

appearance of the symptoms during cerebral diseases, the hyperactivity that occurs in certain cerebral regions of patients, alterations in the cerebral neurophysiology related to serotonin, the reduction of symptoms with the use of clomipramine or selective serotonin reuptake inhibitors (SSRI), and the reduction of symptoms with neurosurgery are evidence of the cerebral involvement in OCD. On the other hand, psychological factors, such as learning (negative reinforcement), distorted beliefs, and catastrophic thoughts are present in most of patients, and seem to play an important role in the appearance and maintenance of symptoms. A significant percentage of patients may also obtain full remission of symptoms using exclusively psychological therapies, such as ERP therapy or CBT, which, jointly with anti-obsessive medications, are the first-line treatments for OCD. Lazars's multi modal therapy is a holistic approach to behavior therapy and it is rooted in cognitive theory and pursued technical considerations (Corey, 2000) and divides human personality to seven behavioral dimensions that are affection, sensation, mental image, cognitive, interpersonal relations and biological functions (Lazarus and Abramovitz, 2004) and as its purpose is decreasing psychological problems and growth development, arriving at self-awareness is possible through understanding the content of seven basic I.D. (Sardis, 2008), therefore it can be influential in improving symptoms and increasing QL in afflicted women to PMS. There was no research about MMT on symptoms of OCD and increasing of self-efficacy in OCD women. But studies show that MMT are influential in improving mental disorders and quality of life. Self-efficacy is judgment of a person about their abilities to successful perform a task or job. Bandura self-efficacy theory emphasized on the role of trust, confidence and self-esteem relation to their abilities in a work and individual with high self-efficacy attribute their failures to low level of trying, and individual with low self-efficacy attribute their failures to low level of their abilities (Alkin, 2008). Self-efficacy is the person opinion to their abilities in organization and performs a required works for management of the different conditions (Bandura, 1995). Self-efficacy is one of the factors influencing the mental health of people which entered the history of psychology by Bandura's (1977) article. Self-efficacy has been conceptualized and studied both as a state like concept called specific self-efficacy (SSE) (Gist & Mitchell, 1992; Lee & Bobko, 1994) and a trait like construct referred to as general self-efficacy (GSE) (Eden, 1988; Judge *et al.*, 1998). Wood & Bandura, (1989) defined self-efficacy as "beliefs in one's capabilities to mobilize the motivation, cognitive responses, and courses of action needed to meet given situation demands". On the other hand, Judge *et al.*, (1998) defined general self-efficacy as "individuals' perception of their ability to perform across a variety of different situations". According to Chen *et al.*, (2001), "GSE captures differences among individuals in their tendency to view themselves as capable of meeting task demands in a broad array of contexts". Self-efficacy beliefs influence behaviours associated with human health in two ways: one via the effects of these beliefs on behaviours associated with individual health and the other via its effect on the performance of her life, namely the incidence of various diseases and the improvement of the disease process affects. Self-efficacy beliefs affect the way people think, how to deal with problems, emotional health, decision making, coping with stress and depression, access to targets that. Belief systems also play a role in improving behaviour, health and life satisfaction and on the other hand many of the problems of people come from these beliefs. According to Bandura perceived inefficiency plays a role in depression, anxiety, stress and other emotional state plays. It can also lead to feelings and beliefs of emptiness. Siukaucheng and Stephens findings (2000) suggest that enhanced self-efficacy is associated with improved mental health. Lazars & Abermoitis (2004) analyzed affectivity of Lazarus multi modal therapy on improvement of anxiety and the result showed that it has an influential impact on anxiety. Halmi (2005) analyzed the impact of Lazarus multi modal therapy on improvement of eating disorders and concluded that this treatment causes improvement of eating disorders. Khazraei & Vijehfar (2010) in a study entitled as affectivity of Lazarus multi modal therapy has a positive influential impact on decreasing of meshing and general health. Abazari (2007) analyzed affectivity of Lazarus multi modal consultation on decreasing of depression in women. Result of this research showed that this therapy is influential in decreasing depression in women. Bahramkhani (2010) in his study entitled as affectivity of multi modal therapy on meshing and indexes of mental health. Result of this study showed that this treatment is influential on stress and mental health. Because

of high outbreak of this syndrome in society and its negative impacts on the life of patients and according to the role of women in developing health in the society and family this research and Multimodal Counselling Therapy is very important.

MATERIALS AND METHODS

This pilot study has expanded to include a pre-test - post-test. In this study, a treatment method of Multimodal Counselling Therapy as the independent variable and the variable of self-efficacy as dependent variables were considered.

The statistical population of present study was including women OCD patients that referred to psychiatry clinics of Tehran city, and their OCD was endorsement by psychiatrists. In a 5 month survey, all of them population was 350 patients. Sample study was selected by purposeful method and 30 patients was selected based on acquire the higher score of OCD test. All of the participants sign and certify the moral adaptive. Those of the 30 people who meet the entry criteria were randomly selected in both experimental (n=15) and control (n=15) groups, respectively.

For experimental group we used Multimodal Counselling Therapy protocol based on Corey (1991) in 10 sessions in 10 weeks and each session was 45 minutes, and control group no received any treatment.

Multimodal Counselling Therapy

Multimodal therapy is a counselling approach developed by Arnold A. Lazarus, a clinical psychologist, in response to the constraints of traditional behavioural counselling. The approach is based on the assumption that clients' needs are often better served if therapists work in multimodal rather than unimodal or bimodal fashion's (Nelson–Jones, 1996). Karasu (1996) estimated that there were at least 400 'Schools' of Psychotherapy. If each 'School' of Psychotherapy has its own basic techniques, a therapist adhering to eclecticism could use literally hundreds of different techniques (Palmer, 1992). A problem may occur when choosing what techniques to use for a specific problem. Lazarus (1989a) suggests that 'Unsystematic eclecticism is practiced by therapists who require neither a coherent rationale nor empirical validation for the methods they employ.'

The multimodal therapist takes the view that a complete assessment and treatment program must account for each modality of this BASIC ID. Thus, the BASIC ID is the cognitive map that ensures that each aspect of personality receives explicit and systematic attention (Lazarus, 1989).

According to Corey (1991), comprehensive therapy entails the correction of irrational beliefs, deviant behaviour, unpleasant feelings, stressful relations, negative sensations, and possible biochemical imbalances. Enduring change is seen as a function of combined strategies and tactics. Multimodal therapy begins with a comprehensive assessment of the seven modalities of human functioning. Clients are asked question pertaining to the BASIC ID what follows is a modifications of this assessment process based on Lazarus' question (1989).

Behaviour – This normally refers to overt behaviours, including acts, habits and reactions that are observable and measurable.

Affect – This modality refers to emotions, moods, and strong feelings.

Sensation – This area refers to the five basic senses to touch, taste, smell, sight, and hear.

Imagery – This modality pertains to ways in which we picture ourselves, and it includes memories and dreams.

Cognition – This modality refers to insights, philosophies, ideas and judgements that constitute one's fundamental values, attitudes, and beliefs.

Interpersonal Relationships – This modality refers to interactions with other people.

Drugs/Biology – This modality includes more than drugs, it takes into consideration one's nutritional habits and exercise patterns.

Instrument

General Self-Efficacy (GSE): The SGSES (Sherer *et al.*, 1982) is a Likert format 17-item scale (example of items include: "When I make plans, I am certain I can make them work ", "I give up easily", "I am a self-reliant person", "I avoid facing difficulties"). The response format is a 5-point scale (1 = strongly

disagree, 5 = strongly agree). Sum of item scores reflects general self-efficacy. The higher the total score is, the more self-efficacious the respondent. Sherer *et al.,* developed the GSE scale to measure "a general set of expectations that the individual carries into new situations" (p. 664). The SGSES has been the most widely used GSE measure. The SGSES was primarily developed for clinical and personality research. Later it has also been used in organizational settings. Reviewing various organizational studies, Chen *et al.,* (2001) found internal consistency reliabilities of SGSES to be moderate to high (α=.76 to.89). In two of their studies using samples of university students and managers, Chen *et al.,* reported high internal consistency reliability for SGSES (α=.88 to.91 respectively). With regard to temporal stability of SGSES, Chen & Gully (as cited in Chen, *et al.,*) obtained a low test-retest estimate (r =.23) across only 3 weeks. However, Chen *et al.,* found high test-retest reliability (r =.74 and.90).
Several studies have questioned the unidimensionality of SGSES. For example, Woodruff and Cashman (1993) found that SGSES items measure three distinct empirical factors reflecting self-perception of behaviour initiation, effort, and persistence. Investigations also have reported three- factor structure of SGSES (e.g., Bosscher and Smit, 1998; Chen *et al.,* 2001).

RESULTS AND DISCUSSION

Mean score of self-efficacy was relatively equal in both groups at pre-intervention stage, but has mean score differences between control and experimental (Table 1).

Table 1: Mean score of self-efficacy between control and experimental groups at pre and post-intervention stage

Variable	Group	N	Mean	SD
Pre- Intervention	Control	15	46.07	4.76
	Experimental	15	46.47	5.32
post- Intervention	Control	15	48.40	3.89
	Experimental	15	55.73	4.82

Our finding showed that effect of covariance variable is significance difference that related to intervention. Results showed significance difference between groups of experimental and control, in the other words, 63.7 percent of self-efficacy of OCD women is related to a period of Multimodal Counselling Therapy (Table 2).

Table 2: Summary of covariance analysis on the total score of self-efficacy

Source	SS	df	MS	F	sig	Eta
Covariate variable	143.48	1	143.48	18.221	0.000	0.403
Pre-test	323.922	1	323.922	41.136	0.005	0.604
Group	373.586	1	373.586	47.422	0.000	0.637
Error	212.612	27	7.875			

Results showed significance difference between groups of experimental and control, in the other words, 63.7 percent of self-efficacy of OCD women is related to a period of Multimodal Counselling Therapy. Multimodal therapy (MMT) is a systemic eclectic approach to counselling and psychotherapy. MMT is called multimodal because it has many dimensions when dealing with psychological problems. Arnold Lazarus, the most eloquent proponent of MMT (Norcross & Grencavage, 1989) calls his therapy systemic and technical eclecticism (Lazarus, 2000). According to Lazarus, individuals have multiple dimensions to their personality. All individuals execute the same functions, them be emotional, mental or biological, but in a different way. Because every individual is unique, Lazarus argues, that each individual needs a unique approach in therapy and counselling. Lazarus's toolbox of techniques constitutes only of those techniques proven in research to be effective (Dryden & Mytton, 1999; Lazarus, 1989; Corey, 2001).

Lazarus believes in the principle of parity, which states that all human beings are equal. As Ellis supported, everybody has limitations and assets, an argument that Lazarus embraced in his approach. The seven modalities of the BASIC ID fully describe the human personality. The modalities are described separately. However, their main characteristic is that they interact; a change in one modality will induce changes in the other modalities (Dryden & Mytton, 1999). According to Bandura, people are using thinking and reasoning in order to learn through imitation and observation (Dryden & Mytton, 1999). Based on Bandura's theory, Lazarus (2002) argues that the process of learning is affected by all seven modalities. Lazarus (nd) believes that during the learning process as described by Bandura (and also earlier by Pavlov, Thorndike, and Skinner) a number of actions can take place, which will then lead to the disruption of the individual's personality. All seven modalities have to be addressed for the therapy to be successful and to have long-lasting effect. The techniques need to be decided on in concert with the individual's needs. Lazarus supports the uniqueness of each individual. Hence, he stresses that even for the same problem two individuals might need to be cured in a different way. MMT is based on the principle of individuality and does not consent to a single approach as true, but instead is driven by the ―goodness of fit‖ (Dryden & Mytton, 1999). Our findings showed that Multimodal Counselling Therapy can use for increase the self-efficacy in OCD women.

ACKNOWLEDGEMENT
The authors are grateful to Seyed Abdolkhalegh Yadegarnejad for their valuable contributions.

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