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Research Article

COMPARISON OF OBSESSIVE BELIEFS IN PEOPLE WITH OBSESSIVE-COMPULSIVE SYMPTOMS, IN PEOPLE WITH SYMPTOMS OF OBSESSIVE COMPULSIVE CHARACTERISTICS AND IN NORMAL INDIVIDUALS

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ABSTRACT
The aim of this study is to compare the obsessive beliefs in people with obsessive-compulsive symptoms, in people with symptoms of obsessive character and in normal people. The method of the research was comparative. The study sample was included the students of Tabriz University in all levels of academic education. Students completed Millon Clinical Multiaxial Inventory and Madzellie's Obsessive-Compulsive (MOCI) questionnaires and based on the results of the questionnaires, they were divided to groups of people with obsessive-compulsive symptoms, people with symptoms of obsessive characteristics and normal people; then, obsessive beliefs questionnaire was completed by them. It was assumed that there is a difference between the 3 groups them about the obsessive beliefs. Multivariable analysis of variance showed that there are differences among people with obsessive-compulsive symptoms, people with obsessive-compulsive character symptoms and normal people regard obsessive beliefs (sense of excessive responsibility, assessment of risk and threats, perfectionism and need to get ensure, importance and control of thoughts) and this difference was significant; however, people with symptoms of obsessive characteristics and normal individuals in terms of extremist responsibility sense and evaluation threats and risk have not significant differences. The results among individuals with obsessive-compulsive symptoms, people with symptoms of obsessive-compulsive personalities and normal individuals regard to obsessive beliefs show that there are significant differences.

Keywords: *Obsessive Beliefs, Obsessive Compulsive, Personality, Student*

INTRODUCTION
Obsessive-compulsive disorder is a disorder characterized by intellectual obsessions and disturbing and repetitive compensative behaviours and compensatory and will create significant problems in everyday life (Vair and Bilsky, 2011). The most common intellectual obsessions are fear of contamination, thoughts of harming others or preoccupation. Compulsory behaviors are including checking of certain things, cleaning of things or mental counting frequently. Compulsions could be overt behaviors or subtle actions such as mental repetition of a certain word. Compulsive behavior is formed to reduce the anxiety caused by preoccupation with obsessive thoughts (Bloch *et al.*, 2010).
Obsessive-compulsive disorder is a very serious problem so that WHO has expressed it among the top ten debilitating diseases in the world which lead to loss of income and decreased the quality of life (Will & Wilson, 1985, quoted from Alilo *et al.*, 2012). Obsessions are including: beliefs, thoughts, impulses or disturbing image of sb/sth which because of discrepancies and inconsistencies would create considerable anxiety. Compulsions are repetitive behaviors or mental acts that are done by the aim of preventing and reducing anxiety (Barlow, 2008, quoted from Tahereh, Imani; 2011).
Obsessive-compulsive personality disorder is a disorder characterized by a pervasive pattern of preoccupation with orderliness, perfection and mental neatness and interpersonal control with losing of flexibility, precision and efficiency that begins in early adulthood. According to the definition provided by the Psychiatric Association of America (1994), the second criterion of recognition related directly to perfection, the fourth criterion to flexibility in moral matters, the sixth criterion to doubt characteristic and the eighth criteria to tenacity and inflexibility. Kaplan (2003) also said the main characteristics of this disorder caused by pervasive pattern of perfection and inflexibility. For this reason, some researchers

have predicted that between personality disorder and obsessive-compulsive disorder there may be special relationship (e.g. Kruj and Menzies, 2003; quoted by Ahmadi, 2012).

Cognitive-behavioral theories of obsessive-compulsive disorder assume that content and cognitive processes play a vital role in the etiology and persistence of disorders (Salkowiskys, 1989). The most detailed theoretical model about OCD that is presented till today is cognitive behavioral model that assumes OCD caused by obsessive dysfunctional beliefs such as extreme threat assessment and liability (Wai and Baylesky, 2011).

Therefore, cognitive-behavioral theorists stated that obsessive beliefs have a essential role in the formation and continuance of obsessive-compulsive disorder. These obsessive beliefs contain 5 major areas which include:

1. Sense of extreme responsibility: (assessment implies that if the thoughts are resistant, the person is responsible for the negative consequences)
2. Excessive assessment of risk and threat (an exaggerated estimate of the probability of negative events).
3. The intolerance of ambiguity conditions (difficulty in tolerance of mistakes, abuses, ambiguity and the need to gain confidence).
4. Thought Control (assessment indicates that there is a mandatory requirement for controlling thoughts in order to prevent from the consequences of situated fear).
5. Perfectionism (beliefs of necessity and possibility of being perfect).

Cognitive theorists say that these beliefs play an essential role in obsessive and obsessive-compulsive personality disorders.

Since at the most common statements and investigations have been said, perfectionism, inflexibility, prejudice, strict conscience, sense of being guilty and responsible that are OCD's main characters; and at the same time, they are also the main characteristics and pivotal traits of obsessive compulsive personality disorders. So, obsessive beliefs may also have a role in the formation and persistence of symptoms of obsessive-compulsive personality disorder.

MATERIALS AND METHODS

Methods

In this study, the population consisted of students with symptoms of obsessive-compulsive, obsessive personality and ordinary ones in Tabriz University that its size was over 20 thousand people. From this society, 750 students randomly selected, then using Millon Clinical Multiaxial Inventory and Madzellie's obsessive-compulsive inventory questionnaires 150 students were chosen (50 student with symptoms of OCD, 50 ones with symptoms of obsessive personality and 50 with normal behaviors). Those who have attained a score higher than 12 in Madzellie's obsessive-compulsive inventory were selected as those with obsessive-compulsive symptoms; however, those who have received a score higher than 74 in Millon Clinical Multiaxial Inventory questionnaires were defined as those with symptoms of obsessive-compulsive personality. It should be said that individuals who scored less than 8 in Madzellie's obsessive-compulsive inventory and in Millon Clinical Multiaxial Inventory questionnaire scored less than 60 in all items were known as normal people. Then obsessive beliefs questionnaire were distributed among the three groups. For data analysis, multivariate analysis of variance (MANOVA) was used. The following questionnaires were used to collect data:

Madzellie's Obsessive - Compulsive Inventory (MOCI):

This inventory consists of 30 statements that respond to them is with a choice of two options, right and wrong; it is designed to measure the symptoms of obsessive - compulsive (Hodgson and Rachman, 1977). This test is consisting of 5 sub-tests (checking, cleaning, obsessive doubt, dullness and rumination).

Obsessive Beliefs Questionnaire (OBQ - 44):

This questionnaire has been developed as a tool to assess the cognitive role in etiology and maintenance of obsessive - compulsive disorder. It consisted of 44 items that 16 ones are related to the sub-scale of extreme sense of responsibility / threat and risk assessment, 16 items are about the sub-scales of perfectionism / confidence and 12 items are about the sub-scale of importance and thought control.

Millon Clinical Multi-axial Inventory Questionnaire (MCMI; Third Edition III; 1994):
Millon Clinical Multi-axial Inventory Questionnaire is a self-assessment scale with 175 items of Yes or No which personality clinical pattern is measured by 14 items and clinical syndromes by 10 ones. It is used for adults older than 18 and have been revised to 2 times. This test was made based on Million Psychopathology Model. MCMI is one of the most popular psychic tests that have been translated into several languages and is used in many cross-cultural researches.

RESULTS AND DISCUSSION

Results

In table 1 showed mean and standard deviation in study groups about the variable of obsessive beliefs

Table 1: Mean and standard deviation in study groups about the variable of obsessive beliefs

Variables	Group	S D	Mean
Sense of extreme responsibility and estimation of risk and threat	Obsessive-Compulsive Individuals	12	70
	People with Obsessive Personality	14	64.02
Obsessive-Compulsive Individuals	Ordinary People	11	59
Total		13	64
Perfectionism and Need to Ensure the Confidence	Obsessive-Compulsive Individuals	12	76
	People with Obsessive Personality	14	70
	Ordinary People	14	60
Total		14	69
Importance and Thought Control	Obsessive-Compulsive Individuals	10	50
	People with Obsessive Personality	11	45
	Ordinary People	10	41
Total	-----	11	45

As it shown, obsessive belief average, extreme sense of responsibility and assessment of threat and risk in people with symptoms of obsessive is more than in people with compulsive personality disorder symptoms and normal people. Also, obsessive belief mean, sense of responsibility and assessment of threat and risk in people with obsessive-compulsive personality disorder symptoms are more than in normal people; however, this difference was not significant.

Table 2: Levene test to check the equality of variance in related variables of the hypotheses in the study groups

Variable	F	df1	df2	sig
Sense of Extreme Responsibility and Assessment of Threat and Risk	1.8	2	147	0.001
Perfectionism and Need to Ensure the Confidence	1.5	2	147	0.001
Importance and Thought Control	2.6	2	147	0.001

Table 3: Default homogeneity of covariance matrix:

17	BOXES,M
1	F
12	df1
104720	df2
0.33	sig

Since the default homogeneity of variance error and default of homogeneity of covariance matrix has been achieved in the study groups; Therefore, multivariate analysis of variance was used in order to data analysis of overall hypothesis of the research (there are differences among people with symptoms of obsessive compulsive and people with obsessive personality symptoms and normal individuals regard to obsessive beliefs). Related analysis data are presented in Table 2 and Table 3.

Table 4: Multivariate analysis of variance based on the research scores

Variable	Test	F	df1	df2	sig
Group	Vikelz Lambdai	5	6	290	0.001

Multivariate analysis on the scores of obsessive beliefs are including (sense of extreme responsibility, assessment of threat and risk, perfectionism, need to ensure the confidence and importance and certainty and control thoughts); it offers in people with obsessive symptoms, people with obsessive personality disorder symptoms and normal individuals.

According to the table above there is a significant difference in 3 study groups regard to the weighted average of the studied variables. Because the calculated f (5) is meaningful at the significant level of p <0.0001; hence, there is a significant difference among the studied groups regard weighted and combined averages of the studied variables.

Discussion and Conclusion

In this study, we tried to compare the obsessive beliefs (such as extreme sense of responsibility, assessment of threat and risk, perfectionism, need to ensure the confidence and certainty, importance and thought control) in people with obsessive symptoms and those with symptoms of obsessive personality disorders and normal individuals.

The first findings of this study was revealed that extreme sense of responsibility, assessment of threat and risk in people with obsessive is more than in those with symptoms of obsessive personalities and normal individuals; also, extreme sense of responsibility and assessment of threat and risk in people with symptoms of obsessive personality is higher than in normal individuals; however, this difference is not significant; so there is a significant difference among the three groups in terms of extreme sense of responsibility and assessment of threat and risk.

This finding is consistent with the results of Wilson and Chambles (1999), Ghasemzadeh *et al.*, (2005), Bouchard and Rayhom (1999). In order to explain this finding and regards to Salkoviskys (2002) it could be stated that the main factor in OCD is having the sense of responsibility to harm others or to self where people with OCD believe that a disturbing thought is an evidence for responsibility of damaging (to themselves or others); unless, they do reparative actions. Such responsibility evaluations form emotional responses that incite the need to reparative actions and rituals so they help to perpetuate disorder because they mentally cause to reduce the level of perceived responsibility, hence, these disorders would be amplified.

On the other hand, in explaining of this finding regard the cognitive model and based on the Salkoviskys evaluations, we shall say that obsession is created following the initial assessment of threat (where the likelihood of occurrence and severity of negative consequences associated with unpleasant events is estimated excessively) and secondary assessment process (in which the individual estimates his/her ability to cope with the threat less than his/her expectations). Also in this line and according to Rachman who believes the major factor in OCD is that the person interprets the emergence of impulses, mental imagery, uncertainties and annoying thoughts as a threatening issue. It should be stated that the assessment of threat and risk has an important role in continuation of OCD symptoms that this view is consistent with the findings of our study. The second finding of the present study indicated that perfectionism and the need to ensure the confidence and certainty in people with symptoms of obsessive - compulsive symptoms is more than in people with obsessive personality disorders and normal people; thus this difference is significant. Also, the difference of people with obsessive personality signs with normal people in terms of perfectionism and the need to ensure the confidence is significant.

This finding is consistent with the findings of Zhaneh (1990), Mayers *et al.*, (2008), Mac *et al.*, (1979), Alis (1996). To explain this finding we can refer to Mack *et al.*, (1979) who stated the main factor in formation of obsession is beliefs and assumptions that are related to risk assessment in terms of perfectionism. Beliefs such as those that one should be perfect, capable and competent in every area and have numerous achievements in various fields and in the case of mistakes and failures in processes of realization of dreams and perfect imaginations, he/she have to punish and blame him/her self. They believe that imagination of people with OCD is because of that they have a good feel about themselves so assume they should be perfect, impeccable and secure from criticism.

The third result of the research confirms that importance and thought control among people with symptoms of obsessive and those with obsessive personality disorders and normal individuals have different signs so this difference was significant. There is no significant difference between those with symptoms of obsessive personality and normal ones in term of importance and thought control.

This finding is consistent with the findings of Salkoviskys (1985) Pordon and Clark (1984), Rachman (1998). In order to explain this finding and regarding the cognitive-behavioural models, the researchers believe that the main factor in the perpetuation and exacerbation of obsessive thoughts is the negative estimation of OCD people from their obsessive thoughts and ideas; therefore they should have to control them and not allow overcoming them. Also, giving excessive value to these thoughts might lead them to become resistant in people with OCD. This is consistent with research findings.

Due to the high number of questions in the present research questionnaire, the students have not tendency to fulfill and answer them all; so they might answer the questions with chance. Because the data obtained by self-assessment tools, it is possible that people may not really have the aforementioned symptoms; Therefore, this could make limitations in generalization of the results. It is recommended this issue to be considered in future studies.

It is suggested that further researches should have to be done about the relationship between OCD and OCPD in regarding cognitive models. More researches have to be done about the relationship between obsessive beliefs with OCD and OCPD disorders and the role of cognitive believes in OCD disorders shall be known more. Also, further researches should take place on Obsessive Beliefs Questionnaire (OBQ); so that, Is this questionnaire really measures obsessive beliefs involved in OCD and OCPD disorder or it measures other ineffective beliefs?

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