



The Prediction of the Obsessive-Compulsive Disorder Subtypes, According To the Worry, the Perfectionism and the Responsibility

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ABSTRACT

Compulsive disorder is a cognitive process disorder in which individuals experience ideas, beliefs, imagination and unwanted disturbing impulses that make him/her anxious and is difficult to remove. The prevalence of OCD is 1/9 to 3/2 percent. With the lifetime prevalence of 2/5 percent and six months prevalence of 1/6 percent, obsessive compulsive disorder is the fourth psychiatric problem in the U.S.A. In Iran, in the region of Kashan, the prevalence of obsessive-compulsive disorder is estimated to be 1 percent. Given the importance of the role of the psychological variables in the causation and the severity of the obsessive – compulsive disorder, the role of perfectionism, worry and responsibility variables has been studied in this research. Recognizing the role of these variables (by psychological methods such as logical thinking, responsibility and worry modification) could help taking an important step treating patients with OCD. The present research is aimed to investigate the prediction of the obsessive – Compulsive disorder, according to the positive and negative perfectionism, worry and responsibility. To achieve this aim, 118 students from Ardebil Azad University took part in an initial research, completing the positive and negative perfectionism inventory and Maudsley Obsessional and Compulsive Inventory (MOCCI), AHWAZ worry inventory (AWI) and Responsibility Attitude Scale (RAS). The SPSS 13 software was used to analyze the data and the relation between the negative and positive perfectionism and OCD, was evaluated by stepwise regression method. The results of this research showed that the positive perfectionism and worry and responsibility had no role in prediction of the obsessive compulsive disorder. In contrast, negative perfectionism predicted the obsessive compulsive disorder by stepwise regression method ($p < 0.05$).

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Introduction

Described in the psychiatric literature since the nineteenth century, obsessive-compulsive disorder (OCD) could be clearly identified by written accounts centuries earlier. According to present-day psychiatric classification schemes, obsessions are recurrent ideas, thoughts, images or impulses which provoke intense subjective discomfort. Afflicted individuals resist them at first, usually by engaging in some repetitive thoughts or actions designed to reduce the level of discomfort provoked by the obsessions. Rituals take the form of washing or cleaning to remove contamination, checking to verify that no damage has occurred, putting things in precise order, repeating actions to prevent some disaster from occurring, hoarding or saving things to retain important information, as well as various types of mental rituals such as praying, repeating thoughts, and counting. Both obsessions and compulsions are usually recognized by the individual as excessive or unreasonable.

Obsessive-compulsive disorder, a condition in which patients have obsessions (thoughts, impulses or images that duplicate, are causing anxiety or discomfort), or compulsions (repetitive behaviors or mental acts that sick feeling helps to reduce stress, and avoid some of the events to do), or both of them.

One of the factors that is thought to be a predictor of obsessive – compulsive disorder, is perfectionism.

The so-called perfectionism, refers to the desire to achieve the high standards of performance on the one hand and unduly critical evaluation of the actions themselves, on the other hand (4).

In cognitive theory, it is assumed that perfectionism is associated with specific types of obsessions (6). Perfectionism, rigidity, intolerance, strict conscience, guilt and responsibility are common traits in both perfectionism and OCD in most of researches. In a research, it was found that anxious patients had the higher levels of socially prescribed perfectionism. In another study, conducted on 44 students of psychology, found the relationship between positive perfectionism and doubt obsessives (8). Another Study on 47 patients with obsessive compulsive disorder, showed that the presence and degree of perfectionism are clearly different between normal individuals and patients with obsessive compulsive disorder. The dimensions of perfectionism, eating disorders, depression, obsessive - compulsive, determined the level of perfectionism, obsessive compulsive disorder, more than any other disorders. Another research shows that one of the factors that led to the maintenance of obsessive - compulsive, it is perfectionism. Another study found that depressed subjects have higher perfectionism scores than normal groups. Another study showed that perfectionism is one of the vulnerability factors in OCD. Another research on Ahwaz Medical Society showed that, there is a

significant relationship between perfectionism and compulsions, (14).

Another factor that seems to predict a subset of obsessive - compulsive, is worry. Worry is one of the main factors in Generalized anxiety disorder. few studies about the relationship between worry and obsessive compulsive disorder has been done, but in all these types of investigations it was found that, worry has significant relationship with checking compulsions.

The last driving forces behind obsessive-compulsive disorder (OCD) is an inflated sense of responsibility. Those who suffer from hyper-responsibility believe they have more control over what happens in the world than they actually do. In a new definition, responsibility was defined as the belief that one possesses pivotal power to provoke or prevent subjective crucial negative outcomes.

Extreme sense of responsibility, particularly in the etiology of checking compulsions, is considered. If elevated responsibility is indeed a causal factor in OCD, it follows that people with OCD, when placed in a situation in which they have a personal responsibility for averting a threat, will, more than other people, engage in various types of behaviors that serve to reduce the risk that they will make a fatal mistake or overlook something essential. As they strive for a complete reduction of the risks, they will repeat this behavior and compulsive rituals may develop. Uncertainty about whether or not a specific behavior is actually executed in a specific case increases with the repetition of the behavior further fuelling the repetition of the compulsive behavior.

The idea that OCD is related to inflated responsibility and fear of guilt has early roots in psychodynamic thinking, in which OCD has been associated with problems with a too stringent superego. There is indeed empirical evidence for the idea that responsibility plays a role in OCD. OCD patients and nonpatients. This association seems to be specific for OCD, especially for checkers, and not to be characteristic of anxiety disorders in general with OCD-symptoms tend to score higher on measures of responsibility and guilt. When reassured that the experimenter takes all the responsibility, OCD patients report a reduced urge to execute their rituals. As research so far is either correlational, addresses reduction of already developed OCD-related urges, or has investigated effects of heightened responsibility in non-clinical subjects, it does not prove that high personal responsibility is a specific and pivotal factor in the development and expansion of compulsive behavior in OCD patients.

Sense of responsibility, in patients with obsessive - compulsive, more than other anxiety disorders. People who conduct further checks, have a high sense of responsibility (24). In a study on 81 children of 9-12 years, were randomly divided into three groups with little accountability, responsibility and accountability average were high. They gave their duties. At the beginning of the project, there was no difference between the three groups, but with time and perception of responsibility by children, it was found that children who had high responsibility, more time spent on homework, and they were checking (25). Responsibility is a predictor of poor, obsessive thoughts and a prediction of checking and cleaning compulsions (26)

Research conducted in Iran, shows that patients with checking compulsions, significantly have high scores in perfectionism and responsibility from the other groups (cleaners, doubt and washing). Salavati, in a research that compared responsible attitude in patients with OCD with control group (including other anxiety disorders and normal group) concluded that, there is no significant differences between the

scores of responsibility in OCD with other groups. In another study, by Kianpoor Qahfarokhi (2010), on medical society in Ahwaz, it became clear that the sense of responsibility, and OCD - had significant relationship, and in people with checking compulsions. Responsibility was higher than other types of obsessive -compulsive disorder.

Methods and Materials:

In this study, perfectionism, worry and a sense of responsibility as a predictor variables and obsessive - compulsive disorder, as the criterion variables are examined. To achieve this aim the stepwise regression analysis was used. Statistical population of this study were all students of Islamic Azad University of Ardabil, in 2010-2009. Our sample size were 10,433 people, including 5592 men and 4841 women who, Participants were randomly assigned to condition.

Tools used:

1-Maudsley Obsessive-Compulsive Inventory (MOCI):

This inventory consists of 30 questions which should be answered by choosing two options, true/false are designed for measuring the obsessive-compulsive symptoms (Hodgson and Rachman, 1977). This test consists of 5 subscales (checking, washing, obsessive doubt, lagging and rumination). Sternberger & Burns (1990) reported the reliability coefficient of retest-test equal to 0.89.

2. AHWAZ WORRY INVENTORY:

This inventory provided by Najarian, Taghvai and Shekarshekan (32) and for validating the student community. The final form of AWI, made up of 20 articles, and it is satisfactory psychometric properties the individual rates each item on a four point scale from (1 = never, 2 = rarely, sometimes=3, often = 4) to indicate the extent to which he or she agrees with the statement. The test retest reliability coefficients for female subjects is 0/65 and 0/80 for male subjects. The researchers acknowledge the validity coefficients of the questionnaire, with General Anxiety Inventory (Najarian, Attari and Makvandi 0995), equal to 0/76 and the Beck Depression Inventory, 0/75 reported. Najarian et al. (1997), as well as the correlation coefficient Ahwaz Worry Questionnaire, physical complaints with the scale SCL-90-R, equal to (0/01> P) 0/33 reported.

3. Responsibility Attitude Scale:RAS

Responsibility Attitude Scale is a self report scale that assesses an individuals general attitudes and beliefs about responsibility, a construct which is emphasized in cognitive models of OCD. the RAS consist of 26 items that describe a general belief about responsibility. the individual rates each item on a seven point scale from 1 (totally agree) to 7 (totally disagree) to indicate the extent to which he or she agrees with the statement.

The RAS has been found to have high test-retest reliability ($r = .94$). in a sample of anxious and nonanxious participants over the score of two weeks. The RAS also demonstrated excellent internal consistency with a Cronbach's alpha of 0.92. The validity of the RAS has been supported by Salkovskis et al.

4. Positive and Negative Perfectionism Scale

The Positive and Negative Perfectionism Scale made by terry-short, assesses participant's perfectionism from functional or behavioural aspects and both positive and negative subscales measured with 40 questions, 20 of them would be positive perfectionism, and others measure negative perfectionism

The answers of 40-Likert scale questions of PNP ranges from strongly disagree (= 1) to strongly agree (= 5); 18

questions are related to positive perfectionism and 22 questions represent negative perfectionism.

Cronbach's alphas for the positive and negative perfectionism scales have been reported as 0.89 and 0.86, respectively.¹⁸

Results:

Demographic information

In this study, which was conducted on students of Islamic Azad University of Ardabil, 117 students were participate which 51% of them were female, and the rest were men. The field academic of more student was Humanities, with frequency of 52 person And the lowest, agriculture and medicine with frequency of 12 person.. 8% of subjects in associate degree, 73% in the Bachelor, 15% in the MA, and 4% in PhD, Were enrolled. In terms of marital status, 69% of participants were single, and 30 percent were married.

Table 1. Mean obsession, and obsession of the sample

SD	mean	Variable
4/59	11/93	obsession
1/98	2/66	Checkout obsession
2/22	4/72	Compulsive washing
1/34	2/38	Kennedy obsessed
1/36	3/17	Obsessive doubt

As table shows, average of obsession is 11/93 and among the different types of obsessions, washing obsessions has the higher score with an average of 2.22 .

Table 2: Results of regression analysis, the total score of obsession, the perfectionism, anxiety and sense of responsibility

P	F	MS	d.f	SS	Index	Predictor variables
<0/000	14/629	273/888	1	273/888	Regression	Negative perfectionism
		18/722	109	2040/671	remaining	

As this research seeks to predict symptoms of OCD, variables of negative perfectionism, responsibility, positive perfectionism and anxiety, were analyzed bystepwise regression method. As we shown in the table above, a sense of responsibility and positive perfectionism, in anticipation of the signs of obsession, in this study had no significant role, and accordingly removed from the equation. The results show that negative perfectionism, is the best predictor of OCD symptoms, were studied in groups. A significant proportion of F, shows the relationship of these variables with obsessive-compulsive symptoms in the study group (0/000> P).

Table 3 shows the coefficient of determination and regression coefficients based on negative perfectionism

t (P)	Beta	B	SE	R2	R	Predictor variables	Changing criterion
3/825 0/000 <	/344 0	/133 0	/327 4	/118 0	/344 0	Negative perfectionism	Total Obsession

Information on the coefficient of determination, and of the symptoms of OCD from the regression analysis, the study group on negative perfectionism, are shown in Table 3. Given the above it can be concluded that about 12 percent of the symptoms of obsessive perfectionism negative case study, explain.

Table 4: Regression analysis obsession checking on perfectionism (positive - negative), anxiety and sense of responsibility

P	F	MS	d.f	SS	Index	Predictor variables
<0/000	13/024	46/277	1	46/277	Regression	Negative perfectionism
		3/553	116	412/164	remaining	

As this research seeks to predict symptoms of OCD, variables of negative perfectionism, responsibility, positive

perfectionism and anxiety, were analyzed bystepwise regression method. As we shown in the table above, a sense of responsibility and positive perfectionism, in anticipation of the signs of obsession, in this study had no significant role, and accordingly removed from the equation. The results show that negative perfectionism, is the best predictor of checking obsessions, were studied in groups. A significant proportion of F, shows the relationship of these variables with obsessive-compulsive symptoms in the study group (0/000> P).

Table 5: results of the coefficient of determination, and regression coefficients

t (P)	Beta	B	SE	R2	R	Predictor variables	Changing criterion
3/609 <0/000	0/318	0/053	0/015	0/101	0/318	Negative perfectionism	OCD

Information on the coefficient of determination, and of the symptoms of OCD from the regression analysis, the study group on negative perfectionism, 4 are shown in Table 10. Given the above it can be concluded that about 10 percent of negative perfectionism, obsessive-compulsive symptoms, check your study group, explain.

Table 6: Results of regression analysis scale slowness, the perfectionism (positive - negative), anxiety and sense of responsibility

P	F	MS	d.f	SS	index	Predictor variables
<0/000	13/284	21/560	1	21/560	Regression	Negative perfectionism
		1/623	116	188/279	remaining	

As this research seeks to predict symptoms of OCD, variables of negative perfectionism, responsibility, positive perfectionism and anxiety, were analyzed bystepwise regression method. As we shown in the table above, a sense of responsibility and positive perfectionism, in anticipation of the signs of obsession, in this study had no significant role, and accordingly removed from the equation. The results show that negative perfectionism, is the best predictor of slowness obsessions, were studied in groups. A significant proportion of F, shows the relationship of these variables with obsessive-compulsive symptoms in the study group (0/000> P).

Table 7: Results of the coefficient of determination, and regression coefficients

t (P)	Beta	B	SE	R2	R	Predictor variables	Changing criterion
3/645 <0/000	0/321	0/036	0/010	0/103	0/321	Negative perfectionism	Kennedy obsession

Information on the coefficient of determination, and the ratio of the symptoms of obsessive-slow regression analysis, the study group on negative perfectionism, responsibility and positive perfectionism, and all 4 are shown in Table 12. Given the above, it can be concluded that negative perfectionism, obsessive-compulsive symptoms, about 10 percent of the study group, explain.

Table 8: Results of regression analysis scales doubt on perfectionism (positive - negative), anxiety and sense of responsibility

P	F	MS	d.f	SS	index	Predictor variables
<0/004	8/846	15/348	1	15/348	Regression	Negative Perfectionism
		1/735	116	201/262	remaining	

As this research seeks to predict symptoms of OCD, variables of negative perfectionism, responsibility, positive perfectionism and anxiety, were analyzed bystepwise regression method. As we shown in the table above, a sense of

responsibility and positive perfectionism, in anticipation of the signs of obsession, in this study had no significant role, and accordingly removed from the equation. The results show that negative perfectionism, is the best predictor of doubt obsessions, were studied in groups. A significant proportion of F, shows the relationship of these variables with obsessive-compulsive symptoms in the study group ($0/000 > P$).

Table 9: Results of the coefficient of determination, and regression coefficients

t (P)	Beta	B	SE	R2	R	Predictor variables	Changing criterion
2/974 0/004 <	/266 0	/031 0	/010 0	/071 0	/266 0	Negative perfectionism	Obsessive doubt

Information on the coefficient of determination, and ratios derived from regression analysis symptoms of obsessive doubt, a study group on negative perfectionism, 4 are shown in Table 14. Given the above it can be concluded that about 7% negative perfectionism, obsessive-compulsive symptoms doubt his study group, explain.

Conclusions:

Evaluation of the role of perfectionism, worry and responsibility in prediction of obsessive compulsive disorder shows that among these variables, only the negative perfectionism could predict OCD, and there is no significant relationship between OCD and other variables.

This result is consistent with previous researches (35-40), showing a significant relationship between perfectionism and obsessive-compulsive disorder. The OCD patients gained higher scores on measures of perfectionism than the control group. Each of the four subscales of the obsessive compulsive questionnaire, showed a significant relationship with perfectionism, being consistent with the most of the previous researches. For example, the study of Frast and colleagues (35) showed a significant correlation between the perfectionism of the subjects in the subscales of the Frost Multidimensional Perfectionism Scale, with the severity of their OCD in the obsessive Maudsley Obsessive Compulsive Inventory (MOCI). In another study, Ferrari (39) found a significant positive relationship between the perfectionism and the obsessive-compulsive disorder. In explaining these research findings, the importance of the beliefs and cognitive systems in the creation and maintenance of the obsessive-compulsive disorder should be considered. Studies have shown that patients with OCD, do not have a correct impression of the process of human thought. Instead of considering these thoughts as meaningless or normal they think that they can and must inhibit all the unwanted thoughts they remind. Inability to inhibit these thoughts lead to the inability to inhibit all their behaviours (19). It seems that this type of the OCD patients' cognitive system exists because of the presence of some sort of the perfectionism in them. Responsibility was the other variable capable of predicting the subtypes of the OCD. Stepwise regression analysis showed that the responsibility didn't have a significant role in the prediction of obsession symptoms and so it was removed from the equation. Many studies performed on the role of the responsibility variables in the prediction of obsessive compulsive disorder have pointed that, the responsibility, if combined with other personality traits, could have more predictive power for obsession. These are not correspondant with the findings of Wells & Papageorgiou (1998), William G., et al (2004), Myers and Wells (2005), Tolin (2003) and Tolin, Worhunsky & Maltby (2006) Cougle & Lee and Saklovskis (2006), Wilson and Chambls (1999), Saklovskis et al. (2000),

Mancini & D, Olimpio & cieri (2004). In this study, there was no relation between the worry and the subsets of the OCD. In a study by Talis and da Silva (1992), no association between the worry and the 'washing' and 'slumssyness' subsets of the OCD was found. However, in this study it was found that, the 'checking' and 'worry' are practically related to each other. They found a high positive correlation between the 'worry about the every day life events' and the 'checking variables of the scale Obsessive - Compulsive Inventory (MOCI). Friston studies et al (1993) showed that 'checking and the 'worry' are indirectly correlated through another variable, namely the lack of mental control. They also concern that both the 'checking' and the 'worry' are accompanying the lack of mental control in the obsession, and are not equivalent practically. Studies of Abramovitz and Foa (1998), that show the relationship between worry and obsessive behavior, is inconsistent with the findings of this study.

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