Comparison of Irrational Beliefs and Defence Mechanisms in Patients with Obsessive Compulsive Disorder and Normal Individuals

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Abstract

This study aims at comparing beliefs and defense mechanism in patients with obsessive compulsive disorder and normal individuals. The sample consisted of 50 patients with obsessive compulsive disorder and 100 normal individuals. The Defensive Styles Questionnaire DSQ-40, Whimsical-Yale-Brown Obsessive Compulsive Scale and Jones’s Irrational Beliefs Test were used as the instruments of the study. To analyze the data descriptive statistics and independent t-tests were used. The results showed that there was a significant difference between the two groups in their irrational beliefs and defense mechanisms. The findings of this study generally confirmed the findings of other studies. However, research in the field of defense mechanisms requires more attention.

Keywords: Obsessive Compulsive Disorder; Defense mechanisms; defense styles; irrational beliefs

1. Introduction

Opinion and belief are terms that are usually considered equivalent with attitude. Belief is any type of conscious assumption that makes humans ready to perceive events in a personal manner. Humans have their own specific beliefs with regard to anything and use those beliefs to make decisions for their family and social affairs (Jones, 1976).

Beliefs can be rational and irrational. Rational beliefs are those types of beliefs which are desirable, cheerful, beneficial, and flexible. They have been made on the basis of reality and are verified according to practice (Shafi Abady and Naseri 1998). Irrational beliefs are thoughts and opinions that are not compatible with reality and most of
them have been made on the basis of suspicion and personal opinions. They are associated with obligation and determination (Ellis, 1977).

Chan (2002), Mcdermut and Waga (2003) and Cook and Peterson (2000) have found that depressed individuals have lots of irrational beliefs and cognitive distortion in comparison to normal individuals. In those who suffer obsessive compulsive disorder, obsessive thoughts are opinions, impulses, or images that are constant and seem to be attacking individual’s conscious self; and obsessive acts are behaviors or repeated mental acts that individuals feel obliged to do to prevent anxiety or at least decrease the severity of anxiety (Cooper, 2001).

The extent of obsessive thoughts and habits and preventions created by them is unlimited and the weakness or strength of this disorder depends on its consequences in patients’ life. In addition to the patients, their families and siblings are not safe from its consequences. According to Ellis (1985) individual’s problems are created as a result of irrational system of thinking and belief. Whenever an accident happens, the individual can perceive that event according to their natural tendency in two contradictory senses: rational thoughts and beliefs that are associated with healthy and rational behaviors; and irrational thoughts and beliefs that end up with anxiety and apprehension.

The defense mechanisms are unconscious psychological processes that are activated in threatening and anxiety-provoking situations (Cooper, 1998). Perception of threat from inner sources or inner world of ego makes people determined to relieve themselves from this threat or at least lessen its severity (Domino, et al., 2002). Defense mechanisms mediate between internal emotional struggles and external pressurizing factors.

Some defense mechanisms (such as projective, splitting, and extroversion) are almost always unadjusted. Others such as prevention and denial can be adjusted or unadjusted according to the degree of flexibility and the context of happening (Nikkhoo, 2001).

Understanding defense mechanisms is critically important in the process of clinical diagnosis, therapy, and clinical prognosis. Defense styles in normal episode can lengthen individuals’ adjustment and help them face psychological changes and environmental tension-provoking stimuli (Bond and Perry, 2004).

A patient who suffers obsessive compulsive disorder follows an unconscious goal by doing compulsive acts. The goal is to prevent a happening or to experience a particular event. At the same time a second goal is involved that is the violation of a happened event (Freud, 1996).

In one study, Lacour (2002) compared medicine students with high school students. The minimum mean was related to projective mechanism and the maximum mean was related to humor mechanism in each group. With regard to styles, the following styles showed the highest means respectively: immature defense, neurotic and matured styles. There was a significant difference between men and women with regard to suppression, empathy, isolation, denial, somatization, and immature styles.

In another study, Heidari Nasab (2006) found that clinical group suffered immature defense style more than the normal group. His findings also revealed that those who suffered obsessive compulsive disorder used acting out, somatization, splitting and violation more than normal people; and anxious patient used somatization and passive aggression more than normal people. However, he did not report any difference in using particular style among clinical group. He also reported that women used defense style neurotic more frequently and men used immature mechanism more frequently. On the basis of what have been discussed, the main question of this study is

Is there a significant difference between irrational beliefs and defense mechanisms of patients with obsessive compulsive disorder and normal people?

2. Method

2.1. Participants

The present study has an ex post facto design. Participants included two groups of normal people and patients with obsessive compulsive disorder. Their age range was from 20 to 35. To assess patients’ degree of obsessive compulsiveness, Yale-Brown Questionnaire was used. Normal group included 100 university students that were selected by simple random sampling.

2.2. Instruments

2.2.1. Yale-Brown Obsessive Compulsive Scale

Yale-Brown Obsessive Compulsive Scale (Goodman, et al., 1989) was used to determine the degree of obsessive compulsiveness. There are two sub-scales in this questionnaire. In both sub-scales the strength of symptoms are assessed seven days before the interview according to the symptoms’ frequency, duration, anxiety, dysfunction,
interference in the life, and resentment. Internal consistency of the scale has been reported to be .69-.91 (Goodman, et al., 1989).

The reliability of the Persian version has been calculated by test-retest method with a 2-week interval and reported to be .84 (Heidari Nasab, 2006). To diagnose unintentional obsessive compulsive disorder cut off point 21 (severe and moderate obsessive compulsive disorder) has been used in this study.

2.2.2. Defense Style Questionnaire

This questionnaire was made on the bases of hierarchy of defense styles by Andrews et al. (1993). It includes 40 questions ordered in a 9-point Liekrt scale and ranged from ‘strongly agree’ to ‘strongly disagree’. The scale assesses defense mechanisms in three levels: neurotic, matured, and immature.

Face validity of the scale is reported to be .74 (Andrews et al., 1993). Correlation coefficient between factors for mature was .97, for neurotic was .94, and for immature was .95. Internal consistency of the Persian version for the factors has been reported to be .75, .73, and .74 respectively (Besharat, Sharifi, and Irvani, 2001).

2.2.3. Irrational Beliefs Test

Jones’s Irrational Beliefs Test (1968) was used to assess irrational beliefs. It has 140 questions. The test has been made on the basis of Ellis’s irrational beliefs and evaluates 18 types of irrational beliefs. Ernest and Garret (1990) have cut the number of questions from 140 to 100 and 12 classes of irrational beliefs to 10 classes. Now the test includes 100 questions and each 10 questions are related to a subscale.

Reliability of the test was calculated by using test-retest technique and has been reported to be .91. The Reliability of subscales has also been calculated to be .66 and .80, respectively. The mean reliability of subscales has been reported to be .74. The correlation between Jones’s test and Ellis’s test has found to be .84 (Babaeizadeh, 1999).

3. Findings

To assess the significance of mean differences between irrational beliefs and defense mechanisms of two groups (normal group and patients with obsessive compulsive disorder) the independent t-test was used (table 1).

| Variables                    | Groups     | Number | Mean   | SD    | ESM | t      | p      |
|------------------------------|------------|--------|--------|-------|-----|--------|--------|
| Demand for Approval          | Obsessive CD 50 | 3.136  | 0.419  | 0.059 | -1.358 | 0.181 |
|                              | Normal     100  | 3.014  | 0.425  | 0.042 |       |        |
| High self Expectation        | Obsessive CD 50 | 3.350  | 0.414  | 0.049 | -2.718 | 0.009 |
|                              | Normal     100  | 3.089  | 0.495  | 0.069 |       |        |
| Blame Proneness              | Obsessive CD 50 | 3.198  | 0.491  | 0.069 | -1.307 | 0.197 |
|                              | Normal     100  | 3.105  | 0.422  | 0.042 |       |        |
| Frustration Reactive         | Obsessive CD 50 | 3.074  | 0.491  | 0.069 | 1.296  | 0.768 |
|                              | Normal     100  | 3.070  | 0.469  | 0.046 |       |        |
| Emotional Irresponsibility   | Obsessive CD 50 | 2.958  | 0.670  | 0.094 | -3.153 | 0.003 |
|                              | Normal     100  | 2.789  | 0.551  | 0.055 |       |        |
| Problem Avoidance            | Obsessive CD 50 | 2.838  | 0.529  | 0.074 | 0.629  | 0.532 |
|                              | Normal     100  | 2.962  | 0.396  | 0.039 |       |        |
| Dependency                   | Obsessive CD 50 | 3.216  | 0.529  | 0.074 | -0.699 | 0.488 |
|                              | Normal     100  | 3.222  | 0.527  | 0.052 |       |        |
| helplessness for Change      | Obsessive CD 50 | 3.230  | 0.466  | 0.065 | -1.796 | 0.079 |
|                              | Normal     100  | 3.108  | 0.444  | 0.044 |       |        |
On the basis of data analysis it can be concluded that cognitive beliefs of normal people and patients with obsessive compulsive disorder are significantly different at probability level of 0.05%.

Table 2- \( t \) Test of means for defense mechanisms of two groups

| Variables          | Groups       | Number | Mean  | SD    | ESM  | \( t \) | \( p \) |
|--------------------|--------------|--------|-------|-------|------|--------|--------|
|                    | Obsessive CD | 50     | 23.46 | 39.33 | 5.56 | 0.222  | 0.017  |
|                    | Normal       | 100    | 21.85 | 32.29 | 3.22 |        |        |

On the basis of data analysis it can be concluded that there is a significant difference between defense mechanisms of normal individuals and patients with obsessive compulsive disorder at the probability level 0.05%.

4. Discussion

As the results of the data analysis revealed, there was a significant difference between normal people and patients with obsessive compulsive disorder with regard to their irrational beliefs and defense mechanisms. People who suffer obsessive compulsive disorder use defense mechanisms more frequently to decrease anxiety and to preserve their ego.

The findings are in full agreement with psychiatry literature emphasizing that people with mental disorders including obsessive compulsive disorder use defense mechanism radically. The commonest type of defense mechanism that people with obsessive compulsive disorder use more frequently are impartiality, denial, seclusion, regression, reaction-making, justification, and sublimation. There is no difference among other defense mechanisms in normal people and patients with obsessive compulsive disorder.

The defense mechanism seclusion is one of the common defense mechanisms that patients with obsessive compulsive disorder use. Seclusion can be related to inability of making effective and intimate relationships with others. Some part of it can be created as a result of obsessive compulsive disorder symptoms. Consequently, many patients with obsessive compulsive disorder cannot make good relations with others and face some problems in their professions. If the disorder is severe, they become very depressed. To decrease frustration and self-contempt, they decrease their relationships and resort to defense mechanisms.

The findings also revealed that reaction-making is more frequently used by patients with obsessive compulsive disorder than normal people. This is in agreement with Freud’s ideas that patients with obsessive compulsive disorders use this mechanism more frequently (Nagra, 2000). Justification is also used more frequently by patients with obsessive compulsive disorder than normal people and can impact their perception of the reality.

Sublimation is considered a positive mechanism that helps people construct their personality. Unlike other mechanisms, there was no difference in the usage of this mechanism in normal individuals and patients with obsessive compulsive disorder.

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