

Original Article

Investigating the relationship between obsessive symptoms and obsessive beliefs with mindfulness

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Abstract

Introduction: The present research aimed at studying the relationship between obsessive symptoms and obsessive beliefs with mindfulness, regarding the students at state and non-state universities of Rasht city.

Methods: The design of the study was correlational descriptive. Statistical population in this study included male and female university students during the 2015-2016 academic year of different grades, and the samples in pilot study included 380 whom were selected based on the Morgan Table and multi-step cluster sampling methods. The revised OCI-R for OCD questionnaire as well as OBQ44 obsessive beliefs questionnaire, FFMQ five factor mindfulness questionnaire were used. Also, to analyze the data, multi-variant regression test and Pearson correlation coefficient using SPSS (version 20) were used.

Results: Findings showed that correlated values between obsessive symptoms and obsessive beliefs with students' mindfulness, were statistically meaningful ($p < 0/01$). There was a negative correlated value ($r = -0.54$ as a statistical meaningful difference). Also, there was a negative correlation between mindfulness actions and obsessive-compulsive correlated value ($r = -0.46$) as a statistically meaningful difference ($p < 0/01$). A negative correlated value ($r = -0.42$) was observed as a statistical significant difference between non-judgment on the intrinsic events and obsession.

Conclusion: Results showed a relation between the obsessive symptoms and obsessive beliefs in students. The more increase in mindfulness observation, the less doubt and obsessive checking would be in students. The more increase in mindfulness actions, the less obsessive compulsive in students and the more increase in non-judgment property towards intrinsic events, the less mind obsessive would be observable.

Declaration of Interest: None.

Keywords: Obsession, Signs and Symptoms, Beliefs, Mindfulness.

Introduction

Mindfulness is almost explained as an activity based on meditation for developing a situation of awareness that encompasses ability for controlling and mostly takes attention to the experiencing current moment with attitude of accepting and searching (1). Experimental studies have presented supportive observations for useful effect of mindfulness for curing psychological disorders. The word

Mindfulness points out the following cases variously: 1) attribute quality 2) an extensive direction of an spiritual approach or style of living 3) an approach of curing method with a series of factors and 4) a cognitive process. It is necessary to mention that in an extensive section of literature the meaning of mindfulness as a cognitive process is used (2). Mindfulness points out saving awareness of every

moment of thought, sensation, affection and physical emotion and surroundings of the person. According to Kabat-Zin, mindfulness is formed through paying attention to a goal in current moment and without judgment for manifesting each moment of experience (3).

Educating mindfulness can enable people not to show reaction to mental pressure and develop metacognition awareness growth. Metacognition awareness of current moment experience can enhance lack of reaction to unwanted thought. Mindfulness helps people not to feel annoying experiences and enhance management of pressure and reduces stress resulted from negative and unfavorable thoughts. Enhancing better cognitive awareness makes emotional sensational and cognitive process possible. Furthermore, mindfulness increases the accepting thoughts, imaginations and sensations without judging them. At the time of exercise on mindfulness, people adapt their thought to the thing that feels at the current moment. In fact, mindfulness can strengthen metacognitive awareness of people about automatic activities related with addicting behaviors and enhances attention to current goals and start of concentration on the goal (3).

Obsessions of thought are mental images and unwilling and stressing thought that happen without interest of a patient and are experienced incompatibly. Compulsive obsessions are created in response to thinking obsessions with the goal of reducing distressing that includes repeated behaviors like washing and reviewing actions like counting (4). Many patients suffering from OCD show at correct assessment of probability of occurrence of disability danger as they become hesitated and doubtful to everything and in order to reduce this anxiety they get involved in thinking problem and maltreatment. Besides, by distinguishing OCD they suffer from mental business and they think about negative potential consequences that can happen but didn't happen (5).

OCD signs follow a chronic period and may lead to disorder at daily life and educational process. Existence of OCD signs at adult emphasized the need to primary distinguish and on-time psychological support. Although limited observation is available, the operational psychological mechanism at OCD sign of adults and children is considered similarly. Also, neurotic factors like disorder at serotonin hormone in brain and disorder of performance of Thalamus striated circuits has been considered at pathology of compulsive obsessive signs of children (6). Assessment and distinguishing OCD due to significant interference between OCD signs and other psychological disorders such as generalized stress, disorder of autism spectrum is challenging. First grade cure for weak to moderate OCD is in fact behavioral cognition cure and combined cognitive behavioral therapy and prescribing drug and selecting inhibitor approach is reabsorbing serotonin of interfering selection at youth with moderate to severe obsessive sign (6).

Obsessive beliefs counted as a cognitive and important affective factor at pollution signs (7). Obsessive beliefs are the most important problem of mental health area and annually it exposes extensive economic and social cost to the society. Mental health is the subject that has taken attention of psychological researchers and they have been identified factors affecting it (8). Mental health has been considered as one criteria determining general health that its concept is having sense of goodness and certainty of self-efficiency, self-reliance, capacity of competition, belonging between generation and self-glooming of potential thinking, emotional abilities (9). Mental health plays important role at promising activeness and efficiency of any society and can have role on health of people as an important factor (10). According to the reports of global organization of health in the world during two future decades we observe main

changes about distribution of disease and health needs of people, as non-communicable disease like mental disease replace infective disease rapidly and become the factor creating disability and premature death(11).

Different researchers have shown that all types of obsessive beliefs are a dangerous factor for the growth of obsessive signs. Different documents have proved that obsessive beliefs help creating and continuing the obsessive thought. Cognitive-behavioral cure of content-orientation pay more attention to beliefs and inefficient attitudes, whereas new cognitive models believe that faulty cognitive process and metacognition accompanied by cognitive beliefs is the reason for infection to stress. Disturbing thoughts are manifested in the form of obsessive thought that a person in the field of believing actualization of bothering thought becomes distressed. Due to believing accuracy and actualization of bothering thought that is removing border between thought and act, the person achieves a cognitive conclusion that is a serious and annoying damage and he should act for non-occurrence or preventing considering event(12). Importance of obsessive beliefs has been approved at the development and saving OCD signs well. OCCWG¹ has emphasized three areas of obsessive beliefs: 1) excessive estimating of threat/responsibility for damage 2) importance/need to control thought 3) need to perfectionism/certainty(13). Obsessive beliefs can develop in response to criticism. Also, it has been inferred that obsessive beliefs develop and predict OCD signs (14). Based on behavioral-cognitive approach, obsessive beliefs helps development OCD signs. In fact regarding the effect of depression and anger, it is inferred from studies that obsessive beliefs play an important role in creating and developing a thinking

obsession. In fact, severity of obsessive beliefs among patients with OCD signs in comparison with people with controlling health have been meaningfully reported higher(13). Doing mindfulness techniques can cause notable changes in patients' life and his psychological function after a while (31). The objective of the present study is to answer the question that, whether there is a relation between obsessive signs and obsessive beliefs with mindfulness.

Methods

For data collection in theoretical principles and subject literature, library studies and papers were used. And for data collection in analysis, a questionnaire was used. For analyzing the data, SPSS version 20 was used. Statistical population of this study were all female and male students at different educational levels of secondary assistance, bachelor, M.A and Ph.D at Guilan University and Islamic Azad University of Rasht who were studying at these universities during 2015-2016. The number of statistical population of the research based on presented statistics by the university was 33000. The sample of research included 380 people selected based on Morgan table. Due to the fact that list of all people of the society were not available, the questionnaires were analyzed statistically after corrections. Therefore, multi-step random cluster sampling method was used for choosing members of the sample. Method of data collection in this research was field observation and for data collection, the following tools were used.

Obsessive compulsive inventory-revised(OCI-R):

This questionnaire includes 6 subscales of washing, doubt and checking, mental obsession, mental forces, order and collection that assess severity of signs of OCD signs in scale of five dots. Foreign validity and reliability of this test was obtained based on research of (34). Based on result alpha deficient located at

¹ Obsessive Compulsive Cognition Working Group (2005)

0.65-0.89. In a study that (20) had done on validity and reliability of this questionnaire in Iran showed that total reliability of this test in Iran was 0.75 and its Cronbach alpha was 0.85.

Obsessive beliefs questionnaire (OBQ-44):

Test the following six groups of thought, including inefficient beliefs of a sense of responsibility/threat estimation (RT), perfectionism certainty (PC) and importance thought control (ICT). External validity and reliability of this test, amount of " α " coefficient for the whole test were 0.9216 that showed high alpha coefficient. In studies of (18) results denoted internal proof of ($\alpha=0.92$) and high-reliability coefficient ($r=0.82$) of this test in Persian spoken population of Iran.

Five-factor mindfulness questionnaire (FFMQ):

Analysis have identifies five factors that assess different aspects of mindfulness these factors are estimated through a questionnaire of self-reporting of 39 questions developed by (29). Internal equality of factors was proper and alpha coefficient situated at the area between 0.75 (in nonreactive factor) to 0.91 (at

description factor). Correlation between factors was moderate and was meaningful in all cases and located in a spectrum between 0.15 to 0.34 was developed by (35). The correlation coefficient of test-retest of questionnaire FFMQ in Iranian sample was observed between $r=0.57$ (related to the no-judgment factor) and $r=0.84$ (observation factor). Also, alpha coefficient was obtained in the acceptable limit (-0.55 related to the non-reaction factor and $\alpha=0.83$ related to description factor).

Results

There was a relation between obsessive signs and obsessive beliefs with mindfulness of students. Amount of correlation between obsessive signs with mindfulness of students was 0.35. Amount of correlation between obsessive beliefs with mindfulness of students was -0.22 . Amount of correlation between obsessive beliefs and obsessive signs of students was 0.24. As it was observed the amount of correlation between obsessive signs and obsessive beliefs with mindfulness of students was meaningful ($p<0.01$).

Table 1. summary of regression analysis for relation of obsessive signs and obsessive beliefs with mindfulness of students

Multiple Correlation R	Multiple square correlation R ²	R ² modified	Standard error	F changes	Sig
0.38	0.14	0.14	14.67	31.36	0.001

The result of regression through simultaneous method, table (1) showed that obsessive signs and obsessive beliefs could

explain 14 percent of the variance of mindfulness of students (document variable).

Table 2. test of analyzing variance for meaningfulness of relation of obsessive signs and obsessive beliefs with mindfulness of students

Resources of changes	Total square SS	Freedom degree DF	Mean square MS	F	Sig
Regression	13502.28	2	6751.14	31.36	0.001
Remained	81149.38	377	215.25		
total	94651.67	379			

As it is observed above, amount of $F(2,377)=31.36$ obtained was meaningful ($p<0.01$), so with 99% certainty

we concluded that relation between obsessive signs and obsessive beliefs with students' mindfulness was significant and predicting variables (obsessive signs and obsessive beliefs) had the power of

predicting observation variable(students' mindfulness), so we were allowed to

analyses and report result of regression.

Table 3.summary of result of regression of obsessive signs and obsessive beliefs with mindfulness of students

Variable	On-standard coefficient		Standard coefficient	Statistic f	Sig
	B	S.B	B		
Fixed amount	157.32	5.49		28.61	0.001
Obsessive signs	-0.536	0.08	-0.317	-6.64	0.001
Obsessive beliefs	-0.134	0.05	-0.143	-2.92	0.004

Regarding the result of table (3) obsessive signs with Standard B amount of -0.317 and obsessive beliefs with standard B amount of -0.143 could diversely have relation with mindfulness of students($p < 0.01$), in other words, by increase of a unit of obsessive signs, mindfulness of students has decreases

0.536 and by increase of a unit of obsessive beliefs, mindfulness of students decreased 0.134.

(Obsessivebeliefs)-0.134(obsessive signs) -157/32-0.536 mindfulness of students
Subordinate hypothesis 1: as mindfulness observation was more, obsessive doubt was less.

Table 4.correlation of Variables

Variable	Correlation coefficient(r)	Sig
Mindfulness observation with obsessive doubt	-0.54	0.01
Mindfulness action with obsessive forces	-0.46	0.01
Lack of judgement to internal events with mental obsession	-0.42	0.01

As it is observed from table (4) therewasnegative correlation to the degree of ($r=0.54$) between mindfulness observations with obsessive doubt statistically ($p < 0.01$).With 99% certainty we concluded that by increase of mindfulness observation, obsessive doubt of students decreased.

Subordinate hypothesis 2: as mindfulness action is more, obsessive forces will be less.

Therewas a negative correlation between the degrees of ($r=0.46$) between mindfulness actions with obsessive forces($p < 0.01$).With 99% certainty, we foundthat by increasingmindfulness action, obsessive forces of students decreased.

Subordinate hypothesis 3: as lack of judgment to internal events was more, mental obsession was less.

Therewas a negative correlation between lacks of judgmentto internal events with mental obsession($r=0.42$) that is

meaningful statistically($p < 0.01$).With 99% certainty, we observed that by increase in

lack of judgment to internal events, mental obsession of students decreased.

Conclusion

The present research aims at studying the relationship between obsessive symptoms and obsessive beliefs with mindfulness. This study showed a relation between obsessive symptoms and obsessive beliefs with mindfulness. Results of this research is co-directed with the findings of (15), (16), (17) and, (18). There was a relation between obsessive beliefs and obsessive symptoms. OCD patients need to control one's thoughts and also the others thought (15). Results revealed that certain obsessive beliefs predicted certain OCD symptom dimensions in a manner consistent with cognitive-behavioral conceptual models(16).Theresult suggests that obsessive beliefs have an important

role for development of obsessive-compulsive symptoms (17). OCD patients were reported to demonstrate severe perfectionism, uncertainty, feeling of danger and threat compared with healthy controls (18). The assessment of obsessive beliefs in OCD requires more surveys.

As it was observed amount of correlation between obsessive signs and obsessive beliefs with mindfulness of students' meaningful statistically ($p < 0.01$).

Regarding these findings the main hypothesis of research is approved. It can be said that there is a relation between obsessive signs and obsessive beliefs with mindfulness of students. Result of this research is co-directed with the findings of (21), (33), (24), (22), (23), and (25). By explaining findings of research it can be inferred that mindfulness is the process that the person concentrates his attention on experiencing current state without judgment. Suppression of thought and unwilling sensation is a cognitive strategy that is used for facing damage. In an attempt for confronting unwilling thought to the mind, people prevent entering these thoughts and sensation. This attempt for stopping thought has a deliberate result called reflective effect. Therefore, these attempts are followed by an increase of degree of negative thought and sensation that continues constantly. Based on this hypothesis, the succession of thought includes two processes. The first process is searching cognitive content intellectually according to favorable mental condition and the other one is the concept of watching that is according to the unfavorable mental condition. When attention is focused on unfavorable thought, steps with constant positive feedback cause much access to unwilling thought, so cheating nature of these thought magnifies by avoiding them. Along time suppression of thought reduces its setting capacity. Self-setting is a limited source through which repeated activities of self-controlling ends. Therefore, suppression of these unwilling thought

destroys cognitive consequences. In contrast, mindfulness is a feature combined with awareness and non-reaction by acceptance that is seemed as a preserving and reducing factor of the cycle of disease against damage. Mindfulness reduces direction of their processing and creates resilient of a healthy mind. Exercises of mindfulness through regular mental education that increases self-awareness, increases the ability of effective modification of its behavior (self-setting) and positive relation between them and others that increases needs concentrated on them and increases feature of socialization and self-esteem that removed distortions.

It was observed that there was a negative correlation between mindfulness observation with obsessive doubt to the degree of ($r = -0.54$) which was statistically meaningful ($P > 0.01$). Regarding these findings, the first subordinate hypothesis is approved and it can be said that by an increase of mindfulness observation obsessive doubt in students decreases. The result of this research is compatible with findings of (27), (26), and (24). In explaining findings of research, it can be stated that mindfulness leads to a cognitive change in the way of thinking and action of a patient and benefits principles of conditional strength. Therefore, the infected person for going to the next step tries to see himself at the higher step and this tendency toward higher step constantly causes step by step improvement of a patient and because the patient doesn't see his obsessive thought continues his personal treatment while being calm and solves its deficiencies and problems at present sessions. However, mindfulness education as a technique can cause detachment inside the person and create higher awareness level to the physical condition and environmental condition and so this treatment method helps people at different situation especially when obsessive invasion puts a person under pressure in the form of reviewing thought or forces at

doing special actions. Mind focuses on another phenomenon and through concentration on emotional and physical states create a dam against repeated actions. Educating mindfulness lets us receive events at present less that they are irritating. Mindfulness is for every moment awareness of events surrounding and inside us and happens for distinguishing the point that an event happens at the moment. When we are aware of the present time our attention isn't involved in past and future. Those who have stressed anxiety of future problem develop fear. If we are at the present time and most of our mental activity is focused on daily life, this action forbids amazing of mind to future anxiety related to the past.

In second subordinate hypothesis as it was observed there is negative correlation between mindful action with obsessive forces that is meaningful statistically ($p < 0.02$), regarding these findings second subordinate hypothesis, is approved and it can be said that by increase of mindfulness action, obsessive forces of students reduces. The result of this research is co-directed with the result of findings of (30), (32). In explaining findings of research it can be said that changing the content of thought, attitude and mentality of a patient to the disease can control obsession and its signs. It is a gradual reduction of time that by controlling every moment and non-judgment awareness in step-by-step form, increases self-control and self-supervision of the patient on its behaviors and lead him toward improvement. A feature of mindfulness is that it makes the patient aware of roots of disorder and its mechanism in mind and prevents stress because this method observed principles of obsessive-compulsive disorder in non-judgment form and concentrates on thought and tendencies in an aware state. Therefore enables the person not to choose repeating actions or thought for reducing stress and think of environmental stems of disorder that is a problem in the core.

The third subordinate hypothesis of research: as was observed there is a negative correlation between lack of judgment toward internal event with mental obsession that is meaningful statistically ($p < 0.01$).

Regarding these findings third subordinate hypothesis is approved and it can be said that by an increase of lack of judgment toward internal events, the mental obsession of students reduces. The result of this research is co-directed with the findings of (36), (28), (37). Similarly, (29) quoted by (31) showed that parameter of non-judgment experience had a negative correlation with suppression of thought. Moreover, this parameter points out a non-assessment decision toward private experience (such as cognitive directing, beliefs and suppositions in OCD) and helps the person experience emotions as they are without assessing them in the bad or good form. Lack of reaction to internal experience points that a person lets thought and sensations to enter and exist without being involved with them (such as mental rumination at OCD). Mindfulness enables a person to create a relation basically different from experience and internal sensation and external events through creating very moment awareness and behavioral direction based on reasonable responsibility instead of automatic reaction. By purposeful application of high function of mind such as attention to awareness, kindly attitudes, searching and sympathy, mindfulness can effectively control emotional reaction through forbidding a system of limbic. Therefore, people who show a higher level of mindfulness show less negative self-evident thought and believe that they are enable to release such thought. This study had some limitations. First, small sample size and use of the purposeful convenience sampling limited the generalizability of the results. Another limitation of the study was reliance on adolescent self-report data.

In a conclusion we can state that mindfulness causes the return of a person to

his inside, this return will be internalized and deeper gradually to the point that perceives more flexible emotion. In fact, a person who has received mindfulness techniques instead of suppressing emotion make them empty properly and acquires necessary calmness. Mindful people when face difficult situation, instead of future reaction try to be aware of themselves and their environment and behave wisely. Doing exercises of mindfulness can create considerable changes after a while at life of patients and its psychological functions. This research will pave the way for using mindfulness techniques as a third way treatments, besides of medical and behavioral treatment, to help OCD patients. In future studies, it is suggested to test the efficiency of this technique at curing depression and mood disorders in the form of experimental plans and compares them with other curing methods. Also, one can consider the relation between considering variables in another statistical society and among people with other disorders.

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