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Investigating Psychological Flexibility and Emotional Schemas in OCD Rehabilitation

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Abstract

The aim of this study is to investigate psychological flexibility and emotional schemas in patients with Obsessive-Compulsive Disorder and normal individuals. Our research design is casual-comparative and the sample size is sixty. OCD patients were selected by convenience sampling from psychological and psychiatric centers in Shiraz. The normal and clinical groups were matched for age, education, marital status and gender. Yale-Brown Obsessive Compulsive Scale (Y-BOCS), Emotional Schemas Scale and The Acceptance Action Questionnaire were administered to the participants. Finally, data were analyzed by multivariate analysis of variance and univariate analysis of variance. Our findings suggest that OCD patients show less psychological flexibility compared to the normal subjects ($p < 0.001$) and have maladaptive emotional schemas. OCD patients show less psychological flexibility compared to the normal subjects and have different emotional schemas.

Keywords

Obsessive-Compulsive Disorder, Psychological Flexibility, Emotional Schemas

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1. Introduction

Obsessive compulsive disorder is accompanied by obsessive compulsive and repetitive compulsive behaviors that significantly interfere with everyday routine and social activities [2]. This greatly affects the quality of life of the patient [1]. Obsessive compulsive disorder (OCD) with a prevalence of 3.2% in the general population is one of the most common and considered as disabling mental disorder among other anxiety disorders. (World Health Organization [5]. There is evidence that people with OCD are more likely to grow in tissues that control their feelings and do not cultivate autonomy [7, 3, 1]. Avoidance of Problem Situations [3]. and avoidance pattern [5]. Rather than admittance patterns [2]. Psychological flexibility encompasses a wide range of individual abilities: identifying and adapting to different situational needs; changing mentality or behavioral treasuries when these strategies endanger social or personal functions; Maintaining balance in important areas of life and being aware, accepting, and committing to behaviors that are in keeping with deeply held values [14]. In fact, flexibility guides individuals in their continuation or change of responses, which are in line with value-based probabilities, when they want to experience the moment, communicate in this way [6]. In a study by [4, Psychological flexibility means engaging in positive behaviors rather than attempting to avoid the experiences and concerns of the problem and the lack of psychological flexibility along with the levels of OCD symptoms in adults and children [3]. In 90% of people with OCD, individuals report that coercion is required to reduce the anxiety caused by obsessive compulsive disorder [2]. In fact, attempts to control or regulate obsessive-compulsive disorder (and its associated anxiety and anxiety) are characteristics that turn into obsessive-compulsive disorder, a disorder resulting from intrinsic experiences that must be controlled (American Psychiatric Association, 2000). Diphig explains in his

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research that attempts to adjust the internal experience (for example: obsessions) are the result of the picture and the manger reduces the quality of life to increase it [2]. [19]. in a study, state that attempts to challenge and control unwanted private events increase the frequency and severity of these events [5]. The severity of obsessive compulsive symptoms, quality of life, psychological flexibility, and mental health can be reduced and reduced [2]. Therefore, the study of these variables is important. And since the research mentioned, the role of emotional schemas and psychological flexibility in psychopathology and OCD is expressed. However, the author observed few studies that looked at the role and effect of these two variables in obsessive-compulsive disorder, Therefore, the present study aimed to compare the psychological flexibility and emotional schemas in people with OCD and normal people and these hypotheses were examined: The psychological flexibility of people with OCD is less common than normal people, and emotional schemas of people with OCD are significantly different from those of normal people.

2. Method

The research method was causal-comparative. Also, at the level of descriptive statistics, the mean and standard deviation and the level of inferential statistics of single-variable variance analysis and multi-variables were used. The sample was 60. Patients from psychiatric and psychiatric centers of Shiraz were selected by available sampling method as a result; they were referred to health centers and psychiatric clinics and referred to obsessive patients who had been diagnosed as obsessive compulsive disorder by a psychologist or psychiatrist Invitation to cooperate. After the expert diagnosis and inclusion criteria; including obsessive compulsive symptoms and the absence of other anxiety disorders, suicidal thoughts and depression, psychotic disorders and personality disorders, substance abuse disorder, eating, OIL obsessive compulsive disorder checklist Braun was taken from every patient. After selecting the case, other questionnaires were provided with explanations and then the questionnaires were delivered to each patient and completed in the presence of the researcher. The ordinary people, evaluating their performance and not having a psychiatric and psychological background, asked the questionnaire in the presence of the researcher Complete. Therefore, normal and clinical groups were matched in terms of age, gender, education level and marital status.

2.1. A-Scale of Obsessive Compulsive Disorder

In this study, Yill-Brown Obsessive-Compulsive Scale (Y-BOCS) was used to measure the severity of obsessive-compulsive disorder in individuals. This scale was created by [5]. The validity of the assessors in 40 patients was 0.98 and the internal consistency coefficient (alpha coefficient) was 0.89 for this test [22]. In Iran, Mohammad Khani [20, with a sample of 55 patients with obsessive-compulsive disorder, reported the validity of this scale in the interval of two weeks (0.84) [28]. Therefore, based on this questionnaire, 18 clinical samples are selected.

2.2. B. Acceptance and Practice Questionnaire (AAQ-II)

The questionnaire (AAQ-II) was developed by Bond et al. [6]. And is more stable than the original version in terms of Psychometric. The questionnaire assesses the instruments that refer to diversity, acceptance, experiential avoidance, and psychological elasticity. The reliability coefficient of this test was 0.87 and the validity of 0.81 was calculated. The 3-month and 12-month re-test validity was 0.81 and 0.78, respectively. The validity and reliability of this version were more than the validity and reliability of the initial version and were related to the variables that the theory of acceptance and action predicted. In addition, the questionnaire was correlated with Beck Depression Inventory, Beck Anxiety, Anxiety, Stress, Depression, and General Health (12 questions) ($P < 0.01$) [1]. The higher scores in this questionnaire indicate acceptance, psychological flexibility and higher experience and lower scores represent an avoidance of experience [6].; quoted by [31]. Cronbach's alpha coefficient was calculated to be 0.71 by the researcher and 0.85 was re-tested. In this study, the validity of the questionnaire was calculated through the correlation between each question and the total score ranging from 0.67 to 0.79. This questionnaire was used to assess the extent of using psychological patriotism in obsessive compulsive patients and normal people.

2.3. C. Structured Interview for Axis I Disorders (SCID-I)

The interview is a flexible tool developed by Forrest et al. (1992) to diagnose major disruption of the axis based on DSM-IV. This instrument has been standardized in Iran by [30]. [1]. the diagnostic agreement for most of the specific and overall diagnosis was moderate to good (Kappay above %60). The overall agreement (Total Kappa) has been reported for all current diagnoses of 0.52 and for all life-threatening diagnoses 0.55 [1]. In the present study, this interview was conducted by an expert in order to diagnose obsessive-compulsive disorder and the presence of disturbances that were among the criteria of outcomes.

T-Scale of Lehi's Emotional Schema

This questionnaire is a self-reporting tool that contains 50

questions that calibrate each question on a Likret scale from 1 = about me completely, to 6 = about me perfectly correct. Scoring this scale in a number of inverted questions. Leahy (2002) reports the reliability of this questionnaire to 1200 by the internal consistency method (Cronbach's alpha) of 80%. The obtained data were analyzed using one-variable and multivariate analysis of variance analysis.

3. Result

The first hypothesis

There is a significant difference in the use of emotional schemas in people with OCD with normal people.

To test this hypothesis, multivariate analysis of variance was used; the results are presented in Table 1.

Table 1. Multivariate analysis of variance analysis to compare mean scores of dependent variables.

Test power	ETA Coefficient	meaningful	Degree of Freedom of Error		degree of assumption of freedom	F	Value	References
0.99	0.59	0.001	45	14	52.4	0.59	Pilaiy effect	group

As shown in Table 1, the difference between the two groups in the population of the dependent variables is significant in the test.

$$[F(14, 15)=4.52, P<0.001]$$

That is, the emotional schemas of ordinary and obsessive individuals are different. To investigate the effect of the group on each of the variables, one-variable variance analysis has been used. The results are presented in Table 2.

Table 2. The results of one-variable variance analysis of emotional schemas.

Test power	Squat trough	meaningful	F	Average squares	Degrees of freedom	Sum of squares	The dependent variable	References
0.99	0.31	0.001	72.24	88.224	1	88.224	Confirmation	group
0.99	0.29	0.001	58.22	19.468	1	19.468	Perceptual	
0.99	0.42	0.001	90.4	32.631	1	32.631	Guilty	
0.62	0.10	0.02	94.5	60.59	1	60.59	Simple thinking	
0.60	0.08	0.03	65.4	02.25	1	02.25	Higher values	
0.99	0.41	0.001	48.38	02.528	1	02.528	Control	
0.69	0.11	0.01	20.7	80.48	1	80.48	Numbness	
0.41	0.40	NS	51.2	15.17	1	15.17	Rationality	
0.75	0.11	0.01	13.7	57.4	1	57.4	Duration	
0.90	0.15	0.003	62.9	76.141	1	76.141	Agree with others	
0.99	0.39	0.001	66.35	50.855	1	50.855	Acceptance of feeling	
0.96	0.18	0.001	32.12	52.129	1	52.129	Mental rumination	
0.44	0.40	NS	01.2	27.9	1	27.9	expressing	
0.99	0.36	0.001	23.32	76.182	1	76.182	Blame	

As can be seen in Table 2, in confirmation schemas, perception, guilt, simple thinking about emotions, higher values, control, anesthesia, duration, agreement with others, acceptance of feeling, mental rumination and blaming the difference In both groups, normal and obsessive individuals are significant. Regarding the means, in normal emotional schemas, normal people have a higher mean than obsessive individuals and in maladaptive emotional schemas; normal people have a lower mean score than obsessive individuals. Also, there was no significant difference between the two groups in expressive schemas and rationality. Therefore, it can be concluded that emotional schemas are different in normal individuals with OCD.

Second hypothesis

Cognitive flexibility in subjects with OCD is significantly lower than normal people.

To test this hypothesis, one-variable ANOVA was used for comparison between the two groups; the results are presented in Table 3. The results of this study were compared.

Table 3. Analysis of variance analysis to determine the cognitive flexibility in obsessive and normal people.

Test power	Squat trough	meaningful	F	Average squares	Degrees of freedom	Sumof squares	References
0.99	0.31	0.001	26.54	06.2136	1	06.2136	group

It is noticeable that there is a significant difference between cognitive flexibility between two groups of obsessive-compulsive and normal people (P <0.001 and F= 26.54), and normal individuals have a higher mean in this regard than those with OCD.

4. Discussion

The findings indicate that the psychological flexibility of people with OCD is significantly lower than that of ordinary people, and the schemata of obsessive individuals with normal people are significantly different. The psychological flexibility is the ability to communicate with the present moment as an informed person based on what the situation requires the change and the insistence on a behavior in order to achieve ultimately value-driven [17]. [24]. Disruptions in which a person is reluctant to remain in touch with personal and private experiences and do things to change their shape or the frequency of these events and the context that causes them [13]. Involves a person more in these experiences. Ultimately, attempts to adjust this internal experience (for example, obsessions) result in the image and lead to a decrease in the quality of life, rather than an increase (Kran et al., 1996; Quoted from [33]. Most people think that specific thoughts and feelings should be managed before they focus on quality-of-life issues. Experiencing and not trying to manage obsessions is more important and avoiding obsessions and trying to control them is problematic and interferes with the pursuit of values [32]. The previous studies [32, 9, 33, 11]. Express this and are in line with the findings of the study, with the exception of [2]. States that the avoidance of experience does not anticipate obsessive symptoms. It can be argued that disability in the emotional experience and the existence of certain beliefs because obsessive individuals, when confronted with obsessive excitement, have a narrative of their excitement, which, as a result, show anxiety and an unpleasant feeling, and for emancipation the excitement and thoughts of these situations enable inconsistent schemas and choose the wrong way.

5. Conclusion

Also, these people have been reluctantly excited by emotional experience and private experiences, which in turn interferes with value-centric life. The main consequence of this study is that OCDs use inappropriate emotional schemas compared to normal people and have less flexibility. As much as people's awareness of emotional schemas and psychological flexibility increases, avoidance of emotions decreases and the ability of patients to deal with threatening situations increases. The impossibility of random sampling and hard access to the research sample with pure diagnosis, the lack of tools that measure the dimensions of psychological flexibility, were the limitations of the research. It is suggested that a wider sample be used in subsequent studies. Also, the study of excitement regulation and behavioral regulation in OCD and the study of acceptance-oriented approaches to treatment of obsessive-compulsive disorder are among other suggestions in this study.

References

[1] Abbasi, Imaneh, Fati, Ladan, Moloodi, Reza, Zarabi, Hamid (2012) Psychometric adequacy of Persian version of the acceptance and practice questionnaire. Methods and Models of Psychology, Second Year, No. 10, Winter 2012.

[2] Abramowitz, J., Lackey, R. C., & Wheaton, G. M. (2009). Obsessive- Compulsive symptoms: The Contribution of and Experiential Avoidance. [Electronic Version]. *Journal of Anxiety Disorders* 23, 160-166.

[3] American Psychiatric Association (2000). Diagnostic and statistical manual of mental disorders (4 ed. Text Revision). Washington, DC: *American Psychiatric Association*.

[4] Armstrong. A. B (2011). Acceptance and Commitment therapy for adolescent obsessive-compualsive disorder. A dissertation proposal submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy in Psychology. Utah State university Logan, Utah. 2011.

[5] Baghooli. H, Dolatshahi. B, Mohammadkhani. P, Moshtagh. N, Naziri. GH, Effectiveness of Acceptance and Commitment Therapy in Reduction of severity symptoms of patients with Obsessive - Compulsive Disorder. Advances in Environmental Biology, 8(7) May 2014, 2519-2524.

[6] Bond, F. W., Hayes, S. C., Baer, R. A., Carpenter, K, M., Guenole, N., Orcutt, H. K., Waltz, T., & Zettle, R., D. (2011). Preliminary Psychometric Properties of the Acceptance and Action Questionnaire-II: A Revised Measure OF Psychological Inflexibility and Experiential Avoidance. *Behavior Therapy*.

[7] Bond, W. Frank., Hayes, C. Steven, Holmes, D. Bames. (2011). Psychological Flexibility Act and Organizational Behavior. [Electronic version]. *The Haworth Press*, 26, 01_02.

[8] Ciarrochi, G., Bilich, G., & Godsel, C. (2010). *Psychological flexibility as a mechanism of change in Acceptance and Commitment Acceptance: Illuminating the Processes of change*. (PP. 51-76). New Harbinger Publications, Inc: Oakland, CA.

[9] Ghanbari, Fatemeh, Naziri, Ghasem, Barzegar, Majid. (2010). Identifying incompatible cognitive schemas as mediator of the relationship between perfectionism and depression and anxiety. Master's Thesis, Fars University of Science and Research.

[10] Goodman, W. K., & Rasmussn, S. A. (1989). The Yele_Brown obsessive scale (Y_BOCS). Part II: Validity, *Journal of Archive of General Psychiatry*, 46, 1000b-1016. *Clinical Psychology*, Sixth year, 01 - 21, Spring 2014.

[11] Hasani, Jafar, Tajedini, Emra; Ghaidinya Jahromi; Ali; Farmani Shahreza Shiva. (2013). Comparison of Emotional Cognitive Ordering Strategies and Emotional Schemas in Spouses of Patients with Substance Abuse and Normal Individuals. Journal of Clinical Psychology, Year 6, Number 1 (Successive 21), spring 2014.

[12] Havton, K., & Salkovoskis, C. (2010). Cognitive Behavioral Therapy, Translated by Habib allah Ghasem Zadeh, Tehran: Arjmand, (1989).

[13] Hayes, C. Steven., Strosahl. D. Kirk., & Wilson, G. Kelly. (1999). Acceptance and Commitment Therapy. An Experiential Approach to Behavior *Journal of Psychiatry and Clinical Psychology*, Senentheenth Year, Vol. four, Winter 2011.

[14] Kashdan, T. B., Rottenberg, J. (2010). Psychological flexibility as a fundamental aspect of health. *Clinical Psychology Review*, 30 (2010) 865-878.

[15] Kashdan. T. B, Barrios. V, Forsyth. J. P, Steger. M. F (2006). Experiential avoidance as a generalized psychological vulnerability: Comparisons with coping and emotion regulation strategies, Behaviour Research and Therapy 44 (2006) 1301–1320.

[16] Kugler BB, Lewin AB, Phares V, Geffken GR, Murphy TK, Storch EA. Quality of life in obsessive-compulsive disorder: The role of mediating variables. Psychiatry Res 2012; 30:165–78.

[17] Leahy, L. Robert. (2002) A Model of Emotional Schemas. [Electronic Version], *Cognitive and Behavioral Practice* 9, 177-190.

[18] Leahy, L. Robert. (2002) A Model of Emotional Schemas and Self- Help: Homework complince and obsessive- compulsive disorder [Electronic Version], *9, 3, 297- 302*.

[19] Masuda, Akihiko., Hayes, C. Steven., Lillis, Danson., Banting, Kara., Herbst, A. Scott. Fletcher. (2009). *The Relation Between Psychological Flexibility and Mental Health Stigma in Acceptance and Commitment Therapy: A Preliminary Process Investigation*, Psyaxm lungute.gsu.edu.

[20] Mohammad Khani, Shahram. (2013) The role of fusion beliefs and meta-cognition in obligatory obsessive-compulsive symptoms in the general population, Iranian Journal of Clinical Psychology, Volume 1, Issue 2, 2013, No 1585-2322.

[21] Mashhadi, Ali; Mirzooghi, Zahra; Hasani, Jafar. (2011) the Role of Cognitive Emotional Ordering Strategies in Children's Internal Disorders. Journal of Clinical Psychology. Third Year, No. 3 (Successive 11), Autumn 2011.

[22] Mir Ahayi, Ali Mohammad, Moradi, Alireza, Hasani, Jafar, Rahimi, Wafa; Mirzai, Jafar. (2013) Comparison of executive performance of people with obsessive-compulsive disorder and follow-up functions. Journal of Psychology 65, 11th Year, Volume 1, Spring 2013.

[23] Odlaug. B. L, Chamberlain. S. R, Grant. J. E (2010). Motor inhibition and cognitive flexibility in pathologic skin picking. Progress in Neuro-Psychopharmacology & Biological Psychiatry 34 (2010) 208–211.

[24] Otte C. Cognitive behavioral therapy in anxiety disorders: current state of the evidence. Dialogues Clin Neurosci 2011; 13(4): 413–21.

[25] Purdon, C. (1999). Thought suppression and psychopathology. *Behaviour Research and Therapy*, *37*, 1029–1054.

[26] Purdon. C, Clark. D. A, (2001). Suppression of obsession-like thoughts in nonclinical individuals: impact on thought frequency, appraisal and mood state. Behaviour Research and Therapy 39 (2001) 1163–1181.

[27] Rachman. S, (1997). A Cognitive Theory of Obsessions [Electronic Version]. Behav. Res (Science directly), 35, 9, 793- 802.

[28] Rajazi Esfahani, Sepideh; Motaghipour, Yasman; Kamkari, Kambiz; Zahiruddin, Alireza; John Bozrgi, Masoud. (2011) Reliability and validity of the Persian version of Yile-Brown's Obsessive-Compulsive Scale. Journal of Clinical Psychology and Psychiatry. Seventh Year, No. 4, Winter 2011.

[29] Rahimian Booger, Eshagh; Kian Eercy, Farahnaz; Tartabran, Faezeh. (2012) The Relationship between Emotional Schemas, Cognitive-Behavioral Avoidance and Cognitive-Emotional System with Anxiety Disorder and Obsessive Compulsive Disorder. Journal of Shahid Beheshti University of Medical Sciences, Vol. 18, No. 5, autumn 2013.

[30] Sharifi, Vandad; Asadi; Seyyed Mohammad; Mohammadi; Mohammad Reza; Amini; Homayoun; Kaviani; Hossein; Semnani; Yousef et al. Translating Farsi Diagnostic Structured Interview for Diagnostic Guide for mental disorders, Fourth Edition: Psychometric Properties. 2004: 50-86-91. (Full text in Persian).

[31] Silbert Stein, Laura., Tirch, Dennis., Leahy, L. Robert. (2012). Mindfulness, Psychological Flexibility and Emotional Schemas. [Electronic Version], *Journal of Cognitive Therapy*, 5(4), 406-419.

[32] Twohig, Michael. P. (2008). The Application of Acceptance and Commitment Therapy to Obsessive- Compulsive Disorder [Electronic version]. Association for Behavioral and Cognitive Therapies, *Elsevier Ltd*, 11, 4C.

[33] Twohig, Michael. P., Hayes, Steven. C., Plump, Jennifer. C., Pruitt, Jarry. D., Collins, Angela. B., Stevens, Hally Hazlett., & Woidnek, Michelle. R. (2010). A randomized clinical trial of Acceptance and Commitment Therapy vs. Progressive Relaxation Training for Obsessive compulsive disorder [Electronic version]. *J consult clin Psychol*. 78(5), 705-716.