

Research on the Relationship Between, Meta Cognitive Believes, Meta Worry with Obsessive-Compulsive Symptoms in Non-Clinical Populations

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Received: October 26 2013

Accepted: November 30 2013

ABSTRACT

According to the growing mental disorder, one of the disorders that is commonly observed, are obsessive disorders. Obviously, meta- factors affect on this disorder. This study examined the relationship between cognitive beliefs, meta-worry with obsessive-compulsive symptoms in non-clinical population. According to the literature expected that above variables have a significant relationship with obsessive-compulsive disorder in non-clinical population. The descriptive study was a correlation type. The study population comprised all medical students Torbat Heydarie city the sample group were 160 students who were selected by random sampling method. Meta-cognitive questionnaire (MCQ-30), Madly's Obsessive-Compulsive (MOCI) and meta-worry subscales (related to anxiety- thoughts questionnaire) was used to data collection. The study data were analyzed using correlation method. The study results showed that there is a significant and positive relationship between meta-cognitive beliefs and obsessive symptoms also are found in this study there is a significant and positive relationship between meta-worry and obsessive-compulsive symptoms. Findings the study to support the obsessive meta-cognitive model (OCD) suggest that meta-cognitive beliefs and meta-worry have important role in symptoms of obsessive. Change meta-cognitive beliefs and replacing adaptive coping strategies, rather than maladaptive strategies can help control the symptoms of obsessive in individuals.

KEYWORDS: Mental disorder, Obsessive-Compulsive, anxiety, meta-cognitive model

1. INTRODUCTION

Obsessive Compulsive Disorder (OCD) [1] is a disabling anxiety disorder that their main features is obsessive and compulsive actions occurrence. Obsessives are thoughts, mind images or unwanted and annoying impulses that occur without desire and determination are experienced to form of inconsistent and incongruent with them. Astktsy [1] reported that a person actively resisted against the obsessive and knew that obsessive are the product of mind. Obsessive thoughts often have hostile content, sexual, or religious, and or to experience to form of uncertainties and the intellectual ruminations related to pollution. compulsive actions (Compulsive Obsessive), are explicit and implicit repetitive behaviors that are performed in response to obsessive, the aim of these behaviors is reduce discomfort and distress or prevent some of the terrible events [1, 2]. As Ranchman and Desilva [3] found that approximately 90% of healthy individuals have experiences of thoughts, images or annoying impulses that do not have different in terms of form and content to those patients with obsessive ,but the interpretation patients with obsessive from disturb thoughts are distinguishing the normal disturb thoughts from obsessive disturb thoughts [4].

In recent decades, cognitive approaches in explanations of clinical problems, a wide variety of components forming of thinking, role of beliefs, control and stop thinking strategies, cognitive experiences and projects in the development range of 1- Obsessive Compulsive Disorder; 2- obsessive and 3- compulsive.

Symptoms different disorders did not specify clearly, pattern of meta-cognitive in the new approach to disturbances formed of knowledge of consciousness about the state of an individual's cognitive, meta-cognitive experiences and thought control strategies. A new perspective opened to explore the causes of various diseases. However, meta-cognition is composed of the unconscious implicitly knowledge that is oriented the central executive powers in to the cognitive activity. For example, most of the activities that are involved in the evaluation and behavior in verbal form are not expression and that how excited led guide and orientation cognition which can be studied in the meta- cognitive model. In processing data in human cognition affect the factors that emotional and meta-cognitive that the emotional state manipulation may is caused to change the evaluation and cognition. Meta-cognitive approach believes that because people caught in the trap of emotional distress that their meta-cognitive leads to a specific pattern of response to inner experience, which is caused to the continuation of negative emotions and reinforce the negative beliefs. Cognitive theories emphasize to role of basic dysfunctional beliefs in the etiology and persistence of symptoms of stress disorder [5, 4].

The new theories of cognitive about anxiety disorders and particularly obsessive, cognitive structures dedicated to themselves a special place [2, 6]. And due to the meta-cognitive model, the activation of dysfunctional cognitive beliefs, is caused to the negative assessment disturb thoughts as a sign of threat. This assessment is caused to intensive negative emotions in its place which is mainly to form of anxiety. In the result, a person to reduce his/her anxiety and cognitive control system resorts to thought control strategies [2]. Meta-worry is defined in terms of a chain of negative thoughts that often verbal and their aim is problem solving [8]. Meta-worry is consists of catastrophe Izing and difficult the mind control. The Meta-worry process is considered a coping mechanism type. Although this process can be a focus of concerns. This type of concern about worry, count an approach key concept meta- cognitive to treatment generalized anxiety disorder. Worry may be is description to Ego-Syntonic, means that usually is regarded as self-character and do not have incompatible with person view on themselves. In contrast, other types of stable negative thinking such as obsessive disturb thoughts are Ego-Dystonic, that is patient count inappropriate, 1- Problem solving; 2- Catastrophe Izing; 3- Ego-Syntonic and 4- Ego-Dystonic.

2. MATERIALS AND METHODS

The research method was descriptive of correlation type. The study population comprised all medical students Torbat Heydarie city the sample group were 160 students who were selected by random sampling method. For collecting data from questionnaires 1 - Meta-cognition (MCQ-30), that meta-cognition questionnaire (MCQ) by Wells and Cartwright-Hatton [6] in order to measure individual differences in positive and negative beliefs about the concerns and uninvited disturb thoughts, review and judgment meta-psychology cognition about the cognitive effectiveness. Meta-cognition questionnaire (MCQ-30) is short form of meta-cognition questionnaire (MCQ) which is made by Wells and Cartwright-Hatton [6] and consists of 30 index self-reported to measure people beliefs about their thinking. Shirinzade [9] has prepared and translated this questionnaire for the Iranian population. Cronbach's alpha coefficients is reported for the subscales uncontrollable, meta-cognitive beliefs, cognitive confidence and the need to thoughts control in the Iranian population, 0.87, 0.86, 0.81 and 0.71 respectively. It should be noted that Kave [quoted by 7] proposed that regard to the translated to form the questionnaire had differences to the main form, in some of items were implemented minor changes and reliability to the Cronbach's alpha way.

1- Emotional vulnerability: Is achieved for the entire questionnaire 0.94, in the present study was used above questionnaire in order to measure meta-cognitive beliefs.

2- Madly's Obsessive Compulsive Disorder (MOCI): The questionnaire are provided by Hodgson and Ranchmen [12] in order to investigate on the type and scope of the problems in obsessive disorder. Madly Obsessive-test reliability and validity confirmed in the implemented studies on clinical samples from different countries. As such Sanaviyo achieved correlation between Madly test entire scores and Padua test 0.70. Calculated reliability coefficient was high between test and retest ($r = 0.89$) [12]. In the Iran Asteksy in [13] reliability of the instrument achieved to test-retest way 0.85 and the reliability coefficient of the entire test, 0.84, and its convergent validity achieved through the Yale-Brown Obsessive-Compulsive Scale 0.87.

3- Meta-worry subscale (related to anxiety thoughts questionnaire) was used: The questionnaire was translated into Persian and after edited and primary preparation back into English again, and were compared by someone who was sounds in Persian and English. In next step, from the 20 psychology students were asked to read articles of questionnaire and identify such vague and incomplete sentences to be modified. 811 undergraduate students selected to available sampling and completed study questionnaires. After two weeks, 528 people of these students participated in the test-retest process. In order to examine the factor structure of Anxious Thoughts Inventory was used from the exploration factor analysis method to the principal component method. Meyer Kissers Akin value was 0.94. As Bartlett value achieved 5826.52 ($P < 0.001$). In order to examine the reliability test-retest and validity of questionnaire convergence was used Pierson correlation coefficient. Also, using Cronbach's alpha was measured the internal consistency coefficient value. Cronbach's alpha coefficient of the entire questionnaire was 0.91. The reliability coefficient scale using retest method was 0.92 and two half was method, 0.89, respectively.

In this study to describe data was used the mean and standard deviation, and study data was analyzed to correlation method.

3. RESULTS

In order to examine the study variables was used the Pearson correlation analysis method and was explained significant relationships in the tables.

1. The first research hypothesis: There is a relationship between meta-cognitive beliefs with OCD symptoms.

Based on the results of Table 1, meta-cognitive beliefs have a significant positive correlation with the symptoms of obsessive ($r = 0.24$, $p < 0.05$). As a result, is rejected the null hypothesis and the research hypothesis

accepted based on that there is a relationship between meta-cognitive beliefs and OCD symptoms. Thus, according to the findings whatever the cognitive beliefs in people are more, symptoms of obsessive rate will be more severe in him/her.

Table 1. Evaluation relationship between meta-cognitive beliefs with the obsessive symptoms

| Variables | Number | Mean | Standard Deviation | r | Significant level |
|------------------------|--------|-------|--------------------|------|-------------------|
| Meta-cognitive beliefs | 160 | 46.17 | 15.37 | 0.24 | 0.002 |
| Obsessive symptoms | 160 | 9.84 | 4.61 | | |

2- Second research hypothesis: There is a relationship between meta-worry and obsessive-compulsive symptoms.

Based on the above results, meta-worry significant positive correlation has with the obsessive symptoms ($r = 0.21$, $p < 0.05$). As a result, the null hypothesis is rejected and the research hypothesis accepted based on that there is a relationship between meta-worry with obsessive symptoms. Thus, according to these findings, whatever the meta-worry symptoms are greater, symptoms of obsessive rate will be more severe in him/her.

Table 2. Evaluation relationship between meta-worry with the symptoms of obsessive

| Variables | Number | Mean | Standard Deviation | r | Significant level |
|--------------------|--------|-------|--------------------|------|-------------------|
| meta-worry | 160 | 13.59 | 3.89 | 0.21 | 0.008 |
| obsessive symptoms | 160 | 9.84 | 4.61 | | |

4. DISCUSSION AND CONCLUSION

According to the study findings, the research hypotheses were confirmed. The first hypothesis, based on there is a relationship between meta-cognitive beliefs with OCD in a non-clinical population. These findings are consistent with results of other studies. Variety studies support of meta-cognitive causal role in creating and continuing psychological disorders, especially OCD (2). Three subscales of positive beliefs about worry, need to control thoughts and the cognitive confidence, are the strongest predictors of obsessive symptoms in non-clinical populations. The findings of this research is consistent with Mohammad Khani and Farjad [14]’s study findings.

Examine the relationship between specific meta-cognition beliefs with obsessive individual symptoms showed that: positive beliefs about worry are the strongest predictor obsessive symptoms and showed most correlated with and slow signs. These findings are consistent with obsessive meta-cognitive models [5] and [6] the findings of other studies [12] and [15]. According to the results of this study, positive beliefs about worry, need to the thoughts control and the cognitive confident are the most important predictors obsessive symptoms [7]. Compared to people with Obsessive Compulsive Disorder to control group non-anxious participants found that on various aspects of meta-cognitive, there are some differences between the two groups. People with thought-practical obsessive disorder, more were believed negative beliefs about uncontrollability and mental events danger, that the more negative beliefs reported about the harmful consequences some of the particular thoughts, they more regarded to review their thoughts and less confidence had in their cognitive abilities. Cognitive confidence was evident in three aspects. 1- Memory for actions; 2- the actions differentiation of imaging mental and 3- resistance to distraction. Associated with case 3 Ranchmen [3] noted that uncertainty in remembering events is a trait of obsessive rumination. He in his new cognitive theory, compulsive checking his lack of confidence in memory described as the mainly factor sustaining compulsive checking. Thus individual beliefs about their memory abilities, leads to creation a vicious cycle which in initial doubts about their actions and recall these actions, frequent behaviors and examines and more reduce reliance on memory. Reduce reliance is caused to creating and continuing Obsessive Compulsive Disorder. Empirical studies support the relationship between meta-memory and obsessive-compulsive disorder in non-clinical populations suggests that repeated checking, in non-clinical students leads to as well as to reduce the memory [16, 5] and [17] claim that individual beliefs such as levels of confidence about their memory and thinking skills, a pivotal role has in creation emotional disorders through guiding the focus on processes of care (e.g. uncertainty). According to this view, the focus on internal processes, have been reduced this confidence that the person has been done properly operation or certain formalities. As a result further perform action is required until provide the desired objective [19, 20]. Showed that both domains of meta-cognitive beliefs (responsibility) and meta-cognitive beliefs (related to the blend) have positively correlated with symptoms of obsessive-compulsive. But, the domains meta-cognitive have strongest correlation with OCD. Brow [7] found that high cognitive self-knowledge, which is a kind of willingness to review thoughts, people with Obsessive Compulsive Disorder distinguishes of comparison group with complex anxiety disorder.

The findings of second hypothesis, based on there are relationship between the meta-worry with symptoms of obsessive in non-clinical population. These findings are consistent with the model introduced by Wells.

1- Janeck

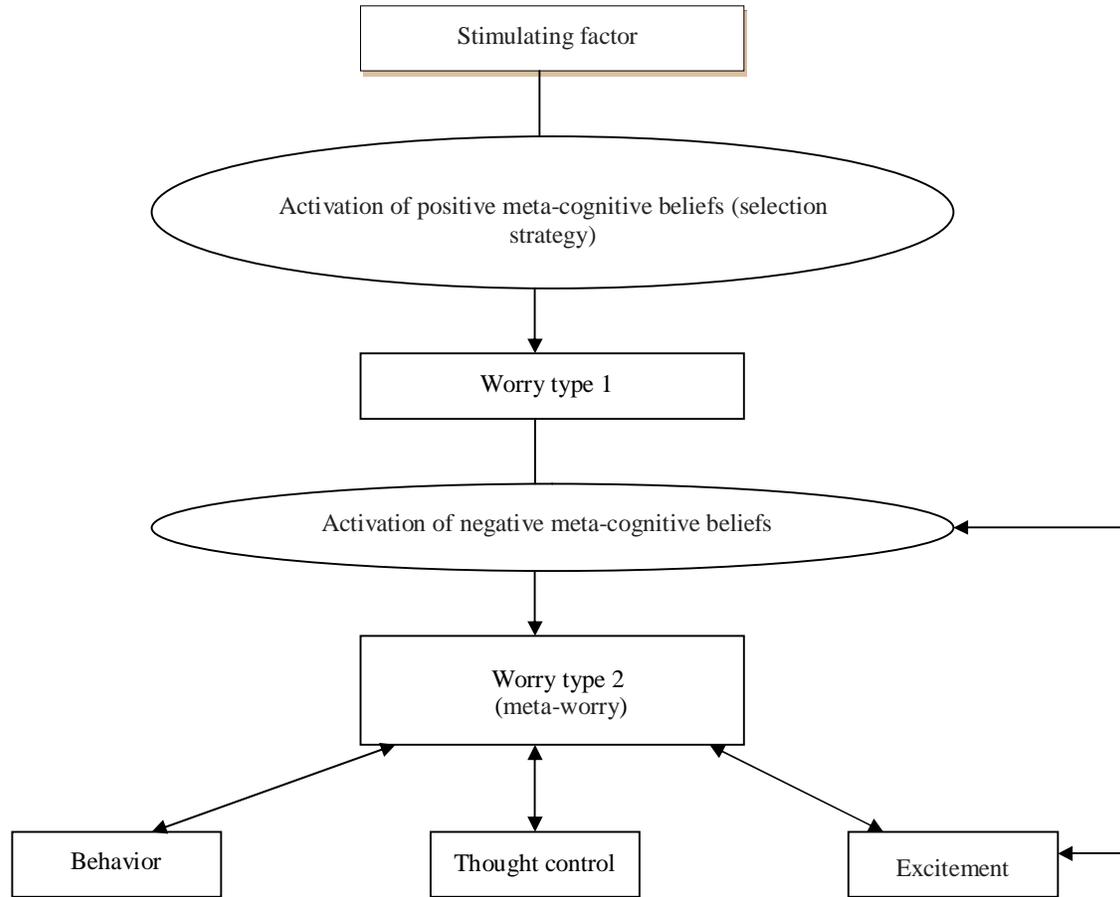


Figure 1. Model of meta-cognitive, Meta-worry [8, 9]

According to Wells model meta-worry after the formation lead to the emergence and formation of pathological anxiety. Research also shows that worry completely specify that associated with pathological disorders [20, 21, 17]. Based on this negative evaluation about worry lead to severe anxiety symptoms [6, 15, 22, 23]. The results of this finding also are consistent with Mohammad Khani and Farjad [14] and Vaziri and Mousavi [23] study.

The findings of this study have important scientific implications, in the treatment planning and theorizing about OCD. In terms of treatment, according to the findings, identifying and modifying meta-cognitive beliefs associated with positive beliefs about worry, the need to control the thoughts and cognitive confidence should be considered in the treatment of obsessive disorder. Meta-cognition questionnaire can also be used to identify individuals susceptible to disorder and to creation change in the meta-cognitive beliefs and maladaptive meta-worry that in the practice leads to continuing OCD, prevented development of the obsessive symptoms. The findings of this study, psychopathology, clinical psychology and psychiatric refers to this note classic emphasize on the worry content, concerns and thoughts of patients with Obsessive Compulsive Disorder is not explanation the complexity of the problem and maybe that is why current therapies this disorder has been less effective. Probably meta-cognition and meta-worry are including beginner factors and maintenances symptoms of this disorder, issues that should be considered in treating these patients group.

ACKNOWLEDGMENT

We appreciate all those who worked on the study with researchers study samples.

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