Comparing early maladaptive schemas and defense mechanisms with religious attitude: A case of obsessive-compulsive disorder

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Abstract

Background and Objective: Obsessive-compulsive disorder (OCD) is one of the most challenging clinical issues. Due to considerable expenses associated with OCD, revisiting the related literature to take up a useful therapeutic option seems necessary. The present study aimed to compare the schema of the primary defense mechanisms incompatible with religious attitude among women with OCD and healthy women.

Method: All women with OCD in Hamadan formed the participants of this causal-comparative study. Using simple random sampling, 100 women with OCD and 100 healthy women were selected based on clinical interviews, diagnostic criteria for DSM-V, and questionnaires. Research instruments were maladaptive schemas (YSQ-SF), defense mechanisms (DSQ-40) and religious attitude (RAQ). The data were analyzed using descriptive statistics and multivariate analysis of variance (MANOVA). It is worth noting that all ethical issues required were carefully observed and the authors declare no conflict of interest.

Results: The results showed a significant difference between clinical and normal groups in terms of five areas of early maladaptive schemas, namely disconnection and rejection, dysfunction, impaired limits, other-directedness, subjugation, and inhibition), (P<0.05). Furthermore, the scores of defense styles (mature, immature and neurotic) as well as religious attitude have demonstrated a significant difference (P<0.05).

Conclusion: The results highlight the importance of preventive interventions in psychological symptoms among neurotic patients and broaden the horizons of clinical interventions when it comes to religion.

Keywords: Compulsive Disorder, Defense Mechanisms, Incompatible Scheme Early, Obsessive Women, Religious Attitude


Summary

Background and Objectives: Obsessive-compulsive disorder (OCD) is one of the most complicated clinical issues which fall into the DSM category (1). OCD is heterogeneous, chronic, and disabling that has long been of interest to psychologists and psychiatrists (2). Symptoms of OCD are four major patterns of "contamination, disease course, thoughts and symmetry" (1, 2). Researchers in recent decades have underscored the role of spirituality and religion in OCD (3, 4).

Archaeological and anthropological studies show that religion has always been an essential part of human life and even non-religious people may at times of crisis believe in God or supernatural powers (5). Jung (6) believed that religious beliefs and customs are essential to understanding the psychological aspects of human beings. With regard to the etiology of the disease, it seems that religious beliefs have a major role in understanding special stresses and have a significant impact on the prevention of disorder and the return of relapses and symptoms (7). Religious attitudes are the monotheistic God-centered beliefs that integrate all of the values, morals, customs and human behavior (8-5).
Religious people have better physical and mental health (9, 10), so that peace is the result of faith and not its cause (1, 5, 11). Therefore, it is necessary that psychological variables affecting it be known. Early maladaptive schemas patterns are deep, inclusive, cognitive and emotional (12-14). Other psychological factors are associated with psychopathology and defense mechanisms (15). When they fail to come up with logical methods to control their anxiety and problems, they resort to defense mechanisms (16). Defense mechanisms are normal behaviors with compatible values unless they become common patterns of life through which individuals won’t face the reality (17). Freud (18) believed that self-defense is the variable by which understanding the personality is possible. This has been confirmed by numerous studies. Some other studies (18-22) have examined the difference between healthy and sick people in terms of defense mechanisms. Studies in Iran have reported that around 1.8% of the general population of adult Iranians suffer from this disease. They are estimated to be mostly involved with obsessions, contamination and aggression and most compulsions are washing and cleaning (23). However, no study has examined the religious aspects of this process. This study aimed to compare the early maladaptive schemas and defense mechanisms of religious attitudes in healthy women and women with OCD.

Method: The study is causal-comparative. The population included all patients with OCD who were living in the city of Hamadan in 2016. Based on the sample table and colleagues (1970), the sample comprised 100 males and 100 females with OCD. Patient samples of people who went to one of the clinics and psychiatric were interviewed based on clinical diagnostic criteria DSM-5, and diagnosis of a psychiatrist as well as a questionnaire via cluster sampling method. The healthy sample were university employees who were randomly selected. To collect data, maladaptive schemas Yang-short form (24), defense mechanisms (25) and religious attitudes (26) were used.

Data Analysis with SPSS-21 using descriptive statistics and multivariate analysis of variance was performed.

Results: Descriptive statistics showed that the average and standard deviation of religious attitudes were (40.53±9.27), and the components of the five areas of early maladaptive schemas highest and lowest mean and standard deviation of disconnection and rejection were (59.90±18.54) and other areas of interest (28.38±9.97), multivariate analysis of variance linear combination of the four test results showed significant differences between the groups (F=7.697, P=0.000). The results of multivariate analysis of variance showed that the two groups in all five areas of early maladaptive schemas scale. The findings of this study are in line with the previous studies (27-31). The findings of this study also indicated that there is a significant difference between two groups considering defensive style and religious attitudes. This corroborates previous research (23, 25, 32).

References


