The Relationship between Delusional Beliefs and Obsessive Beliefs in Patients with Psychotic Disorders Hospitalized in Razi Psychiatric Center

Amir Moghtader\textsuperscript{a}, Dariush Ghasemian\textsuperscript{b}\textsuperscript{*}

\textsuperscript{a}Department of Psychology, Sari Branch, Islamic Azad University, Sari, Iran
\textsuperscript{b}Department of Psychology, Ayatollah Amoli Branch, Islamic Azad University, Amol, Iran

*Corresponding Author: Dariush Ghasemian

Abstract: The current research aim was to investigate the relationship between delusional beliefs and obsessive beliefs in patients with psychotic disorders hospitalized in Razi psychiatric center. This research was a correlation-descriptive survey. The statistical population of this study consisted of all patients with psychotic disorders except substance-related Psychosis and other psychotic disorders due to general medical condition in the acute inpatient psychiatric hospital, that were consisted of 150 individuals and 60 individuals were selected by purposive sampling method. In present Survey Peters et al delusions questionnaire (PDI-40) and Obsessive beliefs questionnaire (OBQ-44) were used as tools of the research. Data were analyzed using Pearson correlation. The Results showed no significant relation between delusional beliefs and obsessive beliefs. Thus, it can be concluded that there was no relation between delusional beliefs and obsessive beliefs of patients.

Keywords: Delusional beliefs, Obsessive beliefs, Psychotic disorders.

Introduction

Thinking was a purposeful flow of ideas, symbols and associations that led to a started problem and a realistic result. This naturally suggested the logical sequence of thought. Occasional deviation of logic, that was called Freudian slip, considered as part of normal thinking (Sadock, 2005). Delusion was the main characteristic of psychotic delusions, also was the main criteria for a diagnosis of major psychiatric disorders (such as schizophrenia and delusional disorder). Despite the importance of this signs in psychopathology, despite numerous theories, there were not empirical studies about it (Batler & Berf, 2003). Different definitions have been used and proposed for delusion. False belief based on incorrect inference about external reality, was stubbornly maintained despite almost everyone else believes and despite contradictory and clear evidence. This belief was not a belief that was commonly accepted by other members of the patient's culture or subculture (For example, it is not a religious faith). When the mistaken idea was related to the value judgments it is only when considered as delusion that judgment was so extreme that seemed acceptable (Sedler, 2005). Reported samples of psychotic experiences which placed in the range of psychotic symptoms were common in Clinical (Van Os et al 1999). Regarding to many therapists, many of these experiences were not ranged in delusion groups and psychotic patient would not gain even if they were very similar to delusions or hallucinations. For this reason some researches had called these signs Psychotic-like experiences. However, they were more likely to be associated with future psychotic clinical (Hanssen et al, 2003; Lundberg et al, 2004) and led to disability (Olfson et al, 2002).also, was associated with violent behavior (Mojtabaai, 2006). Schneider was defined the obsession as followed: Obsession had existed when a person was unable to dispose of the contents of consciousness although was aware of the futility or aware that it did not last long. However, this definition was not sufficient according to experts as one of the most important traits of obsessive thoughts was a person felt anxiety and guilty. The main characteristic of obsessive thought was that
Despite person’s desire his mind filled with it. What differentiated the obsession from delusion was not insight with obsession but person’s trying to struggle with obsessive compulsive thinking species. The patient tried to liberate himself from the grip of an obsession, but could not. Uneasiness gradually increased until Obsession, Compulsion away or somehow carried over (Shamlo, 1996). An obsessive-compulsive disorder occurred in his mind and definitive cessation of thought or action was not possible which was called obsessive.

Most of the obsessive, created terribly vain and false thoughts in their mind and these thought repeated regularly in an endless cycle. In this case, a thought, an idea, a feeling of repetition was repeated. For example, a person always thinks of death, and the vain thoughts constantly reminded in his mind. The content of thoughts, impulses and ideas from the perspective of the obsessive person were usually unacceptable and inconsistent with the principles. The more the idea was unacceptable annoying, the more upset the person (Salkovskis et al, 2004). There was expected a relation between delusional ideas and obsessive beliefs. In a research a group of healthy first-degree relatives of patients with schizophrenia and delusional ideas were studied, the frequency and magnitude of these beliefs were delusional ideas (amount of distress, preoccupation to believe and trust in them) and were compared to two groups of schizophrenia and a group of a controlled group. Delusional ideas were prevalent in people with schizophrenia and were significantly higher than the other two groups; however, its prevalence in the general population was not statistically different between the two groups of patients and family members (Pourikani et al, 2008). Research of Ghadiri et al (2006) on the executive function of deficits in patients Schizo - Obsessive was revealed that the two groups of Schizo - obsessive and schizophrenia had problems with executive functions but there were no significant difference between obsessive-compulsive non-depressed patients and normal groups. The Schizo-obsessive was compared to schizophrenia and had a lot of problems in executive functions. Regarding to researches on obsessive disorders and delusion, none of them worked on the relation between delusion and obsessive beliefs. Since it was expected the disorders to be significantly related. This study aimed to investigate the issue that whether there were relation between delusional beliefs and obsessive beliefs in patients with psychotic disorders hospitalized in razi psychiatric center.

Materials and Methods

Participants

The present study was correlation-descriptive survey. Research population included all psychotic patients hospitalized in Razi psychiatric center in 2014. Regarding to a variety of psychiatric disorders, according to the records contained in the diagnostic evaluation of patients, 150 individuals were psychiatric except substance-related Psychosis and other psychotic disorders due to general medical condition.

Materials

Choosing the individuals was based on purposive sampling method and 60 individuals of hospitalized Razi Psychiatric Center Patients with documented diagnosis of psychotic disorders listed and also with initial clinical interview and delusional beliefs were chosen. Variable was delusional beliefs and obsessive beliefs.

Procedure

The study was performed on the stage after a preliminary description of the measuring instruments and the purpose of the test and how to test were explained in details for the participants. Ethical considerations after obtaining the consent and the awareness were assured them that the information received would be used for the study and would be protected from all forms of abuses. To measure the variables, the questionnaires were as follow:

Peters et al Delusions Inventory (PDI-40): The questionnaire was designed to assess beliefs about psychosis and its dimensions and its validity and reliability was adequate in most studies (Peters et al, 1999). To assess psychotic symptoms in the general population, Peters (1999), Joseph and Gerty in recent years, Peters et al designed delusions inventory tool (PDI). The advantages of this tool were not only determined a lot of delusional ideas, but also measured their dimensions. In addition to check the absence of any belief, it also evaluated the measure of sadness and its preoccupation and the beliefs and confidence of individuals. In various countries, including Iran, based on this tool, some research conducted that some of them were semi-psychotic spectrum of beliefs in the general population (Sajadi-far et al, 2006). The reliability of the Persian version of this test was desirable in a sample of patients with schizophrenia and mania with psychotic diagnosis (r=0.7) (Pourikani et al, 2008).

Obsessive beliefs questionnaire (OBQ-44): this questionnaire evaluated the aspect of Morbidity in the cognitive domain of the obsessive beliefs patients. Respondents rated their agreement or disagreements with each item on a 7 points scale from very high agree to disagree. This test was composed of responsibility for damage or injury, threat
assessment and risk perfectionism, the need to ensure, important to control thoughts and opinions. The reliability of the test was Iranian sample and was obtained 0.92 through Cronbach's alpha and 0.82 through retest method which indicated the desirable reliability of this scale. Test validity through was obtained through convergent validity, Obsessive Compulsive Inventory Compulsive (OCI-R) and Madzoli Obsessive-Compulsive Inventory (MOCI) respectively 0.57, 0.5 (Shams et al, 2004). As previously mentioned in this study, questionnaires were used as assessment standards tools and were repeatedly used outside of the country to investigate, study and evaluation hence had the content validity, since in order to have certainty it was used and approved again by some experts and consolers. In this study, to ensure the reliability of the questionnaire, pilot implementation of a sample size of 25 patients were studied and reliability was assessed by Cronbach's alpha. The reliability of overvalued ideas’ questionnaire (OVIS) and obsessive beliefs’ questionnaire (OBQ) were 0.87 and 0.89 through Cronbach’s alpha. This amount indicated the reliability and internal consistency of the questionnaire. Pearson correlation test and SPSS software were used to analyze the data. P≤ 0.05 was considered as the significant level.

Results

Pearson correlation was used in order to examine the relationship between delusional beliefs and obsessive beliefs of patients with psychotic disorders (table 1).

Table 1. The correlation coefficients between delusional beliefs and obsessive beliefs.

<table>
<thead>
<tr>
<th>Variable</th>
<th>(OBQ) Obsessive Beliefs</th>
</tr>
</thead>
<tbody>
<tr>
<td>(PDI) Prevalence of Delusional beliefs</td>
<td>Correlation Coefficients</td>
</tr>
<tr>
<td></td>
<td>0.112</td>
</tr>
</tbody>
</table>

The correlation coefficient (r = 0.112) indicated that there was no significant relationship between delusional beliefs and obsessive beliefs of psychotic patients (P=0.393). Positive correlation coefficient demonstrated that delusional beliefs were consisted with obsessive beliefs but their highly correlation was not significant. Hence there was no significant relationship between delusional beliefs and obsessive beliefs of psychotic patients relationship between patients hospitalized in Razi psychiatric center. The relationship between delusional beliefs and Responsibility and threat estimation in psychotic patients (table2).

Table 2. The correlation coefficients between delusional beliefs and Responsibility/threat estimation (RT).

<table>
<thead>
<tr>
<th>Variable</th>
<th>Responsibility/threat estimation (RT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence of Delusional beliefs (PDI)</td>
<td>Correlation Coefficients</td>
</tr>
<tr>
<td></td>
<td>0.125</td>
</tr>
</tbody>
</table>

Correlation coefficients (r=0.125) indicated that there was no significant relation between delusional beliefs and responsibility for the risk assessment of psychotic patients (P=0.340). This result regarding to positive correlation coefficients indicated that the correlation coefficients of delusional beliefs were consisted with treatment responsibility, but their intensity correlation was not significant. The relationship between delusional beliefs and perfectionism and the need of certainty in table 3.

Table 3. The correlation coefficients between delusional beliefs of perfectionism and the need of certainty (PC)

<table>
<thead>
<tr>
<th>Variable</th>
<th>perfectionism/certainty (PC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence of Delusional beliefs (PDI)</td>
<td>Correlation Coefficients</td>
</tr>
<tr>
<td></td>
<td>0.046</td>
</tr>
</tbody>
</table>

The correlation coefficients (r=0.046) indicated that there was no significant relationship between delusional ideas and perfectionism with psychotic need of certainty (P=0.726). This result based on positive correlation coefficients indicated that delusional ideas of perfectionism were consistent with the need of certainty of patients, but their intensity correlation was not significant. The relationship between delusional beliefs and importance control of thought in Table 4.
Table 4. The correlation coefficients between delusional beliefs and the importance control of thought

<table>
<thead>
<tr>
<th>Variable</th>
<th>Importance control of thought (ICT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence of Delusional Ideas (PDI)</td>
<td>Correlation Coefficients</td>
</tr>
<tr>
<td></td>
<td>0.093</td>
</tr>
</tbody>
</table>

The correlation coefficients ($r=0.093$) indicated that there was no significant relationship between delusional beliefs and the importance control of thought psychotic patients ($P=0.480$). Based on positive correlation coefficients, indicated that delusional beliefs were consistent with importance of controlled though and there were not statistically significant.

**Discussion and Conclusion**

In general, the subject of this research was to examine the relationship between delusional beliefs and obsessive beliefs in patients with psychotic disorders hospitalized in Razi psychiatric center. The results revealed that there was no significant relationship between delusional beliefs and obsessive beliefs in Razi psychiatric center and also the correlation was not consistent between delusional beliefs and obsessive beliefs of positive patients but their intensity correlation was not significant.

Delusion was a false belief based on an incorrect and unreasonable inference about the external reality. In other words, the idea was not accepted by the other members of that culture. And more importantly those who believed it were lacking in insight and often behaved according to the delusional thinking. This result was consistent with Shamlou (1996), Salkovskis et al (2004), Ghadiri et al (2006), Foa & Kozak (1988) and Van Noppen et al (1995). That was what determined the delusion of obsession; in fact the insight was not associated with obsession but with someone’s trying to struggle with obsessive compulsive thinking species. The patient tried to release himself from the grip of an obsession, but could not. Uneasiness gradually increased until he left the Obsession away or somehow carried over (Shamlou, 1996). Most obsessions thoughts people evoked terribly vain and false thoughts in their mind. These thoughts were repeated endlessly. So the more plausible was the non-intrusive thought, the more would annoy the individuals (Salkovskis, 2004). Other results indicated that there was no significant relationship between delusional ideas and obsessive beliefs in patients with psychotic disorders hospitalized in Razi psychiatric center. This result based on positive correlation coefficients, revealed that delusional ideas were consistent with evaluating the treatment of psychiatric patients responsibility but their intensity correlation was not significant. This result also was consistent with the findings of Rachman et al (1995) and Salkovskis (1996). Thus, unlike people with delusional ideas that were not able to control the distracting thoughts and risk assessment, conversely were people with a sense of responsibility to control beliefs theme distracting thoughts, assess risk and took action to prevent the occurrence of the events. Hence the responsibility to prevent damage resulting from injury to themselves and others was considered as a deterrent in ceasing of Obsessive-compulsive disorder (OCD). In response to the obsessive thoughts to engage in some form of neutralization as a cognitive-behavioral approach was obvious. So that the thoughts of one’s mind led him to hurt himself and others.

Neutralization strategy that came from a sense of responsibility reduced temporary discomfort and anxiety and in the long term, in order to increase the preoccupations and rooting distracting thoughts would be available later (Salkovskis, 1996).

Delusional beliefs in patients with this responsibility, the risk assessment was not existed because of a lack of insight into the thoughts of vanity and unreal. So tries to neutralize and get rid of it by the person did not take place. There was not significant relationship between delusional ideas of perfectionism and the need of patients’ censure. Regarding to positive co-relational coefficients, the delusional ideas of perfectionism were consistent with the need of patients’ censure but the intensity correlation was not significant. This result was consistent with the findings of Freeston et al (1996), Tallis (1996) and Frost & Gross (1993). Thus, unlike people with delusional beliefs that had the extreme form of logical error and hasty conclusions they engage in imprecise measurement was based on facts and ignore or belittle some evidence to the contrary (Jesse-H-Wright, 2009).

Obsessive person with the theme of perfectionism had more control on events and environment also had more control on errors, doubt on actions, seeking perfection standards, prescribed in interpersonal relationships and his attention. There was no significant relationship between delusional beliefs of perfectionism and the patients’ controlled behaviors. Regarding to The correlation coefficients, there was no significant relationship between delusional beliefs of importance thoughts and psychotic controlling behavior. This result with positive correlation coefficients indicated that delusional beliefs of importance thoughts were consistent with patients’ positive
controlled behavior. Their intensity was not significant. This result was consistent with the findings of Salkovskis (1998), Rachman (1995) and Kozak & Foa (1988).

Obsessive patients with the theme of the importance of thoughts, despite the negative feelings of anxiety, guilt, and sadness mood, boring, being too cautious and approval of others, tried to neutralize the disturbing thoughts and used this defense mechanism to protect one (Ego).

Delusional beliefs’ patients had the extreme form of logical error and hasty conclusions and engaged the imprecise measurement based on facts and ignore or belittle some evidence to the contrary; the presumption and no attempt was occurred to neutralize suppression or delusional beliefs. That it can be explained based on surveys and lack of vision impairment protecting people with delusional beliefs.

References


