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The Role of Personality Dimensions and Self-Compassion in Patients with Obsessive-Compulsive Disorder

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ABSTRACT

The purpose of this study was to investigate the role of personality dimensions and self-compassion in patients with obsessive-compulsive disorder (N = 1588), in the academic year of 2016. Of these, 210 were selected by multistage cluster sampling method. (N = 210). To collect information, the New Personality Dimensions Questionnaire, self-healing scale, and Pearson correlation coefficient and regression analysis and one-way variance analysis were used to analyze the data. The results of the research showed that personality dimensions have a positive and significant correlation with compassion ($P < 0.5$). Also, there were differences between the scores of personality dimensions and obsessions and practices that were different in metacognitive dimensions. There is a difference. The purpose of this project was to measure the dimensions of personality and self-compassion in patients with obsessive-compulsive disorder. The results showed that there is a significant positive correlation between personality dimensions and self-compassion and obsessive-compulsive disorder. There was a significant difference between self-scrupulous scores of people with personality dimensions and the results of correlation between obsessive-compulsive and practical dimensions and personality dimensions. The percentage of self-compassion. As a result, self-compassion and obsessive-compulsive disorder may have a significant relationship with personality dimensions and require programs to treat and enhance this ability in patients.

Keywords: *Personality dimensions, self-compassion, obsessive-compulsive and practical*

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INTRODUCTION

Attention to research on obsessive-compulsive disorder has been a significant topic since about 100 years ago and has evolved over the course of this century (Hallander et al, 2009). This interest is rooted in the fact that even the psyche Traditional analysis also suggests that personality characteristics of obsessive-compulsive disorder and obsessive-compulsive disorder can be considered dimensionally in terms of the same unconscious mechanisms (Albert et al, 2004). Obsessive-compulsive disorder or perennial impressions Inadvertently and disturbingly, while the practical obsession with behaviors or actions There is a frequent mindset that the person feels that they are forced to do so in response to obsessive compulsive disorder or according to the rules that should be implemented decisively (DSM-5 translated by Seyyed Mohammadi, 2014).

Investigations on personality dimensions have shown that individual characteristics and personality dimensions affect emotional disturbances (class, 2009), in fact, the character of a set of physical characteristics. Psychological and behavioral that distinguishes each person from another person. One of the personality patterns used in psychological research is the hexagonal personality pattern that has the following dimensions: honesty, modesty, excitement, extraversion, agreement, pragmatics, and openness to the experience (Lee, 2005) and Enna et al, (2012) He noted that high scores in each of the health devices were associated with higher extraversion, low psychosocially and higher conscientiousness.

According to Rasmussen and Tsang's theory, 4 premature personality traits, separation anxiety, resistance to change or novelty, hatred risk, biasism, extreme engagement with work, magical thinking, extremist morality and perfectionism predispose to the development of obsessive-compulsive disorder And it continues. The kind and quality of the parent's relationship is also crucial in obsessive individuals, in such a way that most obsessive individuals grow from families with strong and unequivocal parents. The study confirms that the role of mother in the family as a first bases of personality scandal (Saremi et al) showed that there is a meaningful relationship between the mood of behavioral inhibition in childhood and OCD. According to five-factor model, The OCD gained high marks in neuroticism and lower grades in conscientiousness. Neuroticism High correlation, negative correlation extraversion and conscientiousness are positive correlations with OCD. High scores for neurological scores

and low scores of extraversion are considered as indicators of vulnerability to OCD. Research results in Iran showed that, according to neurological factors, Pleasure, extroversion, and flexibility were able to anticipate and explain obsessive-compulsive disorder, which explained the charm, extroversion, and flexibility of negative signs of obsessive-compulsive symptoms. As much as the obsession with the obsessive-compulsive disorder, the obsession is more intense in him. Personality disorders, neurology have the highest frequency and openness of the least frequency in obsessive patients, and the neurological variable is a predictor of obsessive-compulsive disorder in obsessive patients. Other research results showed that the conscientiousness of the specific component of the OCD and the vulnerability factor towards this disorder).

Self-compassion is defined as the quality of being in touch with their suffering and self-harm, and the sense of helping to resolve their problems, and with positive psychological components such as altruism, kindness and happiness. Self-help can help people more effectively. Consciousness is one of the important components of mental health. Because of this approach, they learn to be kind to themselves, have a common sense with others, be alert to their own living conditions, and deal with issues and problems with Uncritical attitudes. Death talks have good coping resources that help people. To deal with the negative events of their lives. People with obsessive-compulsive disorder, due to the nature of the disorder, always need strategies to help themselves or in other words, they are sympathetic (Neh et al., 2008). Their compassion represents warmth and acceptance of their aspects. And life that is pleasant and consists of three main elements. First, whenever a person becomes aware of his inefficiency and suffers from it, he perceives himself to be and understands himself. Second, it is a sensation that is characteristic of Common humanity, and recognizing that pain and failure are inevitable aspects of the shared experience of all human beings. Finally, self-compassionate it is sometimes balanced against your emotions, and this includes the ability to deal with thoughts and feelings without pain or grief and regret for yourself. In a study, Vitronics et al. (2013) showed that between OCD with compassion and Individual values have a meaningful relationship. The results of Abramowitz and colleagues (2003) on self-compassion in patients with obsessive-compulsive disorder showed that individuals with obsessive compulsive self-control to control their unpleasantness (Edmond et al., 2011) by examining the effect of self-compassion on the severity of the symptoms of psychological harm, they found that self-anticipatory compassion a strong case for psychological problems such as anxiety. USUS is depression. Vitronics et al, (2013) investigated the relationship between self-compassion and individual values with obsessive-compulsive disorder. The results showed that between OCD disorders Self-esteem and individual values have a meaningful relationship. Lari et al, (2007) showed that people who are more compassionate have more satisfaction with their lives. Terry and Lori (2011) concluded that Self-empathy increases the ability of individuals to behave in a meaningful way toward health and coping with problems. According to the stated articles, the purpose of this research is to investigate the role of personality dimensions and self-compassion in patients with obsessive-compulsive disorder and practical.

Methods

Since the present study is based on the role of personality dimensions and self-compassion in patients with obsessive-compulsive disorder, and this research is a descriptive method of Pearson correlation. Regression analysis. The present statistical population included patients with obsessive-compulsive disorder, who referred to clinical and therapeutic centers of Karaj in year 2016. The centers were randomly selected from the centers. 36 patients were selected and formed to form groups using random sampling. They were matched based on age, obsessive-compulsive, gender, and place of residence, economic status and self-esteem score. The main limitation of this research is that relationships does not identify the cause and effect between the variables, but simply determines which variable with which other variable is relatively in the positive or negative direction and, compared to the empirical method, this method applies less control over the independent variables.

Collecting Tool

New Personality Dimension Questionnaire

The personality questionnaire, known as the "Big Five Personality Factors", was presented by McGuire and Costa in the late 80's and early 90's and is a product of four decades of endeavor in the field of personality psychology. This questionnaire is one of the most comprehensive ones. Which measures the five main aspects of the personality and the characteristics associated with these aspects. The five or the factors that are examined in five of our indexes allow a comprehensive review of the personality of the adult population. The characteristics of these are: Emotional stability or nervousness, extroversion E, openness o. Agreement A and Separation C. The short form of the New Personality Questionnaire has been developed by FFI in order to provide a short form of NEO PI-R. A new norm for it is presented, but it has the same basic form. The correlation coefficient between the NEO PI-R and NEO FFI scores was calculated to be 0.87, 0.77, 0.91, 0.90, and 0.92 for C.A.O.E.N, respectively. The internal consistency based on the Cronbach's alpha coefficient for the indices is as follows: 0.81, 0.98, 0.73, 0.77, and 0.86)

Self-Compassion Scale

This tool was created by Nevsky in 2003, and a self-report scale of 26 questions that respond to questions from the questionnaire on a Likert scale of 5-point zero (almost never) to four (almost always). The average scores of these six crumbs the scale (including the reciprocal scores) gives the overall score a commotion. Research on the preliminary validation of this

questionnaire has shown that all of these six subscales have a high internal correlation, and confirmatory factor analysis has also shown that a self-indulgent self-indulgence factor explains this internal correlation. The internal consistency of the questionnaire in the previous research, 0.93 was reported (2003, quoted by Bashpour, 2013). In Iran, Cronbach's alpha coefficient of this scale was reported in the study of Abolqasemi et al. (2012), equal to 0.81.

Data analysis method

The sample of the study was 210 obsessive-compulsive patients who were selected from the community of society (available on the basis of a psychiatrist). In this research, Pearson's correlation coefficient and multiple regression analysis finally, the questionnaires were analyzed after completing the gathering and the data were analyzed by SPSS software.

Results

Table 1. Distribution of scores of personality dimensions in four levels

personality dimensions	Frequency	Percentage
Compactor	46	24.3
Conscientious	47	24.9
Full of fuss	47	24.9
Stable	49	25.9
Experience accumulator	50	43.10

Table 1 shows that 46 person (24.3%) compilers, 47 person (24.9%), conscientious and fierce, 49 person (25.9%) are stable and 50 person (43.10%) are in the Experience accumulator.

Table 2. Mean and standard deviations of the studied variables

Research variables	X	SD
personality dimensions	138.23	25.14
Compassion for yourself	15.49	1.49
OCD Obsessive Compulsive Disorder	48.29	10.19
Practical obsession	30.45	15.13

Table 2 shows that the mean and standard deviation of personality dimensions are $X=138.23$ ($SD=25.14$), respectively. The mean and standard deviation of compassion are $X=15.49$ ($SD=1.49$) and the mean and standard deviation of obsessive-compulsive disorder are $X=48.29$ ($SD=10.19$) and mean and standard deviation are $X=30.45$ ($SD=15.13$).

Table 3. Correlation coefficients between research variables

Sov	personality dimensions	Compassion for yourself	OCD Obsessive Compulsive Disorder	Practical obsession
personality dimensions	1	37%	46%	50%
Compassion for yourself	37%	40%	34%	37%
OCD Obsessive Compulsive Disorder	23%	23%	43%	36%
Practical obsession	40%	70%	55%	15%

The results of table 3 show that the dimensions of personality and self-deception in the sense that students who have positive and significant correlation with piety and self-compassion ($P<0.01$) have a negative correlation with obsessive-compulsive disorder have.

So, as patients ($P<0.05$) are more psychologically better, they have a positive correlation with self-compassion.

Table 4. Results from one-way vibration analysis of self-compassion and obsessive-compulsive scores and its subscales in three levels of personality dimensions

Sov	Variation	ss	df	MS	F	P
Compassion for yourself	Between groups	30.520	3	1.173	0.53	0.66
	Intergroup	829.518	374	2.218		
	Total	833.038	377			
OCD Obsessive Compulsive Disorder	Between groups	6841.526	3	2280.509	26.38	0.001
	Intergroup	32326.464	374	86.434		
	Total	39167.989	377			
Practical obsession	Between groups	6841.323	3	2.121	12.32	0.001
	Intergroup	32326.212	213	3.213		
	Total	39167	366			

According to the results of table 4, it can be said that there is a significant difference between the scores of personality dimensions of people belonging to the three levels of self-compassion and obsessive-compulsive disorder.

Discussion

The results of this research indicate that the role of personality dimensions and self-compassion lead to improvement of people with obsessive-compulsive disorder and practical, as well as the general score of the instrument, and also the reduction of obsessive-compulsive and practical activities of individuals. The results obtained in this research are with the results of the research the results are the same

That obsessive patients in their subscales of compassion and personality dimensions about irresponsibility and risk, cognitive confidence and the need for control of thoughts earn higher scores than healthy subjects. It is worth noting that some other researchers also reported a positive relationship between self-compassion and obsessive-compulsive symptoms. In support of these findings, researchers have shown that personality dimensions in obsessive-compulsive pathology play an accelerating role and sustained self-compassionate affection is related to the importance and meaning of internal cognitive events (Andersen, 2004).

Negative thoughts about self-compassion and obsessive-compulsive disorder, worry and signs of obsessive-compulsive and practical prediction, while the need for control of thoughts can specifically be a good indicator of self-awareness concerns about self-awareness. In addition to these are the concentration and awareness of the content of thoughts as the tendency for increasing concentration on mental processes (Mangese, 2007). Also, some researchers suggest that cognitive self-awareness can be considered as a distinct cognitive characteristic of obsession. While the findings of this study do not support such a hypothesis (Viswanath, 2010). There may be no difference in the findings of this study because of the fact that more than half of the participants in the research in both groups had university education and may have university education and presence in the university as well as contrasted with different opinions. So that people think about their thoughts and thus the self-awareness of individuals has increased and as a result of data analysis there is no difference in the two groups (Esfahani, 2011).

In examining the difference in the scores of personality dimensions in obsessive patients with high and low insights, the data did not different, did not make clear between the two groups. With our review, we have just examined a relationship between observer attitudes with personality dimensions. Onen (2013) found that obsessive-compulsive patients with higher insights in personality subscale scores higher scores than low insight-oriented patients. He points out that, although there is no study on the relationship between insight and personality dimensions, it is suggested that in the future, research is to be conducted that: 1) has a higher sample size in the obsessive-compulsive group with a low insight; 2) from the tool Valid and more accurate to measure the amount of insight; and 3: More diversity in the demographic characteristics of the research sample. It is hoped that the present study, considering that the first research that examined the personality dimensions of people with obsessive-compulsive disorder with high and low insights in Iranian society, could at least be able to research a new research, while acknowledging the limitations, to the Open the researchers.

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