



**A COMPARISON BETWEEN OBSESSIVE BELIEFS AND EROTICISM
(OR SEXUAL ORIENTATION) IN WOMEN WITH HISTORY OF
ABORTION, HEALTHY AND COLD NATURE WOMEN OF
SANANDAJ, IRAN**

Shahoo Fatehi

Department of Psychology,
Kurdistan Science and Research branch,
Islamic Azad University, Sanandaj, Iran

Abstract:

This study compared the obsessive beliefs and eroticism (or sexual orientation) in women with the history of abortion, healthy and cold nature women. In the terms of method, this study is descriptive from causal-comparative type; and in the terms of fundamental purpose and data collection is a field study. The statistic society of the study was consisted from women with abortion history in 2017. For sample selection in this study, 30 sample persons from women communities with abortion history, 30 persons of healthy people and 30 persons of cold nature people (or women) were selected as study samples. The sampling method for women with abortion history was through the purposeful sampling; and random for healthy women. According to the research objectives and variable types, the appropriate instrumental question to measure the variables was identified. According to the library studies and internet searches, the questionnaire of standard obsessive beliefs (QBQ-44) was chosen as study tool. For questionnaires distribution, the required coordination was taken place with related clinics and by their cooperation, the questionnaires were distributed among the study samples and they were completed after responding. In order to test the statistic assumption after confirming the pre-assumption of data distribution normality, One-way variance analysis of tests and Tukey and Dunnett's post-hoc tests for comparing the obsessive beliefs and eroticism between the samples were used. The results of statistic assumptions testing showed, the obsessive beliefs and its components and Psychotic symptoms of eroticism in women with abortion history have meaningful difference.

Keywords: obsessive beliefs, eroticism, abortion

1. Introduction

Infertility is considered as a serious stress in the life and leads to an intense psychological trauma to the couples (Hawk and Sander, 2004). The clinical definition of infertility according to the World Health Organization is inability in pregnancy after a year of normal, straight and without prevention intercourse (Lee, 2000). Infertility is one of the personal and social problems that could put the patients at risk for various psychological pressures (Ghorbani and Milanifar, 2009). According to the studies, the prevalence of infertility is various from 10 to 18 percent in different regions. According to the World Health Organization, 8 percent of couples experience some kind of infertility during their reproductive years. Infertility has numerous psychological consequences that in this regard thinking and irrational beliefs can be mentioned (Honarparvaran, 2012). Couples' response to this sense of grief is appeared in the form of psychological problems such as anxiety, depression and loss in the person performance (Fa'alkalhoran, 2011). The lack of having children occurs due to several reasons which one of the reasons is abortion. 50 to 60 percent of pregnancies are aborted in two or three weeks after fertilization, so that even pregnant women are not noticed. 12 to 15 percent of pregnancies end and pregnant women are found to abort her fetus (Simpson, 2000). One of the types of anxiety disorders is obsessive belief that has become known and most widespread over the years, the average age of onset of the disorder is usually about 20 years. Obsessive disorder clinically includes the ability to conceptualize clinical annoying and tough behavior that interferes in one's life and provides her discomfort (Izadi, 1391). This disorder is sometimes expressed as obsessive-compulsive disorder; obsessive thought (Obsessive Belief) consists of ideas, impulses, intrusive and repetitive thoughts and feelings that lead to the person's anxiety and discomfort and it seems that person has to think about things and matters that wishes not think of them (Sadeghi & et al, 2011). In this regard, the sexual orientation (or eroticism) could be affected by these considered disorders.

The sexual orientation integrates with person's personality and even thought are a biological structure but affects the person's perception of himself, relationships with others, her behavioral patterns and also her confidence; that is why speaking of sexual orientations as an independent or biologically phenomenon is impossible (Amini, 2009). Like other kinds of psychological moods, the sexual orientations can be impaired and disrupted. The factor of the disorder onset in women can be due to the human physical-psychological moods and also environmental factors such as Infertility, divorce,

abortion or frigidity (or cold nature) and etc. Studies have shown that infertility factors has effect on sexual orientation and finally sexual satisfaction, couples who have more sexual orientation to each other feel more happiness, confidence and greater commitment (Dehghani, 2004).

So, in this study we look for the response of the following question that: *“Is there a relationship between the obsessive beliefs and eroticism (or sexual orientation) in women with the history of abortion?”*

Shams et al in a study as comparison of obsessive beliefs in patients with OCD and other anxiety disorders in control group reached this conclusion; obsessive beliefs and Retail scaling of perfectionism and uncertainty was higher in OCD and anxiety people than healthy people but between two OCD and anxiety groups were not significant difference observed. In retail scaling, the thoughts importance and controlling in obsessive group rates was higher than two anxiety and healthy groups, but the difference between anxiety and healthy groups was not meaningful and significance.

Behzadi and Rahmati (2016) in a study as the prevalence of obsessive beliefs in patients with rheumatoid arthritis and their comparison with healthy people achieved the results that there is a meaningful (significant) difference in fields of "(general) obsessive beliefs", "perfectionism and certainty", "responsibility and danger and threat evaluation" and "general factor" but there isn't in fields such as "the importance and control of thoughts" and "complete perform of matters".

Panah, Ali and Karimi, Azar (2015) reaches this conclusion in a study as the compressional survey of obsessive beliefs and personality features of female teachers with high and low job burnout that there is a meaningful difference between obsessive beliefs and its components with teachers' high and low job burnout.

Shri and Roy (2013) reached this conclusion in a study to survey the sexual desire and sexual activity of men and women across their lifespan that sexual desire decrement is generally reported higher in aged men than women. For men and women, sexual activity in older people was more a matter of denial or rejection of the other partner. There are social and personal factors in the loss of libido (or sexual desire) and sexual activity, including disease, lack of privacy, erectile dysfunction, menopausal and spiritual reasons.

Impett et al (2008) in a study surveyed the sexual desire maintenance in close relationships (importance of objective and objectives approach), it showed that relationship approach objectives to reduce sexual desire over time acts as a barrier and predicts the high libido during the daily sexual interactions. Approach of sexual purposes is as median of the relationship between objectives and approach regarding

sexual desire during the day. People with robust approach purposes experience strong desire on positive relations and experience more desire decrement in negative relationship from those who have lower approach purposes. Also, the relationship between relationship purposes and sexual desire in women is more than men.

Moritz et al (2007) in a study as increasing the perception of memory loss, cognitive and memory accuracy in obsessive-compulsive disorder reached this conclusion; the metacognitive beliefs about worrying are connected with obsessions intensity and also the basic aspect of other obsessive-compulsive disorders means extremist responsibility.

2. Research method

The study design is in the fields of descriptive studies. Thus, none of the variables was manipulated and they were only measured and discussed (Ferguson, George and Yoshio Takaneh, Kermanshah, 1386). Since the study emphasized only on the comparison of obsessive beliefs and sexual orientations in women with a history of abortion, so the variables were not manipulated, and according to the assumptions of descriptive designs, the Ex post facto method (casual-comparative) can be used. The causal-comparative methods or Ex post facto procedure method usually refer to the studies that researcher based on the dependent variable surveys the possible cause of the event. In the other words, the casual-comparative study is a retrospective comparison and attempts to find the cause through the effect. This method with Ex post facto topic was used by Chopin in 1937 for the first time and then it was expansively used by Greenwood. The statistic society of study was consisted of women with abortion history and also all healthy and cold nature women that have referred to Be'saat Hospital in Sanandaj for treatment in 2017.

2.1 Measuring tool

According to the study which emphasizes on the comparison of obsessive beliefs psychosomatic symptoms and sexual orientations in women with a history of abortion and healthy and cold nature women, for measuring the obsessive beliefs, the questionnaire OBQ obsessive thoughts and psychosomatic symptoms of Takata and Sakata (2004) were used and also for sexual orientation, the sexual orientation questionnaire of Halbert was used.

2.3 Data analysis

Since the current study compare the obsessive beliefs psychosomatic symptoms and sexual orientations in women with a history of abortion and healthy and cold nature women, for analyzing the data, the descriptive statistical indexes and parametric statistical model adapted to the study subject such as one-way variance analysis of tests and Tukey and Dunnett's post-hoc tests will be used.

3. Results

Table 1: ANOVA test for obsessive beliefs

Variable	Group	Mean	Standard Deviation	Difference between groups	Difference in the groups	F amount	Sig
Obsessive beliefs	Abortion	4.30	0.765	13.628	41.275	14.363	0.000
	Cold nature	4.97	0.415				
	Healthy	4.05	0.815				

The results and sig level and F amount in table (1) show that there is meaningful difference between obsessive beliefs in the study groups. Therefore, for identifying that there is difference between what groups, the post hoc test was used. Therefore, firstly, to determine the homogeneous or heterogeneous variance of scores, Levin test was used.

Table 2: T-Dennett's post hoc test for comparison study of obsessive beliefs among the groups

Variable	Groups	Mean	Mean difference	Standard deviation	Sig
Obsessive beliefs	Abortion	4.30	-0.670	0.159	0.001
	Cold nature	4.97			
	Abortion	4.30	0.251	0.204	0.527
	Healthy	4.05			
	Cold nature	4.97	-0.921	0.167	0.001
	Healthy	4.05			

According to the table (2), there is a meaningful difference between the mean of obsessive beliefs of cold nature people (4.97) with healthy people (4.05) and with abortion history (4.30) based on the sig (significance or meaningfulness) level, but there isn't a meaningful difference in the mean of obsessive beliefs between healthy people (4.05) and with abortion history (4.30).

Table 3: ANOVA test for sexual orientation (or eroticism)

Variable	Group	Mean	Standard Deviation	Difference between groups	Difference in the groups	F amount	Sig
Sexual orientation	Abortion	2.96	0.472	43.359	11.140	169.310	0.000
	Cold nature	1.60	0.164				
	Healthy	3.17	0.365				

The results and sig level and F amount in table (3) show that there is meaningful difference between sexual orientation in the study groups. Therefore, for identifying that there is difference between what groups, the post hoc test was used. Therefore, firstly, to determine the homogeneous or heterogeneous variance of scores, Levin test was used.

Table 4: T-Dennett's post hoc test for comparison study of sexual orientation among the groups

Variable	Groups	Mean	Mean difference	Standard deviation	Sig
Sexual orientation	Abortion	2.96	1.357	0.091	0.001
	Cold nature	1.60			
	Abortion	2.96	-0.208	0.109	0.172
	Healthy	3.17			
	Cold nature	1.60	-1.565	0.073	0.001
	Healthy	3.17			

According to the table (4), there is a meaningful difference between the mean of sexual orientation of cold nature people (1.60) with healthy people (3.17) and with abortion history (2.96) based on the sig (significance or meaningfulness) level, but there isn't a meaningful difference in the mean of sexual orientation between healthy people (3.17) and with abortion history (2.96).

4. Discussion and Conclusion

In the regard of first assumption, it was revealed that the average rank of cold nature, with abortion history and healthy women is different for obsessive beliefs and so, the obsessive beliefs of samples were not estimated similar in the three groups. Also the results of post hoc test showed that there is meaningful difference in obsessive beliefs between cold nature, healthy and with abortion history people but there isn't a meaningful difference in obsessive beliefs between healthy and with abortion history people that are consonant with Behzadi and Rahmati (2016), Panah, Ali and Karimi,

Azar (2015), Filbandi Kashkoli (2012) and Shams et al (2006) results. People with obsessive signs usually have interruptive thoughts, mental imaginations and shocks that annoy and discomfort them. After the occurrence of intrusive thoughts, the activation of dysfunctional beliefs lead to negative evaluation of annoying thoughts in mind as a symbol of the threat. These beliefs cause negative emotions intensifying. This disorder is within one's mind and provokes anxiety and discomfort. This kind of intellectual obsession continuously walks without conscious and any control in the patient's mind. People with obsession generally have various combinations of obsessive thoughts that one or some of them are more important and highlight than others.

Obsession like other mental diseases is as a result of various biological, psychological and social factors combination. However, different people with different symptoms can have different combinations of factors and this makes the cause identification of the disease very complex (Izadi et al, 2014). There are special obsessive thoughts in people with practical-intellectual obsession disorder; means that if they do a special work or don't, a bad event will be near to happened. The cold nature people may always encounter with interruptive thoughts in their minds due to their sexual problem. They have less capability of communicating with other because of situation they have and finally spend less time in friendly groups and assembles or even with their spouses and are mostly alone which this aloneness can itself provide the field for interruptive and annoying thoughts that come to those who have obsessive beliefs. In this phase, these people do some acts extremely to get rid of these annoying thought that destroy these thoughts and they temporarily effective. So, after a while it will be normal to be permanently done which leads to the persons' obsessive beliefs. But in this study, this subject is different in healthy and with abortion history women, and they have less obsessive beliefs than cold nature people. This difference may be due to the physiological, physical or even emotional differences in cold nature or (frigid) people.

In the regard of sixth assumption, it was revealed that the average rank of cold nature, with abortion history and healthy women is different for sexual orientation and so, the sexual orientation of samples were not estimated similar in the three groups. Also the results of post hoc test showed that there is meaningful difference in sexual orientation between cold nature, healthy and with abortion history people but there isn't a meaningful difference in sexual orientation between healthy and with abortion history people that are consonant with Bazyari (2013) results. When people lose their sexual desire and ability, it leads to negative effects on their lives such as sexual failure, low self-esteem, feelings of inadequacy and insecurity. In addition, this may associated with many negative feelings. Compared with normal women, women with this disease suffer more from negative emotions such as sadness, anxiety, frustration, despair,

helplessness and shame (Denestrin et al, 2008). Sexual desire is strongly influenced by the events of one's life. When they get any problems in any aspect of their lives, they will indirectly have effect on her libido (sexual desire). Frigidity (or cold nature) can occur for two main reasons. One of the reasons for decreased libido and other reasons are psychological factors. In both cases, as a result of their sexual desire, they temporarily or permanently lose themselves. In fact, frigidity is the lack of sexual desire, in which the person is lack of sexual desire to his or her partner and it is normal that cold nature persons with a history of abortion compared with healthy subjects who have normal sexual desire, show less sexual orientation. But this issue is different in healthy people and history of abortion women. The healthy and with abortion history people experience a normal sexual desire due to the lack of sexual problems which it can be the reason of sexual desire and orientation difference between these people and cold nature people.

References

1. Amini, E. (2009). Pathology of sexual dysfunction of married women in three generations, Master thesis in Women's Studies field, Alzahra University, pp: 89-93.
2. Izadi, R., Neshat doost, H. T., Asgari, K., Abedi, M. R. (2014). Compare the effectiveness of acceptance and commitment therapy and cognitive-behavioral therapy on patients with obsessive-compulsive disorder, Research in Behavioral Sciences, Volume 12, Issue 1, pp: 47-56.
3. Babamiri, M. (2015). Study of stressful elements of job, organizational variables and personality traits as predictors of psychosomatic symptoms in Bid Boland refinery employees, PhD thesis, Chamran University.
4. Panah Ali, A., Karimi Azar, F. (2015). A comparative study of obsessive beliefs and personality traits in teachers with high and low burnout, woman and family studies, Volume 7, Issue 29, pp: 113-134.
5. Shams, G., Karam Ghadiri, N., Esmaeili Torkanboori, Y., Rahimi Nejad, F. (2006). New Cognitive Science, Number 30, pp: 53-65.
6. Ghalkhani, M. (2015). The relationship between obsessive beliefs, Metacognitive beliefs and types of depression with compulsive disorder dimensions in obsessive patients, Master thesis, Mohaghegh Ardabil University.
7. Honarparvaran, N., Ghadrei, Z., Taghva, M., Zandi Ghashghaei, K. (2012). Relationship between self-conscious affection and irrational beliefs with the

- sexual desire of infertile women, *Journal of Yasooj medical science university*, Volume 17, Issue 6, pp. 514-521.
8. Davis, Lennard J. (2009). *Obsession: A History*, University of Chicago Press.
 9. Ghorbani B, Milanifar AR. (2009). *Infertility and Insurance*. Tehran: Avicenna Research Institute. p. 57-65.
 10. Hauke G, Sandra F. (2004). Feeling and emotions in women treated for infertility, *Journal of sexuality*; 61(12): 1334 – 7.
 11. Impett Emily A., Strachman, Amy, Finkel, Eli J, Gable, Shelly L. (2008). Maintaining Sexual Desire in Intimate Relationships: The Importance of Approach Goals, *Journal of Personality and Social Psychology*, Vol. 94, No. 5, 808–823.
 12. Lee T. Y. (2000). the effect of an infertility diagnosis on the distress, Marital and sexual satisfaction between husbands and wives in Taiwan. *Hum Report*; 16(8): 1762-7.
 13. Moritz, S., Wahl, K., Zurovski, B., Jelinek, L., Fricke, S. & Hand, I. (2007), Enhanced perceived responsibility decreases Meta memory but not memory accuracy in obsessive-compulsive disorder. *Behavior Research and Therapy*, 45, 2044–2052.
 14. Sadeghi, Hassan A., Nader Hajloob, Fatemeh Emamic, (2011). The study of relationship between obsessive beliefs and procrastination among students of Mohagheghe Ardabili and Maragheh universities, *Procedia - Social and Behavioral Sciences* 30 .pp:292 – 296.
 15. Shri, Padma, Roy, BC. (2013), *Sexual Desire and Sexual Activity of Men and Women across their Lifespan*, *Indian Journal of Clinical Practice*, Vol. 24, No. 3, pp: 207-210.
 16. Simpson JL. (2000). Genetic Causes of spontaneous abortion. *Contemp Observ*; 35: 25-40.

Creative Commons licensing terms

Author(s) will retain the copyright of their published articles agreeing that a Creative Commons Attribution 4.0 International License (CC BY 4.0) terms will be applied to their work. Under the terms of this license, no permission is required from the author(s) or publisher for members of the community to copy, distribute, transmit or adapt the article content, providing a proper, prominent and unambiguous attribution to the authors in a manner that makes clear that the materials are being reused under permission of a Creative Commons License. Views, opinions and conclusions expressed in this research article are views, opinions and conclusions of the author(s). Open Access Publishing Group and European Journal of Social Sciences Studies shall not be responsible or answerable for any loss, damage or liability caused in relation to/arising out of conflicts of interest, copyright violations and inappropriate or inaccurate use of any kind content related or integrated into the research work. All the published works are meeting the Open Access Publishing requirements and can be freely accessed, shared, modified, distributed and used in educational, commercial and non-commercial purposes under a [Creative Commons Attribution 4.0 International License \(CC BY 4.0\)](https://creativecommons.org/licenses/by/4.0/).