



THE COMPARISON OF OBSESSIVE BELIEFS AND PSYCHOSOMATIC SYMPTOMS IN HEALTHY AND WITH ABORTION HISTORY WOMEN OF BOJNOORD CITY, IRAN

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Abstract:

The purpose of conducting this study was to compare the obsessive Beliefs and psychosomatic symptoms in healthy and with abortion history women of Bojnoord. The statistic society of study was consisted of women with abortion history and also all healthy women of Bojnoord that have referred to Imam Ali Hospital in Bojnoord for treatment in 2016. The sample size of current study has been consisted of 30 women with abortion history and 30 healthy women. The sampling method for women with abortion history was through the purposeful sampling; and random for healthy women. For data collection, the questionnaire OBQ obsessive thoughts and psychosomatic symptoms of Takata and Sakata (2004) were used. The results showed that there is a meaningful (or significant) difference between the variables of psychosomatic symptoms and obsessive beliefs and general components, the importance and control of thoughts and responsibility and evaluation of risk and threat from obsessive beliefs variable among the healthy and with abortion history women, but there isn't any difference between the components of perfectionism and certainty in completely conducting different matters from obsessive beliefs among the healthy and with abortion history women.

Keywords: obsessive beliefs, psychosomatic symptoms, abortion, Bojnoord city

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1. Introduction

The obsessive beliefs are considered as one of the anxiety disorders that have achieved a reputation and extension over the years. The average age this disorder beginning is about 20 years old. The obsessive disorders are clinically consisted of disruptive thoughts and imaginations and hard and intense clinical behaviors that lead to interference in one's life and also provide his discomfort (Izadi, 2012). This disorder indicates sometimes as Obsessive-Compulsive Disorder. The obsessive thought (obsessive belief) includes of Ideas, impulses, thoughts and annoying and repetitive feelings which cause one's anxiety and discomfort that seems that person is have to think of things and matters that always wish to not think of them (Sadeghi et al, 2011). Sometimes obsessive beliefs manifested in action that is called obsessive (compulsive) action in which an individual know himself compelled to conduct them while obsessive thoughts invasion in order to decrease his stress and anxiety. The level of thought and obsessive behaviors presence both together in people with this disorder is various (Asemi Zavareh, (2012).

The origin of obsessive beliefs can be the person's negative thoughts and assessments when the obsessive thoughts are transformed into a compulsive act that person reinforced in his mind and based on his misplaced evaluations of himself consider himself as a patient that is forced to do them just to decrease the interruptive thoughts and in the other hands, person thinks that he has the aim of doing them (Alilo et al, 2014). These obsessive beliefs are created unwanted and involuntary and lead to the significant anxiety or distress in the person that patient feels a compulsion in the terms of intellectuality for acting them, and usually resists them. The practical obsessions are often motived and created by intellectual obsessives and because it decreases the anxiety and mistress due to the obsession immediately, it's reinforced (Cordeiro et al, 2015). The cognitive-behavioral models indicate that the unsuccessful attempts have an important role in controlling the unwanted thoughts and disorder continuous and formation (Belloch et al, 2010). The successfulness and lack of successfulness in controlling the unwanted thoughts can be connected and linked with some of variables. For example, the acceptance of an interruptive person, in other words, a conscious mind encounter will eliminate the vigilance and repression that can allow the person to test the beliefs that have kept them due to the internal anxiety statuses. Similarly, accepting the uncertainty can decrease the concern for finding complete and perfectionist solutions (Leahy, 2002).

The results of social sciences researchers show that the distribution of psychological, physical and psychosomatics disorders and diseases is different from

following the certain social pattern and based on some social variables such as sexuality, Marital status, religious status, social class, employment status and occupation, socioeconomic status, education and income, living in urban and rural areas and lifestyle (Riahi, 2005).

What is notified is that obsessive beliefs can lead to disorders in physics which is referred as psychosomatic disorders. The psychosomatic disorders are physical diseases that appeared after the appearance of intense stresses and includes of biochemical, anatomical or physiological disorders. From the creative factors of obsessive beliefs that in its place lead to psychosomatic symptoms, it can be referred to social - cultural factors, and poor social interactions, such as job loss, marital relations and conflict, immigration, sexual dysfunction and etc. (Asemi Zavareh, (2012). According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR), no categorization has been considered for psychosomatic patients (Grande et al, 2004). Among the psychosomatic symptoms, we can refer to Migraine, hypertension and peptic ulcer, chronic colitis (inflammation of the colon), respiratory diseases such as asthma, spinal pain and psychosomatic back pain, diseases of endocrinology and nutrition, sexual reluctance (sexual dysfunction) and etc. (Obsessive Compulsive Cognition Working Group, 2001). Women with physical, psychological and emotional health are the strong bases of healthy familiar life and along with prosperous and healthy society underlie. The psychological disorders and their bad effects will cause undesirable effects on intimacy and family vitality. As studies have shown, women conflicting with unpleasant consequences and its impact on the psyche are capable of psychosomatic diseases and even sexual frigidity, so it's essential that by comparing obsessive beliefs and psychosomatic symptoms as two effective variables on women's physical and psychological health and determining the differences of these two variables in women with abortion history and healthy women provide solutions for unpleasant consequences such as women's abortion so that can decrease the effects of these consequences in creating disorders such as obsessive beliefs and psychosomatic diseases in women who are the columns of healthy families and communities formation.

Research history: 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". Kolesnikova et al (2015) in a research as new methods to identify psychosomatic disorders in children

reached this conclusion that stressful situations are similar for all students at school. However, the risk of psychosomatic disorders is different for different students. This study according to survey of articles that have been conducted during 30 years about the genetic mechanism of psychosomatic disorders indicate that the confliction between regulations and social controls and stressful conditions with students' biological activities causes the appearance of psychosomatic disorders in students.

Freund et al (2014) in a study as the passion and psychosomatic symptoms-statements in middle-aged men and women reached this conclusion that women report more psychosomatic symptoms when they experience confliction between spheres of life. Also, women in low levels of Facilitating reported more psychosomatic symptoms than men.

Safiei et al (2013) in a research as psychosomatic disorders during pregnancy reached this conclusion that depression during pregnancy is often led to premature delivery. In this field, psychosocial and psychological interventions can certainly significantly prevent postpartum depression. Despite the effects of inhibitors selective serotonin reuptake, including unintentional miscarriage, preterm delivery and fetal death, lack of treatment with these drugs may increase relapse during pregnancy. Studies also have shown that about 8 percent of mothers have eating disorders during pregnancies that this rate was increased to 19% in the postpartum period. Another important thing is postpartum psychoses that are led to the maternal mortality because of suicide. The personal and family histories of bipolar disorder risk are important factors in this regard.

Asafi et al (2013) in a study as psychosomatic diseases in nurses reached this conclusion that the average level of stress is observed in the majority of nurses. The most important factors of stress are not reaching out the works because of shortage of things to do in the work time, dealing with patients' families, overtime, inadequate salaries and lack of sufficient professional experience, shift work and taking care of critically ill patients. Age and rank increasing do not play an important role in decreasing stresses. People with high levels of stress and psychosomatic symptoms have much more willingness to use unusual ways to deal with stress than those who have lower level of stress and symptoms. Psychosomatic diseases such as: back pain, acidity, stiffness in the neck and shoulders, forgetfulness, irritability and anxiety are significantly higher in nurses with higher stress rank.

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.

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.

2. Objective of study

The comparison of obsessive beliefs and their components including of (General factor, perfectionism and certainty factors, accountability and assessment of the threat, and the importance of controlling thoughts, factor of complete perform of acts and things) between healthy and with abortion history women.

(The comparison of psychosomatics symptoms between women with abortion history, frigid women and healthy women)

3. Sampling Design

The statistic society of study was consisted of women with abortion history and also all healthy women of Bojnoord that have referred to Imam Ali Hospital in Bojnoord for treatment in 2016. The sample size of current study has been consisted of 30 women with abortion history and 30 healthy women. According to the matter that in this study, it will be attempted to compare the two levels of healthy and with abortion history women, so the sampling method for women with abortion history was through the purposeful sampling; and random for healthy women.

4. Data Collection

The present study is comparative because the study objectives. In this study, the obsessive thoughts of OBQ-44 and psychosomatic symptoms of Takata and Sakata (2004) questionnaires for data collection were used. To respond to this questionnaire, the subjects were asked to submit their comments. In order to collect data,

questionnaires were localized based on the location and were also collected after distribution and completion by study samples.

5. Hypothesis

The obsessive beliefs and their components including of (General factor, perfectionism and certainty factors, accountability and assessment of the threat, and the importance of controlling thoughts, factor of complete perform of acts and things) have meaningful difference between healthy and with abortion history women.

The psychosomatic symptoms have meaningful (or significant) difference between healthy and with abortion history women.

6. Data analysis

At the Inferential Statistics Section, to test the normal distribution of data, Shapiro test was used and results indicated the abnormality of data distribution in obsessive beliefs and psychosomatic symptoms variables, components of perfectionism and certainty and Responsibility and assessment threat factors, but the components of general factors, and the importance factors of controlling thoughts and complete perform of acts from obsessive beliefs variable had normal distribution. Therefore, to determine the difference between people with a history of abortion and healthy in variables of obsessive beliefs and symptoms of psychosomatic, and components factors of perfectionism and certainty and factors of responsibility and risk and threat assessment of obsessive beliefs of the Mann-Whitney, and also to determine the difference between people with a history of abortion and healthy for the general operating components, and the importance factors of controlling thoughts and factors of full perform of a matter from the obsessive beliefs variable, independent t-test was used. The level of first type error of 5 percent ($\alpha= 0.05$) was used to determine the meaningfulness of tests and samples.

A. Hypothesis 1

The obsessive beliefs and their components including of (General factor, perfectionism and certainty factors, accountability and assessment of the threat, and the importance of controlling thoughts, factor of complete perform of acts and things) have meaningful difference between healthy and with abortion history women.

Table 1: Mann-Whitney U test for comparing the obsessive beliefs and components of perfectionism and certainty, and danger and threat assessment factors between people with abortion history and healthy people

Variable	Type	Mean Rank	Mann-Whitney U	Z	Sig
Obsessive Beliefs	Healthy	21.98	194.500	-3.779	0.001
	Miscarriage	39.02			
Perfectionism and certainty	Healthy	26.95	343.500	-1.578	0.115
	Miscarriage	34.05			
Responsibility and threat assessment	Healthy	23.77	248.00	-3.002	0.003
	Miscarriage	37.23			

As can be seen in Table 1, there was a meaningful (or significant) difference between obsessive beliefs variable and factors of responsibility and threat assessment between healthy and with abortion history people and those who had the abortion experience have reported the higher rates in obsessive beliefs variable and factors of responsibility and threat assessment than those who were healthy but there wasn't a meaningful difference in perfectionism and certainty factor between healthy and with abortion history people.

Table 2: The independent t-test for comparing the general factors, importance and though control and complete perform of matters between healthy and with abortion history people

Variable	Type	Mean	Levene's Test for Equality of Variances		t-test for Equality of Means		
			F	Sig	t	df	Sig
General	Healthy	3.8333	2.245	.139	-4.699	58	0.001
	Miscarriage	4.6479			-4.699	53.455	0.001
Importance of thought control	Healthy	4.5222	12.960	.001	-2.265	58	0.027
	Miscarriage	5.0167			-2.265	39.067	0.029
Complete perform	Healthy	4.1000	.015	.903	-1.766	58	0.083
	Miscarriage	4.4750			-1.766	57.735	0.083

As can be seen in Table 2, there was a meaningful (or significant) difference between the general factors, importance and though control from obsessive beliefs variable between healthy and with abortion history people and those who had the abortion experience have reported the higher rates in the general factors, importance and though control from obsessive beliefs variable than those who were healthy but there wasn't a meaningful difference in perfectionism and certainty factor between healthy and with abortion history people.

B. Hypothesis 2

The psychosomatic symptoms have meaningful (or significant) difference between healthy and with abortion history women.

Table 3: Mann-Whitney U test for comparing the psychosomatic symptoms in healthy and with abortion history people

Variable	Type	Mean Rank	Mann-Whitney U	Z	Sig
Psychosomatic symptoms	Healthy	19.87	131.00	-4.720	0.001
	Miscarriage	41.13			

As can be seen in Table 3, there was a meaningful (or significant) difference between the psychosomatic symptoms in healthy and with abortion history people and those who had the abortion experience have reported the higher rates of psychosomatic symptoms than those who were healthy.

7. Discussion and Conclusion

The results of first Hypothesis of the study showed that there is a meaningful difference between obsessive beliefs variable and general, importance and thought control and responsibility and threat assessment between healthy and with abortion history people that is consonant with the results of Behzadi and Rahmati (2016), Shafei (2013), Moritz et al (2007) and Shams et al (2006) studies, but there isn't a meaningful difference in perfectionism and certainty factors and complete perform of matters between healthy and with abortion history people that isn't consonant with the results of Shams et al (2006) and Behzadi and Rahmati (2016) studies. 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 leads 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.

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. People with a history of abortion have psychologically different conditions. They undergo severe psychological trauma due to the abortion and are emotionally very fragile. This difficult mental condition leads to numerous psychological problems because they constantly blame themselves and know themselves responsible in this regard which obsessive belief is one of these problems.

They know themselves powerless and unable in many everyday situations to prevent bad things from happening and feel guilty without any reason. Therefore, they continuous effort to be aware of all the consequences of their actions and the consequences of their behavior with others (just protect other from their behaviors). They somehow think that are mandatory of others and when they protect other even if they have no role in an event, they know themselves responsible for the bad and negative consequences that happened to other.

Behzadi and Rahmati (2016) and Shams et al (2006) reported about perfectionism and certainty that there is a meaningful (or significant) difference between the study samples which is in consonant with the current study results. The perfectionism or inability to tolerate uncertainty and certainty of is an obvious cognitive error. People with this cognitive error have problem in decision-making and cautious and keep the bad event in mind for long-term. They show a doubt about decision they make. The problem in decision-making may originate from a false belief of need to have the certainty. In these people, the uncertainty tolerance can be seen abundantly. The samples of Shams et al (2006) study was those who had obsession and other anxiety disorders and the samples of Behzadi and Rahmati (2016) was those who had arthritis that had these disorders in the time of study but the sample of current study was those who had the past experience of abortion which this difference in study results can be due to the disorders time.

The results of second Hypothesis test of the study showed that there was a meaningful (or significant) difference between the psychosomatic symptoms in healthy and with abortion history people and those who had the abortion experience have reported the higher rates of psychosomatic symptoms than those who were healthy that was consonant with the results of Kolesnikova et al (2015) and Freund et al (2014) and Asafi et al (2013) studies. The psychodynamic theories foremost considered the psychological issues that may significantly involve in the development of physical illnesses. Some theories say that a person who is genetically vulnerable in certain organs and has specific psychodynamic conflicts, he/she will be infected by that organ illness when stress is aroused her life psychodynamic conflicts and he cannot protect him/herself against them. But some observers believe that understanding the theory of the world and that he thought the threat, predicting that what psychosomatic disorder will be created. Certainly, women with a history of abortion and healthy women have significant differences. The anxiety and stress in their lives can provide the field for psychosomatic disorders and diseases. The psychological factors can affect multiple physical conditions in a large number of member devices; devices such as respiratory, cardiovascular, gastrointestinal tract and skin and sense organs. These organs in people

with the history of abortion are more vulnerable against being infected by psychosomatic disorders because of their conditions and backgrounds that can be the reason of difference of psychosomatic disorders in people with the history of abortion and healthy people.

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