

OBSESSIVE BELIEFS IN PATIENTS WITH OBSESSIVE COMPULSIVE DISORDER; THE ROLE OF ATTACHMENT STYLES

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ABSTRACT

OBJECTIVE

To examine the relationship of attachment styles with obsessive beliefs and to determine the predictors of obsessive beliefs in patients with OCD.

STUDY DESIGN

Cross sectional research design.

PLACE AND DURATION OF STUDY

Psychiatry departments of Government teaching hospitals of Lahore from September 2013 to October 2014.

SUBJECTS AND METHODS

Forty three men and forty seven women patients with OCD aged 18-50 years ($M = 28.56$; $SD = 8.48$) were selected. Screening Questionnaire for Psychiatric Disorders was administered to select patients with OCD whereas Revised Adult Attachment Scale and Obsessive Belief Questionnaire-44 were administered.

RESULTS

Insecure attachment style had significant positive relationship with obsessive belief of over importance/need to control thought (ICT) and over responsibility/overestimation of threat (RT). Two obsessive beliefs; ICT and RT were significantly predicted by attachment anxiety after controlling for the effect of control variables i.e., age of onset of OCD, gender, depression, and duration of illness.

CONCLUSION

Frequency of relapse rate among patients with OCD may get lower if treatment plans account for improvement of patients' attachment styles along with challenging and modifying their obsessive beliefs with alternative rational beliefs.

KEY WORDS

Obsessive Beliefs, Attachment Anxiety, Attachment Avoidance.

INTRODUCTION

Obsessive Compulsive Disorder (OCD) disrupts people's daily life functioning due to its restrictive, chronic and incapacitating nature. The lifetime prevalence rate of OCD in United States is 1.2% and this rate is fairly consistent across other countries¹. In recent times, OCD is well explained by cognitive models which postulate that OCD is an outcome when thoughts, doubts, images, or impulses are considered intrusive and catastrophically misinterpreted².

Irfan, Khalid and Waqar³ reported that drug treatment in combination with psychological interventions produce more favorable results than drug treatment alone for patients with OCD. Psychological interventions specific to OCD target obsessive beliefs but still the relapse rates of patients with OCD are high. Therefore, research is needed to understand what lead people to hold obsessive beliefs in the first instance and then clinical and counseling psychologists are required to target that phenomenon for intervention as well. One such phenomenon can be attachment process. Over the past decade, researchers have started applying attachment theory to understand individual differences in the counseling process⁴.

Doron, Moulding, Kyrios, Nedeljkovic, and Mikulincer⁵ concluded from the findings of their research that secure attachment styles to some degree worked as protective factor against symptoms of OCD such as unhealthy metacognitions and obsessive beliefs remain dormant. Literature indicates the positive relationship between higher scores on insecure attachment measures and dysfunctional cognitive beliefs, for example, attachment anxiety was found to be linked with obsessive belief of over estimation of threat and perfectionism or intolerance of uncertainty among undergraduate students⁶. Avoidant attachment was likely to be linked with perfectionist style⁷ and intolerance of uncertainty belief⁸.

The present study aims to discover whether the link between attachment styles and maladaptive beliefs holds true in case of patients diagnosed with OCD. It also intends to determine whether insecure attachment orientations have a role to play in the development of obsessive beliefs in patients with OCD. The study hypotheses were as follows; there is a positive relationship between attachment insecurities: anxiety and avoidance and obsessive beliefs in patients with OCD and attachment anxiety and avoidance would predict for obsessive beliefs in patients with OCD.

SUBJECTS AND METHODS

Participants

Cross sectional research design and non-probability purposive sampling technique was used to select a sample of 90 OCD patients. The demographic characteristics of sample are presented in Table 1. Researchers requested consultant psychiatrists and clinical psychologists of several government hospitals of Lahore to refer only those

patients who were formally diagnosed with OCD. By making referred OCD patients fill out Screening Questionnaire for Psychiatric Disorders [unpublished observations]; researchers not only confirmed the diagnosis of OCD but also ruled out the possibility of comorbid psychopathology among them. The sample included only those patients who could easily understand Urdu language and who were between 18 to 50 years of age. Patients with OCD were selected irrespective of their duration of treatment and illness.

Patients with OCD who met any of the following criteria were excluded from the study: current or past history of substance use, psychosis and co-morbid neurological/organic/psychological disorder other than OCD.

Instruments

Researchers developed demographic information sheet to obtain information about demographic characteristics of OCD patients such as gender, age, marital and employment status etc.

Screening Questionnaire for Psychiatric Disorders

Screening Questionnaire for Psychiatric Disorders was administered to rule out presence of secondary psychopathology and to verify the diagnosis of OCD. Six psychiatric disorders can be screened out through this questionnaire i.e., OCD, Phobia (Social & Specific), Panic Disorder, Posttraumatic Stress Disorder, Generalized Anxiety Disorder, and Major Depressive Disorder. It has two parts. First part includes two to three screening items for each six psychiatric disorders and patient is required to answer each item yes or no. If the patient responds positively to screening items of any psychiatric disorder then second part is administered for diagnostic clarity and detailed questions are asked related to the specific disorder. Items, in second part, are answered on a 4 point likert type scale (Not at all = 0, 3 = Very much) while some items are answered in yes or no.

Revised Adult Attachment Scale⁹

Revised Adult Attachment Scale was administered to measure the attachment style of the patient. This scale had already been translated in Urdu through back translation procedure and the same Urdu version was used in present study. This scale measures two dimensions of attachment styles: Anxious (6 items) and Avoidant (12 items). Each statement is scored on a five point Likert scale ranging from 1 = strongly disagree to 5 = strongly agree. High scores indicate maladaptive attachment style, whereas, low scores specify attachment security. In present study, the cronbach alpha reliability of attachment anxiety and avoidance subscale came out to be .73 and .68 respectively.

Obsessive Beliefs Questionnaire-44¹⁰

Obsessive Beliefs Questionnaire-44 was used to assess beliefs specific to OCD held by patients with OCD. Urdu translation of this scale was used in present study. It has 44 statements and three subscales: Over responsibility and overestimation of threat (RT), Over importance or need to control thoughts (ICT), and Perfectionism or intolerance of certainty (PC). Items are rated on a seven point scale (1 = disagree very much; 4 = Neutral; 7 = agree very much). Higher scores on any subscale indicate strength of beliefs. The Cronbach alpha reliability values of three subscales i.e., RT, ICT, and PC were .88, .80, and .80 respectively.

Procedure

The present research project was approved by Department Doctoral Committee of Centre for Clinical Psychology, University of the Punjab, Lahore, Pakistan. After seeking formal permission from authors; their research questionnaires were used in the study. Both outdoor and indoor psychiatry departments of government hospitals of Lahore (Mayo Hospital = 11; Sir Ganga Ram Hospital = 8; Services Hospital = 51; Jinnah Hospital = 6; Punjab Institute of Mental Health = 5; Consultancy Service Centre of Centre for Clinical Psychology, Punjab University, Lahore = 9) were visited for data collection. Written informed consent was taken from the head of the concerned departments before data collection. Patients with OCD read and signed the informed consent form before filling out study questionnaires suggesting that they were well informed about the purpose of research. They were assured of confidentiality and were briefed that their information would be utilized for research purpose only. Two patients with OCD had past history of psychosis and therefore were excluded from the study. Researchers read questionnaire statements to patients with OCD if they found it difficult to read Urdu.

Results were analyzed through Statistical Package for Social Sciences (Version 21). Descriptive statistics such as mean, standard deviation, frequencies and percentages as well as inferential statistics such as Pearson Product Moment Correlation Coefficient and Hierarchical Linear Regression analyses were used to compute and describe results.

RESULTS

Pearson Product Moment Correlation Coefficient was run to identify the nature of relationship between attachment styles and obsessive beliefs in patients with OCD. Results revealed that attachment anxiety and avoidance had significant positive relationship with two obsessive beliefs i.e., RT and ICT. This suggests that patients with OCD with high attachment anxiety and avoidance are more likely to overestimate the threat cued by obsessions and depict excessive need to control their obsessive thoughts (see table 2).

Three separate Hierarchical Linear Regression analyses were run to determine the predictors of three obsessive beliefs: RT; PC and ICT in patients with OCD. Regression analysis was run to identify the predictors of RT belief. In step 1, control variables were added such as gender, age of onset of OCD, duration of illness, and depression scores which did not make the model significant, $F(4, 85) = 2.38, p = .06$. In step 2, attachment anxiety and avoidance were added as predictors due to which variance significantly increased up to 23% and model predicted the outcome of RT belief in patients with OCD $F(6, 83) = 4.10, p = .001$. Moreover, in step 2, exclusion of the effects of control variables and retaining predictors such as attachment styles still strongly predicted the outcome of RT belief for patients with OCD $F(2, 83) = 6.88, p = .002$. Attachment anxiety emerged as significant predictor of RT belief suggesting that patients with OCD who had higher attachment anxiety were more likely to have RT belief (see table 3).

Afterwards, predictors of PC belief were analyzed through regression analysis. In the first step, model did not come out significant when control variables were added and explained only 6% variance in PC belief, $F(4, 85) = 1.34, p = 0.26$. Model for PC belief still remained non-significant when two attachment styles as predictors were included along with control variables in step 2, $F(6, 83) = .90, p = .50$. When the

effect of control variables was subtracted from step 2; the model didn't predict significantly for PC belief, $F(2, 83) = .09, p = .92$ (see table3).

In the last, regression analysis was performed to identify the predictors for ICT belief. In first step, control variables were added which explained only 3% variance in ICT belief and the model was non-significant, $F(4, 85) = .58, p = .68$. In step 2, adding the effects of predictors such as attachment styles did not make the model significant $F(6, 83) = 1.89, p = .09$. However, both insecure attachment styles significantly predicted for ICT belief when the effect of control variables was subtracted from step 2, $F(2, 83) = 4.43, p = .02$. Attachment anxiety turned out to be significant predictor of ICT belief reflecting that OCD patients who had higher attachment anxiety were more likely to have stronger belief regarding need to control thoughts (see table3).

Table 1
Demographic Features of Patients with OCD

Variables	f(%)	M(SD)
Gender		
Men	43(47.8)	
Women	47(52.0)	
Age		28.56(8.48)
Men		26.28(7.73)
Women		30.66(8.67)
Age of onset of OCD in years		22.66(7.44)
Duration of OCD in months		71.13(69.15)
1-11 months	17(18.9)	
1-5 years	39(43.3)	
6-10 years	18(20.0)	
More than 10 years	16(17.8)	
Co morbidity with Depression		
Yes	46(51.1)	
No	44(48.9)	
Education		10 (4.93)
Employment		
Unemployed	30(33.3)	
Employed	26(28.9)	
Housewife	27(30.0)	
Student	7(7.8)	
Personal income (monthly)		4344.44 (9373.84)
Religion		
Islam	87(96.7)	
Christianity	3(3.3)	
Marital Status		
Single	52(57.8)	
Married	38(42.2)	

Note: N = 90

Table 2
Intercorrelations between Attachment Styles and Obsessive Beliefs in Patients with OCD (N = 90)

Variable	1	2	3	4	5
1.Attachment Anxiety	--				
2.Attachment Avoidance	.53***	--			
3.RT Belief	.43***	.28***	--		
4.PC Belief	.04	.02	.11	--	
5.ICT Belief	.31***	.24*	.47***	.22*	--
M	3.47	3.19	4.97	5.29	4.87
SD	1.05	.73	1.31	1.19	1.27

Note: RT = over responsibility & overestimation of threat; PC = perfectionism & intolerance of uncertainty; ICT = over importance & need to control thoughts
* $p < .05$. ** $p < .01$. *** $p < .001$

Table 3
Hierarchical Linear Regression Analyses Showing Attachment Styles Predicting Obsessive Beliefs of RT, PC, & ICT (N = 90)

Predictor	RT belief		PC belief		ICT belief	
	ΔR^2	β	ΔR^2	β	ΔR^2	β
Step 1						
Control variables ^a	.10		.06		.03	
Step 2						
Attachment anxiety	.13**	.34*	.00	.06	.09*	.28*
Attachment avoidance		.06		-.03		.07
Total R^2	.23**		.06		.12	

Note: a= control variables contained gender (men = 0; women = 1); overall duration of OCD; depression scores, and age of onset of OCD.

* $p < .05$. ** $p < .01$

DISCUSSION

The purpose of present study was to identify the nature of relationship of attachment styles with obsessive beliefs and to identify the predictors of obsessive beliefs in patients with OCD. Results of first hypothesis suggested that OCD patients with high attachment anxiety and avoidance endorsed more RT and ICT obsessive beliefs. Empirical literature^{5,11} has shown that insecure attachment styles such as anxiety and avoidance can trigger the chain of dysfunctional metacognitions among patients with OCD such as beliefs related to overestimating the likelihood of danger and excessive need to control thoughts because they are considered intrusive, threatening, and personally significant. According to proponents of attachment theory, people with maladaptive attachment styles are characterized by their self-critical nature, use of unhealthy defenses to suppress feelings of worthlessness and hopelessness, and dysfunctional thinking styles¹². Thus, present findings and previous empirical literature both have come to the same conclusion that insecure attachment styles: attachment anxiety and avoidance are related with obsessive beliefs.

In present study, RT and ICT beliefs were significantly predicted by attachment anxiety after controlling for the effect of control variables. Attachment theorists^{13,14} have long speculated that secure relationships foster well-being and health by reducing stress responses and providing a sense of security and safety. In infancy and childhood, care givers or parents are identified as attachment figures, whereas in adulthood, spouses or romantic partners are identified as attachment figures. People with high levels of attachment anxiety excessively seek the support of their attachment figures and typically fear that they will be abandoned by their closed ones. They usually remain in ambiguity regarding whether they will obtain the necessary help from their attachment figures or not and if they do; they question their intentions. This pattern of interaction set the stage for vulnerability to psychopathology. Doron et al¹⁵ reported that people with high attachment anxiety are more likely to have cognitive biases and evidence¹⁶ suggests that unwanted thoughts are termed obsessions only when they are catastrophically misinterpreted. Thus, it comes as no surprise that one of the reasons that patients with OCD endorse RT and ICT belief largely is due to

anxious attachment style. Negative expectations about the responsiveness or accessibility of attachment figures in times of need linked with inability to tolerate negative emotions such as anxiety, anger may predispose an individual to respond to obsessions with heightened anxiety, obsessive beliefs and efforts to decrease fear with rituals and safety seeking behaviors.

However, in present study not all dysfunctional obsessive beliefs were explained by attachment styles such as PC belief suggesting that there might be other factors such as childhood trauma, emotional regulation etc. that underlie the etiology of obsessive beliefs.

LIMITATION AND SUGGESTION

Patients with OCD were taken without considering their duration of treatment. Obsessive beliefs could get changed in its intensity or modified after intervention. In future studies, there is a need to control this confounding.

IMPLICATIONS OF THE STUDY

Results of present study highlighted that for clinical psychologists, it is critical to minimize OCD patients' tendency to cling anxiously to attachment figures and help them challenge their negative expectations about future attachment related interactions. OCD patients emotional and vulnerable aspects of self (feeling worthless; rejected) that are repressed are also relevant to the treatment. For researchers, it is critical to determine whether attachment styles or obsessive beliefs differ in patients with different OCD symptom dimensions.


CONCLUSION

A significant positive relationship between insecure attachment styles and RT and ICT obsessive beliefs was observed, whereas, attachment anxiety was a significant predictor of obsessive beliefs; RT and ICT in patients with OCD.

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