Religious Cognitive – Behavior Therapy (RCBT) on Marital Satisfaction OCD patients

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Abstract

Religious themes commonly feature in religious with Obsessive-compulsive disorder (OCD). OCD which includes cognitive, emotional, and behavioral components, is a debilitating chronic disorder and can effects on patient’s marital satisfaction. Marital satisfaction is very important for couples’ mental health and effects on marital status. The aim of this study was to evaluate efficacy of Religious Cognitive- Behavior therapy (RCBT) on marital satisfaction religious oriented Obsessive-Compulsive disorder. With randomized control clinical trial. This study conducted on 90 Religious OCD outpatients according to DSM IV, and divided into two groups, intervention (45) and control (45) groups with randomly. Intervention consisted of 10 weekly RCBT 90 minute session. For asses’ marital satisfaction used Enrich scale before and after treatment. Data analyzed by ANCOVA repeated to measure test the using SPSS ver.15. The result showed significant difference in Enrich scores after treatment in intervention groups (p=0.001). At the end added Religious component in CBT can help religious OCD patients.

Keywords: Obsessive Compulsive Disorder (OCD), Religious cognitive - Behavior Therapy (RCBT), marital status, marital satisfaction

1-Introduction

Obsessive-Compulsive disorder(OCD) is the fourth most common psychiatric disorder in the USA (pigott,1998). The obsessive-compulsive disorder (OCD) is currently thought to affect approximately 2–4% of the adult population (Karno, Golding, Sorenson, & Burnam, 1988; Zohar, 1999). Obsession have an intriguing connection with human beings (Eric et al, 2007), associated with impaired social functioning and a poorer quality of life (Tenny, Denys, VanMeggan Glas, & Westenberge, 2003), and the greatest impairment in social functioning is found when the level of OCD symptoms is most severe (Bystritsky et al, 2001). They can develop from any thought, feeling, fear or image and there for can be present in our daily expression of art, love science and religion (Eric et al, 2007). Individuals with OCD often have low self-esteem, a sense of shame, & dissatisfaction with functioning, and they avoid activities and contact with other people (Sorensen, Kirkeby, & Thomsen, 2004). Although it is clear that OCD is associated with impairment in interpersonal relation. More research is needed that examines the specific way in which that impairment occurs. The current study attempted to meet that need by examining the affect

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Religious Cognitive-behavior therapy on Marital Satisfaction OCD patients. Previous research strongly suggests that OCD will be associated with several type of limitation in person’s capacity for intimacy (Abbey et al, 2007). Individuals with OCD often conceal their obsessive & compulsion to avoid being rejected, feared, or distrusted by others, which suggests that they will have less intellectual and emotional intimacy with their parents (NeuTh & Rachman, 2001). Sexuality is an important aspect of intimacy, and previous research indicates that OCD is associated with problems in sexual functioning. Both woman & men with OCD are often nonsensual, anorgasmic, & avoidant in their sexual relationship & are often sexually dissatisfied (Aksaray, Yelken, Kaptanoglu, Oflu, & Ozaltin, 2001; Staebler, Pollard, & Merkel, 1993). Many individuals with OCD have obsessive fears are related to limitation in sexual functioning has not always been clearly identified self-disclosure is the revealing of intimate, private, or risky information about oneself (Dindia, 1997). Although no research to date has investigated the relationship between OCD & self-disclosure in a romantic relationship, there is indirect evidence for a negative relationship between OCD symptoms & self-disclosure in close relationships. Individuals who can supply reason for not disclosing personal information are more likely to refrain from self-disclosure (Burke, Weir, & Harrison, 1976), & people with OCD have a variety of reason for concealing their obsession beliefs (Newth & Rachman, 2001). Few research studies have investigated the relationship between OCD symptoms & relationship satisfaction & marital satisfaction. Many individuals with OCD are not married, & married individuals with OCD report a significant amount of marital distress (Emmelkamp, De Haan, & Hoeagduin, 1990; Freund & Steketee, 1989; Riggs, Hiss & Foa, 1992). An aspect of OCD that may be related to relationship satisfaction is symptom severity. A study of exposure therapy for OCD symptoms found that couples experienced less marital distress when OCD symptom were reduced after treatment (Emmelkamp & De Lange, 1983), suggesting a negative relationship between OCD severity & relationship satisfaction. The main goal of this study was Religious Cognitive-behavior therapy on OCD patients and assesses this therapy on marital satisfaction and severity OCD symptoms.

2. Method

This randomized clinical trials study was conducted in OCD clinic of NOOR hospital, Esfahan Iran, on 90 adult religious oriented OCD outpatients, according to OCD diagnosis based on DSM-IV criteria. None of the subjects had a past diagnosis of schizophrenia or other psychotic disorder. The Subjects randomly were divided into two groups: study group and control group each consist of 45 patients. The inclusion criteria in both groups were as follow: a) OCD diagnosis based on DSM-IV criteria, b) No history of head trauma, neurological disorder, or mental retardation, c) None diagnosed with schizophrenia or psychotic disorder or abusing any drug or dependent on any, d) The patients in both groups were under drug therapy at least for 6 month. Data was analyzed using ANCOVA method. Demographic trait such as number of children, duration of OCD, duration of marriage and age were noted. Also letter of consent was requested from patients by Ethic medical committee.

2.1. Assessment

Marital satisfaction Enrich Questionnaire (short form); This questionnaire consisted of 115 question in 5 link spectrum and was revised by Solaimanian in Iran and was converted to 47 questions (α=0.95) in 1994, and was validated by ebadat poor in Iran (α=0.95) the year 2000. The questionnaire was fulfilled by patients the beginning (step1) and the end of section therapy (step2).

3. Result

From the above procedure the 90 patients were divided into two groups. First group result showed: age (mean, SD = 36.28, 9.8), Duration of OCD (mean, SD = 11.53, 9.9), Duration marriage (mean, SD = 16.88, 11.6). Second group result showed: age (mean, SD = 34.68, 9.9), Duration of OCD (mean, SD = 11.53, 8.6), and Duration marriage (mean, SD = 13.51, 10.9). Table1 shows the Mean and S.D of some characters and Enrich score before and
after treatment in OCD patients. Table 2 shows ANCOVA result of Enrich score, after some demographics traits pretest controlled in both groups.

<table>
<thead>
<tr>
<th>Subject</th>
<th>Pre-test subject group</th>
<th>Post-test control group</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Mean 36.28 S.D 9.8</td>
<td>Mean 34.68 S.D 9.9</td>
<td>0.447</td>
</tr>
<tr>
<td>Duration of OCD</td>
<td>Mean 11.53 S.D 8.6</td>
<td>Mean 11.51 S.D 8.8</td>
<td>0.99</td>
</tr>
<tr>
<td>Duration of marriage</td>
<td>Mean 16.88 S.D 11.6</td>
<td>Mean 13.51 S.D 10.9</td>
<td>0.15</td>
</tr>
<tr>
<td>Marital Satisfaction</td>
<td>Step1* 99.1 S.D 31.01</td>
<td>Step1* 101.02 S.D 24.4</td>
<td>.752</td>
</tr>
<tr>
<td></td>
<td>Step2** 106.3 S.D 29.5</td>
<td>Step2** 101.06 S.D 25</td>
<td>.001***</td>
</tr>
</tbody>
</table>

4. Discussion

This study aimed to examine “The effectiveness of religious cognitive-behavior therapy on marital satisfaction in religious oriented OCD patients”. Results show that religious cognitive-behavior therapy has a positive effect on marital satisfaction improvement; also this therapy can support patient and their family members. Table 1 shows descriptive statistic of some demographics traits in terms of age, duration of OCD, duration of marriage, and marital satisfaction scores before and after treatment in OCD patients. The results don’t show significant difference between groups regarding to demographics traits that mention above between control and subject groups. But the results show an improvement marital satisfaction after treatment in study groups (p-value = .001) in comparison with the control group. Table 2 shows ANCOVA result of OCD symptoms after controlled some demographic traits and marital satisfaction step1 in both groups. The result show significant difference between marital satisfaction between step1 &2 (P-value=.001) and between 2 groups (P-value=.001). Sometimes OCD calls the disease of doubt, they often doubt their thoughts, sense, and their own beliefs. In conclusion they repeat their work to reduce of their doubts possibility and injury consequently to be accomplished repetitive and illogical behavior, very frequently, they end up feeling trapped by the lack of certainty and they never get a guarantee of security of repetitive behaviors for this reason they repeat and repeat again. Patients visualize more important and meaningful thoughts and imagines, so illogic beliefs are background to making these thoughts and imagines. Obsessive-Compulsive Disorder can affect in all domains of life patients such as social, career, family and sympathy life. These are some of the most important Obsessive-Compulsive Disorder feature. Cognitive- behavior therapy on modify key belies and appraisals, so that the individual learns that intrusive thoughts are not of special significant and do not indicate increased responsibility or probability of harm. CBT aims to help the individual to construct and test a new and less threatening model of their experience through developing an understanding of how the problem may be working and then testing this out through behavioral experiments to learn that the problem is about thinking and worry, rather than actually danger or harm. In CBT the individual is encouraged to carry out experiments to identify and challenge their
misinterpretations. As a result, they learn that they no longer need to carry out the compulsion (Waite, et al, 2009). OCD patients have variant mood and condition of disappointment, hopelessness, unrest and agitate also, for this reason these patients lives in religious society and trained in religious educational system Obsessive-Compulsive symptoms forming in religious form. So Religious Cognitive-Behavior therapy can effectively on religious (OCD) patients, because this method is coordinated with beliefs patients, also behavior domain by new learning and replace them could neutral defective behavior and cognitive domain by find incorrect and negative assessment and reform them could help to reduce (OCD) symptoms. Therefore putting to gather religious domain with Cognitive-Behavior and Drug methods could be more effective to improve Religious Obsessive-Compulsive Disorder. It is clear that CBT is effective in significantly reducing symptoms of OCD and that these gains are maintained post treatment post

Treatment. The findings of this study show that well-designed treatment program concerning the techniques of Religious Cognitive-Behavior can affect the way of improving marital satisfaction and reduce OCD symptoms, for agreement with the results of some other investigations. Paul et al (2006). Studies of the marital relationship and outcome of exposure therapy are reviewed, as are studies investigating the effects of exposure therapy on the partner and on the marital relationship. The results with respect to the effects of marital distress on outcome are inconclusive. Emmelkamp et al (1990), in studio title “Marital adjustment and obsessive-compulsive disorder” found a substantial number of obsessive-compulsives were found to have marital problems, behavioral treatment directed at the obsessive-compulsive disorder resulted in improvement irrespective of marital quality. Abbey et al (2007), studied obsessive compulsive disorder and romantic functioning. The findings show a negative correlation between severity OCD symptoms and intimacy, relationship satisfaction, disclosure, and show a positive correlation between fear of sexual relationship and severity OCD symptoms. There are a number of limitations in this study, first, the sample contains of female and there were no any men in this study, which limit generalize ability, second, didn’t have follow-up tests for more validity, and the end, this study done in OCD Clinic in Noor hospital and we can’t generalize to other OCD patients. To sum up, the results show that religious cognitive-behavior therapy can play a considerable role in improvement of marital satisfaction and severity OCD symptoms among religious OCD patients. These training programs should be considerable more as an important component comprehensive treatment program for religious OCD patients.

References