



# Relationship Between Obsessional Beliefs and Insight in Patients with Obsessive-Compulsive Disorder

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## Abstract

**Background:** Obsessive compulsive disorder (OCD) is a heterogenous entity in terms of symptoms and insight. Various models have been formed to explain the complexity of OCD and how obsessive beliefs play a vital role in the etiology and psychopathology of OCD. Evaluating the association between these beliefs and insight can be very advantageous in clinical practice and research.

**Aim:** The aim of this study was to determine the relation between obsessive beliefs and the level of insight in patients with obsessive-compulsive disorder.

**Method Design:** It was a hospital-based cross-sectional and correlational study.

**Sampling:** 80 OCD patients as per ICD-10 diagnostic criteria were selected through purposive sampling.

**Tools:** Patients were assessed using obsessional belief questionnaire-44 (OBQ-44) and scale to assess unawareness in mental disorder (SUMD).

**Result:** The data was analyzed with product moment correlation and it was found that the importance of control of the thought domain of obsessional belief (OBQ-ICT) is significantly and negatively correlated with insight scores in the total sample ( $r = -.358$ ) as well as in the female sample ( $r = -.404$ ) indicating lower scores on Importance and Control of thought dimension of OBQ-44 is associated with poor insight. No significant correlation was found between insight and obsessional belief responsibility/threat estimation (OBQ-RT) and obsessional belief perfection/uncertainty (OBQ-PU) in females. However, OBQ-RT ( $r = .376$ ) and OBQ-PU ( $r = .631$ ) dimensions were significantly and positively correlated with insight scores in the male sample indicating worsening of these beliefs are related to impaired insight. The importance of the control of thought (OBQ-ICT) dimension was not having a significant correlation in the male sample.

**Conclusion:** Interesting findings were seen in the present study suggesting belief dimensions have a significant association with insight level in patients with OCD. The results further suggest a unique pattern of belief vis-à-vis insight association in the patients across gender which need to be further studied through large-scale studies. Implications of these findings for conceptualizing the relationship between obsessive beliefs and insight have been discussed.

## INTRODUCTION

Obsessive-compulsive disorder (OCD) is described by obsessions that incorporate thoughts, images, or intrusive impulses that cause profound discomfort and compulsions that are behaviors performed to reduce or manage

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the discomfort caused by obsessions.<sup>1,2</sup> OCD is a clinically heterogeneous condition that shows an array of varied symptoms across similar diagnoses. It is observed that two OCD patients having similar categories, for example, contamination or any other type are very unlikely to show similar patterns of symptoms rather, they exhibit different behavior or symptoms. The four symptom dimensions which contribute significantly to this heterogeneity include (a) symmetry dimension (symmetry obsessions, repeating, ordering, and counting, compulsions) (b) forbidden/unacceptable thoughts dimension (aggression, sexual, religious), (c) and harm related obsession dimension and (d) cleaning dimension (contamination fears and washing and cleaning compulsions).<sup>3</sup> Patients with OCD often show obsessions and compulsions relating to multiple dimensions and various models have tried to explain this intricacy of OCD and how the obsessive beliefs convert intrusive thoughts into obsessions. According to the most endorsed cognitive model, obsessions emerge from maladaptive dysfunctional beliefs. These dysfunctional beliefs could be the propensity to overestimate threat and responsibility, beliefs about the importance of and need to control thoughts and beliefs about the need for certainty and perfection. Obsessive beliefs lead to the misinterpretation of normal, ordinarily occurring intrusive thoughts and other low-risk circumstances, leading to obsessional fears and urges to perform behaviors to decrease uneasiness, incidentally keeping up with the issue by turning away the regular self-correction of obsessive beliefs. This forms an endless loop of OCD.<sup>4,5</sup> The cognitive-behavioral model additionally suggests that these obsessional beliefs might work as risk factors for the advancement of explicit OCD symptom presentations. Tolin *et al.* suggested that all dimensions of OCD are associated with at least some form of obsessive belief and OCD patients are more convinced by these dysfunctional obsessive beliefs than patients with other disorders.<sup>6</sup>

The concept of insight in OCD moreover has an expansive multidimensional structure and very often it is characterized as a comprehension of the inspiration driving one's thoughts or behaviors. Previously persons having OCD were considered to have a good insight as compared to other psychiatric

illnesses but currently it is perceived that patients with OCD might give fluctuating levels of insight on a range of full acknowledgment of illogicity at one end to an all-out absence of any such insight at the opposite end.<sup>7</sup>

DSM-V has included 'good or fair insight'; 'poor insight'; and 'absent insight'<sup>8</sup> and ICD-11 also rates insight in OCD patients as good to fair and poor to absent contrary to ICD-10.<sup>9</sup> Evidence proposes that around 15 to 36% of patients with OCD have poor understanding and there is an absence of insight into their symptoms.<sup>10,11</sup>

A study conducted by Smith *et al.* showed that relationships between each of the OCD symptom dimensions and the obsessional beliefs were diverse and symptom dimensions were significantly related to at least one obsessional-belief domain.<sup>12</sup> In 2017, Yilmaz *et al.* found out that patients with poor and good insight did not differ in the severity of obsessions, and compulsions, and no significant relationship was found between insight and metacognition in OCD.<sup>13</sup> One study showed that the group with strong beliefs had good insight in comparison with poor insight.<sup>14</sup>

## Need of the study

- OCD is not a unitary condition, rather is quite heterogeneous with a wide variation in symptom dimension. Insight as a prominent symptom in psychiatric disorders also varies across different dimensions of OCD.
- A few numbers of studies have commented on the level of insight and its relation to obsessional beliefs among OCD patients. Moreover, a smaller number of studies are conducted from the Indian subcontinent exploring this phenomenon. Hence this study was planned to explore the relationship which may provide some guidelines to tailor indigenous strategies to eradicate the barriers in enhancing the insight. Better insight may lead to reducing the sufferings of patients, ultimately improving their well-being.

## Aim

To determine the relation between key domains of obsessional beliefs and the level of insight in patients with obsessive-compulsive disorder.

## MATERIAL AND METHOD

The study is a hospital-based cross-sectional and correlational study. For 80 OCD patients as per ICD-10 diagnostic criteria were selected through purposive sampling with the following inclusion and exclusion criteria.

### Inclusion Criteria

- Patients diagnosed with obsessive-compulsive disorder according to ICD 10.
- Both male and female patients were selected
- Age range of the patients was 18 to 60 years,
- Only patients who were cooperative and consented to participate in the study were included

### Exclusion Criteria

- OCD patients with any other psychiatric co-morbidity were excluded,
- Patients with a history of past or current drug abuse or dependence except tobacco were excluded,
- Patients with any major physical and neurological disorders were not considered.

The following tools were used:

### Obsessional Belief Questionnaire-44 (OBQ-44)<sup>15</sup>

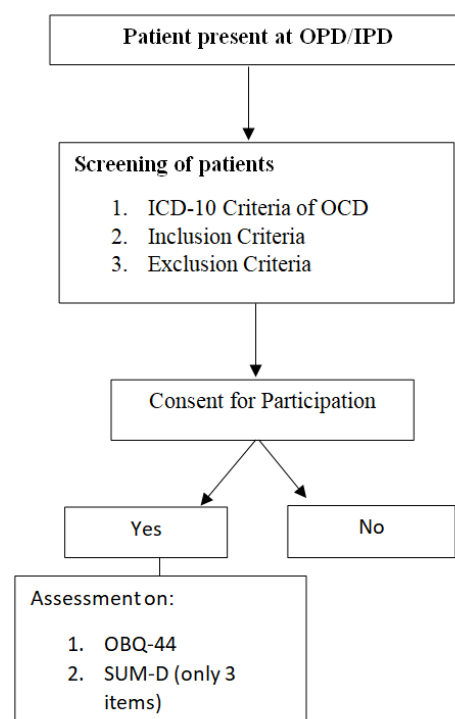
The OBQ is a 44-item instrument that measures dysfunctional beliefs (i.e., obsessive beliefs) hypothesized to underlie OCD symptoms. Scale items measure three rationally determined areas such as perfectionism/certainty, responsibility/threat estimation, and importance/control of thoughts which represent the key belief domains of OCD. The scoring was made on a 7-point Likert scale i.e.,<sup>1-7</sup> points representing 'disagree very much' to 'agree very much'. The summation of scores per items mentioned in the score in a particular domain represents the score. This is a valid and reliable tool that is widely used to measure obsessional beliefs.

Three items of the scale to assess unawareness in mental disorder (SUM-D) were used to measure the level of insight.<sup>16</sup> It was developed by Amador *et al.* (1993), which is a standardized rating scale based on patient interviews and consists of 9 items (current awareness of the following states): mental disorder,

a consequence of mental disorder, effects of drugs, hallucinatory experience, delusional ideas, disorganized thoughts, blunt affect, anhedonia and lack of sociability. However, in the present study following three items were used- (1) Awareness of mental disorder (2) Awareness of response to medication, (3) Does the patient believe that he needs medication or would benefit from it? This scale was chosen given its potential to assess not only the awareness of illness per se but also the awareness of the need and response to medication. It is a valid and reliable instrument to measure insight in psychiatric patients. The chosen items were considered very much applicable to patients with OCD.

### Procedure

After getting the ethical clearance from the institution's ethical committee, the investigator approached the patients from the OPD and IPD of the institute. The data collection was carried out from 10<sup>th</sup> April to 19<sup>th</sup> September 2022 in both OPD and IPD. The procedure of selection of the sample as per the stated inclusion and exclusion criteria is depicted in the following Figure 1.



**Figure 1:** Procedure for Sample Selection and Assessment of Subjects

**Table 1:** Demographic and clinical characteristics of sample

Characteristics		Frequency	Percent
Age	Up to 20 years	5	6.3
	21–30 years	28	35.0
	31–40 years	31	38.8
	41–50 years	12	15.0
	above 50 years	4	5.0
Gender	Female	48	60.0
	Male	32	40.0
Marital Status	Married	51	63.8
	Single	26	32.5
	Divorced	3	3.8
Occupation	Unemployed	54	67.5
	Employed	26	32.5
Domicile	Rural	30	37.5
	Urban	50	62.5
Socio-economic Status	Low	10	12.5
	Middle	41	51.3
	High	29	36.3
Education	Up to 5 years	16	20.0
	6–10 years	12	15.0
	11–15 years	48	60.0
	Above 15 years	4	5.0
		<i>Mean</i>	<i>S. D.</i>
Age (in Years)		33.54	9.37
Education (in Years)		11.03	4.61
Total Duration of Illness (in years)		6.53	5.66

94 patients attended the OPD of the institute for consultation and 13 patients were admitted in the family ward of the institute during the study period. 27 patients were screened out for co-morbid conditions, and only 80 participated in the study. The above scales were applied to each participant by the investigator and the responses were recorded in a data sheet with sociodemographic and clinical details. The data was analyzed using SPSS version 25

## RESULTS

Table 1 shows the mean and SD of the age of patients were  $33.54 \pm 9.37$ , education of the patients was  $11.03 \pm 4.61$  and total duration of illness of patients was  $6.53 \pm 6.6$  respectively. A total of 60% of females and 40% of males participated in the study and the percentage of the rural and urban background of the sample was 37.5 and 62.5%, respectively. Most of the patients were married (63.8%) and unemployed (67.5%).

Table 2 shows the mean and SD of SUMD and various domains of obsessional beliefs in the total sample. The mean and SD of OBQ-RT was  $34.09 \pm 22.75$ , OBQ-PU was  $40.09 \pm 24.66$ , OBQ-ICT was  $27.34 \pm 16.67$  and SUM-D was  $5.34 \pm 3.71$ .

The correlation coefficient between OBQ-ICT and SUM-D was  $-.358$ , significant at 0.01 level. The correlation value between OBQ-RT and SUM-D was  $-.196$  and OBQ-PU with SUM-D was  $.101$ , which is insignificant. There was a significant and negative correlation between the importance of the control of the thought domain of obsessional belief and insight.

Further analysis was also done about the gender of the patients. The results are given below.

Table 3 suggests that responsibility and threat estimation (RT) was significantly and positively correlated with SUM-D scores ( $r=.376$ ) in male patients. Similarly, perfectionism and uncertainty (PU) were significantly and positively correlated with SUM-D scores ( $r=.631$ ). But the importance and control of thought (ICT) dimension was not significantly correlated. These results suggest that increased responsibility and threat beliefs and increased Perfectionism and uncertainty beliefs lead to poorer insight in male patients.

Table 4 suggests that in the female-only sample importance and control of thought (ICT), dimension was significantly and negatively correlated with SUM-D scores indicating lower scores on the importance and control of thought dimension of OBQ-44 are associated with poor insight.

## DISCUSSION

The study was conducted from 10<sup>th</sup> April to 19<sup>th</sup> September 2022 in both OPD and IPD settings of the

**Table 2:** Mean and S.D. of scores on OBQ, SUM-D, and correlation coefficients with SUM-D scores in total sample (N=80)

Measures	Mean	Std. deviation	Correlation coefficient	Sig. level
OBQ-44 RT	34.09	22.75	-.196	n.s.
OBQ-44 PU	40.09	24.66	.101	n.s.
OBQ-44 ICT	27.34	16.67	-.358	0.01
SUM-D	5.34	3.71	-	-

**Table 3:** Mean and S.D. of Scores on OBQ, SUM-D, and correlation coefficients with SUM-D scores in males (n=32)

Measures	Mean	Std. deviation	Correlation coefficient	Sig. level
OBQ-44 RT	41.81	26.10	.376	.05
OBQ-44 PU	35.03	23.60	.631	.01
OBQ-44 ICT	36.03	19.57	.296	n.s.
SUM-D	3.31	0.89	-	-

**Table 4:** Mean and S.D. of scores on OBQ, SUM-D, and correlation coefficients with SUM-D scores in females

Measures	Mean	Std. deviation	Correlation coefficient	Sig. level
OBQ-44 RT	28.93	18.78	-.199	n.s.
OBQ-44 PU	43.45	25.01	-.047	n.s.
OBQ-44 ICT	21.54	11.35	-.404	.01
SUM-D	6.68	4.23	-	-

institute. A total of 94 patients attended the OPD of the institute for consultation and 13 patients were admitted in the family ward of the institute during the study period. Approximately, 27 patients were screened out for co-morbid conditions, and only 80 participated in the study. This study assessed insight and obsessive beliefs in a sample of OCD patients and the association between them across its domains and severity. The findings of the study revealed that the majority of OCD patients endorsed obsessive beliefs and beliefs regarding the perfection domain are more common than the other two domains such as responsibility/threat and importance/control of thought as measured by OBQ-44.<sup>17</sup>

Many studies have indicated the role of obsessive beliefs and insight on symptom dimensions of OCD patients. Wheaton *et al.* found out that obsessive beliefs can specifically predict symptom dimension in OCD.<sup>18</sup> In particular, (1) beliefs about threat

overestimation and responsibility predicted cleaning and contamination symptom dimensions and harm-related dimensions also, (2) beliefs regarding the importance and control of thoughts predicted unacceptable thoughts symptoms, and (3) cognitions about perfectionism and need for certainty predicted symmetry symptoms.<sup>19</sup>

Several researchers assessed the relationship between insight and symptom dimension and the findings are overall inconclusive. In some studies, it was reported that poor insight is associated with symptom dimensions such as contamination/washing dimension, whereas other studies showed contradictory results i.e., good insight is associated with contamination/washing<sup>20,21</sup> but forbidden sexual and religious thoughts are associated with good insight.<sup>21</sup>

In this study, no significant correlation was found between obsessional belief responsibility/threat estimation (OBQ-RT) and insight as well as obsessional belief perfection/uncertainty (OBQ-PU) and insight in total as well as female sample. Studies on obsessive belief's responsibility/threat domain have pointed out that exaggerated threat perception and inflated responsibility are typically but not always linked with contamination and cleaning dimensions.<sup>18,22,23</sup> The association between insight and contamination dimension varies because of the use of different scales to measure insight and cultural background. Specifically in the Indian context cleaning is considered a desirable and good phenomenon while following the rituals of worshipping. The OCD patients having excessive cleaning tendencies may consider it as most pious and repeatedly engage themselves in this activity and are unable to perceive it as irrational which indicates poor insight but our study revealed no significant association between insight and beliefs underlying contamination symptoms.

OCD patients with perfection symptoms always work systematically and symmetrically to achieve perfection with a "Just Right" feeling. Studies have reported that poor insight is associated with symmetry.<sup>24</sup> This study showed a positive correlation between obsessional belief perfection/uncertainty (OBQ-PU) and level of insight in the total sample but it couldn't reach statistical significance. Similar

results are found in a study conducted in Turkey where no significant difference in obsessive beliefs was found between good and poor insight groups.<sup>13</sup> It also showed a significant positive correlation between insight and obsessional belief perfection/uncertainty (OBQ-PU) and obsessional belief responsibility/threat estimation (OBQ-RT) in males. These findings are supported by two studies where the investigators have independently evaluated the relationship between belief domains and symptoms in OCD and the relationship between symptoms and insight. Results of a study showed that belief domains were strongly interrelated with symptoms. Higher scores in belief domains resulted in higher scores in symptoms, indicating more symptoms.<sup>25,26</sup> The other reported that OCD symptoms were increased among those with.

This study showed a negative correlation between the importance of control of thought (OBQ-ICT) and insight in the total sample and females, indicating a higher score on the OBQ-ICT domain of OBQ was associated with a lower score on SUMD i.e., good insight and this finding was in congruence with the findings by Onen *et al.* who observed, the need to control thoughts were lower in the OCD with poor insight group than the good insight group.<sup>14</sup>

Previous studies also revealed that unacceptable or forbidden sexual and religious thoughts are associated with over-importance and the need to control thoughts domain of obsessive beliefs.<sup>15-24</sup> This unacceptable or forbidden thoughts dimension is generally associated with good insight. As the patient develops insight, he tries to evaluate his irrational and unacceptable thoughts and makes efforts to control and get rid of these unacceptable thoughts.

## Limitation

Limitations of the study include the small sample size so the findings could not be generalized. The long-term effects of obsessive beliefs on symptom patterns and insight could not be studied as this is a cross-sectional study.

## Implications

This study will shed some light on the involvement of obsessive beliefs and insight into the process of

OCD. It will also help in understanding how these beliefs modify the disease course.

## CONCLUSION

This study concluded that obsessional beliefs (OBQ-ICT) are negatively associated with SUM-D whereas no other domains of OBQ are significantly associated with SUM-D in OCD patients as a whole and female patients with OCD. However, male patients with OCD presented with a different association between obsessive beliefs and insight level. The positive association between insight and responsibility and threat estimation (RT), perfectionism, and uncertainty (PU) were present. Further studies are required to investigate this phenomenon with other concepts like metacognition, dimensions, and symptom severity to draw a holistic conclusion that may help develop a complete understanding of OCD and in designing an effective plan for the management of OCD.

## CONFLICT OF INTEREST

None

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