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Predicting obsessions and compulsions according to superego and ego characteristics: A comparison between scrupulosity and non-religious obsessive–compulsive symptoms☆

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ABSTRACT

Obsessive Compulsive Disorder (OCD) is characterized by intrusive images or impulses and/or ritualistic and rigid behaviors. Symptoms of OCD have different contents including contamination, harming and symmetry. Religion is one of the themes that has been observed in the context of OCD frequently. The aim of the present study was to examine the power of superego and ego characteristics in predicting scrupulosity and non-religious obsessions and compulsions, as well as comparing the two sets of obsessive–compulsive symptoms. Sixty six Iranian (19 men, 47 women) participated in the study. All participants were asked to complete Maudsley Obsessive–Compulsive Inventory, Penn Inventory of Scrupulosity, Perfectionism Cognitions Inventory, the Multidimensional Anger Inventory, and Ego Strength Scale. Results showed that perfectionism and anger were positively correlated with scrupulosity and non-religious obsessive–compulsive symptoms. Ego control was negatively correlated with scrupulosity, while ego resiliency was not correlated with any of these two sets of symptoms. Regression analysis indicated that among these variables, anger was the best predictor of non-religious obsessive–compulsive symptoms, while perfectionism and ego control were the best predictors of scrupulosity.

1. Introduction

Obsessive–Compulsive Disorder (OCD) is a disabling condition characterized by obsessions (thoughts, urges, images) and/or compulsions (behaviors, mental acts) which are time-consuming and make clinically significant distress in social, occupational, or other important areas of functioning (American Psychiatric Association, 2013). The themes of obsessive–compulsive (OC) symptoms vary widely including contamination, harming and symmetry (McKay et al., 2004). Religion (i.e., scrupulosity) is one of the themes that has been observed in the context of OCD frequently (Abramowitz, 2001; Greenberg et al., 1987). Common religious obsessions include recurrent doubts about being wicked or doing something against moral principles by mistake or without realizing it, intrusive sacrilegious or blasphemous thoughts and images, fear of not performing a religious prayer or event correctly, and persistent fears of never-ending punishment from God. Common religious compulsions include excessive praying, repeating religious rites until they are done perfectly and looking for unnecessary reassurance from clergy or loved ones about religious issues (Abramowitz et al., 2002; Abramowitz and Jacoby, 2014). Are religious and nonreligious obsessive–compulsive symptoms implying two different types of OCD or they are just different functioning of ego and superego? Findings of the present study can help to answer this question.

Psychodynamic interpretations of OCD assume that obsessions and compulsions begin to happen due to a conflict between an impulsive id and an inflexible superego. Specifically, the id forces to fulfill aggressive and sexual impulses, while the superego attempts to overcome such impulses. In this situation, the ego develops defenses to mediate the conflict between id and superego (Fenichel, 1946). Although OC symptoms are conscious, they are disguised substitutes for the unconscious urges that are being warded off from consciousness (Esman, 2001).

Id includes all of what is inherited in humans, presents from the time of birth (Freud, 1937–1939) and does all the best to satisfy instinctual needs and fulfill the pleasure principle (Freud, 1932/1936). Due to the biological nature of the id, it is considered a fixed

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variable in this research and is not measured directly. The purpose of the present study was to investigate the properties of superego and ego in religious and nonreligious obsessive–compulsive symptoms.

The role of perfectionism as a cognitive factor in OCD had been focus of research from the past. Freud (1925/1926) attributed perfectionism to the excessive functioning of superego. Recent research consider a bi-dimensional model of perfectionism that includes two essential factors: "Achievement Striving" which is defined as setting high standards for one's self and "Evaluative Concerns" that focuses on self-criticism related to failure (DiBartolo and Rendón, 2012). Research on the relationship between perfectionism and OCD suggests that OCD patients experience higher perfectionism compared to control group (Boisseau et al., 2013; Buhlmann et al., 2008; Lee et al., 2009). Research also shows a positive correlation between perfectionism and scrupulosity or religiousness (Abramowitz et al., 2004; Inozu et al., 2012; Sica et al., 2002).

Acting according to ethics is another aspect of superego. Freud (1909/1955) claimed that hypermorality is a characteristic of individuals with OCD. Psychodynamic theories assume that latent aggression (aggression towards others which is not expressed directly and appears in fantasies or in disguised form that is not always conscious) plays a key role in OCD and the hypermorality seen in OCD is partly the result of reaction formation against latent aggressive impulses (Fenichel, 1946). Using this defense mechanism, the person overcomes unacceptable urges by adopting the opposite impulse or behavior such as hyepermorality (Kempke and Luyten, 2007). Research show that OCD patients achieve significantly higher scores on the latent aggression compared to control group (Moritz et al., 2009, 2011). Fatfouta and Merkl (2014) investigated OC symptoms focusing on the outcome of unresolved anger (i.e., revenge). They concluded that individuals high in OC symptoms reported more positive attitudes toward revenge and scored higher on a measure of trait revenge.

Although id and superego play an important role in OCD, it has been discovered as a general fact that the ego-functioning is also impaired in obsessive compulsive disorder (Freud, 1925/1926). So, it is also necessary to investigate the role of ego in OCD. Ego functions are a set of inherent capacities that develop during growth and interaction with the environment. Ego resiliency and ego control are considered as important personality constructs for understanding motivation, emotion, and behavior (Block, 2002). Ego resiliency refers to the tendency to respond flexibly to changing situational demands, especially in stressful occasions. Another variable, ego control, refers to the tendency to control or express emotional and motivational impulses and is varying from ego overcontrol on one extreme to ego undercontrol on the other (Juffer et al., 2004).

A few studies have been done on the relationship between ego control, ego resiliency and OCD. Research has shown that ego resiliency is negatively correlated with internalizing behaviors such as anxiety, depression and social withdrawal (Chuang et al., 2006; Huey and Weisz, 1997) as well as externalizing behaviors including aggression and hyperactivity (Huey and Weisz, 1997). Hjemdal et al. (2011) investigated the relationship between ego resiliency and the degrees of anxiety, depression and OCD. They found that resiliency has a significant negative relationship with OC symptoms. The correlation remained significant after controlling for age and sex. Research on the role of ego control in OCD has also suggested that ego control is negatively associated with internalizing behaviors (Chuang et al., 2006).

Based on theoretical considerations and research findings in the context of this study, the following hypotheses and questions were tested: (1) perfectionism correlates positively with OC symptoms and scrupulosity; (2) anger correlates positively with OC symptoms and scrupulosity; (3) ego resiliency correlates negatively with OC symptoms and scrupulosity; (4) ego control correlates negatively with OC symptoms and scrupulosity; (5) Are the predictive power of perfectionism, anger, ego resiliency, and ego control different in religious and nonreligious obsessive–compulsive symptoms?

2. Method

2.1. Participants and procedure

The sample consisted of 66 Iranian volunteers from general population who were living in Tehran (19 men, 47 women) aged between 18 and 65 ($M = 31.35$ years; $SD = 10.87$) who had OC symptoms according to their report and were selected using purposive sampling. Those who had not a history of psychiatric disorder or illness requiring medical treatment, participated in the study voluntarily. Confidentiality was secured, as we assured everyone that the data was merely used for the research purposes. Farsi version of five questionnaires including Maudsley Obsessive Compulsive Inventory (MOCI; Hodgson and Rachman, 1977), The Penn Inventory of Scrupulosity (PIOS; Abramowitz et al., 2002), Perfectionism Cognitions Inventory (PCI; Flett et al., 1998), The Multidimensional Anger Inventory (MAI; Siegel, 1986) and Ego Strength Scale (ESS; Besharat and Tavalaeyan, 2016) were conducted in volunteers individually. In order to control order effects and tiredness in participants, questionnaires were presented in different orders. The inclusion criteria were self-report of having OC symptoms and the age between 18 and 65. Not being interested or able to continue participation was the exclusion criteria. The average time needed for completing the questionnaires was about 25 min. Upon completion all participants were debriefed and thanked for their participation.

3. Measures

3.1. Maudsley Obsessive Compulsive Inventory (MOCI)

Maudsley Obsessive Compulsive Inventory (Hodgson and Rachman, 1977) is a 30-item true-false self-report scale which measures OCD symptoms. The minimum and maximum score of this scale is 0 and 30, respectively. A total score as well as washing (11 items), checking (9 items), slowness (7 items) and doubting (7 items) subscale scores may be determined for this questionnaire (Sternberger and Burns, 1991). Cronbach's alpha coefficients for washing, checking, slowness and doubting in a normal population were .39, .50, .34 and .49, respectively (Emmelkamp et al., 1999). Other psychometric properties including internal consistency and test–retest reliability have been confirmed (Emmelkamp et al., 1999; Sternberger and Burns, 1991). In the present study, Cronbach's alpha coefficients for washing, checking, slowness and doubting were .71, .77, .63, and .59, respectively.

3.2. The Penn Inventory of Scrupulosity (PIOS)

PIOS (Abramowitz et al., 2002) is a 19-item self-report measure developed to evaluate scrupulosity in the context of OCD. Items are scored on a 5-point scale ranging from 0 (never) to 4 (constantly). The PIOS consists of two subscales: fears of having committed a religious sin (fear of sin), and fears of punishment from God (fear of God). Research showed adequate psychometric properties for this scale (Abramowitz et al., 2002). Cronbach's alpha coefficients of the PIOS, fear of sin, and fear of God in the present study were .87, .83, and .78, respectively.