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Investigation of the basics and nature of obsessive-compulsive disorders and generalized anxiety

FatemehKaramiKalahroudi*, Rita Liyaghat

Abstract--- *Anxiety disorders cover a series of disorders and anxiety is one sign of them. The common aspect of the disorders is psychological suffering and anxious disorder appeared purely or in combination with other symptoms. Therefore, regarding the different positions of the experts in this field and based on a common point of the disorders, it could be accepted that any disorder with anxiety as the main symptom, whether the anxiety is appeared acutely or ambiguously, whether chronic or periodic can be in the domain of anxiety disorders. This study aims at presenting the nature and the basics of obsessive-compulsive disorders (OCD) and generalized anxiety.*

Keywords--- *obsessive-compulsive disorders, generalized anxiety, body image, defense mechanisms.*

I. INTRODUCTION

Generalized anxiety disorder is regarded as a disorder recognized with too much worry (Leahy, et al. 2007). The cognitive phenomenon is a nature experienced by all people in a specific phase of life. Besides, worry is the main symptom of anxiety moods and especially generalized anxiety disorder. There is abundant evidence that normal individuals also experience worry and anxiety. However, the frequency, intensity, and controllability of the view are different between normal individuals and those with a generalized anxiety disorder (Khanipoor, et al. 2011).

The worries relevant to a generalized anxiety disorder are too much and usually disrupt the social-psychological function significantly. However, daily life worries are not too much and are controllable, and they may be ignored in case of emergencies. Besides, the generalized anxiety-related worries are more oppressive and longer and happen usually with no driving factor.

The more extended the range of living conditions causing worry, the more the symptoms meet the generalized anxiety disorder (American Psychiatric Association, 2014). Besides, routine worries less come with physical symptoms such as restlessness and nervousness. Finally, patients with generalized anxiety disorder worry about the non-probable events of the future compared to other individuals. Therefore, when the patients are asked what they worry about, they answer that they are worried about everything. Such an answer is the full view of a generalized anxiety disorder (Dagas and Robby, 2016).

The nature of anxiety disorders

Common processes exist in all anxiety disorders including three main components:

FatemehKaramiKalahroudi,Department of Clinical Psychology, Faculty of Psychology, Central Tehran Branch, Islamic Azad University, Tehran, Iran. *Email : f_Karamii@yahoo.com*
Rita Liyaghat, Faculty Member of Psychology, Central Tehran Branch, Islamic Azad University, Tehran, Iran.

physical arousal, avoidance, and perception of danger (real or imaginary). The three components affect each other mutually. Physical arousal includes panic attacks and may be driven by introverted or extroverted drivers. Avoidance or the escape started to control or reduce arousal can be another main feature of all anxiety disorders. Avoidance encompasses clear and extroverted behaviors and is aimed at avoiding scary situations. Individuals use behavioral or cognitive strategies as strategies for avoiding and relieving themselves. The specific type of avoidance or protective action selected by the individual may vary depending on the content of the infrastructural fear structure.

The third common component of anxiety, which is different among types of anxiety, can be the perception of danger. This component includes catastrophic beliefs, the mental experience of lack of control on the stimulants and scary events, excessive prediction of relevant stimulants of the danger, and self-focused attention with a tendency to focus on perceived danger. Anxiety is an axial phenomenon, around which many psychosis theories have been formed. Therefore, the term "anxiety" plays a key role in psychiatric theories and studies with a focus on neuroscience and various thinking schools under the impact of behavioral-cognitive principles. Anxiety disorders come with numerous complications and mostly become chronic and resistant to treatment. Another interesting aspect of anxiety disorders is the elegant interaction between the hereditary and environmental factors producing such disorders. Almost it could be mentioned certainly that some abnormal genes can pave the way for pathologic anxiety moods. On the other hand, the evidence shows that traumatic life events and mental stresses are significant in the etiology of anxiety disorders. Therefore, studying anxiety disorder provides a unique situation to understand the relationship between intrinsic nature and environmental education of individuals (Sadock and Ruiz, 2015).

Generalized anxiety disorder

One type of anxiety disorder is generalized anxiety disorder (GAD). The main feature of generalized anxiety disorder is too much worry about multiple events r activities. The severity, period, or frequency of anxiety and worry are disproportionate to the real probability or the impact of the expected event. The characteristic of worry is repetitive experiences of thoughts on the potential negative events. Chronic and too much worry about multiple subjects can be the main feature of a generalized anxiety disorder (Hursh, et al. 2013).

Generalized anxiety disorder (GAD) is a common disease and reasonable estimations are done on a one-year spread of that in the range of 3-8%. The female to male ratio in this disorder is about two to one. However, the ratio for those females and males hospitalized for this disorder is about one to one. The lifelong spread of the disorder is about 5% and 25% of patients referring to anxiety disorder clinics suffer from generalized anxiety disorder (Sadock and Sadock, 2007).

Generalized anxiety disorder is common in 13 years old and older children; although the disorder is existed along with separation anxiety before the age of 13 and can remain until adulthood as one type of anxiety disorders such as generalized anxiety or social anxiety. Generalized anxiety is common in eldest children, in low population families, in prosperous socio-economic classes, and in the families, who are always worry about their child's progress (Dadsetan, 2012).

II. THEORETICAL DETERMINATION OF ANXIETY

Biological model

The effectiveness of benzodiazepines and azaspirones such as Buspirone for treatment of the disorder has made studies have focus on two neurotransmitters GABA and serotonin devices. Benzodiazepines can mitigate anxiety. There is no persuading data to show that benzodiazepine receptors are abnormal in patients with GAD. However, some scholars have paid attention to the occipital lobe with the highest density of benzodiazepine receptors in the brain. Other cerebral

areas with a hypothesis on their interference in GAD include the basal ganglia, the limbic system, and the frontal cortex. As buspirone agonist is the Hydroxytryptamine serotonin receptor, several research groups have paid attention to this hypothesis, in which serotonergic apparatus is regulated abnormally in GAD. Other neurotransmitter devices (media nerve) studied in the field of GAD include norepinephrine, glutamate, and cholecystokinin. According to the evidence, adrenergic a2 receptors in GAD patients may have subsensitivity, although the growth hormone is released slowly as a result of the injection of Catapres.

The brain imaging studies in patients with GAD have provided considerable findings. In a study conducted using Positron Emission Cutting (PET), it was reported that the metabolism speed in the basal ganglia and the white matter of the brain in GAD patients is lower than normal individuals. There are also a few hereditary studies in this field. In a study, it was found that there may be a hereditary correlation between GAD and major depressive disorder (MDD) in women. About 25% of first-degree relatives of GAD patients suffer from the disease. The male relatives of these patients may suffer from one of the disorders of alcohol abuse. In some studies conducted on twins, it has been found that the degree of synchronicity of monozygotic twins in terms of this disorder is 50% and the degree of synchronicity of dizygotic Twins is about 15% in terms of GAD. The types of electroencephalogram (EET) abnormalities are mentioned in the alpha wave and EP of the patients.

With the study of EEG of sleep of the patients, increased sleep discontinuity, reduced delta sleep, decreased stage-one sleep, and decreased rapid eye movement (REM) sleep were reported. The changes are different in the architecture of sleep of the patients with GAD with changes in depression disorders (Sadock, 2007).

Cognitive approach

Cognitive and behavioral avoidance has been defined as the automatic process of avoidance of threatening schemas and the worries of the patient, which has been known as an important factor in the beginning and continuing of the GAD symptoms (Beesdo, et al. 2012).

The majority of cognitive theorists have an emphasis on this issue that generalized anxiety disorders are caused by inadequate beliefs. In the view of cognitive theorists, all people are artists, who recreate the world in their minds. Also, people try to understand the events around them. If people can be a real artist, the cognitive imaginations can be true and useful; otherwise, a cognitive hell is created that is suffering for self and strange for others. An abnormal action can be caused by types of cognitive problems such as inadequate beliefs or feedbacks, auto-transformative thoughts, and irrational thought processes. In patients with GAD, the unreal or hidden thoughts can make sense of imminent danger in them (Dadsetan, 2012).

Acceptance-based model (ABM)

The acceptance-based model (ABM) was proposed by Roemer and Orsillo (2002). The model includes 4 underlying components:

1. Innate experiences
2. Behavioral limitation
3. Experience avoidance
4. Problematic relation with innate experiences

The problematic relation with innate experiences (physical thoughts and feelings, emotions) includes 2 specific aspects:

1. Fusion with innate experiences

2. Negative reaction to innate experiences

The first aspect includes all negative thoughts (e.g. Extreme judgment about emotional responses) or meta-emotion (e.g. fear of fear), which may be increased when the person has an innate experience.

Metacognitive model

Wells and Mathews (1996) created the S-REF model for emotional disorders for data processing mechanism, which analyzes the beginning and preserving worry, ruminant, and pathological consequences of the style of thinking. In the S-REF model, special cognitive attention (syndrome) includes increased self-focus, repetitive negative thoughts, and maladaptive coping behaviors. An underlying component of the syndrome is a repetitive negative thought, which is appeared in form of worry or thinking ruminant. Choosing and running worry or ruminant is associated with metacognitive beliefs and processes. Metacognition is an aspect of data processing of a system, which is responsible for supervision, interpretation, evaluation, and regulation of issues. According to this model, repetitive negative thoughts can be problematic for emotional self-regulation. Because of various and few effects of cognitive performance, which is effective for reconstruction of knowledge and development of coping strategies, two metacognitive models including worry in anxiety (Wells, 1997) and thought ruminant in depression (Papageorgiou, C. & Wells, 2004) were created from the S-REF model.

Barlow Model

Barlow (2015) believes that psychological vulnerability and biologic vulnerability can make individuals sensitive to stressful events. The alarm system is activated wrongly and considers simple events as threatening problems. Then, anxiety-creating fear is activated and increases the muscular stress and vigilance.

The process of worry to solve the problem and to fight with the imaginary threat is activated; although worry with avoidance of threatening imagination and increased pressure on cognitive processing system makes problem for the problem-solving process and fighting with the threats. Inefficient skills of problem solving and inhibition of automatic responses play role in this field and cause the creation of GAD.

Beck's Model

Beck is one of the most effective psychologists in the field of major cognitive processes in anxiety disorders such as GAD. Given Beck, GAD patients look at the world as a dangerous place and tend to find ways to fight the dangers. They feel that it is essential to investigate the environment constantly to assess the dangers. This model practically is aimed at identifying the automatic thoughts, the core of beliefs on self, the world, and others (cognitive triangle), and fighting with maladaptive beliefs on worry. Through challenging the beliefs, GAD patients replace the negative events and predictions with logical interpretations and beliefs.

Beck believes that GAD is different from depression. In GAD, assessments are optional, they have hope for the future, and individuals have negative feelings about some events, are resistant to their wills, and expect failure in the future. Depressed individuals have a general assessment of the failure in the past. Beck, et al. showed that worry is an effort to cope with the fears. Finally, Beck's model shows that GAD individuals show a reaction to their initial assessments of potential threats with high cognitive avoidance. For example, worry and emotional dysregulation can increase attentiveness to environmental information with random situations. However, potential threats are benign and scattered (Portman, 2009).

Emotion dysregulation model (EDM)

The model has taken the benefit of conceptualization of emotional defect in Linehan's Borderline Personality Disorder (BPD). This model includes 4 central components. The first component claims that GAD patients experience emotional arousal or the emotions experienced by these individuals is more severe than other individuals. The experiences include both positive and negative emotions; although they mostly encompass negative emotions.

In the second component, GAD patients have less consciousness about their emotions compared to the majority of individuals. The third component mentions that these people have a more negative attitude to emotions compared to others and perceive emotions as threats (Menin, et al. 2004). First, the component was called a negative reaction to emotions, although recently it is called negative cognitive actions to emotions. In the fourth component, GAD patients show maladaptive emotion regulation and use the managerial strategies, which release them potentially in emotional moods (Menin and Heimberg, 2004).

Obsessive-compulsive disorder

Anxiety disorders are the most common mental disorders among ordinary people. Almost one out of four adults in The United State suffers from the disorders. Hence, Obsessive-compulsive disorder (OCD) is two times more than schizophrenia and bipolar disorder and is the fourth common psychological disorder. The studies conducted in Iran show that the disorder is the most common group of psychological disorders and has spread almost equal to the spread in the United States among adults (1.18%). The disorder begins in childhood or early adulthood and gets a chronic process and leaves a severe negative effect on the psychosocial and personal performance of the patients (Shams and Sadeghi, 212). The main sign of OCD is the existence of repetitive and disabling thinking and practical obsessions. Thinking obsessions are repetitive and irritating beliefs or thoughts, which are created unintentionally and cause considerable anxiety or distress. The content of obsessions is mostly inconsistent and is relevant to events or activities, which are self-strange and inconsistent for the patient (Bachofen, et al. 2011).

Obsessive-compulsive Disorder (OCD)

Obsessive-compulsive disorder (OCD) is identified by the relapsing obsessive thoughts causing distress and making problems for the daily life of individuals. Thinking obsessions are uninvited thoughts, imagines, or compulsions, which are regarded as foolish thoughts by individuals. Obsessive actions are formalities, intentional repetitive behaviors, or mental activities taken in response to an obsessive thought. The individuals take these activities particularly to neutralize distress or to prevent a panic event; although the intention may not be always clear to the individual monitoring these behaviors.

In terms of diagnosis, OCD is defined by uninvited obsessive thoughts or distressing imaginations. They come abnormally with obsessive behaviors taken to neutralize the obsessive thoughts or to prevent panic situations. More clearly, according to DSM-V, obsessions encompass thoughts, mental images, or irritating compulsions, which are experienced inadequately and distressfully. Individuals with such thinking obsessions try to resist against them or stop them or neutralize them with other actions. Compulsive obsessions encompass repetitive behaviors (e.g. washing hands, arranging things, or checking) or implicit to explicit actions (counting, praying, saying certain words silently). OCD patients usually feel that they have to do these in reaction to obsessive thoughts and usually have strict rules to the way of taking obsessive behavior. Obsessive behaviors are taken to prevent distress or reduce that or preventing panic situations or events.

Body image

Understanding today's approaches concerning body image needs cognition of the old history of body image. With the revision of the history of body image, Fisher studied the origins of study in the field of body image since 1990. He found that previous studies used to consider body experience based on neurotic pathology and they paid less attention to psychological variables.

In the revision of the history of body image, Fisher found the effect of works of Schilder (1925-1950), which had used a biological, psychosocial approach for body image with emphasis on the necessity of testing neurological, psychological, and social-cultural elements. The insight and cognition of the multidimensional nature of body image by Schilder was in such a way that many currently used approaches are affected by his works on body experience (Cash, and Pruzinsky, 2012).

Body image specialists believe that body image is more complicated than the definition provided by Schilder for body image on the basis that body image is the image of the body formed in the mind as a multidimensional phenomenon. Hence, Thompson, Heinberg, et al. (1999) believe that because of using words (weight satisfaction, size perception accuracy, body satisfaction, appearance satisfaction, appearance evaluation, appearance orientation, body esteem, body concern, body dysphoria, body dysmorphia, body schema, body percept, body distortion, body image, body image disturbance, and body image disorder), it is hard to define body image. Studying body image has been evolved over 50 years. The number of documentations in medical and mental data in 5 past decades clears considerable progress of expertise studies. In this field, the variety of frameworks, in which body image is studied, has been increased considerably. Various approaches exist in the field of body image including social-cultural approaches, data processing, and cognitive-behavioral approaches.

Defense mechanisms

Santrock (2013) defines defense mechanisms and institution pressures to solve the conflict between requirements of reality and wills of self as follows: he uses a series of strategies called defense mechanisms. The mechanisms solve the anxiety caused by conflicts with the unconscious heart of reality. Freud, in his second theory on anxiety, called it as perceptions and called some forces as "self" and provided a special position for the anxiety. In the first theory of "self", anxiety is not silent and is equipped by self. The institution of defense makes the fight against threatening imaginations and distorts reality to relieve unpleasant emotions. In this way, the defense mechanism is the most powerful weapon used (Heidarinasab and Sha'iri, 2011).

Defense operation is expanded word including all applied mechanisms such as using a pair of shoes to nail the wall. Shoes can be used to nail the wall, although this is not the right way. Even more complicated behaviors may be used as a defense; for example, although masturbation can meet the sexual need, it is a kind of defense (Blackman, 2013).

Functions and characteristics of defense mechanisms

The dos of the self, which should be avoided, the anxiety informs that there is a danger to reduce the threat. Given Freud, meta-self and the limitations of the society or institution and the conflicts between the wills of the conflict are always existed, because instincts always make pressure to be met and the sanctions of the society always limit such need meeting. Therefore, the defenses should be activated to a certain extent (Schultz, 2012; Trans: SeyedMohammadi, 2014). Using the mechanisms, the following goals can be achieved: preservation, personality integrity, meeting needs, making a compromise between maladaptive and disputing intentions, and reduction of the pressure and anxiety caused by negative stimulants, which act in the group (Ganji). It means that a single mechanism can't be used to solve a problem, but also a

series of mechanisms is used. Another characteristic is that they have overlapped. Although they are different in terms of details, they are common in 2 points: a) denial or distortion of the reality: although the mechanisms are essential, they are distorting; b) unconsciousness: the mechanisms are active unconsciously. Individuals can't be aware of them; meaning that every person has distorted or unreal imaginations of self and the environment in the reality. When people use the mechanisms, they are tricking themselves and are unaware of doing that. If individuals find out that they are tricking themselves, then the mechanisms can't be effective. The reason that the mechanisms act well is that they make threatening or distressing elements go away. As a result, people can never be aware of them and have just a distorted image of needs, fears, and wills. Therefore, maybe the rational-cognitive processes such as problem-solving, and decision making, and logical thinking rely on distorted images.

Given Freud, the internal and external forces, which are not explicit for people and they have little logical control over them, can guide us (Schultz, 2012; Trans: SeyedMohammadi, 2014). Another feature of the defenses is that the mechanisms are not dependent on the educations and social base of the person. It means that a defense mechanism such as reasoning can be used by a scientist, an illiterate person, a politician, and a native of African forests. Another feature is controlling the perception of individuals about the inside and the outside world. The mechanisms pay specific attention to mental health (Ganji, 2005). This is because; they decrease the cognitive inadaptability caused by the conflict of the inside and outside world. Therefore, if the mechanisms never interfere with the emotions of people, the result would be anxiety and depression. They preserve the vital balance with inattentiveness to the situation and provide an opportunity to match the changes.

Theories and classifications

The development of defense mechanisms has always encountered various problems. One problem has been the lack of empirical provability of them for the field of empirical psychology. The second problem has been the lack of the existence of common language agreed by the psychologists in this field (Vaillant, 2000). However, various theories are presented in this field, which analyzes the development and expansion of defense mechanisms. DSM defines the defense mechanisms as automatic psychological processes protecting a person against the anxiety and awareness of outside and inside stressful factors (Ghaedi, et al. 2008).

In this theory, mechanisms are divided into developed, underdeveloped, and psychedelic groups. Based on the development dimension, two theoretical models of using defense mechanisms are presented (Cramer, 2000).

Vaillant has presented the hierarchical model of mechanisms including four vertical layers from low underdevelopment to high development and is used by adults. For example, denial as a very developed defense mechanism is placed in the lowest layer of the model, and suppression and elevation mechanisms are placed in the highest level of development (Javaheri, et al. 2011). On the other hand, Cramer (2000) proposed an evolutional model. The model was based on the theory that different defense mechanisms are appeared from various evolution periods and based on time sequence, and hierarchically. In normal individuals, before the age of 15, the tendency to impulses with underdeveloped defense methods is changed into a tendency to use neurotic defenses. However, almost after the age of 12, the self tries to use creative and developed methods to control the problems. Developed defenses are appeared later and cause complete acceptance of nature and the amount of the threat. Such defenses take action directly to control the anxiety caused by threats as much as possible. Psychedelic defenses cause acceptance of threat with the difference that they manage the anxiety with the excessive distortion of meaning and the impact. Using such defenses is effective to some extent; although it can lead to negative consequences. Besides, they have less effect on meeting anxiety compared to developed defenses. Underdeveloped defenses are appeared in the early years of life and reduce anxiety with intense distortion of events and

their importance (denial or transferring its responsibility). Based on this model, denial overcomes in the years before elementary school and is then reduced. However, using projection is increased during the mid-years of childhood and reaches its peak in adolescence. Here, the psychedelic defenses, despite to correlation with a high level of distress and damage, play a protective role in cognitive and emotional consciousness of conflicts compared to developed defenses (Javaheri, et al. 2011). Developed defense mechanisms are recognized as types of adaptive defense and psychedelic and underdeveloped defense mechanisms are recognized as maladaptive styles (Farjad, et al. 2013).

Many efforts are taken to measure the manifestation of probable consciousness of defenses using the questionnaires. In this regard, one of the highlighted works is done by Vaillant et al. as a basis for other studies in this field. In the main body of these studies, the main hypothesis is that individuals mostly have supervision on consequences of unconscious processes in two forms: first, the feedback presented by the individual as a result of analysis of what is done. For example, a person wonders:

Why did you do this?

Second, the feedback got from others; meaning the reflection of the actions of an individual, which is cleared as reactions of others. For example, a person who mostly shows conflicting behavior may hear the sentence: "you always do something despite what you say" (Mohammadpour, et al. 2009).

Relevant literature

Mansour Ghane'I (2016) conducted a study under the title of "the role of temperament and cognitive components of anxiety and cognitive components of anxiety in predicting the symptoms of generalized anxiety disorder in 160 students of Tabriz University". The sample individuals were selected using screening from those with symptoms of GAD. To measure the variables, the Cloninger's Tridimensional Personality Questionnaire containing 7 items of GAD was used. Also, the Intolerance of Uncertainty Scale, Negative Problem Orientation Questionnaire (NPOQ), the Why Worry-Scale-II, and Cognitive Avoidance Questionnaire (CAQ) were used. For the data analysis purpose, Pearson Correlation Test and multivariate regression were used. Data analysis showed that among the research variables, components of intolerance of uncertainty, cognitive avoidance, and stability were capable to predict the symptoms of GAD and other variables were not enough capable to predict the GAD.

Zahra Zera'atgarGoharani (2016) conducted a study under the title of "comparison of obsessive-compulsive disorder symptoms and attachment styles between smoking and non-smoking students". The statistical population in this study consisted of 284 studies. The results showed that there was no significant difference between the mean values of OCD symptoms of smoking and non-smoking students. There was a significant difference between the mean value of the secure attachment style of smoking and non-smoking students. Besides, there was no significant difference between anxiety and avoidance attachment style, and between OCD of smoking and non-smoking students.

EbrahimHesar (2016) conducted a study under the title of p" predicting the use of various defense mechanisms based on metacognition and emotional intelligence components in adolescents in Mahabad". The statistical population in this study consisted of 397 students. The results showed that metacognition and emotional intelligence have a low ability to predict defense mechanisms (R2=95%). It means that using the value of emotional intelligence and metacognition of one person, the use of defense mechanisms in that person can be predicted.

In the study conducted by Thielsch, et al. (2015), a significant correlation was observed between positive metacognitive beliefs and too excessive anxiety. Cognitive avoidance and inaccurate beliefs on the usefulness of anxiety have been recognized as key variables of anxiety in studies of Gosline, et al. (2007), and Bonmey, et al. (2010). However, in a study conducted by Aliloo, et al. (2010) under the title of "comparison of uncertainty intolerance, cognitive avoidance,

negative orientation to the problem and positive beliefs about anxiety between patients with a generalized anxiety disorder and normal people", from 4 cognitive components, intolerance of uncertainty, and negative orientation to the problem was correlated to GAD. Two other components including cognitive avoidance and positive beliefs on anxiety were not significantly different between normal and GAD individuals.

Gaweda and Kokoszkaa (2014) conducted a study on 160 samples under the title of "investigating the role of metacognitive beliefs in the relationship between nature and symptoms of anxiety and depression". They showed that HA and SD are relevant to anxiety and depression symptoms. HA is associated with negative beliefs on the uncontrollability of thoughts. SD is associated with metacognitive beliefs and CO is associated with positive and negative beliefs on anxiety. ST is associated with all metacognitive beliefs. Negative beliefs on anxiety play a mediating role in the correlation between depression symptoms and CO, and a mediating role between anxiety symptoms and ST. They considered high HA and low SD as risk factors for anxiety and depression disorders.

III. CONCLUSION

Obsessive-compulsive Disorder (OCD) not only destroys the life of a person but also the destructive reactions of the disorder can leave negative effects on all people around the patient. Various factors cause the advent of obsession. The disorder appears in the person usually as mental and behavioral failure simultaneously. However, the disorder can happen separately. It means that the individual is involved in thinking obsession, or shows the disorder in form of illogical, repetitive, and excessive behaviors. If the thoughts and behaviors showing the disorder are appeared in the individual in irrational form, problematic and inhibiting, and distressing form, the individual most likely is suffering from the disorder. The clearest characteristics of obsession can be the involvement of the individual with the mentalities, imaginations, and illusions. The individual knows better than everyone that the baseless illusions have no logic and basis. However, such a patient has not the ability to stop the illusions. On the other hand, as the illusions are suffering, cause suffering, and distressing emotions in the individual. Among the emotions, one can name fear and anxiety, hate, doubt, obsession, and behavioral and practical pathological accuracy (Zera'atgarGohardani, 2016).

In general, it should be mentioned that over the two decades, increasing interest has been created to show the characteristics of different cognitive functions of OCD patients. According to the complexity of OCD and abundant ambiguities in etiology and its remaining, the present study has applied adequate psychological examinations to take a step for more investigation of some cognitive and personality aspects of the disorder such as hardiness, defense mechanisms, and negative body image. Analysis of these functions in a subset of the disorder and comparing them with GAD helps more understanding of the disorder and its specific characteristics.

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