



AENSI Journals

Journal of Applied Science and Agriculture

ISSN 1816-9112

Journal home page: www.aensiweb.com/jasa/index.html



Comparing of Thought-Action Fusion (TAF) and Worry between Patients with GAD, OCD diagnosis and Normal group

¹Hengameh Khankhani Zadeh, ²Hossein Bahari, ³Eisa Rezaei

¹MA in Clinical Psychology, Department of Psychology, Psychology faculty, Islamic Azad University, Roudehen Branch, Tehran, Iran.

²MA in Curriculum Development, Department of Curriculum Development, Faculty of Education and Psychology, Allameh Tabataba'i University, Tehran, Iran.

³PhD Student of Educational Technology, Department of Educational Technology, Faculty of Education and Psychology, Allameh Tabataba'i University, Tehran, Iran. Box. +989196031325

ARTICLE INFO

Article history:

Received 14 March 2014

Received in revised form 20

April 2014

Accepted 20 May 2014

Available online 25 May 2014

Keywords:

Obsessive-Compulsive Disorder, worry, Thought-Action Fusion, GAD, OCD

ABSTRACT

Background: Obsessions are a central feature of Obsessive-Compulsive Disorder (OCD) and worry is the central characteristic of Generalized Anxiety Disorder (GAD). Because of these common disorders are characterized by excessive and uncontrollable cognitive processes associated with negative affect, these disorders might be considerable overlap with together. **Objective:** The aim of this study was to comparison thought-action fusion among patients with Generalized Anxiety Disorder and Obsessive-Compulsive Disorder and normal people. To access this purpose 25 patients with generalized anxiety disorder and 25 patients with obsessive-compulsive disorder (OCD), and 25 person of normal participants took part in this study. In order to measure thought-action beliefs and obsessive-compulsive disorders symptoms, the Thought Fusion Instrument (TFI) and (SPWQ) were used. **Results:** Findings of research showed that there were significant different between three groups in thought-action fusion scores. Also Results indicated the GAD and OCD patients differed from normal participants on thought-action fusion beliefs and worry. Also the GAD and OCD group did not differ on all thought-action subscales except the thought-object fusion (TOF). Also ANOVA results of Comparing worry between GAD, OCD, and normal group indicated that there were significant differences among them. **Conclusion:** Compare of pairs means by using Bnfruny test showed that both GAD and OCD groups are significantly different from normal subjects in worry, but wasn't found difference between patient groups. It is suggested that it is best use another scales to distinguish between GAD and OCD in thought-action fusion and worry.

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To Cite This Article: Hengameh Khankhani Zadeh, Hossein bahari, Eisa Rezaei., Comparing of Thought-Action Fusion (TAF) and Worry between Patients with GAD, OCD diagnosis and Normal group. *J. Appl. Sci. & Agric.*, 9(6): 2649-2653, 2014

INTRODUCTION

Obsessions are a central feature of Obsessive-Compulsive Disorder (OCD) and worry is the central characteristic of Generalized Anxiety Disorder (GAD) (Langlois *et al.* 2000). Because of these common disorders are characterized by excessive and uncontrollable cognitive processes associated with negative affect, these disorders might be considerable overlap with together (Van Rijsoort *et al.* 2001). Worry and obsessions have some similar characteristics; for example;(a) both phenomena occur in normal as well as patient populations, (b) the form and content of worry and obsessions appear to be similar in normal and clinical groups; (c) both occur with greater frequency and are associated with greater perceptions of uncontrollability in clinical populations than in normal groups; (d) both worry and obsessions are associated with adverse mood; and finally (e) that same type of vulnerability factor determines why individuals develop pathological worries or obsessions and others do not (Turner *et al.* 1992).

However, apart from these similarities, worry and obsessions appear to differ to a great extent on several dimensions. Worry usually concerns normal life circumstances whereas the content of obsessions tends to be more bizarre (Brown *et al.* 1994). Also, even though both are characterized by perceived uncontrollability, at least in clinical cases, worry is more likely to be perceived as self-initiated. Recently, an attempt has been made to distinguish between worry and obsessive-compulsive symptoms in terms of process characteristics and meta-Meta worry (Clark, & Claybourn. 1997).

Corresponding Author: MA in Clinical Psychology, Department of Psychology, Psychology faculty, Islamic Azad University, Roudehen Branch, Box.1314613586. Tehran, Iran.
Ph: +989196031325 E-mail: khankhaniphd@gmail.com

Several self-report instruments have been developed to assess worry. These include the Penn State Worry Questionnaire (PSWQ), Anxious Thoughts Inventory (AnTI) and the Worry Domains Questionnaire (WDQ). The Penn State Worry Questionnaire (PSWQ) is the measure most frequently used to assess pathological worry in both clinical and non-clinical populations. Several researches support the use of the PSWQ in screening individuals likely to meet criteria for GAD (Fresco *et al.* 2003). An instrument that is gaining popularity in the measurement of obsessive-compulsive (O-C) symptoms is the Padua Inventory (PI; Sanavio, 1980). Although Sanavio (1980) in his original study reported that the PI can differentiate between OCD patients and neurotic patients, to date, there is not enough evidence to conclude about the validity of the PI in samples of participants with clinically diagnosed OCD. Burns and *et al.* (1995) reported that individuals who scored high on the PI also reported more depression and Generalized Anxiety Disorder. In addition, many reports indicates that the PI measures worry in addition to obsession (Freeston *et al.* 1994; Burns *et al.* 1996; Goodarzi & Firoozabadi. 2005). This is especially true for two impaired control and checking subscales (Goodarzi & Firoozabadi. 2005). These results indicate that some items of the PI measure non-specific elements of OCD and the PI measures worry and obsessions. However, it has been noted that measures of worry and obsessive present a number of limitations to researchers wishing to distinguish between worry and obsessions and wants to explore the differences between these types of ideational events (Burns *et al.* 1996). According to these results, to facilitate research, self-report instruments that reliably distinguish between worry and obsessions are required. The present study aimed to further explore the relationship between worry and O-C symptoms. We examined differences between the GAD and OCD patients with TAF and PSWQ to explore further distinctiveness.

1. Methodology:

1.1. Participants:

Twenty-five adults with OCD, twenty-five adults with General Anxiety Disorders and twenty-five adult normal people participated in the study. The patients were selected from Taleqani Hospital (Evin, Tehran, Iran) by the authors and a psychiatrist using DSM-IV criteria for diagnosis. Patients are selected as our sample using availability sampling. Those patients who were taking psychoactive drugs during a 4-week period before examination in the study were excluded. Patients with OCD were matched with GAD patients and normal participants according to the following variables: age, education and gender. The normal group consisted of hospital support staff and community volunteers who denied any history of psychiatric treatment and did not meet criteria for any DSM-IV Axis I disorder as determined by the SCID-IV.

1.2. Measures:

2.2.1. Thought Fusion Instrument:

Thought-action fusion (TAF) Scale (Wells *et al.*, 2001), is a self-report scale that has 14 item and measures people's beliefs about thoughts, risk and consequences of their thoughts according to metacognitive model. Scores range of scale are between 0 to 100 measured. This scale measures three beliefs: thought-action fusion (TAF), thought-event fusion (TEF), thought-object fusion (TOF). The reliability and validity of this scale had been good reported (J. Williams *et al.*, 2004).

1.2.2. Penn State Worry Questionnaire (PSWQ):

The Penn State Worry Questionnaire (PSWQ; Meyer *et al.* 1990) is a 16-item self-report scale that measures tendency to worry. Responses are requested on a five-point scale with 1 representing "not at all typical" to 5 "very typical". The PSWQ is a reliable and valid measure for clinical and non-clinical groups. The PSWQ has good internal consistency with Cronbach's alphas ranging from .86 to .93, and good test-retest reliability with reported coefficients ranging from .74 to .93 (Meyer *et al.*, 1990). The validity and reliability of PSWQ for the Iranian population were established by Shirinzadeh Dastgiri (2006).

1.3. Procedure:

First, the researcher explained the aim of study to the subjects after the diagnostic assessment by a trained clinicians and then asked them to participate if they agree, arranged to administer the in a private room in the hospital. The questionnaire packet containing the two measures was organized in a counterbalanced format. Multiple orderings were created by placing the Worry and OCD instruments in varying orderings across the whole sample (i.e., each group was equally varied in first or second, place for of two orderings). Participants were tested individually and so filled the questionnaires.

3. Results:

To provide a clearer picture of the demographic characteristics of participants, descriptive data's were analyzed. Demographic are show in Table 1. Table 1 show the age and education mean for the three studied groups as can be seen in the Table 1, the three participant group did not differ in terms of age or Education. Also

ANOVA results showed that there weren't significant difference age and educational mean between GAD, OCD and normal groups.

One way analysis of variance (ANOVA) was used in order to comparing of between groups differences in thought-action fusion (TFI) scores and Meta worry (PSWQ) subscales. The results showed that there was a statistically significant difference between the groups Thought-action fusion. Bon Feroni Post hoc tests to compare of pairs means showed that there is not significant different between GAD and OCD groups in thought-action fusion beliefs and Meta worry. Nevertheless however, thought-action fusion and Meta worry beliefs were significantly difference between GAD and OCD patients in compare with normal group (Table 2).

Table 1: Comparing of age and education between three groups.

Groups Variables	GAD		Depression		Normal		F	P
	M	SD	M	SD	M	SD		
Age	31.2	8.6	29.7	5.7	27.9	8.5	2.1	0.17 (N.S)
Education	11.6	5.6	12.2	5.1	13.5	3.7	0.33	0.81 (N.S)

Table 2: ANOVA results of TFI +PSWQ comparing.

Groups Variables	GAD		OCD		Normal		F	P
	M	SD	M	SD	M	SD		
TFI	a39.9	17.77	a43.2	26.3	b10.3	8.4	12.57	0.0001
PSWQ	a70.41	17.7	a77	13.31	b48.98	12.64	9.06	0.0001

TFI :thought-action fusion, PSWQ Meta worry

Also comparing of thought -action fusion subscales were analyzed by using multivariate analysis of variance (MANOVA). Results showed that there were significant difference in the subscale thought-action fusion (TAF), thought -event fusion (TEF) and thought -Object fusion (TOF) between GAD and OCD and normal groups (Table 3).

Table 3: Multivariate analysis of TFI subscales.

Groups Variables	GAD		Depression		Normal		F	P
	M	SD	M	SD	M	SD		
TAF	A9.17	8.6	B6.33	7.44	B2.43	2.08	5.87	0.004
TEF	A26	12.48	A23.16	12.44	B6.47	5.45	22.5	0.0001
TOF	A8.04	9.88	A10.41	8.79	B1.39	1.72	8.56	0.0001

Thought -action fusion (TAF) + thought -event fusion (TEF), thought -object fusion (TOF) in (p<0.05)

4. Discussion:

The aim of this study was to evaluate and compare the thought-Action fusion and worry among patients with generalized anxiety disorder, Obsessive - Compulsive, in compare with normal people. Statistical appropriate methods and multivariate variance ANOVA and post hoc tests were used for research data analysis, as.

ANOVA results showed that there was a significant difference between the GAD and OCD and normal groups in thought-action fusion. However, thought-action fusion subscales were significantly difference between GAD and OCD patients in compare with normal group. Thus, it is corollary that thought-action fusion is a belief that led to increase of catastrophic impressions in emotional disorders. These findings are in line with other research (Aynstyn and Mnzys, 2004; Bramvvytz *et al*, 2003).

Multivariate analysis of variance (MANOVA) Results showed that there were significant difference in the all of thought -action fusion (TAF), thought -event fusion (TEF) and thought -Object fusion (TOF) subscale between GAD and OCD and normal groups. But pair means comparing by Bon Feroni Post hoc tests showed that there weren't significant different between GAD and OCD groups in thought-action fusion beliefs and Meta worry. However, thought-action fusion and Meta worry beliefs were significantly difference between GAD and OCD patients in compare with normal group. Nevertheless, these findings are consistent with Wells' metacognitive model of emotional disorders. Thought about worry involves this belief that worry can affect all external events. In a study of patients with generalized anxiety disorder expressed concern that the employment probability of occurrence of bad events that have been predicted to reduce (Bvrkvyk and Romer, 1995). Cognitive belief structure about worry is very similar to possible thought - action fusion that assume think about the action- event is put forward as positive beliefs about worry and generalized anxiety disorder is research showing the correlation between belief and GAD or OCD (Bvrkvyk *et al*, 1999).

ANOVA results of Comparing worry between GAD, OCD, and normal group indicated that there were significant differences among them. Compare of pairs means by using Bon Feroni test showed that both GAD and OCD groups are significantly different from normal subjects in worry, but wasn't found difference between patient groups. These results are consistent with cognitive models of Wales (2000) and freshwater research and Shirinzadeh (2006).

Given that rumination and negative thoughts such as obsessive or anxiety keeping with their ego-dystonic nature. So, worry and rumination is associated with the preventing and avoiding motive of hazards. Therefore it as seen by concerned and obsessed person perspective as a coping strategies, and by continuing of worry and rumination and inability to control of it, worry becomes the center of the patient's concerns (Wells and Matthews, 1996). Nevertheless appears to be increasing trying to suppress of worry and rumination in frequency and salience of negative thoughts (Becker *et al*, 1998).

5. Conclusion:

This study showed that the differences between GAD and normal peoples in worry and Thought -action fusion subscale was significant (Table 2, 3). This result is comparable with the findings of Wells and Papageorgiou (1998).

Also results of this research indicated that patients with OCD have scored (77) higher than normal participants (NP-49) and GAD (70) patients in the total score of the worry. The ANOVA Test revealed a significant difference among three group (table 2). But there were no difference between OCD patients and patients with GAD in total score of the TAF and their subscales (see Table3). This finding shows that the TAF score does not measure purely specific features of the OCD patients. Accordingly, the TAF appears to be a useful measure for differentiating OCD patients and nonclinical OCD cases from normal people. However, its usefulness in differentiating between OCD patients and patients with anxiety disorder (GAD) has not been supported by our findings. Further refinement of the TAF is necessary to enhance specificity of measurement and discriminant validity of the instrument.

This conclusion is comparable with the findings of other studies which show the TAF score cannot differentiated between OCD and anxious patients (Burns *et al*. 1995; Goodarzi, Firoozabadi. 2005; and Sternberger. 1991). However, some of the positive correlation between worry and compulsive symptoms may be substantive, thus indicating potentially important concept links between worry and compulsive behaviors.

Wells and Morrison (1994) demonstrated that normal individuals could make a valid distinction between normal worries and obsessions when provided with a simple definition. Such an approach could be adopted for future revision of the Worry. In particular, the ego-dystonic nature of obsessions should be highlighted. Other key differences between worry and obsessions could be also be emphasized in a revision of instructions for scale (Wells and Papageorgiou. 1998). For instance Wells and Morrison (1994) showed that obsessions were more telegraphic than worries and were more involuntary. An emphasis on such features may increase the specificity of the Worry.

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