

# Predicting the Severity of Obsessive-compulsive Disorder Symptoms Based on Corona Anxiety and Islamic Lifestyle in Women

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## Abstract

**Background and Objective:** Obsessive-compulsive disorder and its socio-health consequences are one of the most costly issues in today's society. Therefore, the present study was conducted to predict the symptoms of obsessive-compulsive disorder based on corona anxiety and Islamic lifestyle in women.

**Methods:** The method used in this study was descriptive correlational. Out of the women with obsessive-compulsive disorder referring to the psychiatric ward of Farabi Educational and Medical Center in Kermanshah in 2020, 200 couples were selected by available sampling method and completed Alipour et al.'s Corona Anxiety Scale, Hudgson and Rachman's Obsessive-Compulsive Scale, and Kaviani's Islamic Lifestyle Scale. Data analysis was performed using descriptive statistics, correlation matrix and hierarchical regression. In this study, all ethical considerations were observed and the authors reported no conflict of interests.

**Results:** The results showed that the severity of obsessive-compulsive disorder symptoms was inversely related to Islamic lifestyle ( $r=-0.61$ ,  $P=0.004$ ) and its dimensions ( $P<0.05$ ). The psychological factor of corona anxiety ( $r=0.42$ ,  $P=0.001$ ) and the physical factor of corona anxiety ( $r=0.27$ ,  $P=0.015$ ) showed a positive and significant relationship with the severity of obsessive-compulsive symptoms at the level of 0.05. Regression analysis showed that corona anxiety predicts 20% of the variance in obsessive severity. The Islamic lifestyle, independent of the corona anxiety, was able to predict 6% of the variance in the severity of the obsession.

**Conclusion:** In general, the results showed that the Islamic lifestyle and control of coronary anxiety can be used to reduce severity of the symptoms in obsessive patients.

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## Summary

### Background and Objective

Obsessive-compulsive disorder is characterized by intense disturbing thoughts, images, and desires (1). The lifetime prevalence of obsessive-compulsive disorder is 2% or more (2), but there are no accurate statistics on the prevalence of this disorder in Iran (3). Research shows that the onset

of symptoms in obsessive-compulsive disorder is usually gradual, but in some people the onset of the disease is sudden and associated with health-related anxiety (2). A look at the studies shows that few studies have been conducted on the psychological effects of infectious diseases. One of these diseases is coronavirus, which is common in various populations (4). However, the symptoms of obsessive-compulsive patients have increased under stressful conditions and these

patients show higher anxiety sensitivity compared to other patients (5).

Corona anxiety in obsessive-compulsive disorder patients can increase rumination and perceptual errors and increase the symptoms of obsessive-compulsive disorder (6). On the other hand, corona anxiety leads to exacerbation of the symptoms of various psychiatric diseases and increases family and work adjustment problems and lifestyle changes (7). The results of a systematic review study showed that in recent decades, attention to lifestyle variables and their role in the field of mental health has increased. However, there are still ambiguities about how lifestyle is related to mental health (8). However, several studies have shown that lifestyle has positive effects on the mental and behavioral status of chronic medical patients (9-11). In this regard, there are several verses from the Holy Quran that show the positive effects of lifestyle on health (12). Due to the high prevalence of this disease in women and its financial and health consequences, the present study was conducted to predict the severity of obsessive-compulsive disorder symptoms based on corona anxiety and Islamic lifestyle in women.

## Methods

**Compliance with ethical guidelines:** All ethical considerations were observed in the present study including preserving the dignity of individuals, clearly stating the purpose of the research, the right of the participants to withdraw from the study at the sampling stage, presenting the results to the stakeholders in order to make appropriate decisions, assuring the participants that their information will be kept confidential and protected without including their name and details.

This study was a correlational study. The statistical population included all women with obsessive-compulsive disorder referring to Farabi Hospital in Kermanshah. 200 women were selected by available sampling method according to the formula  $8M+50 \leq N$  (13). In addition to demographic information checklists, Obsessive-Compulsive Scale (14), Islamic Lifestyle Scale (15) and Corona Anxiety Scale (16) were used to collect data, all of which enjoyed a good level of validity and reliability. Data analysis was performed using descriptive statistics, correlation coefficient and hierarchical regression.

## Results

Demographic data showed that the mean age of the participants was 39.66 (12.76.). Also, the

results showed that 63% were married and the rest were single. Most participants had lower education than university and more than 50% were poor. The results showed that the severity of obsessive-compulsive disorder symptoms was inversely related to Islamic lifestyle ( $r=-0.61$ ,  $P=0.004$ ) and its dimensions ( $P<0.05$ ). The psychological factor of corona anxiety ( $r=0.42$ ,  $P=0.001$ ) and the physical factor of corona anxiety ( $r=0.27$ ,  $P=0.015$ ) showed a positive and significant relationship with the severity of obsessive-compulsive disorder symptoms at the level of 0.05. Regression analysis showed that corona anxiety predicts 20% of the variance in obsessive severity. An Islamic lifestyle independent of the corona anxiety factor predicted 6% of the variance in the severity of the obsession.

## Conclusion

The first finding of the present study, in line with the previous studies (17-19), showed that there is a positive and significant relationship between corona anxiety and the severity of obsessive-compulsive disorder symptoms. In explanation, it can be stated that the fear that is not appropriate for the current situation may lead to various psychological problems. In this way, it leads to higher risk perception and more rumination and the person is forced to repeat more obsessive behaviors (19). Another finding of the study in line with the results of previous studies (20-23) showed that the Islamic lifestyle has a negative and significant relationship with the severity of the symptoms of obsessive-compulsive disorder. In explaining this finding, we can state that religious behaviors and beliefs have a positive effect on making life meaningful. These behaviors increase a person's hope and, as a result, help individuals to calm down reducing their fear. Also, religious beliefs can play an effective role in relieving stress in all situations (24-26).

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## Ethical considerations

According to the authors, this article was obtained from second author's master's thesis in general psychology with the tracking code of 2675775.

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According to the authors, this study had no sponsor and was done at the authors' personal expense.

## Conflict of interest

The authors declared no conflict of interests in this study.

### Authors' contribution

Data collection and writing the article draft: first author; writing the article, summarizing the findings, and writing the conclusion section of the article: second author.

## References

1. Fineberg NA, Hollander E, Pallanti S, Walitza S, Grünblatt E, Dell'Osso BM, et al. Clinical advances in obsessive-compulsive disorder: a position statement by the International College of Obsessive-Compulsive Spectrum Disorders. *International clinical psychopharmacology*. 2020;35(4):173-93.
2. First MB, Gaebel W, Maj M, Stein DJ, Kogan CS, Saunders JB, et al. An organization-and category-level comparison of diagnostic requirements for mental disorders in ICD-11 and DSM-5. *World Psychiatry*. 2021;20(1):34-51.
3. Amani M, Abolghasemi A, Ahadi B, Narimani M. The prevalence of obsessive-compulsive disorder among the women 20 to 40 years old of Ardabil city, Western part of Iran. *Journal of Fundamentals of Mental Health*. 2013;15(59):233-42. (Full Text in Persian)
4. Labrague LJ, De los Santos JAA. COVID-19 anxiety among front-line nurses: Predictive role of organisational support, personal resilience and social support. *Journal of nursing management*. 2020; 28(7): 1653-61.
5. Reddy YJ, Sudhir PM, Manjula M, Arumugham SS, Narayanaswamy JC. Clinical Practice Guidelines for Cognitive-Behavioral Therapies in Anxiety Disorders and Obsessive-Compulsive and Related Disorders. *Indian journal of psychiatry*. 2020;62(Suppl 2): S230.
6. Waqas M, Hania A, Hongbo L. Psychological predictors of anxious responses to the COVID-19 pandemic: Evidence from Pakistan. *Psychiatry Investigation*. 2020;17(11):1096-104.
7. Dubey S, Biswas P, Ghosh R, Chatterjee S, Dubey M, Chatterjee S. Psychosocial impact of COVID-19. *Diabetes MetabSyndr*. 2020; 14 (5): 779-788.
8. Firth J, Solmi M, Wootton RE, Vancampfort D, Schuch FB, Hoare E, et al. A meta-review of "lifestyle psychiatry": the role of exercise, smoking, diet and sleep in the prevention and treatment of mental disorders. *World Psychiatry*. 2020;19(3):360-80.
9. Besharat MA, Hosseini SA, Jahed HA, Bahrami Ehsan H, Dortaj F. Introduce a new intervention model based on Islamic lifestyle for decreasing the risk of cardiovascular disease in people at risk: A comparative study. *Journal of religion and health*. 2021;60(2):736-51. (Full Text in Persian)
10. Asadzandi M. An Islamic religious spiritual health training model for patients. *Journal of religion and health*. 2020;59(1):173-87. (Full Text in Persian)
11. Pakzad M, Dolatian M, Jahangiri Y, Nasiri M, Dargah FA. The correlation between Islamic lifestyle and pregnancy-specific stress: a cross-sectional, correlational study. *Open access Macedonian journal of medical sciences*. 2018;6(6):1163-7. (Full Text in Persian)
12. The Holy Quran. Translated by: Hossein Ansarian. Tehran: International Publishing Company.
13. Tabachnick BG, Fidell LS. *Using multivariate statistics* Boston. MA: Allyn and Bacon. 2007; 5:2007.
14. Hodgson RJ, Rachman S. Obsessional-compulsive complaints. *Behaviour research and therapy*. 1977; 15(5): 389-95.
15. Kaviani M. Quantification and measurement of Islamic life style. *Ravanshenasi va Din*. 2011;4(2):27-44. (Full Text in Persian)
16. Alipour A, Ghadami A, Alipour Z, Abdollahzadeh H. Preliminary validation of the Corona Disease Anxiety Scale (CDAS) in the Iranian sample. *Quarterly Journal of Health Psychology*. 2020;8(4):163-7. (Full Text in Persian)
17. Li K, Zhang H, Wang B, Yang Y, Zhang M, Li W, et al. Hippocampal functional network: The mediating role between obsession and anxiety in adult patients with obsessive-compulsive disorder. *The World Journal of Biological Psychiatry*. 2020;21(9):685-95.
18. Coban DA. Investigation of impulsivity, anxiety and depressive symptoms as predictors of suicide in obsessive-compulsive disorder/Obsesif kompulsif bozuklukta ozkiyim ongordurucusu olarak durtusellik, anksiyete ve depresif belirtilerin incelenmesi. *Anadolu Psikiyatri Dergisi*. 2020:180-7.
19. Zoghi I, Ajilchi B, Yosefirad E, Dehghan monazam Aa. The Relationship between Illness Perception, Obsessive Beliefs and General Health in patients referring to Corona virus (COVID-19) Diagnosis. *Educational Psychology*. 2020;16(55):215-28. (Full Text in Persian)
20. Marcks BA, Weisberg RB, Edelen MO, Keller MB. The relationship between sleep disturbance and the course of anxiety disorders in primary care patients. *Psychiatry research*. 2010;178(3):487-92.
21. Nasrollahi Z, Biderafsh A. Relationship of Islamic Lifestyle with Depression and Anxiety among the Students of Qom University of Medical Sciences in 2018. *Health, Spirituality and Medical Ethics*. 2020;7(3):51-5. (Full Text in Persian)
22. Pakzad M, Dolatian M, Jahangiri Y, Nasiri M,

Zeydi AE. Relationship between islamic lifestyle and mental health in pregnant women: A cross-sectional study. *Bangladesh Journal of Medical Science*. 2020;19(3):394-400. (Full Text in Persian)

23. Gordon EW, Song LD. Variations in the experience of resilience. *Educational resilience in inner-city America: Challenges and prospects*. 1994:27-43.

24. Haddadi Kuhsar AA, Ghobari Bonab B. Predicting Obsessive-compulsive behavior and Phobic Anxiety among Students of Medical Sciences: The role of the Concept of God. *J Res Relig Health*. 2018;4(4):59-68. (Full Text in Persian)

25. Ekhtiary Sadegh M, Imani Naeini M, MirzaMohammadi MH. The Prediction of Loneliness among the Kermanshahi Elderly Based on Self-Compassion, Spirituality, and Islamic Lifestyle. *J Res Relig Health*. 2018;4(2):69-80. (Full Text in Persian)

26. Ahmadi MR, Hossayni Motlagh M, Haratian A. Abiding by the Islamic Style of Life Depression and Anxiety. *Journal of Lifestyle*. 2015;1(1):31-45. (Full Text in Persian)

## توقع شدة أعراض الوسواس القهري بالنظر إلى أعراض اضطرابات بعد الإصابة بكورونا ونمط الحياة الإسلامي لدى النساء

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### معلومات المادة

الوصول: ١ شعبان ١٤٤٢

وصول النص النهائي: ٣٠ شعبان ١٤٤٢

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النشر الإلكتروني: ٢٦ صفر ١٤٤٤

### الملخص

**خلفية البحث وأهدافه:** يعد الوسواس القهري وعواقبه الصحية-الإجتماعية من أكثر الأمراض تكلفة ومن أهم التحديات الصحية التي تواجهها المجتمعات في العصر الراهن. تسعى هذه الدراسة التنبؤ بأعراض الوسواس القهري واضطراب ما بعد الإصابة بكورونا ونمط الحياة الإسلامي لدى النساء بغية إيجاد علاج مناسب لها.

**منهجية البحث:** أجريت الدراسة على أساس المنهجية الوصفية/الإرتباطية. وتم اختيار ٢٠٠ امرأة ممن زرن المراكز العلاجية ومراكز الطب النفسي التابعة لمركز فارابي التعليمي/ الطبي في مدينة كرمانشاه في عام ٢٠١٩، عبر منهجية أخذ العينات المتاحة. كما ملأت المشاركات إستمارات واستبيانات قَدّمت لهن بشكل منفصل. والإستبيانات هي: إستبيان مقياس غليبور لقياس اضطراب كورونا، واستبيان الوسواس القهري لها دجسون وراتشمن، ومقياس نمط الحياة الإسلامي لكافياني. أما تحليل المعطيات فقد كان عبر منهجية مصفوفة الإرتباط والإنحدار الهرمي لجرسيون. وقد تمت مراعاة جميع الموارد الأخلاقية في هذا البحث وإضافة إلى ذلك فإنّ مؤلفي البحث لم يشيروا إلى أيّ تضارب في المصالح.

**المعطيات:** أظهرت النتائج أنّ علاقة الوسواس القهري بنمط الحياة الإسلامي ( $r = -0.61$ ) و ( $P = 0.004$ )، أما أبعاد هذا الوسواس فقد كانت تتبع إرتباطاً معكوساً يمكن الإشارة إلى ب ( $P < 0.05$ ). كما أنّ علائم اضطراب ما بعد الإصابة بكورونا كان ( $r = 0.42$ ) و ( $P = 0.001$ )، والعلائم الجسدية لهذه الاضطراب فقد كانت ( $r = 0.27$ ) و ( $P = 0.015$ )؛ وكلها ذات وصلة مباشرة بشدة علائم اضطراب ما بعد الإصابة بكورونا. كما أظهر تحليل الإنحدار أنّ اضطراب ما بعد الإصابة يتنبأ بنسبة ٢٠ بالمئة من تباين شدة القلق. كما أظهرت النتائج أنّ نمط الحياة الإسلامي المستقل عن مؤثرات اضطراب ما بعد الإصابة بكورونا يمكنه أن يتنبأ ب٦ بالمئة من شدة الوسواس المطلوب رصده.

**الاستنتاج:** بشكل عام أظهرت النتائج أنّ نمط الحياة الإسلامي والإمتثال لتعاليم الإسلام في الحياة يمكن أن يساعد على تقليل تأثير قلق ما بعد الإصابة بكورونا وتخفيف آثار هذا الوسواس لدى المصابين.

يتم استناد المقالة على الترتيب التالي:

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