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Investigation and Comparison of Fusion of Thought-Action and Anxiety Sensitivity between Children with Obsessive-Compulsive Disorder symptoms and the Normal Students in Isfahan (2011-12)

Reyhaneh Shojaei Jeshvaghani[1], Dr Farzaneh Niknejadi[2], Dr Yousef Gorji[3]

[1]MS Student, Counseling Department, Islamic Azad University of Khomeinishahr, Khomeinishahr Branch, Daneshjou Blvd, Iran
[2,3]Assistant Professor, Counseling Department, Islamic Azad University of Khomeinishahr, Khomeinishahr Branch, Daneshjou Blvd, Iran

ABSTRACT

This study aimed to investigate and compare fusion of thought-action and anxiety sensitivity between adolescent girls and boys with symptoms of obsessive-compulsive disorder in clinical and non-clinical levels. The research is descriptive, and the subjects were selected with random cluster method. Measurement tools in this study were including Maudsley Obsessive-Compulsive Questionnaires, Fusion Thoughts Questionnaires and Revised Anxiety Sensitivity Questionnaires. Statistical analysis was carried out with the Mann-Whitney method. According to the results of this study, fusion of thought-action and anxiety sensitivity between adolescent girls and boys with symptoms of obsessive-compulsive disorder in clinical and non-clinical levels, has a positive and meaningful difference (P<0/01).
KEYWORDS: Obsessive-compulsive disorder, sensitivity, anxiety, students.

INTRODUCTION

Adolescent anxiety about their physical changes, lack of awareness or fear of new situations and inability to adapt their behavior to these conditions can leads to such obsession and depression behavior. When in an everyday life anxiety becomes more, it changes to a disorder. Obsessive - compulsive disorder (OCD) is belonging to such disturbance. Although OCD has often been subject of jokes, wit and humor, contrary to stereotypes, it is not a funny subject. However, the obsession is an anxiety disorder with biological basis that often begins in childhood and may have a familial pattern, People with obsession disorder, spent a lot of time on their formalities or for avoiding certain behaviors, So that their important life issues are being neglected. A meta-cognitive structure in OCD which is widely taken into consideration is Thought-Action fusion (TAF). In this structure, it is believed that a person's thoughts can directly influence external events or such thoughts are morally equivalent to those bans. Anxiety sensitivity (AS) is a major risk factor for the development and survival of anxiety disorders (Maller and Reiss 1992).

Anxiety is sped up, competition, surpass the others, and move quickly in a direction that is and sometimes the end of it is not clear for themselves. This is why those who live in these conditions and sometimes accept the stress and anxiety as an inevitable phenomenon, just because of everyday feelings. One important reason for investigating the role of anxiety sensitivity and fusion of thought and action on OCD is that these people can be helped and they can be told that the thoughts themselves are not the problem. But rather their ideas about the meaning and consequences of this thinking are causing anxiety, which results in compulsive behavior to ensure and neutralize this anxiety.

Problem Statement

OCD is a common disorder (1.5 to 2.1 percent) and is considered as the fourth most common psychiatric illness (Kaplan and Sadock 2007).

A lot of research has been devoted to this problem in the field psychopathology. Obsession - compulsive is a problem that is characterized with the thoughts, images and impulses or compulsive behavior (Clark and Ferborn 1997).

The prevalence of this disorder in the general population is estimated to be between 2 to 3 percent and they are about 10 percent of outpatient in clinical and psychiatric centers.

This disorder effect on different functions including in family, career, social and other areas (Kaplan and Sadock 2007).

OCD in clinical perspective is a heterogeneous, chronic, neurotic and debilitating disorder, which was an interesting topic for psychiatrists and psychologists since long ago (Frhoudian, 2005). 75% of patients with OCD is characterized by anxiety (Astkty, 1993).

***Corresponding Author:** Reyhaneh Shojaei, MS Student, Counseling Department, Islamic Azad University of Khomeinishahr, Khomeinishahr Branch, Daneshjou Blvd, Iran. Email: rihane.shojaee@iaukhsh.ac.ir

From the perspective of cognitive – behavioral, cognitive disorder in obsessive is like another anxiety and emotional disorders. The majority of the results imply that OCD symptoms are associated with a reduced ability to stop the unreasonable thoughts, and it seems illogical and unwanted thoughts, compared with anxiety and depression may play a decisive role in OCD (Purdon and Clark, 1993). One of the specific areas in OCD is thought fusion. In this phenomenon, meta-cognitive beliefs, thoughts and events between thought and action is lost (Wells, 2004).

Rachman to describe the cognitive distortions of compulsive, used fusion belief's term. These beliefs are exaggerated forms of beliefs that, many people are suffering from and constantly put the person in a state of distress conditions (Wells, 2009).

Research hypotheses

It seems that in the field of thought and action fusion between teens with symptoms of obsessive-compulsive disorder in clinical and non-clinical levels, a meaningful difference exists.

It seems that in the field of anxiety sensitivity between teens with symptoms of obsessive-compulsive disorder in clinical and non-clinical levels, there is a meaningful difference.

It seems that in the field of thought and action fusion between adolescent boys with symptoms of obsessive-compulsive disorder in clinical and non-clinical levels, a meaningful difference exists.

It seems that in the field of thought and action fusion between adolescent girls with symptoms of obsessive-compulsive disorder in clinical and non-clinical levels, a meaningful difference exists.

It seems that in the field of anxiety sensitivity between adolescent boys with symptoms of obsessive-compulsive disorder in clinical and non-clinical levels, there is a meaningful difference.

It seems that in the field of anxiety sensitivity between adolescent girls with symptoms of obsessive-compulsive disorder in clinical and non-clinical levels, there is a meaningful difference.

LITERATURE REVIEW

Westphal (1887), professor of psychiatry at Berlin, was the first person who considered incidence of OCD (which was rarely seen in mental hospitals) (Asberg, 1989).

Although the concept of obsessed has been mentioned many years ago, but in recent researches was completed and the term of obsessive-compulsive disorder becomes a diagnostic criterion. This can be partially because the OCD often occurs in the context of other disorders. Obsession disorder is a common psychiatric problem which usually begins in adolescence. Symptoms of OCD were recognized over 300 years ago. Initial descriptions of this disorder have focused on different aspects of the signs and reflect popular culture of people in each period.

English authors emphasized on the religious aspects of the symptom and their relationship with melancholy. German perspectives were focused on the nature of irrational thoughts and relationship with psychosis and French phenomenological noted on the importance of doubts and the lack of willingness on signs (Maj&Zoher, 2000).

In 1799, Wartburg used the term obsession and Esquire in 1838 described this syndrome for the first time and chose “insanity with insight” for it (Astkty, 1990).

Over 40-year later components of obsessive compulsive disorder differentiated and defined, and the term obsession separated from delusion and also forcing from impulse. In 1878, Westphalia, a famous German neurologist, were cited the differences between obsessive thinking and psychosis thinking and described this disorder as abortive insanity which was very similar to the term used by the French researcher. (Astkty, 1990)

In the 19th century, obsessions were considered as evil actions anymore, and it was considered as a part of the depression. At the beginning of this century, obsession was as an independent syndrome (Houghton, et al, 2008).

Westphal defined obsession thoughts as thoughts of a person who was aware in every aspect with no existence of depression and emotional imbalance. This person despite a propensity reaches to the level of consciousness, and he is not capable of avoiding such thoughts. As a result, the natural growth of a person’s thoughts is disturbed. However, an infected person always considered this thoughts abnormal and strange (Thomsen, 1997).

Rapoport about the first edition (1925) and second (1968) of diagnostic and statistical manual (DSM), has stated that the definition of this syndrome is unknown and short (Kratochwill and Moris 2008). 60 and 70 decades of the twentieth century were the development area of behavioral approaches in research and treatment (Shams and Sadeghi, 2027).

The first theory of compulsive behavior, were based on this point that obsession may be the two-factor theory of Maurer and follow the formation and persistence of fear. In the late 1970s, the credible explanation besides the effective treatment existed for the obsession especially for exposure response prevention (ERP). Both were based on the learning model (Tavakoli and Kassemzadeh, 2007).

This period of glory, was finished with the publication of "obsessive compulsive" by Hodgson and Bachman. With the publication of this book, inconsistencies were appeared in the explanation of obsession behavior and gradually surveys, and studies led to the conclusion that compulsive phenomena cannot be fully explained by behavioral theory. Consequently, the cognitive aspects of the ideas and research of obsession had more attention (Tavakoli and Kassemzadeh, 2007).

Emmelkam et al, for the first time used cognitive principles in the treatment of obsession. In this regard, they used reasonable – emotional treatment of Ellis (1982) for changing the irrational beliefs in this disorder. After considering from general irrational beliefs they had changed direction to specific dysfunctional beliefs. According to Beck, 1976, different disorders, arises from different types of dysfunctional beliefs. Furthermore, at this time of Cognitive Theory of Mcfall&Wollersheim (1979) about obsession was considered (Tavakoli and Kassemzadeh, 2007).

Behavior Therapy

Behavioral therapy is based on theoretical models of learning in which obsessive thoughts are known as conditioned stimulus and pair to the exciting events that are naturally harmful and make anxiety.

Methods of exposure

These methods are consisted mainly by systematic desensitization, saturation induction anxious and paradoxically plans and also preventive methods including usage of variety of treatments, like cessation induction, stop thinking and sensitization (Astkty, 1990).

Methods of dealing

Systematic desensitization

It is a way to reduce anxiety that accompanied by a state of tranquility provide a brief (about one minute) controlled anxiety conditions. In this method, the treatment will start with the weakest phobic stimulus and continues until the patient relaxes (Wolpe, 1958).

Ritualistic behaviors do not respond well to this treatment. It is claimed that the actual desensitization can be useful for just beginning symptoms of obsessive - compulsive disorders. However, most reports indicate that this method is not a suitable treatment for this disorder (Astkty, 1990).

Anxiety inducing methods

This method is prolonged exposure method by Noonan (1996) which has been used successfully. In this way, the patient will be asked to put himself in imaginary stress situations, experience severe anxiety and describe incarnation heterogenetic anxiety situations (Astkty, 1990).

Paradoxical intention technique

This method is in a similar way of induce anxiety in which the patient will be asked to voluntarily create problematic obsessive thoughts in himself and using humor to deal with them. For example, the patient may be told to do the biggest mistake in the world (Astkty 1990).

Saturation method

In this way, the patient will be asked to not only prevent annoying thoughts, but also imagine all of them in high intensity. Until the mind saturated towards those thought, and the sensitivity to the annoying thoughts goes away. Saturation or fullness from clinically point of view is useful in the treatment of obsession. In practice, however, is not limited only to encounter a patient with disturbing thoughts. However, the person is asked frequently to envisage troublesome thoughts and not to do any formal action to neutralize the situation. This method is useful for particularly obsessive thoughts of hate - violence (Such as sexual thoughts, or thoughts that are shown infected). However, whenever a patient's chief complaint is the length of obsessive thoughts, other methods such as a stop, a thought or distraction is effective (1971).

Methods of deterrence and hatred

Induction cut off

In this procedure, the patient will be asked to create imaginary obsessive ideas. This cognitive event will be followed by a painful electric shock, until the patient shows signs indicating that the obsessive thoughts have been disappeared. This method is also is done by using a thin plastic ring that is wrapped around the wrist and thereby causes the pain (Kratochwill and Moris 2008).

Stop thinking techniques

The aim of interruption in thinking is to provide a strategy to abandon annoying thoughts and thereby reduce their lasting. Psychological models of obsessive - compulsive showed that obsessive thoughts will be continued by avoidance and Neutralizing. Therefore, in an effective method to stop thinking always researchers try to have a program for in order to remove the neutralization (Havton et al, 2002).

In This method, the patient is taught to bring obsessive thinking to mind in relaxation mode, with closed eyes, and signal its incidence. This sign immediately is followed by an aversive stimulus like yelling stop, or make aloud sounds. The patient gradually trained to say stop at the time of attacking annoying thoughts. This way in reducing symptoms of obsessive - compulsive is useful (Kratochwill and Moris 2008).

Latent sensitive method

This procedure is kind of hatred treatment in which the patient is asked to have very intensive and bad imaginations besides ritualistic behavior. This technique has been successfully reported in case studies (Fva, et al, 1990).

Pattern forming techniques (pattern emulation)

In terms of methodology, giving a pattern is similar to exposed samples and includes both cooperative and passive type. In active giving a pattern like the systematic desensitization, hierarchy of anxiety-causing stimuli is set. The therapist acts as a material that is exposed the lowest level in the hierarchy in the present the patient. Then the patient is encouraged by the success and contact with it until becomes able to complete the sequence without the help from a therapist. In passive giving a pattern the patient will observe therapist while makes contact with stressful stimuli (without contact with irritants). This technique is used as an adjunctive strategy for implementing the exposure method from response inhibition. Active giving a pattern is clearly more effective than passive giving a pattern (Kratochwill and Moris 2008).

Aversion therapy method

This procedure is a combination of mentioned methods. At the beginning, the patients were asked to prepare a list of inducing obsession situations (from mild to severe). Then during the sessions, using relaxation techniques and mental imagery visualize the position. Then using electroshock devices, patients are given a mild shock. This procedure seems to be effective for the least educated or uneducated people and also people who suffer from chronically illnesses (Astkty, 1990).

Population

The population of this study was all male and female students aged 15-18 in the Esfahan in the 12-2011School year.

Samples and method of sampling

The sample was selected according to a multi-stage random sampling. Among the five areas of education in Isfahan, one area was selected and then proportional to the size of the school; some schools were randomly selected. Sample size based on population size is as follows:

$$\frac{Nt^{2pq}}{N-1d^2+t^{2pq}}$$

$$\frac{16588\times 1.96^2\times 0.5\times 0.5}{16587\times 0.05^2+1.96^2\times 0.5\times 0.5}=375$$

According to Morgan's formula, the number of subjects was 375. The aim of this study was to identify 400 people. Test and diagnostic criteria for OCD with a score of 13 and higher followed by 400 other people with OCD score less than 7 were selected. 400 who had scores of 13 and higher as the person with OCD symptoms in clinical and 400 patients who had scores of 7 or less were considered as people without OCD symptoms.

Methods

The research is descriptive. This study describes the most basic form of educational and natural phenomena. Some of the effective demands for the revision of the educational systems were through descriptive research findings. This study examines and compares the fusion of thought-action and anxiety sensitivity between children with obsessive-compulsive disorder symptoms and the normal students in Isfahan, during 2011-12year.

Research Tools

A - Questionnaires of obsessive compulsive Maudsley

This exam is a pencilpaper test with 30 true and false questions that is uniquely associated with symptoms. Total score obsession and its five other sub-scale, including: Checking, washing, slowness - repetition, hesitation, accuracy and rumination, will obtain from the test. Rumination subtest is comprised of two questions, which are scoring separately. For Each answer matches the key matches we consider a score and the score is zero otherwise. The maximum total score for the test is 30. In the present study, the reliability of a questionnaire, based on alpha Chronbach was obtained 82%.

B - Thoughts fusion Questionnaires

Thought's fusion Questionnaires (TFI) (Wells, et al, 2001), is a self-test with 14 species that test a common belief about the means and measure the strength of opinion. In the present study, reliability of a questionnaire was 80%.

C-Anxiety Sensitivity Index review (ASI)

"Anxiety Sensitivity Index"(ASI-R, Taylor & Cox, 1998), is a self-report instrument with 36 species, which evaluates the fear one of the anxiety symptoms. According to Rice (1991), this instrument in particular is used to assess and measure of low-order anxiety sensitivity factors. Anxiety sensitivity and reliability of a revised questionnaire in this study were 80%.

Data Analysis

For data analysis and hypothesis testing, descriptive and inferential statistics indicators are used. Descriptive statistics were used to summarize the data parameters. Therefore, indicators of mean, standard deviation and standard error were used. Levine's test was used to assess homogeneity of variance. Furthermore, Kolmogorov –Aspirin of test was used for measuring normal and non-normal data. Due to heterogeneity of variance groups and non-normal data distribution, the Mann-Whitney nonparametric test was used. In this regard, the SPSS 16 software was used.

Analysis of research findings

The first hypothesis

In the field of thought and action fusion between teens with symptoms of obsessive compulsive disorder in clinical and non-clinical levels, a meaningful difference exists.

Table (1): Comparison of Average Rating of thought and action fusion in two groups

Group	Average Rating	z	p
Symptoms of OCD	479.97	9.72	0.001
Without Symptoms of OCD	321.3		

Based on the results in Table 1, the Z statistic was meaningful in $P \leq 0.01$. Thus, for the thought and action fusion, in both groups, a significant difference exists. Hence first research hypothesis is confirmed; this means that thought and action fusion among adolescents with OCD symptoms in clinical level is significantly higher than adolescents with non-clinical signs.

The second hypothesis

In the field of anxiety sensitivity between teens with symptoms of obsessive compulsive disorder in clinical and non-clinical levels, there is a meaningful difference.

Table (2): comparison of the average ratings of anxiety sensitivity among adolescents in both groups

Group	Average Rating	z	p
Symptoms of OCD	513.74	14.12	0.001
Without Symptoms of OCD	283.40		

Based on the results in Table 2, the Z statistic was meaningful in $P \leq 0.01$. Thus, for the anxiety sensitivity, in both groups, a significant difference exists. Hence second research hypothesis is confirmed; this means that anxiety sensitivity among adolescents with OCD symptoms in clinical level is significantly higher than adolescents with non-clinical signs.

The third hypothesis

In the field of thought and action fusion between adolescent boys with symptoms of obsessive-compulsive disorder in clinical and non-clinical levels, a meaningful difference exists.

Table (3): Comparison of Average of thought and action fusion in both groups

Group	Average Rating	z	p
Symptoms of OCD	228.22	4.79	0.001
Without Symptoms of OCD	172.78		

Based on the results in Table 3, the Z statistic was meaningful in $P \leq 0.01$. Thus, for the thought and action fusion, in both groups, a significant difference exists. Hence third research hypothesis is confirmed; this means that thought and action fusion among adolescent's boys with OCD symptoms in clinical level is significantly higher than adolescent's boys with non-clinical signs.

Table (4): Comparison of obsession rating between boys in both groups

Group	Average Rating	z	p
Symptoms of OCD	299.72	17.25	0.001
Without Symptoms of OCD	101.28		

Based on the results in Table 4, the Z statistic was meaningful in $P \leq 0.01$. So there is a difference between OCD of two groups.

The fourth hypothesis

In the field of thought and action fusion between adolescent girls with symptoms of obsessive-compulsive disorder in clinical and non-clinical levels, a meaningful difference exists.

Table (5): Comparison of Average of thought and action fusion in both groups

Group	Average Rating	z	p
Symptoms of OCD	251.85	8.88	0.001
Without Symptoms of OCD	149.15		

Based on the results in Table 5, the Z statistic was meaningful in $P \leq 0.01$. Thus, for the thought and action fusion, in both groups, a significant difference exists. Hence forth research hypothesis is confirmed; this means that thought and action fusion among adolescent's girls with OCD symptoms in clinical level is significantly higher than adolescent's girls with non-clinical signs.

The fifth hypothesis

In the field of anxiety sensitivity between adolescent boys with symptoms of obsessive compulsive disorder in clinical and non-clinical levels, there is a meaningful difference.

Table (6): Comparison of the two groups of males Average Rating Anxiety Sensitivity.

Group	Average Rating	z	p
Symptoms of OCD	257.58	10.25	0.001
Without Symptoms of OCD	139.53		

Based on the results in Table 6, the Z statistic was meaningful in $P \leq 0.01$. Thus, for the anxiety sensitivity, in both groups, a significant difference exists. Hence fifth research hypothesis is confirmed; this means that anxiety sensitivity among adolescent's boys with OCD symptoms in clinical level is significantly higher than adolescent's boys with non-clinical signs.

The sixth Hypothesis

In the field of anxiety sensitivity between adolescent girls with symptoms of obsessive compulsive disorder in clinical and non-clinical levels, there is a meaningful difference.

Table (7): Comparison of the two groups of females Average Rating Anxiety Sensitivity.

Group	Average Rating	z	p
Symptoms of OCD	257.53	9.86	0.001
Without Symptoms of OCD	143.47		

Based on the results in Table 7, the Z statistic was meaningful in $P \leq 0.01$. Thus, for the anxiety sensitivity, in both groups, a significant difference exists. Hence sixth research hypothesis is confirmed; this means that anxiety sensitivity among adolescent's girls with OCD symptoms in clinical level is significantly higher than adolescent's girls with non-clinical signs.

Table (8): Comparison of obsession rating between girls in both groups

Group	Average Rating	z	p
Symptoms of OCD	298.79	12.22	0.001
Without Symptoms of OCD	100.71		

Based on the results in Table 8, the Z statistic was meaningful in $P \leq 0.01$. So there is a difference between thought and action fusion of two groups.

DISCUSSIONS

The first hypothesis

In the field of thought and action fusion between teens with symptoms of obsessive compulsive disorder in clinical and non-clinical levels, a meaningful difference exists.

The results obtained in hypothesis 1, reveals that thought and action fusion among adolescents with OCD symptoms in clinical level is significantly higher than adolescents with non-clinical signs ($P \leq 0.01$)(Table 1). These findings are aligned with research, William J. et al (2001), Myers Wales (2005), Amir and colleagues (2001), Barrett and Healy (2003), Raysn and colleagues (2000), Raysn Morris and colleagues (2001), Kalz et al (2001), Shfran and colleagues (2001), quoted Jolie and colleagues (2005). Also in Iran Shirinzadeh et al (1388),

compared the beliefs of thought – action and OCD symptoms and investigate their relationship. According the results this relation is positive and meaningful. Also it was in same way with results of research conducted by Ghadiri and Mirabzadeh(2007), that results in the positive and significant relationship between thought and action fusion found in people with OCD. However, there is evidence that the TAF is not specific to OCD. Research findings indicate that the TAF and several other disorders such as depression and anxiety disorders may have a similar relationship between TAF and OCD disorders.

Although there is a lack of research in the field of controlled experiments on the effects of manipulating the TAF and the symptoms of these disorders. In this context, there is a lack of information. (Brlh and Astarsoik, 2005).

The second hypothesis

In the field of anxiety sensitivity between teens with symptoms of obsessive compulsive disorder in clinical and non-clinical levels, there is a meaningful difference. Based on the second hypothesis anxiety sensitivity among adolescents with OCD symptoms in clinical level is significantly higher than adolescents with non-clinical signs ($P \leq 0.01$)(Table 1). These results are consistent with previous results (Schmidt et al 1998, Morris et al 2001).

The research is indicating that although anxiety sensitivity is associated with OCD, it is also related to other anxiety disorders such as social anxiety disorder, simple phobia and dismay. Also, research results of Faraji et al, 1388 is indicating that People with high anxiety sensitivity may experience more depression and this is due to the wide spectrum of OCD disorders. Because OCD is considered as an anxiety disorder, Sopeople, who have anxiety sensitivity gradually as result of stress experience obsessive thoughts and to reduce it, go toward obsessive actions. This type of actions, due to individual differences in adolescents creates a vicious cycle of anxiety.

The third hypothesis

There is a significant difference between the fusion of thought and action among male adolescents with OCD symptoms in clinical and non-clinical level.

The results of the study confirm the third hypothesis; this means that there is significant difference between the thought fusion and action among male adolescents within clinically OCD symptoms. ($P \leq 0.01$), (Table 3).

These results are consistent with the results of Morris, Masters, Raysnand Merknbakh, (2001) J.William Wells-Karbrayt, Havtvn (2004).

Barrett and Haley, 2001, Thereis significant difference in thoughts fusion on all threesubscalesfusionbetweenOCDsymptomsandOCDsymptoms.Butthedifference between thought and action fusion is increased (Table 4) so that this issue can state the significance of pathological importance in OCD. It seems that what causes teenagers to be prone to fusion thought and action is a dysfunctional pattern of thought and behavior. When obsessive people perceive that their thoughts are real and their thinking is so important for themselves, when they have negative unacceptable thoughts so they experience severe anxiety and guilt feeling with increasing anxiety and finally they try to reduce their anxiety with obsessive behavior.

The fourth hypothesis

There is a significant difference between the fusion of thought and action among female adolescents with OCD symptoms in clinical and non-clinical level.

The results of the fourth hypothesis study suggest that there are significant differences among female adolescents with symptoms and symptoms OCD. ($P \leq 0.01$), (Table 5).

There are differences on the problems of adolescence and you think the two sexes. But regardless of the reasons for the differences between the two sexes which sometimes refer to physical and mental conditions it can be concluded that one reason for fusion of thought, operation and obsessive thinking of the Iranian culture among adolescent girls is caused by how mother induces her expectations to children. Perfection tendencies and induce a deep pattern of negative thinking tend people to take over responsibility for negative events. These trends can be a predictor for symptoms of OCD. In this study, there are significant differences between the dimensions of the TAF among the girls with and without OCD symptoms signs and average rating of people with OCD symptoms with fusion of thought and action is greater than the other two dimensions. Perhaps it can be said that this dimension of fusion thoughts is proprietary of obsessive. This finding is consistent with research Raysnet al, 2001 and Shfran and 8, 2000, that they support the idea of fusion thought in pathological obsession.

The fifth hypothesis

There is a significant difference between the fusion of thought and action among male adolescents with OCD symptoms in clinical and non-clinical level.

In fifth hypothesis there is a significant difference between the fusion of thought and action among female adolescents with OCD symptoms in clinical and non-clinical level. ($P \leq 0.01$), (Table 6).

The results are consistent with previous results (Morris et al, 2001). (Dyknand Bramvtyz, 2006, Tyler, Debut, Mac, aim, 1992, Tyler, 2007, Watson, Meg DyknGras, Bremen, Bramvtyz, 2011 as quoted by Watson et al2012). In this study it was shown that patients with OCD compared with people with anxiety disorders show more AS. Also in research (Klanryet al, 2008 sensitivity and obsessive people show them more) anxious in all these studies, there is no gender segregation between adolescence and research has been conducted on adolescents. It seems that AS is a feature of most anxiety disorders, a feature that is relatively stable over time in patients and it can be consider as a predictor of OCD disorder and related problems of concerns and its detection is important for determining and predicting an individual's risk for anxiety and frightened by the feelings associated with anxiety and thoughts. In the data analysis of the dimensions of anxiety sensitivity, the dimension of fear from respiratory symptoms in boys with OCD, gained more average ranking (Table 6). Perhaps the fear of respiratory symptoms can be achieved through the interaction between the individual talent of the biological and learning effects on fear of respiratory symptoms this fear can lead to pain attacks that are known through the terrible symptoms of heart and thoughts about death.

The sixth hypothesis

There is a significant difference between the fusion of thought and action among female adolescents with OCD symptoms in clinical and non-clinical level. The results confirm this assumption this means that anxiety sensitivity is significantly greater among adolescents with OCD symptoms in the clinical range. ($P \leq 0.01$), (Table 7).

The results are consistent with (Dyknand Bramvtyz, 2006, Tyler, italics, MACaim, 1992, Tyler, 2007, Watson, Meg DyknGrat, Bremen, Bramvtyz, 2011 as quoted by Watson et al2012). (Kalamry et al, 2008).

However, the research is on adolescents and has not been determined gender differences and the results showed that patients with OCD compared with people with anxiety disorders show more AS. According to Table 7, average rating girls with OCD Symptoms in the fear of failure of understanding inhibition is higher than in other aspects of AS. Thoughts and beliefs about the importance of responsibility and perfect ion oriented realistic are the characteristics of understanding that can be caused obsession. From the obtained results it can be concluded that how to attend to thoughts and feelings can bring on anxiety and obsessive, believe thoughts can distort understanding sometimes it will occur with fusion in to thought-action and people with OCD symptoms often experience this fusion of ideas. On the other hand people with OCD have suffered from in adequate understanding of the recovery and processing of driving that are causing such anxiety, and think that the results of such an extreme fear causes bad incidents, So that, the anxiety impacts on understanding and cause perceptual distortions.

Suggestions:

Because the fusion of thought-action and anxiety sensitivity are more in people with OCD so it is recommended that schools should be included in the programs for the prevention of obsessions and practical development.

It is suggested to therapists to focus on the treatment of thought-action fusion for people with OCD and anxiety sensitivity.

It is recommended to schools counselors that gain knowledge in relation to personality characteristics and psychiatric disorders associated with OCD, in order to provide better service in this area and appropriate to help students with this disorder.

It is suggested to research on the severity of disorder at the different time of this study (since May and close to the time of final exams).

It is suggested that follow the students that have the symptoms and re-screening should be done about them and the necessary actions need to be applied in the field of clinical interviewing and interventions.

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