



Comparison of Self-Criticism in Obsessive-Compulsive, Major Depression Patients and Normal People

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Abstract

Background: Self-criticism is one of the personal characteristics that led to the inability to communicate properly with others, and as a result of this feeling, people blame themselves constantly.

Objectives: This study was aimed to comprise the self-criticism in patients with obsessive-compulsive as well as major depression disorders and normal individuals.

Methods: Study methodology was a casual-comparative of post ex facto type. The study population included all patients with major depression and obsessive-compulsive referred to psychiatric hospitals, psychiatric clinics, private and public centers of counseling, psychological services, and normal people. The present study consisted of 20 people with major depression, 20 people with obsessive-compulsive, and 40 normal people who were selected by purposive sampling method. To analyze the data, ANOVA was used.

Results: Its results showed that the difference between the study groups in self-criticism was statistically significant. Scheffe post hoc test results showed that there is a significant difference between depressed and healthy groups, obsessive-compulsive and healthy groups, as well as depressed and obsessive-compulsive groups. Furthermore, the average self-compulsive in the depressed group is higher compared to other groups.

Conclusions: Self-criticism is one of the traits vulnerable to depression; this trait not only causes depression, but is also affected by the symptoms of depression.

Keywords: Self-Criticism, Obsessive-Compulsive, Major Depression

1. Background

Obsessive-compulsive disorder is thoughts, mental images, or momentums that appear meaningless for the individual. Compulsions or formalities are repetitive vertical behaviors or mental acts that occur in response to mental obsessions (1). Lifetime prevalence rate of obsessive-compulsive disorder in the general population is about 2% -3%. This disorder is usually a long-term process and, is oscillatory in some patients and constant in some others (2).

Also, according to the world health organization (3), in the world mental health day, with the slogan "depression is a global crisis", over 350 million people, worldwide, in different age groups, suffer from depression. People involved with depression may feel guilty or worthlessness (4) and in the worst case, attempt to commit suicide. Suicide is placed among the first 20 causes of death in the world. About 1 million people die by suicide every year (3). Findings showed that 1 single factor cannot explain the occur-

rence of depression, but rather depression is caused by the interaction of several different factors (5). In the pathology of depression, various factors such as bio-science, inheritance, and psychological and social factors have been mentioned (6).

One of the psychological factors that can have a significant impact on the incidence and persistence of major depression and obsessive-compulsive disorders is self-criticism. Self-criticism is one of the personal characteristics that led to the inability to communicate properly with others, and as a result of this feeling, people blame themselves constantly. In fact, self-criticism is affected by internal factors that refer to excessive worry about the progress and success, and accompanied with topics related to self-esteem such as feel guilty, failure in meeting the standards, humiliation and a feeling of worthlessness. These people focus on severe self-judge in achieving the goals and are unable to enjoy their progress (7). Self-criticism, based on the introjection rate of action criterion, is placed in

a continuum. At one end of this continuum, there is a kind of self-criticism that relies on standards compared with outer ones, which is called comparative self-criticism. At the other end of the continuum, there is a kind of self-criticism, which requires internal standards, which is called internalized self-criticism.

Comparative self-criticism is defined as a negative attitude toward self, due to comparing oneself with others. In this level, the focus is on an inappropriate comparison with others who appear superior, hostile and critical, and finally leads to dissatisfaction and irritation from exposure and being evaluated by others. Because others are hostile and demanding, the individual cannot be honest with them and protect himself/herself from encountering to others to be dominated by them. Therefore, comparative self-criticism often correlated with intra-personal hostility and low levels of personality factors of agreeableness and extroversion (8). Also, this kind of criticism requires a general feeling of humiliation and a feeling of inability to overcoming difficulties of life; thus, such a person takes an avoidance way when confronting with problems (9). Internalized self-criticism is defined as a negative attitude due to comparing oneself with personal and internal standards. Since these standards are very high, it is impossible to fulfill them, however, this nonfulfillment is considered a weakness and defect by the self-criticizer.

Different researches have shown that self-criticism has a positive relationship with depression and can be one of the depression symptoms (10). Researches have also showed that self-criticism, after 4 years, could have a significant effect on depression symptoms and increase the symptoms of depression (11). In addition, Zuroff, Igreja, and Mongrain (12) showed that self-criticism is a strong predictor of depression modes among women students.

Studies have shown that some centers of the brain associated with self-criticism are more active in depressed people (13) and that people with comparative self-criticism are more likely to have depression (14). Also, studies have shown that self-criticism can be a predictor of internalized shame in people (15). In addition, self-criticism generally has a positive relationship with psychological damages (16). On the other hand, Mongrin and Litter (17) found that people with high levels of self-criticism are particularly at risk for depression. Furthermore, due to the fact that the comorbidity of depressive disorder with obsessive-compulsive disorder has been confirmed in many studies (18), the present study aims to investigate the self-criticism in people with major depressive and obsessive disorder and how it differs from ordinary people.

2. Objectives

This study aimed to compare self-criticism in obsessive-compulsive, major depression patients, and normal people.

3. Methods

In the present study that was conducted to comparative evaluation of self-criticism in people with depression, obsessive-compulsive, and normal people, a casual-comparative method of post ex facto type was used. The study population included all patients with major depression and obsessive-compulsive referred to psychiatric hospitals, psychiatric clinics, private and public centers of counseling, psychological services in Borazjan city during September to December 2015, and normal people. In fact, the population of patients with major depression and obsessive-compulsive include all individuals who referred to the clinics and psychiatric centers in Borazjan in the mentioned period for the treatment of major depression as well as obsessive-compulsive disorders. The population of normal people were people who lived in Borazjan at the mentioned period, have no background of visiting the psychiatric clinics and centers, and had demographic characteristics such as gender, age and education level similar to that of group with depression and obsessive. The sample study consisted of 20 people with major depression, 20 people with obsessive-compulsive, and 40 normal people from Borazjan who were selected by purposive sampling method, were categorized in 3 groups, and were then investigated.

3.1. Measures

3.1.1. Beck Depression Inventory (BDI-II)

In order to measure the depression, 2nd edition of Beck Inventory (19) was used, which has 21 multiple-choice questions. The total score of the inventory ranges from 0 to 63 (19). A version of Beck depression inventory has been translated and provided for the first time by Ghasemzadeh et al., (20) in Iran. Second edition of Beck depression inventory is the revised form of Beck depression inventory, which has been developed to measure the severity of depression (19). Revised form of Beck depression inventory compared with the basic form is more consistent with DSM-IV. Beck depression inventory does not have 4 items of the previous edition and instead other items have been added in the inventory. Also, in this inventory 2 items (16 and 18) were edited in such a way to be more sensitive toward severity of depression. This inventory can be used in a population with individuals over the age of 13 (21). A version of Beck depression inventory has been translated and provided for the

first time by Ghasemzadeh et al., (20) in Iran. Most studies have shown that Beck Depression Inventory has high internal consistency, such that Cronbach's alpha is reported oscillating between "0.73" to "0.95". Also, the correlation between the scores of the inventory has been reported by other measuring tools in the range of 0.55 to 0.96, which indicates the high validity (convergent) of this inventory (22).

3.1.2. Maudsley Obsessive-Compulsive Inventory (MOCI)

To assess the obsessive-compulsive, the inventory (23) was used, which has 30 questions and 5 subscales of checking, washing, dullness, doubt, rumination and 2-degree answering scale (23). This inventory has been used in several researches in Iran and many evidences are available about its reliability and validity (convergent and divergent reliability, and test-retest validity). For example, Mosteshari (24) has reported the total reliability coefficient "0.84" and convergent validity of the inventory of 0.87 by Yale-Brown scale.

3.1.3. Test Check List of Mental Disorder Symptoms (SCL-90-R)

The test consists of 90 questions for assessing the mental symptoms by which healthy people can be detected from the patients. The test was provided by Derogatis et al., (25) that its final version was provided by Derogatis et al., (25) and its internal validity using Cronbach's alpha was reported satisfactory. Each of the test questions has been. The points include 9 aspects of symptoms and "3" is the overall index. Validity and reliability of the test in Iran were obtained by Modabernia et al., (26) and showed that there is a significant correlation between 9 aspects of the test and the measures of MMPI that the highest one was between the anxiety and depression SCL-90-R with neurasthenia 0.59 MMPI, and obsession and discrete-oriented mental SCL-90-R with schizophrenia 0.59 MMPI. Also, the highest reliability coefficient in depression was obtained 0.93 by test-retest method and 0.85 by Cronbach's alpha. The results of research by Mirzae (27) and Rezapour (28) also showed concurrent validity and good test-retest reliability of this tool in Iran's population.

3.1.4. Gillbert, Kelark, Hampel, Miles and Irons Scale

In this research, the self-criticism/attacking and self-reassuring scale of Gilbert, Clark, Hampel, Miles, and Irons (29) was used, which contains 22 items. The answer to each article of this scale, is adjusted in a five-point Likert-type rating from totally disagree (0) to totally agree (5). They reported the reliability coefficient of Cronbach's alpha of the scale equal to "0.90". Coefficients of internal consistency of self-criticism in the whole sample are equal to "0.83" and in men and women, respectively, "0.78" and "0.85" is consistent in the main inventory.

3.2. Procedure

Before conducting the research, patients and normal persons were briefed about the aim of the research and instructions on how to complete the instruments. The Persian versions of the questionnaires were administered individually in appropriate rooms. The participants were initially assured that their responses are confidential and the data will be analyzed as groups.

3.3. Data Analysis

The SPSS-20 was used for data analysis. The following data analysis methods were applied: 1, descriptive statistics for summarizing the data; 2, univariate variance analysis for comparing dependent variables in 3 groups; 3, Scheffe Test for following up the groups differences in self-criticism variable, and 4, Cronbach's alpha for examining the internal consistency of the scales.

4. Results

First, each of the individual characteristics of subjects in 3 groups of normal, depressed, and obsessed are described using descriptive statistics such as adaptive tables of frequency distribution, mean, and standard deviation as follows.

Table 1. Mean and Standard Deviation of Self Criticism Variable in Groups

Group	Mean	Standard Deviation	Numbers
Depression	50.75	28.10	20
Obsessive	40.37	95.11	20
Normal	79.28	11.14	40

According to the contents of Table 1 the mean self-criticism in depressed group is 50.75, which is higher than the other 2 groups. Mean self-criticism in obsessive group is "37.40" that is lower than depressed group and higher than the normal group. Mean self-criticism is "28.79", which is lower than the other 2 groups.

According to the levels of the dependent variable, in this study to compare the 3 groups, a univariate variance analysis test was used, and Levine test was used to investigate the pre-assumptions of the test for assessing the homogeneity of variance, which the results of this test was not significant for self-criticism scale ($F = 0.76$, $P > 0.46$). Therefore, a univariate variance analysis test was used.

According to the contents of Table 2, it can be assumed that the difference between study groups in self-criticism variable is statistically significant, and given that, the mean self-criticism in the depression group is higher than obsessive and normal groups, and mean self-criticism in

Table 2. Results of Univariate Variance Analysis for 3 Groups of Normal, Depression, and Obsessive-Compulsive

Change Resource	Dependent Variable	SST	DF	MS	F	P	Effect Size
Group	Self-criticism	6392.672	2	3196.381	19.75	0.001	0.342

Table 3. Results of Scheffe Test for Following up the Differences of Groups in Self-Criticism Variable

Group (Type I)	Type (J)	Mean Differences	Standard Error	Significance
Normal	Depressed	-21.95	3.498	0.001
	Obsessive	8.60	3.498	0.05
Depressed	Normal	21.95	3.498	0.001
	Obsessive	13.35	4.022	0.006
Obsessive	Normal	8.60	3.498	0.05
	Depressed	-13.35	4.022	0.006

obsessive-compulsive groups is higher than normal group. Therefore, it can be concluded that depressed people compared to obsessive-compulsive and normal people have more self-criticism and, obsessive-compulsive people have more self-criticism than normal people.

As shown in the table, there is a significant difference between the self-criticism scores of normal and depressed people (mean difference 21.77 and $P < 0.0001$) and also, normal and obsessive people (mean difference 8.60 and $P < 0.05$), as well as people with obsession and depression (mean difference 13.35 and $P < 0.006$).

5. Discussion

This study aimed to investigate the self-criticism in people with depression and obsessive-compulsive and compare it with normal people. The results showed that self-criticism in depressed people is significantly higher than 2 obsessive-compulsive and normal groups, and in the obsessive people it is significantly higher than normal group. These findings are consistent with findings by Campos and Basro-Blatt (10), Yama Gucci and Kim (30), and Ghorbani and Mousavi (16).

Self-criticism is one of the personality traits vulnerable to depression. This personality trait not only causes depression but is also affected by depression symptoms. In particular, self-criticizers create a detrimental social context for themselves that intensify and expand their emotional distresses. These people need to be approved by others and need to maintain their position and value in the view of other people. Therefore, when the needs of these people to achieve success are confronted with threats and failure, due to feeling guilty, failure, and humiliation, they

are prone to depression. These people set unrealistic standards and adopt a harsh punishment position, when these standards are not practical and achievable, these people will be depressed (31). It is expected that self-criticism is accompanied with psychological damages including depression and obsession. Some studies have confirmed such relations and correlations. For example, Thompson and Zuroff (9) have shown that both internal self-criticism and comparative self-criticism are correlated with low self-worth and psychological distress. Also, self-criticism can predict the depression better than obsession (32).

Comparative self-criticism has a negative correlation with subscales including extraversion, agreeableness, and responsibility. People with comparative self-criticism have less cooperation and compromise, and avoid more. Internal self-criticism is associated with avoiding management of conflict but also associated with adaptive management of conflict (9). High self-criticism can be explained based on the ultimate standardization theory (33). Among these, psychological system with other systems such as immunological and neurological systems, are responsible for individualism, self-creation and self-determination or moving towards voluntary actions (33). Therefore, self-criticism is a kind of inconsistency rebellion against oneself, and placed in conflict with the ultimate standardization of organism-individualism, self-creation, and preserving self-determination. Thus, given to the ultimate standardization assumption, it is expected that self-criticism is accompanied with psychological damages including depression and obsession. Impossibility of using random sampling and restriction of sample to Borazjan city, which reduce the ability to generalize the results, were the study limitations that could be influential in the study results. The recommendations of this study are performing this

study in other provinces and cultures, comparing them to reach a broader perspective, and examining it in people with personality disorders to achieve a more accurate perspective about self-criticism.

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Footnote

Conflict of Interests: The authors declare that there is no conflict of interest in this study.

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